



National Insurance Company Limited

(A Govt. of India Undertaking)

CIN - U10200WB1906GOI001713 IRDA Regn. No. - 58

National Hero Accident Suraksha Policy

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Issuing office

National Hero Accident Suraksha Policy

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 hearing	both ears	50
	one ear	15

Loss of part of body		Percentage of CSI
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 5,000/-.
- 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 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
- the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
 - the patient takes treatment at home on account of non-availability of bed/ room in a hospital
- 4.8 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.
- 4.9 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:
- has qualified nursing staff under its employment round the clock;
 - 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;
 - has qualified medical practitioner (s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out
 - maintains daily records of patients and shall make these accessible to the Insurance Company's authorized personnel.
- 4.10 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
- 4.11 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.
- 4.12 Insured** means person named in the schedule of the Policy.
- 4.13 Inpatient care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
- 4.14 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.
- 4.15 Loss of Foot by Physical Separation** means separation at or above ankle.
- 4.16 Loss of Hand by Physical Separation** means separation at or above wrist.
- 4.17 Loss of Sight** means total and irrecoverable loss of ability to see or total blindness.
- 4.18 Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow-up prescription
- 4.19 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.
- 4.20 Medically Necessary** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- is required for the medical management of the injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner;
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

- 4.21 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.
- 4.22 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.
- 4.23 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.
- 4.24 Policy Period** means the period commencing from the inception date and terminating at midnight on the expiry date as mentioned in the schedule.
- 4.25 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.
- 4.26 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.
- 4.27 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.
- 4.28 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 Multiple Policies

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.

Period	Rate of premium to be charged
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 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.

6.21 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

6.22 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 "Health Insurance Management 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
Gujarat , UT of Dadra and Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014. Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@gbic.co.in
Karnataka	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in
Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@gbic.co.in
Orissa	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in
Punjab , Haryana, Himachal Pradesh, Jammu and Kashmir , UT of Chandigarh	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@gbic.co.in
Tamil Nadu, UT– Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@gbic.co.in
Delhi	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in
Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@gbic.co.in

Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in
Rajasthan	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@gbic.co.in
Kerala , UT of (a) Lakshadweep, (b) Mahe – a part of UT of Pondicherry	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@gbic.co.in
West Bengal, UT of Andaman and Nicobar Islands, Sikkim	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@gbic.co.in
Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@gbic.co.in
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in

State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur	Office of the Insurance Ombudsman, Email: bimalokpal.noida@gbic.co.in
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Bihar, Jharkhand.	Office of the Insurance Ombudsman, Email: bimalokpal.patna@gbic.co.in
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - 32341320 Email: bimalokpal.pune@gbic.co.in

Please preserve the Policy for all future reference.

Table of Benefit

	Plan I	Plan II	Plan III	Plan IV	Plan V
Section I – Personal Accident					
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	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 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
Section II – Accidental Medical Expense					
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				
Section III – Additional Benefit					
Expenses for Transportation of Dead Body	Up to INR 1,000				
Education Fund	<ul style="list-style-type: none"> One dependent child - 10% of the CSI subject to a maximum of INR 5,000/- More than one dependent child - 10% of the CSI subject to a maximum of INR 10,000/- 				

Expenses Generally Excluded

S. No.	List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -	
	TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS	
1.	HAIR REMOVAL CREAM	Not Payable
2.	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3.	BABY FOOD	Not Payable
4.	BABY UTILITES CHARGES	Not Payable
5.	BABY SET	Not Payable
6.	BABY BOTTLES	Not Payable
7.	BRUSH	Not Payable
8.	COSY TOWEL	Not Payable
9.	HAND WASH	Not Payable
10.	MOISTURISER PASTE BRUSH	Not Payable
11.	POWDER	Not Payable
12.	RAZOR	Payable
13.	SHOE COVER	Not Payable
14.	BEAUTY SERVICES	Not Payable
15.	BELTS/ BRACES	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
16.	BUDS	Not Payable
17.	BARBER CHARGES	Not Payable
18.	CAPS	Not Payable
19.	COLD PACK/HOT PACK	Not Payable
20.	CARRY BAGS	Not Payable
21.	CRADLE CHARGES	Not Payable
22.	COMB	Not Payable
23.	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24.	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25.	EYE PAD	Not Payable
26.	EYE SHEILD	Not Payable
27.	EMAIL / INTERNET CHARGES	Not Payable
28.	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29.	FOOT COVER	Not Payable
30.	GOWN	Not Payable
31.	LEGGINGS	Payable in case of varicose vein surgery
32.	LAUNDRY CHARGES	Not Payable
33.	MINERAL WATER	Not Payable
34.	OIL CHARGES	Not Payable
35.	SANITARY PAD	Not Payable
36.	SLIPPERS	Not Payable
37.	TELEPHONE CHARGES	Not Payable
38.	TISSUE PAPER	Not Payable
39.	TOOTH PASTE	Not Payable
40.	TOOTH BRUSH	Not Payable
41.	GUEST SERVICES	Not Payable
42.	BED PAN	Not Payable
43.	BED UNDER PAD CHARGES	Not Payable
44.	CAMERA COVER	Not Payable
45.	CLINIPLAST	Not Payable
46.	CREPE BANDAGE	Not Payable
47.	CURAPORE	Not Payable
48.	DIAPER OF ANY TYPE	Not Payable
49.	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50.	EYELET COLLAR	Not Payable
51.	FACE MASK	Not Payable
52.	FLEXI MASK	Not Payable
53.	GAUSE SOFT	Not Payable
54.	GAUZE	Not Payable
55.	HAND HOLDER	Not Payable
56.	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable

57.	INFANT FOOD	Not Payable
58.	SLINGS	Reasonable costs for one sling in case of upper arm fractures is payable
	ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES	
59.	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in Policy
60.	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in Policy
61.	HOME VISIT CHARGES	Payable in post hospitalisation
62.	DONOR SCREENING CHARGES	Payable
63.	ADMISSION/REGISTRATION CHARGES	Exclusion in Policy
64.	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in Policy
65.	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Exclusion in Policy
	ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS	
66.	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
67.	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
68.	MICROSCOPE COVER	Payable under OT Charges, not payable separately
69.	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not payable separately
70.	SURGICAL DRILL	Payable under OT Charges, not payable separately
71.	EYE KIT	Payable under OT Charges, not payable separately
72.	EYE DRAPE	Payable under OT Charges, not payable separately
73.	X-RAY FILM	Payable under Radiology Charges, not as consumable
74.	SPUTUM CUP	Payable under Investigation Charges, not as consumable
75.	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
76.	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
77.	ANTISEPTIC OR DISINFECTANT LOTIONS	Not Payable-Part of Dressing Charges
78.	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
79.	COTTON	Not Payable-Part of Dressing Charges
80.	COTTON BANDAGE	Not Payable- Part of Dressing Charges
81.	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
82.	BLADE	Not Payable
83.	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be

		part of OT/ICU charges
84.	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
85.	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
86.	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
87.	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
88.	HVAC	Part of room charge not payable separately
89.	HOUSE KEEPING CHARGES	Part of room charge not payable separately
90.	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
91.	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
92.	SURCHARGES	Part of Room Charge, Not payable separately
93.	ATTENDANT CHARGES	Not Payable - Part of Room Charges
94.	IM IV INJECTION CHARGES	Part of room charge not payable separately
95.	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
96.	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
97.	BLANKET/WARMER BLANKET	Not Payable- part of room charges
ADMINISTRATIVE OR NON-MEDICAL CHARGES		
98.	ADMISSION KIT	Not Payable
99.	BIRTH CERTIFICATE	Not Payable
100.	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
101.	CERTIFICATE CHARGES	Not Payable
102.	COURIER CHARGES	Not Payable
103.	CONVENYANCE CHARGES	Not Payable
104.	DIABETIC CHART CHARGES	Not Payable
105.	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
106.	DISCHARGE PROCEDURE CHARGES	Not Payable
107.	DAILY CHART CHARGES	Not Payable
108.	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
109.	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	Payable under Post Hosp
110.	FILE OPENING CHARGES	Not Payable
111.	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
112.	MEDICAL CERTIFICATE	Not Payable
113.	MAINTAINANCE CHARGES	Not Payable
114.	MEDICAL RECORDS	Not Payable
115.	PREPARATION CHARGES	Not Payable
116.	PHOTOCOPIES CHARGES	Not Payable
117.	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
118.	WASHING CHARGES	Not Payable
119.	MEDICINE BOX	Not Payable
120.	MORTUARY CHARGES	Payable up to 24 hrs, shifting charges not payable

121.	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
122.	WALKING AIDS CHARGES	Not Payable
123.	BIPAP MACHINE	Not Payable
124.	COMMODE	Not Payable
125.	CPAP/ CAPD EQUIPMENTS	Device not payable
126.	INFUSION PUMP - COST	Device not payable
127.	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
128.	PULSEOXYMETER CHARGES	Device not payable
129.	SPACER	Not Payable
130.	SPIROMETRE	Device not payable
131.	SPO2 PROBE	Not Payable
132.	NEBULIZER KIT	Not Payable
133.	STEAM INHALER	Not Payable
134.	ARMSLING	Not Payable
135.	THERMOMETER	Not Payable
136.	CERVICAL COLLAR	Not Payable
137.	SPLINT	Not Payable
138.	DIABETIC FOOT WEAR	Not Payable
139.	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
140.	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
141.	LUMBO SACRAL BELT	Payable for cases who have undergone surgery of lumbar spine.
142.	NIMBUS BED OR WATER OR AIR BED CHARGES	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
143.	AMBULANCE COLLAR	Not Payable
144.	AMBULANCE EQUIPMENT	Not Payable
145.	MICROSHEILD	Not Payable
146.	ABDOMINAL BINDER	Payable for cases who have undergone surgery of lumbar spine.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
147.	BETADINE \ HYDROGEN PEROXIDE \ SPIRIT \ DETTOL \ SAVLON \ DISINFECTANTS ETC	Payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
148.	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Payable in post hospitalisation
149.	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
150.	SUGAR FREE TABLETS	Payable -Sugar free variants of admissible medicines are not excluded
151.	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed
152.	DIGESTION GELS	Payable when prescribed
153.	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.
154.	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable

155.	HIV KIT	Payable - Pre operative screening
156.	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
157.	LOZENGES	Payable when prescribed
158.	MOUTH PAINT	Payable when prescribed
159.	NEBULISATION KIT	Payable reasonably if used during hospitalisation
160.	NOVARAPID	Payable when prescribed
161.	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
162.	ZYTEE GEL	Payable when prescribed
163.	VACCINATION CHARGES	Payable when prescribed
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
164.	AHD	Not Payable - Part of Hospital's internal Cost
165.	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
166.	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
OTHERS		
167.	VACCINE CHARGES FOR BABY	Not Payable
168.	TPA CHARGES	Not Payable
169.	VISCO BELT CHARGES	Not Payable
170.	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT,	Not Payable

	ETC]	
171.	EXAMINATION GLOVES	Not payable
172.	KIDNEY TRAY	Not Payable
173.	MASK	Not Payable
174.	OUNCE GLASS	Not Payable
175.	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable
176.	OXYGEN MASK	Not Payable
177.	PAPER GLOVES	Not Payable
178.	PELVIC TRACTION BELT	Payable in case of PIVD requiring traction as this is generally not reused
179.	REFERAL DOCTOR'S FEES	Not Payable
180.	ACCU CHECK (Glucometry/ Strips)	Not payable pre hospitilisation or post hospitalisation / Reports and Charts required/ Device not payable
181.	PAN CAN	Not Payable
182.	SOFNET	Not Payable
183.	TROLLY COVER	Not Payable
184.	UROMETER, URINE JUG	Not Payable
185.	AMBULANCE	Payable
186.	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
187.	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
188.	SOFTOVAC	Not Payable
189.	STOCKINGS	Payable for case like CABG etc.

The list is as per the list of optional expenses stipulated by IRDAI in Guidelines in Standardization in Health Insurance, 2016.