



# National Insurance Company Limited

(A Govt. of India Undertaking)

CIN - U10200WB1906GOI001713 IRDA Regn. No. - 58

## National Hero Accident Suraksha Policy

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## Table of Contents

| Clause No.     | Clause Name                                                                                 | Page No. |
|----------------|---------------------------------------------------------------------------------------------|----------|
| <b>1</b>       | <b>Recital Clause</b>                                                                       |          |
| <b>2</b>       | <b>Operative Clause</b>                                                                     |          |
| <b>3</b>       | <b>Coverage</b>                                                                             |          |
| <b>3.1</b>     | <b>Section I- Personal Accident</b>                                                         |          |
| a)             | Death                                                                                       |          |
| b)             | Loss by Physical Separation or Loss of Use of Two Limbs or Two Eyes or One Limb and One Eye |          |
| c)             | Loss by Physical Separation or Loss of Use of One Limb or One Eye                           |          |
| d)             | Permanent Total Disablement                                                                 |          |
| e)             | Permanent Partial Disablement                                                               |          |
| f)             | Temporary Total Disablement                                                                 |          |
| <b>3.2</b>     | <b>Section II- Accidental Medical Expenses</b>                                              |          |
| a)             | In patient Treatment                                                                        |          |
| b)             | Domiciliary Hospitalisation                                                                 |          |
| c)             | Ambulance Charges                                                                           |          |
| d)             | Outpatient Treatment                                                                        |          |
| <b>3.2.1</b>   | <b>Exclusions (Applicable to Section II)</b>                                                |          |
| <b>3.2.1.1</b> | Massages, Spa, Steam Bath, Naturopathy, Experimental Treatment                              |          |
| <b>3.2.1.2</b> | Stay in Hospital which is not Medically Necessary.                                          |          |
| <b>3.2.1.3</b> | Spectacles, Contact Lens, Hearing Aid, Cochlear Implants.                                   |          |
| <b>3.2.1.4</b> | Equipments                                                                                  |          |
| <b>3.2.1.5</b> | Expenses not Related to the Diagnosis and Treatment of Disease/ Injury                      |          |
| <b>3.2.1.6</b> | Items of Personal Comfort                                                                   |          |
| <b>3.2.1.7</b> | Service Charge/ Registration Fee                                                            |          |
| <b>3.3</b>     | <b>Section III- Additional Coverage</b>                                                     |          |
| a)             | Expenses for Transportation of Dead Body                                                    |          |
| b)             | Education Fund                                                                              |          |
| <b>4</b>       | <b>Definitions</b>                                                                          |          |
| 4.1            | Accident                                                                                    |          |
| 4.2            | Alternative Treatment                                                                       |          |
| 4.3            | Break in Policy                                                                             |          |
| 4.4            | Capital Sum Insured                                                                         |          |
| 4.5            | Condition Precedent                                                                         |          |
| 4.6            | Contract                                                                                    |          |
| 4.7            | Contribution                                                                                |          |
| 4.8            | Domiciliary Hospitalization                                                                 |          |
| 4.9            | Grace Period                                                                                |          |
| 4.10           | Hospital                                                                                    |          |
| 4.11           | Hospitalisation                                                                             |          |
| 4.12           | Injury                                                                                      |          |
| 4.13           | Insured                                                                                     |          |
| 4.14           | In-patient                                                                                  |          |
| 4.15           | Intensive Care Unit                                                                         |          |
| 4.16           | Loss of Foot                                                                                |          |
| 4.17           | Loss of Hand                                                                                |          |
| 4.18           | Loss of Sight                                                                               |          |
| 4.19           | Medical Advice                                                                              |          |
| 4.20           | Medical Expenses                                                                            |          |
| 4.21           | Medically Necessary                                                                         |          |
| 4.22           | Medical Practitioner                                                                        |          |
| 4.23           | Notification of Claim                                                                       |          |
| 4.24           | Out-patient Treatment                                                                       |          |
| 4.25           | Policy Period                                                                               |          |
| 4.26           | Portability                                                                                 |          |
| 4.27           | Reasonable and Customary Charges                                                            |          |
| 4.28           | Schedule                                                                                    |          |
| 4.29           | Standard Type of Aircraft                                                                   |          |
| 4.30           | Sum Insured                                                                                 |          |
| <b>5</b>       | <b>Exclusions applicable to all the sections</b>                                            |          |
| 5.1            | Pre-Existing Injury/Disablement                                                             |          |

| Clause No. | Clause Name                                                  | Page No. |
|------------|--------------------------------------------------------------|----------|
| 5.2        | Intentional Self-Inflicted Injury                            |          |
| 5.3        | Drug/Alcohol Abuse                                           |          |
| 5.4        | Insanity                                                     |          |
| 5.5        | Racing, Hunting, Mountaineering and Winter Sports            |          |
| 5.6        | Aviation or Ballooning                                       |          |
| 5.7        | Non- fare Paying Passenger in Aircraft                       |          |
| 5.8        | Breach of law                                                |          |
| 5.9        | War Group Perils                                             |          |
| 5.10       | Radioactivity                                                |          |
| <b>6</b>   | <b>Conditions applicable to all the sections</b>             |          |
| 6.1        | Disclosure of Information                                    |          |
| 6.2        | Condition Precedent to Admission of Liability                |          |
| 6.3        | Communication                                                |          |
| 6.4        | Physical Examination                                         |          |
| 6.5        | Notification of Claim                                        |          |
| 6.6        | Claim Documents                                              |          |
| 6.7        | Claim Procedure                                              |          |
| 6.8        | Claim Settlement                                             |          |
| 6.9        | Limits of Compensation                                       |          |
| 6.10       | Territorial Limit                                            |          |
| 6.11       | Contribution                                                 |          |
| 6.12       | Fraud                                                        |          |
| 6.13       | Cancellation                                                 |          |
| 6.14       | Territorial Jurisdiction                                     |          |
| 6.15       | Arbitration                                                  |          |
| 6.16       | Disclaimer                                                   |          |
| 6.17       | Renewal of Policy                                            |          |
| 6.18       | Portability                                                  |          |
| 6.19       | Withdrawal of Product                                        |          |
| 6.20       | Accidental Medical Expenses Incurred under Two Policy Period |          |
| 6.21       | Revision of Terms of the Policy Including the Premium Rates  |          |
| 6.22       | Free Look Period                                             |          |
| 6.23       | Nomination                                                   |          |
| <b>7</b>   | <b>Redressal of Grievance</b>                                |          |
|            | <b>Table of Benefits</b>                                     |          |
|            | <b>Annexure I</b>                                            |          |



Issuing office

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## National Hero Accident Suraksha Policy

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### 1 Recital Clause

Whereas the insured designated in the schedule hereto has by a proposal, dated as stated in the schedule, which shall be the basis of this contract and is deemed to be incorporated herein, has applied to National Insurance Company Ltd. (herein after called the Company) for the insurance herein after set forth and has paid the premium as consideration for such insurance.

### 2 Operative Clause

The Policy witnesses that, subject to the terms, definition, exclusions and conditions contained herein or endorsed or otherwise expressed hereon, the Company undertakes that if during the policy period stated in the schedule or during the continuance of the Policy by renewal, the insured shall sustain any injury due to an accident, the Company shall pay the benefit/ reimburse the expense as herein after mentioned, as per the Plan opted (described in the Table of Benefit) to the insured or his/her nominee.

### 3 Coverage

#### 3.1 Section I- Personal Accident

If the insured shall sustain any injury, resulting solely and directly from an accident, anywhere in the world, the Company shall pay the benefit as below but not exceeding the Capital Sum Insured (CSI) during the policy period, in respect of all such claims.

##### a) Death

If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of death of the insured, the CSI.

##### b) Loss by Physical Separation or Loss of Use of Two Limbs or Two Eyes or One Limb and One Eye

If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of

- i. sight of both eyes or the actual loss by physical separation of the two hands or two feet or of one hand and one foot or loss of sight of one eye and such loss of one hand or one foot, the CSI.
- ii. use of two hands or two feet or one hand and one foot without physical separation or loss of sight of one eye and loss of use of one hand or one foot without physical separation, the CSI.

##### c) Loss by Physical Separation or Loss of Use of One Limb or One Eye

If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of

- i. sight of one eye or the actual loss by physical separation of one hand or one foot, 50% of the CSI.
- ii. use of a hand or a foot without physical separation, 50% of the CSI

##### d) Permanent Total Disablement

If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of permanently totally and absolutely disabling the insured from engaging in any employment or occupation of any description whatsoever, a lump sum equal to 100% of the CSI.

##### e) Permanent Partial Disablement

If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of use or of the actual loss by physical separation of the following, the percentage of the CSI indicated below:

| Loss of part of body | Percentage of CSI                                |    |
|----------------------|--------------------------------------------------|----|
| Loss of toes         | all                                              | 20 |
|                      | Great-both phalanges                             | 5  |
|                      | Great-one phalanx                                | 2  |
|                      | Other than great, if more than one toe lost each | 1  |

| Loss of part of body                    |                                                            | Percentage of CSI |
|-----------------------------------------|------------------------------------------------------------|-------------------|
| Loss of hearing                         | both ears                                                  | 50                |
|                                         | one ear                                                    | 15                |
| Loss of 4 fingers and thumb of 1 hand   |                                                            | 40                |
| Loss of 4 fingers of 1 hand             |                                                            | 35                |
| Loss of thumb                           | Both phalanges                                             | 25                |
|                                         | One phalange                                               | 10                |
| Loss of Little finger                   | 3 phalanges                                                | 4                 |
|                                         | 2 phalanges                                                | 3                 |
|                                         | 1 phalange                                                 | 2                 |
| Loss of ring finger                     | 3 phalanges                                                | 5                 |
|                                         | 2 phalanges                                                | 4                 |
|                                         | 1 phalange                                                 | 2                 |
| Loss of middle finger                   | 3 phalanges                                                | 6                 |
|                                         | 2 phalanges                                                | 4                 |
|                                         | 1 phalange                                                 | 2                 |
| Loss of Index finger                    | 3 phalanges                                                | 10                |
|                                         | 2 phalanges                                                | 8                 |
|                                         | 1 phalange                                                 | 4                 |
| Loss of metacarpal                      | 1st or 2nd (additional)                                    | 3                 |
|                                         | 3rd, 4th, or 5th (additional)                              | 2                 |
| Any other permanent partial disablement | % as assessed by Board of Doctors of a Government hospital |                   |

#### f) Temporary Total Disablement

If such injury shall be sole and direct cause of temporary total disablement then so long as the insured shall be totally disabled from engaging in any employment or occupation of any description whatsoever, a sum at the rate of 1% of the CSI per week subject to maximum of 100 weeks from the date of commencement of disablement and in no case shall exceed the CSI.

The Company shall pay in lump sum after the total amount shall have been ascertained and agreed.

#### 3.2 Section II- Accidental Medical Expenses

If such injury shall require the insured, upon the advice of a duly qualified medical practitioner,

- to be hospitalised for treatment at any hospital (hereinafter called hospital),
- to undergo treatment under Domiciliary Hospitalisation,

the Company shall pay, the amount of such reasonable, customary and medically necessary expenses described below incurred in India, in respect thereof by or on behalf of such insured but not exceeding the Sum Insured (SI), in respect of all such claims, during the policy period.

##### a) In patient Treatment

The Company shall reimburse the insured, the medical expenses for:

- i. Room charges and Intensive Care Unit charges, as provided by the hospital
- ii. Nursing expenses
- iii. Medical practitioner(s) and anaesthetist fees
- iv. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances
- v. Medicines and drugs
- vi. Diagnostic procedures
- vii. Prosthetics and other devices or equipment if implanted internally during a surgical procedure.

##### b) Domiciliary Hospitalisation

The Company shall reimburse the insured the medical expenses incurred under domiciliary hospitalisation, subject to 20% of SI within the limit of SI.

#### Exclusions

Domiciliary hospitalisation shall not cover treatment of less than three days

##### c) Ambulance Charges

The Company shall reimburse the insured the expenses incurred for ambulance charges, from accident spot to the hospital, subject to maximum of INR1,000 per policy period, within the limit of SI.

##### d) Outpatient Treatment

The Company shall reimburse the insured the expenses incurred for outpatient treatment, subject to maximum of INR5,000 per policy period, within the limit of SI.

### **3.2.1 Exclusions (Applicable to Section II)**

The Company shall not be liable to make any payment by the Policy, in respect of any expenses incurred in connection with or in respect of:

#### **3.2.1.1 Massages, Spa, Steam Bath, Naturopathy, Experimental Treatment**

Massages, spa, steam bath, shirodhara, udhwarthanam, abhyangam, kayasekham and similar treatment.

Expenses for naturopathy, experimental medicine/treatment, unproven procedure/treatment, alternative treatments, acupuncture, acupressure, magneto-therapy and similar treatment

#### **3.2.1.2 Stay in Hospital which is not Medically Necessary.**

#### **3.2.1.3 Spectacles, Contact Lens, Hearing Aid, Cochlear Implants.**

#### **3.2.1.4 Equipments**

External/durable medical/non-medical equipments/instruments of any kind used for diagnosis/ treatment including CPAP, CAPD, infusion pump, ambulatory devices such as walker, crutches, belts, collars, caps, splints, slings, braces, stockings, diabetic foot-wear, glucometer, thermometer and similar related items (as listed in Appendix I) and any medical equipment which could be used at home subsequently.

#### **3.2.1.5 Expenses not Related to the Diagnosis and Treatment of Disease/ Injury**

Irrelevant investigations/treatment, drugs not supported by a prescription, private nursing charges, referral fee to family physician, outstation doctor/surgeon/consultants' fees and similar expenses (as listed in Appendix I).

#### **3.2.1.6 Items of Personal Comfort**

Items of personal comfort and convenience (as listed in Appendix I) including telephone, television, aya, barber, beauty services, baby food, cosmetics, napkins, toiletries, guest services.

#### **3.2.1.7 Service Charge/ Registration Fee**

Any kind of service charges including surcharges, admission fees, registration charges and similar charges levied by the hospital.

### **3.3 Section III- Additional Coverage**

The following benefits over and above the CSI are payable, provided a claim is admissible under Section I - (Personal Accident).

#### **a) Expenses for Transportation of Dead Body**

In the event of death of the insured due to an accident outside his/her residence, the Company shall pay expenses incurred for transportation of dead body to the place of residence subject to a maximum of INR 1,000/-.

#### **b) Education Fund**

In the event of death or permanent total disablement of the insured due to an accident, the Company shall pay lump sum towards education of the dependent children of the insured as described below:

- i. If the insured has one dependent child below the age of twenty five years an amount equal to 10% of the CSI subject to a maximum of INR 5000/-.
- ii. If the insured has more than one dependent child below the age of twenty five years, an amount equal to 10% of the CSI subject to a maximum of INR 10,000/-.

#### **Note**

The age limit of twenty five years shall apply on the date of accident and not at the beginning of the policy period.

## **4 Definitions**

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

4.2 **Alternative treatment** means forms of treatments other than "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

4.3 **Break in Policy** occurs at the end of the existing policy period when the premium due on a given Policy is not paid on or before the renewal date or within thirty days of grace period.

- 4.4 **Capital Sum Insured** means the amount of insurance in respect of Section- I (Personal Accident) as mentioned in the schedule.
- 4.5 **Condition Precedent** means a Policy term or condition upon which the Company's liability under the Policy is conditional upon
- 4.6 **Contract** means prospectus, proposal, Policy, and the policy schedule. Any alteration with the mutual consent of the insured and the insurer can be made only by a duly signed and sealed endorsement on the Policy.
- 4.7 **Contribution** is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured.  
This clause shall not apply to any Benefit offered on fixed benefit basis.
- 4.8 **Domiciliary Hospitalisation** means medical treatment for an 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 bed/ room in a hospital
- 4.9 **Grace Period** means thirty days immediately following the premium due date during which a payment can be made to renew or continue the Policy in force without loss of continuity benefits. Coverage is not available for the period for which no premium is received.
- 4.10 **Hospital** means any institution established for in-patient care and day care treatment of illness and/ or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under 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 ten inpatient beds, in those towns having a population of less than 10,00,000 and fifteen inpatient beds in all other places;
  - iii. has qualified medical practitioner (s) in charge round the clock;
  - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out
  - v. maintains daily records of patients and shall make these accessible to the Insurance Company's authorized personnel.
- 4.11 **Hospitalisation** means admission in a hospital for a minimum period of twenty four consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty four consecutive hours
- 4.12 **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- 4.13 **Insured** means person named in the schedule of the Policy.
- 4.14 **In-patient** means an insured who is admitted in hospital upon the written advice of a duly qualified medical practitioner for more than twenty four continuous hours, for the treatment of covered disease/injury during the policy period.
- 4.15 **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.
- 4.16 **Loss of Foot by Physical Separation** means separation at or above ankle.
- 4.17 **Loss of Hand by Physical Separation** means separation at or above wrist.
- 4.18 **Loss of Sight** means total and irrecoverable loss of ability to see or total blindness.
- 4.19 **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription
- 4.20 **Medical expenses** means those expenses that an insured has necessarily and actually incurred for medical treatment on account of injury on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

- 4.21 **Medically Necessary** 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 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.
- 4.22 **Medical Practitioner** means a person who holds a valid registration from the medical council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the license.
- 4.23 **Notification of Claim** means the process of notifying a claim to the Company by specifying the timelines as well as the address / telephone number to which it should be notified.
- 4.24 **Out-patient Treatment** means treatment in which the insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advise of a medical practitioner and the insured is not admitted as a day care patient or in-patient.
- 4.25 **Policy Period** means the period commencing from the inception date and terminating at midnight on the expiry date as mentioned in the schedule.
- 4.26 **Portability** means transfer by an individual health insurance policy holder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if the policy holder chooses to switch from one insurer to another.
- 4.27 **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 injury involved.
- 4.28 **Schedule** means a document forming part of the Policy, containing details including name of the insured, age, relation of the insured, capital sum insured, premium paid and the policy period.
- 4.29 **Standard Type of Aircraft** means any aircraft duly licensed to carry passengers [for hire or otherwise] by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiple engines.
- 4.30 **Sum Insured** means the amount of insurance in respect of Section- II (Accidental Medical Expenses) as mentioned in the schedule

## 5 Exclusions (Applicable to All Sections)

The Company shall not be liable under the Policy in respect of payment of compensation in connection with:

### 5.1 Pre-existing Injury/ Disablement

Any disablement or death directly or indirectly arising out of or contributed to be or traceable to any disability existing on the date of issue of this Policy. Pre-existing injury also includes any injury or its symptoms which existed prior to the effective date of this insurance, whether or not the insured had knowledge that the symptoms were relating to the injury.

### 5.2 Intentional Self-Inflicted Injury

Any intentional self-inflicted injury, suicide or injury from attempted suicide.

### 5.3 Drug/Alcohol Use

Any injury directly arising from or attributable to the use of alcohol, drugs or intoxicating substances

### 5.4 Insanity

Any injury directly or indirectly caused by insanity.

### 5.5 Racing, Hunting, Mountaineering and Winter Sports

Any injury while racing on wheels or horseback, hunting, big game shooting, mountaineering or whilst engaged in winter sports- skiing and ice hockey.

### 5.6 Aviation or Ballooning

Any injury while the insured is engaged in aviation or ballooning



### 5.7 **Non- fare Paying Passenger in Aircraft**

Any injury while the insured is mounting into, dismounting from or travelling in any aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world

### 5.8 **Breach of Law**

Any injury as a result of committing or attempting to commit a breach of law with criminal intent.

### 5.9 **War Group Perils**

Any injury directly or indirectly caused by or arising from or attributable to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.

### 5.10 **Radioactivity**

Any injury directly or indirectly caused by or contributed to by nuclear weapons/materials or arising from ionising radiation or contamination by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel.

## **6 Conditions**

### 6.1 **Disclosure of Information**

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

### 6.2 **Condition Precedent to Admission of Liability**

The due observance and fulfilment of the terms and conditions of the Policy, by the insured, shall be a condition precedent to any liability of the Company to make any payment under the Policy.

### 6.3 **Communication**

- i. All communication should be in writing.
- ii. For Policy related issues, change in address to be communicated to the Policy issuing office of the Company at the address mentioned in the schedule.
- iii. The Company shall communicate to the insured at the address mentioned in the schedule.

### 6.4 **Physical Examination**

Any medical official or other agent of the Company shall be allowed to examine the insured in case of alleged injury or disablement when and as often as the same may reasonably be required on behalf of the Company and in the event of the death to make a post mortem examination of the body of the insured.

### 6.5 **Notification of Claim**

- i. Upon the happening of any event which may give rise to a claim under Section I of this Policy, the insured shall give notice to the Company within one calendar month from the occurrence of the accident, unless reasonable cause is shown.
- ii. Upon the happening of any event which may give rise to a claim under Section II of this Policy, the insured shall give notice to the Company within twenty four hours from the occurrence of the accident, unless reasonable cause is shown.

### 6.6 **Claim Documents**

Duly completed claim form

In addition, the following documents are to be submitted depending on the nature of the claim, within thirty days from the date of accident

#### **Death**

- i. Attending Medical Practitioner's report
  - ii. Original Policy for cancellation
  - iii. Original Death Certificate
  - iv. Original / attested post mortem / coroner's report, where applicable
  - v. Attested copy of FIR / Panchnama
  - vi. Police inquest report, where applicable
  - vii. Any other document required by the Company
- Post mortem report if conducted, shall be furnished within fourteen days, after demanded in writing

#### **Permanent Total Disablement/ Permanent Partial Disablement/ Temporary Total Disablement**

- i. Attending Medical Practitioner's report
- ii. Original Policy for cancellation in case of Permanent Total Disablement
- iii. Original Policy for reduction in CSI in case of Permanent Partial Disablement/ Temporary Total Disablement

- iv. Disability certificate from Medical Practitioner, where applicable
- v. Diagnostic reports like laboratory test, X- rays and/ or any other reports confirming injury
- vi. Police inquest report, where applicable
- vii. Any other document required by the Company

#### **Accidental Medical Expenses**

- i. Attending Medical Practitioner's certificate regarding injury along with date of injury and bill receipts etc.
- ii. Cash-memo from the hospital (s)/chemist (s) supported by proper prescription
- iii. Surgeon's original certificate stating injury and nature of operation performed along with bills/receipts etc.
- iv. Discharge certificate/ summary
- v. In the event of claim under domiciliary hospitalisation, medical certificate stating the circumstances warranting for domiciliary hospitalisation and fitness certificate from treating Medical Practitioner.
- vi. Any other document required by the Company

#### **Education Fund**

Certificate of proof of age of dependent children and any other document required by the Company

### **6.7 Claim Procedure**

- i. Necessary documents should be submitted to the Company along with completed claim form within thirty from the date of accident. The Company shall accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.
- ii. Evidence as the Company may require from time to time shall be furnished within the space of fourteen days after demand in writing
- iii. In case of death or Permanent Total Disablement the claim will be paid on submission of the Policy for cancellation and discharge
- iv. In the case of loss of one limb or eye, permanent partial disablement, the claim shall be paid only on submission of the Policy for reduction of the CSI by the amount admissible under the claim.
- v. In case of Temporary Total Disablement, the claim shall be paid only upon termination of such disablement.

### **6.8 Claim Settlement**

- i. On receipt of the final document(s) and investigation report (if required), the Company shall within a period of thirty days offer a settlement of the claim to the insured.
- ii. If the Company, for any reasons, rejects a claim, it shall communicate to the insured in writing within a period of thirty days from the receipt of the document(s) and investigation report (if required).
- iii. Upon the acceptance of an offer of settlement by the insured, the payment of the amount of claim shall be made within seven days from the date of acceptance of the offer by the Company.
- iv. In the cases of delay in the payment, the Company shall pay interest at a rate 2% above the bank rate prevalent at the beginning of the financial year in which the claim is paid.
- v. TPAs are not involved in the product.

#### **Waiver**

Time limit for notification of claim and submission of documents may be waived in cases where it is proved to the satisfaction of the Company, that the physical circumstances under which insured person/ nominee was placed, it was not possible to intimate the claim/submit the documents within the prescribed time limit.

#### **Note**

Senior Citizens shall submit Claim Notification, Claim documents or Grievance through a separate channel established to address the need of senior citizens.

### **6.9 Limits of Compensation**

- i. The Company shall not be liable to make any payment under the Policy for more than one of the sub clauses (a), (b), (c) or (d) of Section I in respect of the same period of disablement to an insured member.
- ii. In the event of more than one claim during the policy period, the balance CSI (if any) shall be payable. The maximum liability of the Company shall not exceed the CSI during the policy period.

### **6.10 Territorial limit**

All medical treatment for the purpose of Section II (Accidental Medical Expenses) will have to be taken in India only.

### **6.11 Contribution**

In case of multiple policies, which provide fixed benefits on the occurrence of the insured event in accordance with the terms and conditions of the policies, the Company shall make the claim payments independent of payments received under other similar policies.

#### 6.12 **Fraud**

The Company shall not be liable to make any payment under the Policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent statement or device whether by the Insured or by any person acting on his/ her behalf.

#### 6.13 **Cancellation**

The Company may at any time cancel the Policy (on grounds of fraud, moral hazard or misrepresentation or non-cooperation) by sending the insured thirty days' notice by registered letter at insured's last known address and in such event the Company will not allow any refund.

The insured may at any time cancel the Policy and in such an event the Company shall allow refund of premium after charging premium at Company's short period rate mentioned below provided no claim occurred up to the date of cancellation.

| <b>Period</b>      | <b>Rate of premium to be charged</b> |
|--------------------|--------------------------------------|
| Up to 1 month      | ¼ of annual rate                     |
| Up to 3 months     | ½ of annual rate                     |
| Up to 6 months     | ¾ of annual rate                     |
| Exceeding 6 months | Full annual premium                  |

#### 6.14 **Territorial Jurisdiction**

All disputes or differences under or in relation to the Policy shall be determined by an Indian court in accordance with Indian law.

#### 6.15 **Arbitration**

- i. If any dispute or difference shall arise as to the quantum to be paid under the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirtydays of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.
- ii. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the Policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the Policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

#### 6.16 **Disclaimer**

If the Company shall disclaim liability for a claim hereunder and if the insured person shall not within twelve calendar months from the date of receipt of the notice of such disclaimer notify the Company in writing that he/ she does not accept such disclaimer and intends to recover his/ her claim from the Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

#### 6.17 **Renewal of Policy**

The Policy may be renewed by mutual consent. The Company shall not however be bound to give notice that it is due for renewal. Renewal of the Policy cannot be denied other than on grounds of fraud, moral hazard or misrepresentation or non-cooperation. In the event of break in the Policy a grace period of thirtydays is allowed. Coverage is not available during the grace period.

#### 6.18 **Portability**

In the event of the insured porting to any other insurer, insured must apply with details of the Policy and claims to the insurer where the insured wants to port, at least forty five days before the date of expiry of the Policy.

Portability shall be allowed in the following cases:

- i. all individual health insurance policies issued by non-life insurance companies including family floater policies.
- ii. individual members, including the family members covered under any group health insurance Policy of a non-life insurance Company shall have the right to migrate from such a group policy to an individual health insurance policy or a family floater policy with the same insurer. One year thereafter, the insured shall be accorded the right to port to another non-life insurance Company.

#### 6.19 **Withdrawal of Product**

In case the Policy is withdrawn in future, the Company will provide the option to the insured to switch over to a similar policy at terms and premium applicable to the new Policy.

#### 6.20 **Accidental Medical Expenses Incurred under Two Policy Period**

In case the claim under Section II falls within two policy period, the claim shall be paid taking into consideration the available sum insured in the two policy period, including the deductibles for each policy year. Such eligible claim amount to be payable to the insured person shall be reduced to the extent of premium to be received for the renewal, if not received earlier.

#### 6.21 Revision of Terms of the Policy Including the Premium Rates

The Company, in future, may revise or modify the terms of the Policy including the premium rates based on experience. The insured shall be notified three months before the changes are effected.

#### 6.22 Free Look Period

The Free Look Period shall be applicable at the inception of the Policy.

The insured shall be allowed a period of fifteen days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges; or
- ii. where the risk has already commenced and the option of return of the Policy is exercised by the insured, a deduction towards the proportionate risk premium for period on cover

#### 6.23 Nomination

The insured is mandatorily required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of insured. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. The Policy or the benefits cannot be assigned.

### 7 Redressal of Grievance

In case of any grievance relating to servicing the Policy, the insured may submit in writing to the Policy issuing office or regional office for redressal. If the grievance remains unaddressed, insured may contact “Customer Relationship Management Department”, National Insurance Company Limited, Chhabildas Towers, 6A, Middleton Street, Kolkata – 700071.

If the insured is not satisfied, the grievance may be referred to “Personal Accident Insurance Department” National Insurance Company Limited, 3 Middleton Street, Kolkata – 700071.

The insured can also approach the office of Insurance Ombudsman of the respective areas and regions for redressal of grievance. The contact details of the Insurance Ombudsman offices are as below-

| Areas of Jurisdiction                                                    | Insurance Ombudsman, Office of the Insurance Ombudsman                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Gujarat , UT of Dadra and Nagar Haveli, Daman and Diu                    | Office of the Insurance Ombudsman,<br>2nd floor, Ambica House,<br>Near C.U. Shah College,<br>5, Navyug Colony, Ashram Road,<br>Ahmedabad – 380 014.<br>Tel.: 079 - 27546150 / 27546139<br>Fax: 079 - 27546142<br>Email: <a href="mailto:bimalokpal.ahmedabad@gbic.co.in">bimalokpal.ahmedabad@gbic.co.in</a> |
| Karnataka                                                                | Office of the Insurance Ombudsman,<br>Jeevan Soudha Building,PID No. 57-27-N-19<br>Ground Floor, 19/19, 24th Main Road,<br>JP Nagar, Ist Phase,<br>Bengaluru – 560 078.<br>Tel.: 080 - 26652048 / 26652049<br>Email: <a href="mailto:bimalokpal.bengaluru@gbic.co.in">bimalokpal.bengaluru@gbic.co.in</a>    |
| Madhya Pradesh and Chhattisgarh                                          | Office of the Insurance Ombudsman,<br>Janak Vihar Complex, 2nd Floor,<br>6, Malviya Nagar, Opp. Airtel Office,<br>Near New Market,<br>Bhopal – 462 003.<br>Tel.: 0755 - 2769201 / 2769202<br>Fax: 0755 - 2769203<br>Email: <a href="mailto:bimalokpal.bhopal@gbic.co.in">bimalokpal.bhopal@gbic.co.in</a>    |
| Orissa                                                                   | Office of the Insurance Ombudsman,<br>62, Forest park,<br>Bhubneshwar – 751 009.<br>Tel.: 0674 - 2596461 /2596455<br>Fax: 0674 - 2596429<br>Email: <a href="mailto:bimalokpal.bhubaneswar@gbic.co.in">bimalokpal.bhubaneswar@gbic.co.in</a>                                                                  |
| Punjab , Haryana, Himachal Pradesh, Jammu and Kashmir , UT of Chandigarh | Office of the Insurance Ombudsman,<br>S.C.O. No. 101, 102 & 103, 2nd Floor,<br>Batra Building, Sector 17 – D,<br>Chandigarh – 160 017.<br>Tel.: 0172 - 2706196 / 2706468                                                                                                                                     |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>Fax: 0172 - 2708274<br/> Email: <a href="mailto:bimalokpal.chandigarh@gbic.co.in">bimalokpal.chandigarh@gbic.co.in</a></p>                                                                                                                                                                                                                     |
| Tamil Nadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)                                                                                                                                                                                                                                                                                                                                                                                           | <p>Office of the Insurance Ombudsman,<br/> Fatima Akhtar Court, 4th Floor, 453,<br/> Anna Salai, Teynampet,<br/> CHENNAI – 600 018.<br/> Tel.: 044 - 24333668 / 24335284<br/> Fax: 044 - 24333664<br/> Email: <a href="mailto:bimalokpal.chennai@gbic.co.in">bimalokpal.chennai@gbic.co.in</a></p>                                                |
| Delhi                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>Office of the Insurance Ombudsman,<br/> 2/2 A, Universal Insurance Building,<br/> Asaf Ali Road,<br/> New Delhi – 110 002.<br/> Tel.: 011 - 23239633 / 23237532<br/> Fax: 011 - 23230858<br/> Email: <a href="mailto:bimalokpal.delhi@gbic.co.in">bimalokpal.delhi@gbic.co.in</a></p>                                                          |
| Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura                                                                                                                                                                                                                                                                                                                                                                                                 | <p>Office of the Insurance Ombudsman,<br/> Jeevan Nivesh, 5th Floor,<br/> Nr. Panbazar over bridge, S.S. Road,<br/> Guwahati – 781001(ASSAM).<br/> Tel.: 0361 - 2132204 / 2132205<br/> Fax: 0361 - 2732937<br/> Email: <a href="mailto:bimalokpal.guwahati@gbic.co.in">bimalokpal.guwahati@gbic.co.in</a></p>                                     |
| Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry                                                                                                                                                                                                                                                                                                                                                                                                  | <p>Office of the Insurance Ombudsman,<br/> 6-2-46, 1st floor, "Moin Court",<br/> Lane Opp. Saleem Function Palace,<br/> A. C. Guards, Lakdi-Ka-Pool,<br/> Hyderabad - 500 004.<br/> Tel.: 040 - 65504123 / 23312122<br/> Fax: 040 - 23376599<br/> Email: <a href="mailto:bimalokpal.hyderabad@gbic.co.in">bimalokpal.hyderabad@gbic.co.in</a></p> |
| Rajasthan                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Office of the Insurance Ombudsman,<br/> Jeevan Nidhi – II Bldg., Gr. Floor,<br/> Bhawani Singh Marg,<br/> Jaipur - 302 005.<br/> Tel.: 0141 - 2740363<br/> Email: <a href="mailto:Bimalokpal.jaipur@gbic.co.in">Bimalokpal.jaipur@gbic.co.in</a></p>                                                                                           |
| Kerala , UT of (a) Lakshadweep, (b) Mahe – a part of UT of Pondicherry                                                                                                                                                                                                                                                                                                                                                                                                       | <p>Office of the Insurance Ombudsman,<br/> 2nd Floor, Pulinat Bldg.,<br/> Opp. Cochin Shipyard, M. G. Road,<br/> Ernakulam - 682 015.<br/> Tel.: 0484 - 2358759 / 2359338<br/> Fax: 0484 - 2359336<br/> Email: <a href="mailto:bimalokpal.ernakulam@gbic.co.in">bimalokpal.ernakulam@gbic.co.in</a></p>                                           |
| West Bengal, UT of Andaman and Nicobar Islands, Sikkim                                                                                                                                                                                                                                                                                                                                                                                                                       | <p>Office of the Insurance Ombudsman,<br/> Hindustan Bldg. Annexe, 4th Floor,<br/> 4, C.R. Avenue,<br/> KOLKATA - 700 072.<br/> Tel.: 033 - 22124339 / 22124340<br/> Fax : 033 - 22124341<br/> Email: <a href="mailto:bimalokpal.kolkata@gbic.co.in">bimalokpal.kolkata@gbic.co.in</a></p>                                                        |
| Districts of Uttar Pradesh :<br>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. | <p>Office of the Insurance Ombudsman,<br/> 6th Floor, Jeevan Bhawan, Phase-II,<br/> Nawal Kishore Road, Hazratganj,<br/> Lucknow - 226 001.<br/> Tel.: 0522 - 2231330 / 2231331<br/> Fax: 0522 - 2231310<br/> Email: <a href="mailto:bimalokpal.lucknow@gbic.co.in">bimalokpal.lucknow@gbic.co.in</a></p>                                         |
| Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane                                                                                                                                                                                                                                                                                                                                                                                                                | <p>Office of the Insurance Ombudsman,<br/> 3rd Floor, Jeevan Seva Annexe,<br/> S. V. Road, Santacruz (W),<br/> Mumbai - 400 054.<br/> Tel.: 022 - 26106552 / 26106960<br/> Fax: 022 - 26106052<br/> Email: <a href="mailto:bimalokpal.mumbai@gbic.co.in">bimalokpal.mumbai@gbic.co.in</a></p>                                                     |
| State of Uttaranchal and the following Districts of Uttar Pradesh:<br>Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanoorj,                                                                                                                                                                                                                                                                                                                          | <p>Office of the Insurance Ombudsman,<br/> Email: <a href="mailto:bimalokpal.noida@gbic.co.in">bimalokpal.noida@gbic.co.in</a></p>                                                                                                                                                                                                                |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mainpuri, Mathura, Meerut,<br>Moradabad, Muzaffarnagar, Oraiyya,<br>Pilibhit, Etawah, Farrukhabad,<br>Firozbad, Gautambodhanagar,<br>Ghaziabad, Hardoi, Shahjahanpur,<br>Hapur, Shamli, Rampur, Kashganj,<br>Sambhal, Amroha, Hathras,<br>Kanshiramnagar, Saharanpur |                                                                                                                                                                                                                                                                       |
| Bihar,<br>Jharkhand.                                                                                                                                                                                                                                                 | Office of the Insurance Ombudsman,<br>Email: <a href="mailto:bimalokpal.patna@gbic.co.in">bimalokpal.patna@gbic.co.in</a>                                                                                                                                             |
| Maharashtra,<br>Area of Navi Mumbai and Thane<br>excluding Mumbai Metropolitan<br>Region                                                                                                                                                                             | Office of the Insurance Ombudsman,<br>Jeevan Darshan Bldg., 3rd Floor,<br>C.T.S. No.s. 195 to 198,<br>N.C. Kelkar Road, Narayan Peth,<br>Pune – 411 030.<br>Tel.: 020 - 32341320<br>Email: <a href="mailto:bimalokpal.pune@gbic.co.in">bimalokpal.pune@gbic.co.in</a> |

**Please preserve the Policy for all future reference.**

**Table of Benefit**

|                                                                                     | <b>Plan I</b>                                                                                                                                                                                                          | <b>Plan II</b>                                   | <b>Plan III</b>                     | <b>Plan IV</b>                      | <b>Plan V</b>                       |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <b>Section I – Personal Accident</b>                                                |                                                                                                                                                                                                                        |                                                  |                                     |                                     |                                     |
| Capital Sum Insured                                                                 | INR 1,50,000                                                                                                                                                                                                           | INR 2,00,000                                     | INR 2,50,000                        | INR 3,00,000                        | INR 4,00,000                        |
| Death                                                                               | 100% of CSI                                                                                                                                                                                                            | 100% of CSI                                      | 100% of CSI                         | 100% of CSI                         | 100% of CSI                         |
| Loss by Physical Separation or Loss of Use of 2 limbs or 2 eyes or 1 limb and 1 eye | 100% of CSI                                                                                                                                                                                                            | 100% of CSI                                      | 100% of CSI                         | 100% of CSI                         | 100% of CSI                         |
| Loss by Physical Separation or Loss of Use of 1 limb or 1 eye                       | 50% of CSI                                                                                                                                                                                                             | 50% of CSI                                       | 50% of CSI                          | 50% of CSI                          | 50% of CSI                          |
| Permanent Total Disablement                                                         | 100% of CSI                                                                                                                                                                                                            | 100% of CSI                                      | 100% of CSI                         | 100% of CSI                         | 100% of CSI                         |
| Permanent Partial Disablement                                                       | <b>Loss of part of body</b>                                                                                                                                                                                            |                                                  |                                     |                                     | <b>Percentage of CSI</b>            |
|                                                                                     | Loss of toes                                                                                                                                                                                                           | all                                              |                                     |                                     | 20                                  |
|                                                                                     |                                                                                                                                                                                                                        | Great-both phalanges                             |                                     |                                     | 5                                   |
|                                                                                     |                                                                                                                                                                                                                        | Great-one phalanx                                |                                     |                                     | 2                                   |
|                                                                                     |                                                                                                                                                                                                                        | Other than great, if more than one toe lost each |                                     |                                     | 1                                   |
|                                                                                     | Loss of hearing                                                                                                                                                                                                        | both ears                                        |                                     |                                     | 50                                  |
|                                                                                     |                                                                                                                                                                                                                        | one ear                                          |                                     |                                     | 15                                  |
|                                                                                     | Loss of 4 fingers and thumb of 1 hand                                                                                                                                                                                  |                                                  |                                     |                                     | 40                                  |
|                                                                                     | Loss of 4 fingers of 1 hand                                                                                                                                                                                            |                                                  |                                     |                                     | 35                                  |
|                                                                                     | Loss of thumb                                                                                                                                                                                                          | Both phalanges                                   |                                     |                                     | 25                                  |
|                                                                                     |                                                                                                                                                                                                                        | One phalange                                     |                                     |                                     | 10                                  |
|                                                                                     | Loss of Little finger                                                                                                                                                                                                  | 3 phalanges                                      |                                     |                                     | 4                                   |
|                                                                                     |                                                                                                                                                                                                                        | 2 phalanges                                      |                                     |                                     | 3                                   |
|                                                                                     |                                                                                                                                                                                                                        | 1 phalange                                       |                                     |                                     | 2                                   |
|                                                                                     | Loss of ring finger                                                                                                                                                                                                    | 3 phalanges                                      |                                     |                                     | 5                                   |
| 2 phalanges                                                                         |                                                                                                                                                                                                                        |                                                  | 4                                   |                                     |                                     |
| 1 phalange                                                                          |                                                                                                                                                                                                                        |                                                  | 2                                   |                                     |                                     |
| Loss of middle finger                                                               | 3 phalanges                                                                                                                                                                                                            |                                                  |                                     | 6                                   |                                     |
|                                                                                     | 2 phalanges                                                                                                                                                                                                            |                                                  |                                     | 4                                   |                                     |
|                                                                                     | 1 phalange                                                                                                                                                                                                             |                                                  |                                     | 2                                   |                                     |
| Loss of Index finger                                                                | 3 phalanges                                                                                                                                                                                                            |                                                  |                                     | 10                                  |                                     |
|                                                                                     | 2 phalanges                                                                                                                                                                                                            |                                                  |                                     | 8                                   |                                     |
|                                                                                     | 1 phalange                                                                                                                                                                                                             |                                                  |                                     | 4                                   |                                     |
| Loss of metacarpal                                                                  | 1st or 2nd (additional)                                                                                                                                                                                                |                                                  |                                     | 3                                   |                                     |
|                                                                                     | 3rd, 4th, or 5th (additional)                                                                                                                                                                                          |                                                  |                                     | 2                                   |                                     |
| Any other permanent partial disablement                                             | % as assessed by Board of Doctors of a Government hospital                                                                                                                                                             |                                                  |                                     |                                     |                                     |
| Temporary Total Disablement                                                         | NA                                                                                                                                                                                                                     | NA                                               | 1% of CSI per week, up to 100 weeks | 1% of CSI per week, up to 100 weeks | 1% of CSI per week, up to 100 weeks |
| <b>Section II – Accidental Medical Expense</b>                                      |                                                                                                                                                                                                                        |                                                  |                                     |                                     |                                     |
| Sum Insured (SI) in addition to CSI                                                 | INR 1,00,000                                                                                                                                                                                                           | INR 1,00,000                                     | INR 1,00,000                        | INR 1,00,000                        | INR 1,00,000                        |
| Inpatient Treatment                                                                 | Up to the SI                                                                                                                                                                                                           |                                                  |                                     |                                     |                                     |
| Domiciliary Hospitalisation                                                         | Up to 20% of Sum Insured within limit of SI                                                                                                                                                                            |                                                  |                                     |                                     |                                     |
| Outpatient Treatment                                                                | Up to INR 5,000 per policy period within limit of SI                                                                                                                                                                   |                                                  |                                     |                                     |                                     |
| Ambulance Charges                                                                   | Up to INR 1,000 per policy period within limit of SI                                                                                                                                                                   |                                                  |                                     |                                     |                                     |
| <b>Section III – Additional Benefit</b>                                             |                                                                                                                                                                                                                        |                                                  |                                     |                                     |                                     |
| Expenses for Transportation of Dead Body                                            | Up to INR 1,000                                                                                                                                                                                                        |                                                  |                                     |                                     |                                     |
| Education Fund                                                                      | <ul style="list-style-type: none"> <li>One dependent child - 10% of the CSI subject to a maximum of INR 5000/-</li> <li>More than one dependent child - 10% of the CSI subject to a maximum of INR 10,000/-</li> </ul> |                                                  |                                     |                                     |                                     |

## Expenses Generally Excluded

| List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy - |                                                                                                                     | SLINGS                                                                                                                             | Reasonable costs for one sling in case of upper arm fractures is payable     |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS</b>                |                                                                                                                     | <b>ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES</b>                                                                                 |                                                                              |
| HAIR REMOVAL CREAM                                                                 | Not Payable                                                                                                         | WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES                                                                                        | Not Payable                                                                  |
| BABY CHARGES (UNLESS SPECIFIED/INDICATED)                                          | Not Payable                                                                                                         | COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,                                                                             | Not Payable                                                                  |
| BABY FOOD                                                                          | Not Payable                                                                                                         | DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION                                                                      | Not payable                                                                  |
| BABY UTILITIES CHARGES                                                             | Not Payable                                                                                                         | HORMONE REPLACEMENT THERAPY                                                                                                        | Not Payable                                                                  |
| BABY SET                                                                           | Not Payable                                                                                                         | HOME VISIT CHARGES                                                                                                                 | Not Payable                                                                  |
| BABY BOTTLES                                                                       | Not Payable                                                                                                         | INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE                                                                           | Not Payable                                                                  |
| BRUSH                                                                              | Not Payable                                                                                                         | OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY                                                                 | Not Payable                                                                  |
| COSY TOWEL                                                                         | Not Payable                                                                                                         | PSYCHIATRIC & PSYCHOSOMATIC DISORDERS                                                                                              | Not Payable                                                                  |
| HAND WASH                                                                          | Not Payable                                                                                                         | CORRECTIVE SURGERY FOR REFRACTIVE ERROR                                                                                            | Not Payable                                                                  |
| MOISTURISER PASTE BRUSH                                                            | Not Payable                                                                                                         | TREATMENT OF SEXUALLY TRANSMITTED DISEASES                                                                                         | Not Payable                                                                  |
| POWDER                                                                             | Not Payable                                                                                                         | DONOR SCREENING CHARGES                                                                                                            | Payable                                                                      |
| RAZOR                                                                              | Payable                                                                                                             | ADMISSION/REGISTRATION CHARGES                                                                                                     | Not Payable                                                                  |
| SHOE COVER                                                                         | Not Payable                                                                                                         | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE                                                                                 | Not Payable                                                                  |
| BEAUTY SERVICES                                                                    | Not Payable                                                                                                         | EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED                                    | Not Payable                                                                  |
| BELTS/ BRACES                                                                      | Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine | ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY | Not payable                                                                  |
| BUDS                                                                               | Not Payable                                                                                                         | STEM CELL IMPLANTATION/ SURGERY AND STORAGE                                                                                        | Not Payable except for Bone Marrow Transplantation                           |
| BARBER CHARGES                                                                     | Not Payable                                                                                                         | <b>ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS</b>                    |                                                                              |
| CAPS                                                                               | Not Payable                                                                                                         | WARD AND THEATRE BOOKING CHARGES                                                                                                   | Payable under OT Charges, not payable separately                             |
| COLD PACK/HOT PACK                                                                 | Not Payable                                                                                                         | ARTHROSCOPY & ENDOSCOPY INSTRUMENTS                                                                                                | Rental charged by the hospital payable. Purchase of Instruments not payable. |
| CARRY BAGS                                                                         | Not Payable                                                                                                         | MICROSCOPE COVER                                                                                                                   | Payable under OT Charges, not payable separately                             |
| CRADLE CHARGES                                                                     | Not Payable                                                                                                         | SURGICAL BLADES,HARMONIC SCALPEL,SHAVER                                                                                            | Payable under OT Charges, not payable separately                             |
| COMB                                                                               | Not Payable                                                                                                         | SURGICAL DRILL                                                                                                                     | Payable under OT Charges, not payable separately                             |
| DISPOSABLES RAZORS CHARGES ( for site preparations)                                | Payable                                                                                                             | EYE KIT                                                                                                                            | Payable under OT Charges, not payable separately                             |
| EAU-DE-COLOGNE / ROOM FRESHNERS                                                    | Not Payable                                                                                                         | EYE DRAPE                                                                                                                          | Payable under OT Charges, not payable separately                             |
| EYE PAD                                                                            | Not Payable                                                                                                         | X-RAY FILM                                                                                                                         | Payable under Radiology Charges, not as consumable                           |
| EYE SHEILD                                                                         | Not Payable                                                                                                         | SPUTUM CUP                                                                                                                         | Payable under Investigation Charges, not as consumable                       |
| EMAIL / INTERNET CHARGES                                                           | Not Payable                                                                                                         | BOYLES APPARATUS CHARGES                                                                                                           | Part of OT Charges,                                                          |
| FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)                      | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| FOOT COVER                                                                         | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| GOWN                                                                               | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| LEGGINGS                                                                           | Payable in case of varicose vein surgery                                                                            |                                                                                                                                    |                                                                              |
| LAUNDRY CHARGES                                                                    | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| MINERAL WATER                                                                      | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| OIL CHARGES                                                                        | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| SANITARY PAD                                                                       | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| SLIPPERS                                                                           | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| TELEPHONE CHARGES                                                                  | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| TISSUE PAPER                                                                       | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| TOOTH PASTE                                                                        | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| TOOTH BRUSH                                                                        | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| GUEST SERVICES                                                                     | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| BED PAN                                                                            | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| BED UNDER PAD CHARGES                                                              | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| CAMERA COVER                                                                       | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| CLINIPLAST                                                                         | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| CREPE BANDAGE                                                                      | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| CURAPORE                                                                           | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| DIAPER OF ANY TYPE                                                                 | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| DVD, CD CHARGES                                                                    | Not Payable ( However if CD is specifically sought by Insurer/TPA then payable)                                     |                                                                                                                                    |                                                                              |
| EYELET COLLAR                                                                      | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| FACE MASK                                                                          | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| FLEXI MASK                                                                         | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| GAUSE SOFT                                                                         | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| GAUZE                                                                              | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| HAND HOLDER                                                                        | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| HANSAPLAST/ ADHESIVE BANDAGES                                                      | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |
| INFANT FOOD                                                                        | Not Payable                                                                                                         |                                                                                                                                    |                                                                              |



|                                                                       |                                                                                                   |
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|                                                                       | <b>not separately</b>                                                                             |
| BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES                   | <b>Part of Cost of Blood, not payable</b>                                                         |
| ANTISEPTIC OR DISINFECTANT LOTIONS                                    | <b>Not Payable-Part of Dressing Charges</b>                                                       |
| BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES            | <b>Not Payable - Part of Dressing charges</b>                                                     |
| COTTON                                                                | <b>Not Payable-Part of Dressing Charges</b>                                                       |
| COTTON BANDAGE                                                        | <b>Not Payable- Part of Dressing Charges</b>                                                      |
| MICROPOROUS/ SURGICAL TAPE                                            | <b>Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges</b> |
| BLADE                                                                 | <b>Not Payable</b>                                                                                |
| APRON                                                                 | <b>Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges</b>      |
| TORNIQUET                                                             | <b>Not Payable (service is charged by hospitals, consumables cannot be separately charged)</b>    |
| ORTHOBUNDLE, GYNAEC BUNDLE                                            | <b>Part of Dressing Charges</b>                                                                   |
| URINE CONTAINER                                                       | <b>Not Payable</b>                                                                                |
| <b>ELEMENTS OF ROOM CHARGE</b>                                        |                                                                                                   |
| LUXURY TAX                                                            | <b>Actual tax levied by government is payable. Part of room charge for sub limits</b>             |
| HVAC                                                                  | <b>Part of Room Charge, Not payable separately</b>                                                |
| HOUSE KEEPING CHARGES                                                 | <b>Part of Room Charge, Not payable separately</b>                                                |
| SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED                     | <b>Part of Room Charge, Not payable separately</b>                                                |
| TELEVISION & AIR CONDITIONER CHARGES                                  | <b>Payable under room charges not if separately levied</b>                                        |
| SURCHARGES                                                            | <b>Part of Room Charge, Not payable separately</b>                                                |
| ATTENDANT CHARGES                                                     | <b>Part of Room Charge, Not payable separately</b>                                                |
| IM IV INJECTION CHARGES                                               | <b>Part of Room Charge, Not payable separately</b>                                                |
| CLEAN SHEET                                                           | <b>Part of Laundry/Housekeeping not payable separately</b>                                        |
| EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) | <b>Patient Diet provided by hospital is payable</b>                                               |
| BLANKET/WARMER BLANKET                                                | <b>Part of Room Charge, Not payable separately</b>                                                |
| <b>ADMINISTRATIVE OR NON-MEDICAL CHARGES</b>                          |                                                                                                   |
| ADMISSION KIT                                                         | <b>Not Payable</b>                                                                                |
| BIRTH CERTIFICATE                                                     | <b>Not Payable</b>                                                                                |
| BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES              | <b>Not Payable</b>                                                                                |
| CERTIFICATE CHARGES                                                   | <b>Not Payable</b>                                                                                |
| COURIER CHARGES                                                       | <b>Not Payable</b>                                                                                |
| CONVENYANCE CHARGES                                                   | <b>Not Payable</b>                                                                                |
| DIABETIC CHART CHARGES                                                | <b>Not Payable</b>                                                                                |
| DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES                       | <b>Not Payable</b>                                                                                |
| DISCHARGE PROCEDURE CHARGES                                           | <b>Not Payable</b>                                                                                |
| DAILY CHART CHARGES                                                   | <b>Not Payable</b>                                                                                |
| ENTRANCE PASS / VISITORS PASS CHARGES                                 | <b>Not Payable</b>                                                                                |
| EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE                         | <b>Not Payable</b>                                                                                |
| FILE OPENING CHARGES                                                  | <b>Not Payable</b>                                                                                |
| INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)                   | <b>Not Payable</b>                                                                                |

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| MEDICAL CERTIFICATE                                                                                  | <b>Not Payable</b>                                                                                                                                                                 |
| MAINTAINANCE CHARGES                                                                                 | <b>Not Payable</b>                                                                                                                                                                 |
| MEDICAL RECORDS                                                                                      | <b>Not Payable</b>                                                                                                                                                                 |
| PREPARATION CHARGES                                                                                  | <b>Not Payable</b>                                                                                                                                                                 |
| PHOTOCOPIES CHARGES                                                                                  | <b>Not Payable</b>                                                                                                                                                                 |
| PATIENT IDENTIFICATION BAND / NAME TAG                                                               | <b>Not Payable</b>                                                                                                                                                                 |
| WASHING CHARGES                                                                                      | <b>Not Payable</b>                                                                                                                                                                 |
| MEDICINE BOX                                                                                         | <b>Not Payable</b>                                                                                                                                                                 |
| MORTUARY CHARGES                                                                                     | <b>Payable up to 24 hrs, shifting charges not payable</b>                                                                                                                          |
| MEDICO LEGAL CASE CHARGES (MLC CHARGES)                                                              | <b>Not Payable</b>                                                                                                                                                                 |
| <b>EXTERNAL DURABLE DEVICES</b>                                                                      |                                                                                                                                                                                    |
| WALKING AIDS CHARGES                                                                                 | <b>Not Payable</b>                                                                                                                                                                 |
| BIPAP MACHINE                                                                                        | <b>Not Payable</b>                                                                                                                                                                 |
| COMMODE                                                                                              | <b>Not Payable</b>                                                                                                                                                                 |
| CPAP/ CAPD EQUIPMENTS                                                                                | <b>Device not payable</b>                                                                                                                                                          |
| INFUSION PUMP - COST                                                                                 | <b>Device not payable</b>                                                                                                                                                          |
| OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)                                                     | <b>Not Payable</b>                                                                                                                                                                 |
| PULSEOXYMETER CHARGES                                                                                | <b>Device not payable</b>                                                                                                                                                          |
| SPACER                                                                                               | <b>Not Payable</b>                                                                                                                                                                 |
| SPIROMETRE                                                                                           | <b>Device not payable</b>                                                                                                                                                          |
| SPO2 PROBE                                                                                           | <b>Not Payable</b>                                                                                                                                                                 |
| NEBULIZER KIT                                                                                        | <b>Not Payable</b>                                                                                                                                                                 |
| STEAM INHALER                                                                                        | <b>Not Payable</b>                                                                                                                                                                 |
|                                                                                                      |                                                                                                                                                                                    |
| THERMOMETER                                                                                          | <b>Not Payable</b>                                                                                                                                                                 |
| CERVICAL COLLAR                                                                                      | <b>Not Payable</b>                                                                                                                                                                 |
| SPLINT                                                                                               | <b>Not Payable</b>                                                                                                                                                                 |
| DIABETIC FOOT WEAR                                                                                   | <b>Not Payable</b>                                                                                                                                                                 |
| KNEE BRACES ( LONG/ SHORT/ HINGED)                                                                   | <b>Not Payable</b>                                                                                                                                                                 |
| KNEE IMMOBILIZER/SHOULDER IMMOBILIZER                                                                | <b>Not Payable</b>                                                                                                                                                                 |
| LUMBO SACRAL BELT                                                                                    | <b>Payable for cases who have undergone surgery of lumbar spine.</b>                                                                                                               |
| NIMBUS BED OR WATER OR AIR BED CHARGES                                                               | <b>Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadruplegia for any reason and at reasonable cost of approximately Rs 200/ day</b> |
| AMBULANCE COLLAR                                                                                     | <b>Not Payable</b>                                                                                                                                                                 |
| AMBULANCE EQUIPMENT                                                                                  | <b>Not Payable</b>                                                                                                                                                                 |
| MICROSHEILD                                                                                          | <b>Not Payable</b>                                                                                                                                                                 |
| ABDOMINAL BINDER                                                                                     | <b>Payable for cases who have undergone surgery of lumbar spine.</b>                                                                                                               |
| <b>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</b>                                                  |                                                                                                                                                                                    |
| BETADINE \ HYDROGEN PEROXIDE(SPIRIT)\(DETTOL)\(SAVLON)\(DISINFECTANTS ETC                            | <b>Payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital</b>                                                                |
| PRIVATE NURSES CHARGES-SPECIAL NURSING CHARGES                                                       | <b>Not payable</b>                                                                                                                                                                 |
| NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES                                         | <b>Patient Diet provided by hospital is payable</b>                                                                                                                                |
| SUGAR FREE TABLETS                                                                                   | <b>Payable -Sugar free variants of admissible medicines are not excluded</b>                                                                                                       |
| CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable) | <b>Payable when prescribed</b>                                                                                                                                                     |
| DIGESTION GELS                                                                                       | <b>Payable when prescribed</b>                                                                                                                                                     |

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| ECG ELECTRODES                                      | Up to 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day is payable. |
| GLOVES                                              | Sterilized Gloves payable / unsterilized gloves not payable                                                                                                       |
| HIV KIT                                             | Payable - Pre operative screening                                                                                                                                 |
| LISTERINE/ ANTISEPTIC MOUTHWASH                     | Payable when prescribed                                                                                                                                           |
| LOZENGES                                            | Payable when prescribed                                                                                                                                           |
| MOUTH PAINT                                         | Payable when prescribed                                                                                                                                           |
| NEBULISATION KIT                                    | Payable reasonably if used during hospitalisation                                                                                                                 |
| NOVARAPID                                           | Payable when prescribed                                                                                                                                           |
| VOLINI GEL/ ANALGESIC GEL                           | Payable when prescribed                                                                                                                                           |
| ZYTEE GEL                                           | Payable when prescribed                                                                                                                                           |
| VACCINATION CHARGES                                 | Not Payable                                                                                                                                                       |
| <b>PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE</b> |                                                                                                                                                                   |
| AHD                                                 | Not Payable - Part of Hospital's internal Cost                                                                                                                    |
| ALCOHOL SWABES                                      | Not Payable - Part of Hospital's internal Cost                                                                                                                    |
| SCRUB SOLUTION/STERILLIUM                           | Not Payable - Part of Hospital's internal Cost                                                                                                                    |
| <b>OTHERS</b>                                       |                                                                                                                                                                   |
| VACCINE CHARGES FOR BABY                            | Not Payable                                                                                                                                                       |
| AESTHETIC TREATMENT / SURGERY                       | Not Payable                                                                                                                                                       |
| TPA CHARGES                                         | Not Payable                                                                                                                                                       |

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| VISCO BELT CHARGES                                                            | Not Payable                                                                                               |
| ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] | Not Payable                                                                                               |
| EXAMINATION GLOVES                                                            | Not payable                                                                                               |
| KIDNEY TRAY                                                                   | Not Payable                                                                                               |
| MASK                                                                          | Not Payable                                                                                               |
| OUNCE GLASS                                                                   | Not Payable                                                                                               |
| OUTSTATION CONSULTANT'S/ SURGEON'S FEES                                       | Not payable                                                                                               |
| OXYGEN MASK                                                                   | Not Payable                                                                                               |
| PAPER GLOVES                                                                  | Not Payable                                                                                               |
| PELVIC TRACTION BELT                                                          | Payable in case of PIVD requiring traction as this is generally not reused                                |
| REFERAL DOCTOR'S FEES                                                         | Not Payable                                                                                               |
| ACCU CHECK ( Glucometry/ Strips)                                              | Not payable pre hospitalisation or post hospitalisation / Reports and Charts required/ Device not payable |
| PAN CAN                                                                       | Not Payable                                                                                               |
| SOFNET                                                                        | Not Payable                                                                                               |
| TROLLY COVER                                                                  | Not Payable                                                                                               |
| UROMETER, URINE JUG                                                           | Not Payable                                                                                               |
| AMBULANCE                                                                     | Payable                                                                                                   |
| TEGADERM / VASOFIX SAFETY                                                     | Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs                                                     |
| URINE BAG                                                                     | Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs                           |
| SOFTOVAC                                                                      | Not Payable                                                                                               |
| STOCKINGS                                                                     | Payable for case like CABG etc.                                                                           |

The list is as per the standard list of excluded expenses stipulated by IRDA in Guidelines in Standardization in Health Insurance, dated 20.02.2013.