POLICY CERTIFICATE

Policy no.		**Issued at**		**Issue date**	

Intermediary Details

Name		**Code**	
Contact no.			

Policyholder Details

Name			
Correspondence address			
Client Id			
Date of birth		**Gender**	

Policy Details

Plan name		**Sum Insured**		
Policy Period	Start Date	xx:xx[1] hours	End Date	Midnight

Nominee Details

Name		**Relationship with Policyholder**	

Details of the Insured[2]

	1	*2*
Name		
Client ID		
Relationship with the Policyholder		
Date of birth (DD-MM-YYYY)		
Nominee (Relationship)		
Occupation		
Pre-existing Disease (Since)		
Insured with the Company, since		
Sum Insured (in Rs.) per Policy Year		
Optional Cover 1 'Accidental Hospitalization' opted (Yes / No)		
Optional Cover 2 'Permanent Total Disablement Improvement' opted (Yes / No)		
Optional Cover 3 'Permanent Partial Disablement Improvement' opted (Yes / No)		
Optional Cover 4 'Accidental Hospitalization Expenses' opted (Yes / No)		
Optional Cover 5 'Convalescence Benefit' opted (Yes / No)		
Optional Cover 6 'Accidental Hospitalization Daily Allowance' opted (Yes / No)		
Optional Cover 7 'Temporary Total Disablement' opted (Yes / No)		
Optional Cover 8 'Accidental OPD Cover' opted (Yes / No)		
Optional Cover 9 'Common Carrier Mishap Cover' opted (Yes / No)		

Schedule of Benefits[3]

Benefit No.	Benefit	Basis of Offering
1.	Accidental Death	Rs. x[4]
2.	Permanent Total Disablement	Rs. x[5]
3.	Permanent Partial Disablement	Rs. x[6]

[1] Exact time shall be specified in the Policy Certificate issued to the customer.
[2] The list may vary depending upon the Plan
[3] The list may vary depending upon the Plan
[4] Amount may vary depending upon the Plan
[5] Amount may vary depending upon the Plan (as per table under Clause 2.2)

4.	Fractures	Up to Rs. x[7] per Policy year
5.	Child Education	10% of Sum Insured of Benefit - 1
6.	Major Diagnostic Tests	Up to Rs. x[8] per Policy Year
7.	Disappearance	Rs. x[9]
8.	Mobility Cover	Up to Rs. x[10] per Policy Year
9.	Burns	Up to Rs. x[11] per Policy year
10.	Domestic Road Ambulance	Up to Rs. 5,000 per Policy Year
11.	Nursing Care	Rs. x[12] per day, maximum up to 15 Days per Claim
12.	Reconstructive Surgery	Up to Rs. x[13] per Policy Year
13.	Repatriation of Mortal Remains	2% of Benefit - 1 Sum Insured or Rs. 1,00,000, whichever is lower
14.	Loyalty Benefit	Per Policy Year 5% increase in Sum Insured (of Benefit - 1 / Benefit - 2 / Benefit - 3), Max. Increase up to 50% of Sum Insured
Optional Cover No.	**Optional Cover**	**Basis of Offering**
1.	Accidental Hospitalization	
	a) Hospitalization Expenses	Up to Rs. x[14] per Policy Year
	b) Daily Allowance	Rs.500 per day, maximum up to 5 Days per Claim with a deductible of 2 days
	c) Compassionate Visit	Up to Rs. x[15] per Policy Year
2.	Permanent Total Disablement Improvement	Rs. x[16]
3.	Permanent Partial Disablement Improvement	Rs. x[17]
4.	Accidental Hospitalization Expenses	Up to Rs. x[18] per Policy Year, with Rs. x[19] Deductible
5.	Convalescence Benefit	Up to Rs. x[20] per Policy Year with x[21] Days Deductible, payable x[22] no. of Times
6.	Accidental Hospitalization Daily Allowance	Up to Rs. x[23] per Policy Year with x[24] Days Deductible, payable up to x[25] Days
7.	Optional Cover 7 'Temporary Total Disablement' Coverage	Up to Rs. x[26] per week, Max. up to 100 weeks with x[27] week deductible

[6] Amount may vary depending upon the Plan (as per table under Clause 2.3)
[7] Amount may vary depending upon the Plan (as per table under Clause 2.4)
[8] Amount may vary depending upon the Plan
[9] Amount may vary depending upon the Plan
[10] Amount may vary depending upon the Plan
[11] Amount may vary depending upon the Plan (as per table under Clause 2.9)
[12] Amount may vary depending upon the Plan
[13] Amount may vary depending upon the Plan
[14] Amount may vary depending upon the Plan
[15] Amount may vary depending upon the Plan
[16] Amount may vary depending upon the Plan (as per table under Clause 2.2)
[17] Amount may vary depending upon the Plan (as per table under Clause 2.3)
[18] Amount may vary depending upon the Plan
[19] Amount may vary depending upon the Plan
[20] Amount may vary depending upon the Plan
[21] Duration may vary depending upon the Plan
[22] No. of times payable may vary as per the Plan
[23] Amount may vary depending upon the Plan
[24] Duration may vary depending upon the Plan
[25] Duration may vary depending upon the Plan
[26] Amount may vary depending upon the Plan & cannot be more than Insured's base weekly income

8.	Optional Cover 8 'Accidental OPD Cover' Coverage	Up to Rs. x[28] per Policy Year with Rs. x[29] Deductible and x[30]% Co-Payment
9.	Optional Cover 9 'Common Carrier Mishap Cover' Coverage	Twice the Coverage amount will be payable in case of occurrence of Accidental Death (under Benefit 1) / Permanent Total Disablement (under Benefit 2)[31]

Premium details[32]

Plan Premium Optional Cover 1 Premium Optional Cover 2 Premium Optional Cover 3 Premium Optional Cover 4 Premium Optional Cover 5 Premium Optional Cover 6 Premium Optional Cover 7 Premium Optional Cover 8 Premium Optional Cover 9 Premium	
Discounts[33] : Family Discount Discount for multi-year policy Discount for employees	
Loading[34] Loading for Occupations falling under High Risk class Loading for Adventure Sport / Extreme Sports	
Service Tax	
Total Premium	

Service Tax Registration Number : <xxxxxxxxxxxx>
Stamp duty of <Rs. x>paid in cash or by demand draft or by pay order, vide Receipt/Challan no. <Challan No.> dated <Challan Date>.

Contact details for Claims & Policy Servicing

Correspondence address	Religare Health Insurance Company Limited Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector - 43, Gurgaon, Haryana – 122009.		
Contact no.	1800-200-4488	**Fax no.**	1800-200-6677
e-mail ID for Claims	claims@religare.com		
e-mail ID for Policy servicing	customerfirst@religarehealthinsurance.com		
Website	www.religarehealthinsurance.com		

[27] Duration may vary depending upon the Plan
[28] Amount may vary depending upon the Plan
[29] Duration may vary depending upon the Plan
[30] Percentage may vary depending upon the Plan
[31] Description may vary depending upon the Plan
[32] Where Premium Acknowledgement is provided, these details shall be provided in such acknowledgement
[33] Wherever applicable
[34] Wherever applicable

For Religare Health Insurance Company Limited

Authorized Signatory

Please Note :

- Attached with this Policy Certificate are the Policy Terms & Conditions and Annexures. Please ensure that these documents have been received, read and understood. If any of these documents have not been received, please email or contact the Company at the Contact details mentioned here above.
- This Policy Certificate in original must be surrendered to the Company in case of cancellation of the Policy.
- Summary of matters that are stated in the Policy terms and conditions to comply Regulation 7 of Protection of Policyholders' Interests, 2002 and a copy of the Key Policy Information are also enclosed herewith.

POLICY TERMS AND CONDITIONS

Preamble: The proposal and declaration given by the proposer and other documents if any shall form the basis of this Contract and is deemed to be incorporated herein. The two parties to this contract are the Policy Holder / Insured / Insured Persons (also referred as You) and Religare Health insurance Company Ltd. (also referred as We/Us), and all the Provisions of Indian Contract Act, 1872, shall hold good in this regard. The references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same and vice versa. The sentence construction and wordings in the Policy documents should be taken in its true sense and should not be taken in a way so as to take advantage of the Company by filing a claim which deviates from the purpose of Insurance.

1. Definitions

For the purposes of interpretation and understanding of the product the Company has defined, herein below some of the important words used in the product and for the remaining language and the words the Company believes to mean the normal meaning of the English language as explained in the standard language dictionaries. The words and expressions defined in the Insurance Act, IRDA Act, Regulations notified by the Authority and Circulars and Guidelines issued by the Authority shall carry the meanings explained therein. The judicial pronouncements of the highest courts in India will have the effect on the definitions and the language used in this product. The terms and conditions, coverage's and exclusions, benefits, various procedures and concepts which have been built in to the product also carry the specified meaning assigned to them in the said language.

1.1. **Accident/Accidental** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

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

1.3. **Age** means the completed age of the Insured Person as on his last birthday.

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

1.5. **Annexure** means a document attached and marked as an Annexure to this Policy.

1.6. **Any One Illness** (not applicable for Travel and Personal Accident) means a continuous period of Illness and it includes relapse within 45 days from the date of last consultation with the Hospital/nursing home where the treatment was taken.

1.7. **Cashless Facility** means a facility extended by the insurer to the Insured where the payments, of the costs of treatment undergone by the Insured in accordance with the Policy terms and conditions, are directly made to the Network Provider by the insurer to the extent pre-authorization is approved.

1.8. **Claim** means a demand made in accordance with the terms and conditions of the Policy for payment of the specified Benefits in respect of the Insured Person.

1.9. **Claimant** means a person who possesses a relevant and valid Insurance Policy which is issued by the Company and is eligible to file a Claim in the event of a covered loss.

1.10. **Common Carrier** means any civilian land or water conveyance or scheduled aircraft operated under a valid license for the transportation of fare paying passengers under a valid ticket.

1.11. **Company** (also referred as We/Us) means Religare Health Insurance Company Limited.

1.12. **Condition Precedent** shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

1.13. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

i. **Internal Congenital Anomaly**
Congenital anomaly which is not in the visible and accessible parts of the body

ii. **External Congenital Anomaly**
Congenital anomaly which is in the visible and accessible parts of the body

1.14. **Co-Payment** is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.

1.15. **Cumulative Bonus** shall mean any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

1.16. **Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup within a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under—

i. has qualified nursing staff under its employment;
ii. has qualified Medical Practitioner/s in charge;
iii. has a fully equipped operation theatre of its own where surgical procedures are carried out;
iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

1.17. **Day Care Treatment** refers to medical treatment and/or a surgical procedure which is:

i. undertaken under general or local anesthesia in a Hospital/Day Care Center in less than 24 hours because of technological advancement, and
ii. which would have otherwise required Hospitalization of more than 24 hours.

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

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

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

1.20. **Disclosure to Information Norm** states that the Policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

1.21. **Domiciliary Hospitalization** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:

i. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or

ii. The patient takes treatment at home on account of non-availability of room in a Hospital.

1.22. **Diagnosis** means pathological conclusion drawn by a registered medical practitioner, supported by acceptable Clinical, radiological, histological, histo-pathological and laboratory evidence wherever applicable.

1.23. **Emergency Care (Emergency)** means management for an Illness or Injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

1.24. **Grace Period** means the specified period of time immediately following the premium due date during which payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-existing Diseases. Coverage is not available for the period for which no premium is received.

1.25. **Hazardous Activities** means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained or not. Such sport/activity includes stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/ obstacle riding, bobsleighing/ using skeletons, bouldering, boxing, canyoning, caving/ pot holing, cave tubing, rock climbing/ trekking/ mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, marathon running, martial arts, micro – lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/ parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling of any type.

1.26. **Hospital (not applicable for Overseas Travel Insurance)** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

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

1.27. **Hospitalization (not applicable for Overseas Travel Insurance)** means admission in a Hospital for a minimum period of 24 consecutive In-patient Care hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

1.28. **ICU Charges** (Intensive Care Unit Charges) means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

1.29. **Indemnity/Indemnify** means compensating the Policy Holder/Insured Person up to the extent of Expenses incurred, on occurrence of an event which results in a financial loss and is covered as the subject matter of the Insurance Cover.

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

a) **Acute condition** is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

b) **Chronic Condition** is defined as a disease, illness, or injury that has one or more of the following characteristics:

1. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests;
2. It needs ongoing or long-term control or relief of symptoms;
3. It requires rehabilitation for the Patient or for the Patient to be specially trained to cope with it;
4. It continues indefinitely;
5. It recurs or is likely to recur.

1.31. **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.

1.32. **In-patient Care (not applicable for Overseas Travel Insurance)** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

1.33. **Insured Event** means an event that is covered under the Policy and which is in accordance with the Policy Terms & Conditions.

1.34. **Insured Person (Insured)** means a person whose name specifically appears under Insured in the Policy Certificate and with respect to whom the premium has been received by the Company.

1.35. **Intensive Care Unit (ICU)** 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.

1.36. **Maternity expenses** means

i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).

ii. expenses towards lawful medical termination of pregnancy during the policy period.

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

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

1.39. **Medical Practitioner (not applicable for Overseas Travel Insurance)** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

1.40. **Medically Necessary Treatment (not applicable for Overseas Travel Insurance)** means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:

i. Is required for the medical management of the Illness or Injury suffered by the Insured;
ii. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
iii. Must have been prescribed by a Medical Practitioner;
iv. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

1.41. **Network Provider (not applicable for Overseas Travel Insurance)** means the Hospitals enlisted by an insurer, TPA or jointly by an insurer and TPA to provide medical services to an Insured by a Cashless Facility.

1.42. **Newborn baby** means baby born during the Policy Period and is aged up to 90 days.

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

1.44. **Notification of Claim** is the process of intimating a Claim to the insurer or TPA through any of the recognized modes of communication.

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

1.46. **Policy** means these Policy terms and conditions and Annexures thereto, the Proposal Form, Policy Certificate and Optional Cover (if applicable) which form part of the Policy and shall be read together.

1.47. **Policy Certificate** means the certificate attached to and forming part of this Policy.

1.48. **Policyholder** (also referred as You) means the person named in the Policy Certificate as the Policyholder.

1.49. **Policy Period** means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date as specified in the Policy Certificate.

1.50. **Policy Period End Date** means the date on which the Policy expires, as specified in the Policy Certificate.

1.51. **Policy Period Start Date** means the date on which the Policy commences, as specified in the Policy Certificate.

1.52. **Policy Year** means a period of 12 consecutive months commencing from the Policy Period Start Date or any anniversary thereof.

1.53. **Post-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the Hospital provided that:

i. Such Medical Expenses are for the same condition for which the Insured Person's Hospitalization was required and
ii. The inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

1.54. **Pre-existing Disease (not applicable for Overseas Travel Insurance)** means any condition, ailment or Injury or related condition(s) for which there were signs or symptoms, and/or were diagnosed, and/or for which Medical Advice/treatment was received within 48 months prior to the first Policy issued by the insurer and renewed continuously thereafter.

1.55. **Pre-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that :

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Company.

1.56. **Qualified Nurse (not applicable for Overseas Travel Insurance)** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

1.57. **Reasonable and Customary Charges(not applicable for Overseas Travel Insurance)** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness/ Injury involved.

1.58. **Rehabilitation** means assisting an Insured Person who, following a Medical Condition, requires assistance in physical, vocational, independent living and educational pursuits to restore him to the position in which he was in, prior to such medical condition occurring.

1.59. **Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

1.60. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include associated Medical Expenses.

1.61. **Scheduled Airline** means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier.

1.62. **Subrogation (Applicable to other than Health Policies and health sections of Travel and PA policies)** shall mean the right of the insurer to assume the rights of the Insured Person to recover expenses paid out under the Policy that may be recovered from any other source.

1.63. **Sum Insured** means the amount specified in the Policy Certificate, for which premium is paid by the Policyholder.

1.64. **Surgery/Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering or prolongation of life, performed in a Hospital or a Day Care Centre by a Medical Practitioner.

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

The following definitions are redefined which supersedes those respective definitions mentioned above, for Benefits and Optional Covers effective out of India:

1.66. **Medical Practitioner** means a person who holds a valid registration issued by the Medical Council/Statutory Regulatory Authority for Medical Education in that Country and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

1.67. **Qualified Nurse** means a person who holds a valid registration issued by the Nursing Council/Statutory Regulatory Authority for Medical Education in that Country and thereby entitled to render Nursing Care within the scope and jurisdiction of license.

1.68. **Unproven/Experimental Treatment** means a treatment including drug experimental therapy which is not based on established medical practice, is treatment experimental or unproven.

2. Coverage Details

If the Insured Person suffers an Injury during the Policy Period, while the Policy is in force, which results in an Insured Event within twelve calendar months from the Injury, the Company will pay to the Policyholder (or the Nominee or his legal heir), the amount specified against the Benefit / Optional Cover as specified in the Policy Certificate subject always to the terms and conditions of the Policy, and the availability of the Sum Insured / respective Coverage Amount, as applicable.

General Conditions applicable to all Benefits / Optional Covers –

(i) There are 14 Benefits and 9 Optional Covers in the Product; any Benefit / Optional Cover will be applicable and available only if it is specifically mentioned in the Policy Certificate.

(ii) The Company will provide coverage under the Benefits 1, 2, 3, 4, 5, 7, 9, 11 & 13 and Optional Covers 2, 3, 5, 6, 7 & 9, to any Insured Event arising worldwide provided no coverage is available in listed civilian nations (as per Annexure – III). Refer Annexure II for further details.

(iii) In case any Claim is admissible under Benefit 1, coverage under the Policy for that Insured Person shall immediately and automatically terminate. However, other Insured Person shall continue to be covered under this Policy.

(iv) If Optional Cover 1 is opted for, then Optional Cover 4 and / or Optional Cover 6 cannot be opted. Similarly, if either Optional Cover 4 or Optional Cover 6 is opted for, then Optional Cover 1 'Accidental Hospitalization' cannot be opted.

Benefits

2.1. Benefit 1 : Accidental Death

(a) If the Insured Person suffers an Injury during the Policy Period, which directly results in the Insured Person's death within 12 months from the date of Accident (including date of Accident), the Company will pay the Sum Insured as specified in the Policy Certificate against this Benefit.

2.2. Benefit 2 : Permanent Total Disablement (PTD)

(a) If the Insured Person suffers an Injury during the Policy Period, which directly results in the Insured Person's Permanent Total Disablement within 12 months from the date of Accident (including date of Accident), the Company will pay the amount as specified in the 'PTD Table' below :

Sr. No.	Insured Events	Amount payable = % of the Sum Insured specified in the Policy Certificate against Benefit 2
I	Total and irrecoverable loss of sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or the total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one entire foot	100%
II	Total and irrecoverable loss of (a) use of two hands or two feet; or (b) one hand and one foot; or (c) sight of one eye and use of one hand or one foot	100%
III	Total and irrecoverable loss of sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot	50%
IV	Total and irrecoverable loss of use of a hand or a foot without physical separation	50%
V	Paraplegia or Quadriplegia or Hemiplegia	100%

Note: For the purpose of Sr. No. I to IV above, physical separation of a hand or foot shall mean separation of the hand at or above the wrist, and of the foot at or above the ankle.

(b) For the purpose of this Benefit only:

(i) "Hemiplegia" means complete and irrecoverable paralysis of the arm, leg, and trunk on the same side of the body;

(ii) "Paraplegia" means complete and irrecoverable paralysis of the whole of the lower half of the body (below waist) including both the legs;

(iii) "Quadriplegia" means complete and irrecoverable paralysis of all four limbs.

2.3. Benefit 3 : Permanent Partial Disablement (PPD)

(a) If the Insured Person suffers an Injury during the Policy Period, which directly results in the Insured Person's Permanent Partial Disablement within 12 months from the date of Accident (including date of Accident), the Company will pay the amount as specified in the 'PPD Table' below :

Sr. No.	Insured Events	Amount payable = % of the Sum Insured specified in the Policy Certificate against Benefit 3
I	Total and irrecoverable loss of hearing in: -	
	a) Both ears	75%
	b) One ear	20%
II	Loss of toes	
	a) All	20%
	b) Both phalanges of great toes bilateral	5%
	c) Both phalanges of one great toe	2%
	d) Both phalanges of other than great toes for each toe	1%
III	Loss of four fingers and thumb of one hand	40%
IV	Loss of four fingers of one hand	35%

Sr. No.	Insured Events	Amount payable = % of the Sum Insured specified in the Policy Certificate against Benefit 3
V	Loss of thumb	
	a) both phalanges	25%
	b) one phalanx	10%
VI	Loss of index finger	
	a) three phalanges	10%
	b) two phalanges	8%
	c) One phalanx	4%
VII	Loss of middle finger	
	a) three phalanges	6%
	b) two phalanges	4%
	a) One phalanx	2%
VIII	Loss of ring finger	
	a) three phalanges	5%
	b) two phalanges	3%
	c) One phalanx	2%
IX	Loss of little finger	
	a) three phalanges	4%
	b) two phalanges	3%
	c) One phalanx	2%
X	Loss of metacarpus	
	first or second	3%
	third, fourth or fifth	2%
XI	Permanent partial disablement not otherwise provided for under Sr. No. I to X inclusive.	Percentage of the Sum Insured will be determined in accordance with the medical assessment carried out by the Medical Practitioner provided that the percentage under Insured Event Sr. No. XI shall not exceed 50% of the Sum Insured

Note: *For the purpose of Insured Events II to X, loss means either actual physical separation or total and irrecoverable loss only.*

2.4. Benefit 4 : Fractures

(a) If the Insured Person suffers an Injury during the Policy Period, which directly results in any of the fractures as specified below, the Company will pay the amount as specified in the 'Fractures Table' below :

Sr. No.	Description of Fracture	**Amount payable =** % of the Sum Insured specified in the Policy Certificate against this Benefit
I	Hip or Pelvis (excluding thigh or coccyx): Multiple fractures – at least one Compound Fracture and one Complete Fracture	100%
II	Hip or Pelvis (excluding thigh or coccyx) - All other Compound Fractures	50%
III	Thigh or Heel: Multiple fractures – at least one Compound Fracture and one Complete Fracture	100%
IV	Thigh or Heel: Multiple fractures – at least one Complete Fracture	50%
V	Lower leg, skull, clavicle, ankle, elbows, upper or lower arm (including wrist but excluding Colles-type fractures): Multiple Fractures – at least one Compound Fracture and one Complete Fracture	100%
VI	Lower leg, skull, clavicle, ankle, elbows, upper or lower arm (including wrist but excluding Colles-type fractures) : All other Compound Fractures	30%
VII	Colles type fracture of the lower arm – If Compound Fracture	100%
VIII	Colles type fracture of the lower arm – If Complete Fracture	50%

(b) It is further agreed that:
   (i) If an Injury results in more than one of the 'Description of Fractures' above, then the Company's maximum liability shall not exceed the Sum Insured.
   (ii) The Company shall not be liable to make any payment in respect of dislocation of bones or joints or in respect of Hairline Fractures or Simple Fractures.

(c) For the purpose of this Benefit only:
   (i) Complete Fracture means a fracture where the bone is completely broken across and no connection is left between the pieces.
   (ii) Compound Fracture means a fracture where the bone breaks the skin and is exposed.
   (iii) Hairline Fracture means a mere crack in the bone.
   (iv) Simple Fracture means a fracture in which there is a basic and uncomplicated break in the bone and which in the opinion of a Medical Practitioner requires minimal and uncomplicated medical treatment.

2.5. Benefit 5 : Child Education

(a) If a Claim for any Insured Event under Benefit 1 or Benefit 2 of the Policy has been admitted, then in addition to any amount payable under that Benefit, the Company will pay the amount specified in the Policy Certificate against this Benefit, for the education of the Insured Person's child.

(b) Provided that valid document establishing the Age of child and relationship between the child and the Insured Person is submitted.

(c) For the purpose of this Benefit, "Child" means a child (natural or legally adopted), who is :
   (i) Financially dependent on the Policyholder;
   (ii) Does not have his independent sources of income; and
   (iii) Has not attained 25 years of Age.

2.6. Benefit 6 : Major Diagnostic Tests

(a) If a Claim for any Insured Event under Benefit 1 or Benefit 2 or Benefit 3 of the Policy has been admitted, then the Company will indemnify the actual expenses incurred or an amount specified in the Policy Certificate against this Benefit, whichever is lower, for carrying out any major diagnostic tests, including but not limited to CT Scan or MRI and provided that:
   (i) Such diagnostic tests are undertaken on the written Medical Advice of a Medical Practitioner; and
   (ii) Such diagnostic tests are conducted within 3 months from the date of Accident (including date of Accident).

2.7. Benefit 7 : Disappearance

(a) The Company shall admit its liability under Benefit 1 'Accidental Death', if the Insured Person's body cannot be located within a period of consecutive 365 Days after a forced landing, stranding, sinking or wrecking of a Common Carrier wherein the Insured Person was a fare paying passenger or in any event arising as a result of any Acts of God Perils during the Policy Period, where it is reasonable to believe that such Insured Person has died as a result of an Injury.

(b) The Company will only pay, when the Policyholder/Insured Person/Legal heir provides a legally binding indemnity bond or any other document as required by the Company which guarantees, that the amount the Company pays will be repaid to the Company, if it is later found that the Insured Person survived such an Accident / Injury for which the Company had paid the Claim.

2.8. Benefit 8 : Mobility Cover

(a) The Company will indemnify the Policyholder for the actual amount incurred or the amount specified in the Policy Certificate against this Benefit, whichever is lower, towards the Reasonable and Customary Charges necessarily incurred by the Policyholder, for procuring Medically Necessary prosthetic devices (artificial devices replacing body parts, including artificial legs, arms or eyes), orthopaedic braces (including but not limited to arm, back or neck braces) and durable medical equipment (including but not limited to wheelchairs and Hospital beds) which fulfils the Insured Person's basic medical needs, consequent to an Injury for which a Claim is payable under Benefit 2 and provided that such devices or equipment are procured on the written Medical Advice of a treating Medical Practitioner.

(b) For the purpose of this Benefit only "Durable Medical Equipment or Devices" should satisfy at least the following conditions:
   (i) Procurement amount must not exceed the reasonable purchase price of the durable medical equipment.
   (ii) Spectacles, contact lenses, hearing aids, blood pressure monitoring machine and diabetes monitoring machine are not included in the list of durable medical equipment for the purpose of this Benefit.

2.9. Benefit 9: Burns

(a) If the Insured Person suffers an Injury during the Policy Period, which directly results in any of the following second or third degree burn injuries, the Company will pay the Policyholder up to the Sum Insured as specified in the 'Burns Table' below :

Sr. No.	Description of Extent of Burn Injury	Amount payable = % of the Sum Insured specified in the Policy Certificate against this Benefit
I	Third degree burns of 30% or more of the total body surface area	100%
II	Second degree burns of 30% or more of the total body surface area	50%
III	Third degree burns of 20% or more, but less than 30% of the total body surface area	80%
IV	Second degree burns of 20% or more, but less than 30% of the total body surface area	40%
V	Third degree burns of 10% or more, but less than 20% of the total body surface area	40%
VI	Second degree burns of 10% or more, but less than 20% of the total body surface area	20%
VII	Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
VIII	Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

(b) If an Injury results in more than one of the 'Descriptions of Extent of Burn Injury' above, then the Company's maximum liability shall not exceed the Sum Insured.

2.10. Benefit 10 : Domestic Road Ambulance

(a) If a Claim for any event under Benefit 1 or Benefit 2 or Benefit 3 or Benefit 4 or Benefit 9 or Optional Cover 1 or Optional Cover 4 or Optional Cover 6 or Optional Cover 9 of the Policy has been admitted, the Company will indemnify up to the amount as specified against this Benefit in the Policy Certificate, in addition to any amount payable under that Benefit / Optional Cover, for the reasonable expenses necessarily incurred on availing Ambulance services offered by a Hospital or by an Ambulance service provider for the Insured Person's necessary transportation to the nearest Hospital in case of an Emergency provided that the necessity of the Ambulance transportation is certified by the treating Medical Practitioner.

2.11. Benefit 11 : Nursing Care

(a) The Company will pay the Policyholder for the expenses incurred, up to the amount specified in the Policy Certificate for each day subject to a maximum of 15 days post discharge from Hospital for the medical services of a Qualified Nurse at the Insured Person's residence and relate directly to any Injury resulting in a Claim which is payable under Benefit 2 or Benefit 3 and provided that :

(i) Such Qualified Nurse is hired with the purpose of providing care and convenience to the Insured Person to facilitate his activities of daily living;

(ii) Such Qualified Nurse is hired within one week from the Insured Person's discharge from the Hospital; and

(iii) The engagement of such Qualified Nurse is certified as necessary by a Medical Practitioner

2.12. Benefit 12 : Reconstructive Surgery

(a) If a Claim for any event under Benefit 2 or Benefit 3 of the Policy has been admitted, then in addition to any amount payable under that Benefit, the Company will indemnify the Policyholder up to the amount specified in the Policy Certificate against this Benefit, towards the Medical Expenses incurred on the reconstructive surgery at that Hospital, provided that :

(i) The reconstructive surgery is carried out on the written Medical Advice of a Medical Practitioner; and

(ii) The reconstructive surgery is carried out within 30 days from the date of Accident (including date of Accident); and

(iii) The reconstructive surgery is required to restore the natural function or appearance.

2.13. Benefit 13 : Repatriation of Mortal Remains

(a) If a Claim for any event under Benefit 1 of the Policy has been admitted, then in addition to any amount payable under that Benefit, the Company will pay the Policyholder the amount specified in the Policy Certificate against this Benefit, for the transportation of Insured Person's body from the place of death to the city of last known address of the Insured Person as per the Company's records or as per the request of the Insured Person's family.

(b) Any Claim under this Benefit shall be payable if the death of the Insured Person occurs outside his city of residence.

2.14. Benefit 14: Loyalty Benefit

For each continuous and completed Policy Year, on subsequent renewal, the Company will enhance the Coverage amount of Benefit 1, Benefit 2 and Benefit 3 of last Policy Year, by flat 5% of the Sum Insured, on a cumulative basis, as a Loyalty Bonus.
The Benefit offering is subject to the conditions specified below:

(i) The accrued Loyalty Bonus available in the renewed Policy at any point of time shall not exceed 50% of the Sum Insured (pertaining to Benefit 1, Benefit 2 and Benefit 3).

(ii) The Loyalty Bonus which is accrued will only be available to those Insured Persons who were insured in a particular Policy Year and continue to be insured in the subsequent Policy Year as well.

(iii) The entire Loyalty Bonus will be forfeited if the Policy is not continued / renewed on or before Policy Period End Date or the expiry of the Grace Period whichever is later.

(iv) If Sum Insured under the Policy is increased (or decreased) at the time of renewal, then the applicable Loyalty Bonus shall also be increased (or decreased) in proportion to the Sum Insured, on the subsequent renewal.

(v) A credit for accrued Loyalty Bonus would be provided regardless of Claim history in the previous Policy Year(s).

Optional Covers

The Policy provides the following Optional Covers which can be opted either at the inception of the Policy or at the time of renewal. The Policy Certificate will specify the Optional Covers that are in force for the Insured Persons.

2.15. Optional Cover 1: Accidental Hospitalization: This Optional Cover provides coverage for the following three sub-benefits : –

2.15.1. Hospitalization Expenses : If an Insured Person suffers an Injury during the Policy Period that requires:

(a) In-patient Care – the In-Patient Hospitalization of the Insured Person, then the Company will indemnify up to the amount specified against this Optional Cover in the Policy Certificate, for the Medical Expenses incurred on such Hospitalization, provided that the Medically Necessary Hospitalization was on the written advice of a Medical Practitioner.

(b) Day Care Treatment – the Insured Person to undergo Day Care Treatment at a Day Care Centre or Hospital, then the Company will indemnify up to the amount specified against this Optional Cover in the Policy Certificate, for the Medical Expenses incurred on that Day Care Treatment, provided that the treatment was Medically Necessary and was taken on the written advice of a Medical Practitioner.
NOTE: The list of Day Care Treatments is attached as Annexure-I.

2.15.2. Daily Allowance : The Company will pay the amount specified against this Optional Cover in the Policy Certificate for each continuous and completed period of 24 hours of Medically Necessary Hospitalization of the Insured Person, provided that:

(i) The Hospitalization is only for In-patient Care; and
(ii) The Company will be liable to make payment under this Optional Cover for maximum 5 days per Accidental Hospitalization.
(iii) The Company will not be liable to make payment under this Optional Cover for first 2 consecutive days of Hospitalization.

2.15.3. Compassionate Visit : The Company will indemnify the reasonable expenses up to the amount specified in the Policy Certificate, incurred by the Insured Person or any of his immediate family members, for the cost of an economy class air ticket or equivalent, from the city of normal residence of such family member to the place of Hospitalization of the Insured Person directly consequent to an Injury, provided that

i. The Hospitalization is on the written advice of a Medical Practitioner; and
ii. The Insured Person's admission to Hospital is within three days from the occurrence of the Injury; and
iii. The Company's liability under this Optional Cover shall commence only after the period of Hospitalization exceeds minimum 5 consecutive days of Hospitalization; and
iv. The Family Member's travel is within the period of such admission in the Hospital but before discharge from Hospital.
v. For the purpose of this Benefit only, the term "Family Member" means the Insured Person's spouse, children, parents, and parents-in-law.

2.16. Optional Cover 2: Permanent Total Disablement Improvement

(i) Notwithstanding anything contrary to the coverage terms and conditions stated under Clause 2.2 (Benefit 2 'Permanent Total Disablement'), the Company agrees to pay the amount as specified against this Optional Cover in the Policy Certificate and as per the 'PTD Table' stated under Clause 2.2, in case the Insured Person suffers an Injury during the Policy Period, which directly results in the Insured Person's Permanent Total Disablement within 12 months from the date of Accident (including date of Accident).

(ii) The Coverage amount applicable under this Optional Cover will be in addition to the amount payable under Benefit 2 'Permanent Total Disablement'.

(iii) Claim pay-out under this Optional Cover triggers only when claim pay-out is triggered under Benefit 2.

2.17. Optional Cover 3: Permanent Partial Disablement Improvement

(i) Notwithstanding anything contrary to the coverage terms and conditions stated under Clause 2.3 (Benefit 3 'Permanent Partial Disablement'), the Company agrees to pay the amount as specified against this Optional Cover in the Policy Certificate and as per the 'PPD Table' stated under Clause 2.3, in case the Insured Person suffers an Injury during the Policy Period, which directly results in the Insured Person's Permanent Partial Disablement within 12 months from the date of Accident (including date of Accident).

(ii) The Coverage amount applicable under this Optional Cover will be in addition to the amount payable under Benefit 3 'Permanent Partial Disablement'.

(iii) Claim pay-out under this Optional Cover triggers only when claim pay-out is triggered under Benefit 3.

2.18. Optional Cover 4: Accidental Hospitalization Expenses

If an Insured Person suffers an Injury during the Policy Period that requires:

(i) **In-patient Care –** the In-Patient Hospitalization of Insured Person, then the Company will indemnify up to the amount specified against this Optional Cover in the Policy Certificate, for the Medical Expenses incurred on Hospitalization, provided that the Medically Necessary Hospitalization was on the written advice of a Medical Practitioner.

(ii) **Day Care Treatment –** the Insured Person to undergo Day Care Treatment at a Day Care Centre or Hospital, then the Company will indemnify up to the amount specified against this Optional Cover in the Policy Certificate, for the Medical Expenses incurred on such Day Care Treatment, provided that the Medically Necessary treatment was taken on the written advice of a Medical Practitioner (The list of Day Care Treatments is attached as Annexure-I).

(iii) The amount assessed by the Company on each admitted Claim for the Insured Person under this Optional Cover shall be reduced by a Deductible amount as specified in the Policy Certificate. The Company shall be liable to make payment under the Policy for any Claim in respect of the Insured Person only when the Deductible on that Claim is exhausted.

2.19. Optional Cover 5: Convalescence Benefit

The Company will pay the amount specified against this Optional Cover in the Policy Certificate, if the Insured Person undergoes Medically Necessary Hospitalization, due to an Injury which is suffered during the Policy Period, for a certain minimum defined number of days (as specified in the Policy Certificate) for each Claim provided that:

(i) The amount assessed by the Company on each admitted Claim for the Insured Person under this Optional Cover shall be reduced by a Deductible on number of days as specified in the Policy Certificate. The Company shall be liable to make payment under the Policy for any Claim in respect of the Insured Person only when the Deductible on that Claim is exhausted.

(ii) This Benefit will be payable for a maximum of 3 times / 6 times in a Policy Year (for different injury causing events leading to Hospitalization), as specified in the Policy Certificate.

2.20. Optional Cover 6: Accidental Hospitalization Daily Allowance

If an Insured Person undergoes Medically Necessary In-Patient Hospitalization, due to an Injury which is suffered during the Policy Period, the Company will pay the amount specified against this Optional Cover in the Policy Certificate, for each continuous and completed period of 24 hours of such Hospitalization of the Insured Person, provided that:

(i) The amount assessed by the Company on each admitted Claim for the Insured Person under this Optional Cover shall be reduced by a Deductible on number of days as specified in the Policy Certificate. The Company shall be liable to make payment under the Policy for any Claim in respect of the Insured Person only when the Deductible on that Claim is exhausted.

(ii) The Company shall not be liable to make payment under this Optional Cover for more than a maximum defined number of days (as specified in the Policy Certificate) in a Policy Year.

2.21. Optional Cover 7: Temporary Total Disablement (TTD)

a. If an Insured Person suffers an Accident during the Policy Period which is the sole and direct cause of a temporary disablement which completely prevents that Insured Person from performing each and every duty pertaining to his employment or occupation, then the Company will pay the amount specified in the Policy Certificate against this Optional Cover, for each continuous and completed week of the Insured Person's Temporary Total Disablement, provided that:

(i) For a single claim, maximum duration till which this Optional Cover will be payable is 100 weeks from the date of the Accident and if the Insured Person is disabled for a part of a week, then only a proportionate part of the weekly benefit will be payable.

(ii) For the purpose of this Optional Cover only, Temporary Total Disablement means the temporary and total inability of an Insured Person to engage in any occupation or any gainful employment while that Insured Person is under the regular care of, and acting in accordance with, the instructions or on the written advice from the treating Medical Practitioner and is confined to bed.

(iii) The Company will not pay any amount in excess of the Insured Person's base weekly income and this will specifically exclude overtime, bonuses, tips, commissions, special compensation or any compensation of similar nature.

(iv) The Company's liability to make payment under this Optional Cover shall commence only upon completion of the period of Deductible on number of weeks, as specified in the Policy Certificate.

2.22. Optional Cover 8: Accidental OPD Cover

If an Insured Person suffers an Injury during the Policy Period, that requires the Insured Person to take an OPD treatment, then the Company will indemnify the Insured Person, for the Medical Expenses incurred up to the amount specified against this Optional Cover in the Policy Certificate, subject to the following conditions:

(i) A maximum of 4 consultations (or diagnostics) will be admissible for the same 'Injury causing event'.

(ii) The amount assessed by the Company on each admitted Claim for the Insured Person under this Optional Cover shall be reduced by a Deductible amount as specified in the Policy Certificate. The Company shall be liable to make payment under the Policy for any Claim in respect of the Insured Person only when the Deductible on that Claim is exhausted.

(iii) After the applicable Deductible, a specified Co-payment (as mentioned in the Policy Certificate) shall be applicable to each and every Claim made.

(iv) Re-imbursement towards claims incurred in a Policy year can be claimed only twice during that Policy Year.

(v) Clause 3 (b) (ix) under Permanent Exclusions, is superseded to the extent covered under this Optional Cover.

2.23. Optional Cover 9: Common Carrier Mishap Cover

If the Insured Person suffers an Injury which results in Accidental Death (or Permanent Total Disablement, if Benefit 2 is offered in the plan), within 12 months of such Injury sustained which is lead solely and directly due to an Accident, occurred during the Policy Period, whilst mounting into or dismounting from or travelling in a Common Carrier on a valid ticket, the Company will pay additional 100% of the Sum Insured of Benefit 1 (or Benefit 2, if applicable).

In case of an Insured Event, where only 50% of Sum Insured is payable, the Company will pay an additional 50% of Sum Insured under this Optional Cover

3. Permanent Exclusions

(a) **Exclusions applicable to all the Benefits and Optional Covers:**

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible, unless expressly stated to the contrary elsewhere in the Policy:

(i) Any Illness including any pre-existing condition or its complications except where an Insured Event under general conditions applicable to all Benefits resulting from an illness which arises directly as a consequence of an Injury sustained during the Policy Period;

(ii) Any pre-existing injury or disability;

(iii) The Insured Person operating or learning to operate any aircraft or performing duties as a member of a crew on any aircraft or Scheduled Airline or any airline personnel;

(iv) The Insured Person flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;

(v) Any intentional self-inflicted injury, suicide or attempted suicide, sexually transmitted conditions, mental or nervous conditions, insanity, disorder or depression;

(vi) Influence of drugs , alcohols or other intoxications or hallucinogens;

(vii) War (whether declared or not) and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrection, mutiny, military or usurped power, seizure, capture , arrest, restraints and detainments of all kinds; Insured event occurring in a civilian nation (Please refer to Annexure III for list of Civilian nations);

(viii) Participation in actual or attempted felony, riots, civil commotion or criminal misdemeanour;

(ix) A complication of infection with human immune deficiency virus (HIV) or any variance including acquired immune deficiency syndrome (AIDS) and AIDS Related complex (ARC) or venereal diseases;

(x) The Insured Person engaging in sporting activities in so far as they involve the training for or participation in competitions of professional sports, unless declared beforehand and agreed by the Company in writing subject to additional premium being received and incorporated accordingly in the Policy;

(xi) Any act resulting in breach of law committed by the Insured Person with a criminal intent;

(xii) The Insured Person serving in any branch of the military, navy or air-force or any branch of armed Forces or any paramilitary forces;

(xiii) Radioactive contamination whether arising directly or indirectly or any consequential loss thereof, ionizing radiation, toxic, explosive or other hazardous properties of nuclear material;

(xiv) The Insured Person working in or with mines, tunnelling or explosives or involving electrical installation with high tension supply or conveyance testing or oil rigs work or ship crew services or as jockeys or circus personnel or aerial photography or engaged in Hazardous Activities;

(xv) Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from, or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

I. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile or fusion material emitting a level of radioactivity capable of causing incapacitating disablement or death.

II. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death.

III. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesised toxins) which are capable of causing incapacitating disablement or death.

(xvi) Impairment of the Insured Person's intellectual faculties by abuse of stimulants or depressants or by the illegal use of any solid, liquid or gaseous substance.

(xvii) Any claim related to Hazardous Activities.Persons whilst working with in underground mines or surface mining, explosives, press, activities like racing on wheels or horseback, winter sports, canoeing involving white water rapids, any bodily contact sport.

(xviii) External Congenital Anomaly or any complications or conditions arising therefrom.

(xix) Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).

(xx) Treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Person's family.

(xxi) Any change of profession after inception of the Policy which results in the enhancement of the Company's risk, if not accepted and endorsed by the Company on the schedule of Policy Certificate.

(xxii) As a result of any curative treatments or interventions that the Insured Person has carried out or have carried out on the Insured Person's body.

(xxiii) Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy.

(xxiv) Claim arising out of mental illness, psychiatric or psychological disorders.

(b) **Additional Exclusions applicable to Optional Covers related to Hospitalization occurring due to Injury:**

(i) Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV–III or IITLB-III) or Lymphadinopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.

(ii) Any treatment arising from or traceable to any fertility, infertility, sub fertility or assisted conception procedure or sterilization, birth control procedures, hormone replacement therapy, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.

(iii) Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.

(iv) Experimental, investigational or unproven treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment.

(v) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implants.

(vi) Any treatment related to sleep disorder or sleep apnea syndrome, general debility convalescence, cure, rest cure, health hydros, nature cure clinics, sanatorium treatment, Rehabilitation measures, private duty nursing, respite care, long-term nursing care, custodial care or any treatment in an establishment that is not a Hospital.

(vii) All expenses related to donor screening, treatment, including surgery to remove organs from the donor, in case of transplant surgery.

(viii) Alternative Treatment.

(ix) OPD treatment.

(x) Treatment received outside India.

(xi) Charges incurred at Hospital primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, for which In-patient Care/ Day Care Treatment is required.

(xii) Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.

(xiii) Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.

(xiv) Expenses related to any kind of RMO charges, service charge, surcharge, admission fees, registration fees, night charges levied by the hospital under whatever head.

(xv) Any Hospitalization primarily for investigation and / or diagnosis purpose.

(xvi) Treatment taken in Black Listed Hospitals (as per Annexure V) except in case of emergency Hospitalization.

In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above is also excluded.

4. Portability

The Policyholder and / or Insured Person can apply to the Company for a health insurance policy only in case the proposed Insured Person is covered without any break under any individual health insurance policy from any Indian non-life insurance company or Health Insurance Company registered with the IRDAI or any group health insurance policy from the Company.

*** Note: Portability provisions will apply even if the Insured Person migrates to any other health insurance policy.**

5. Claim Intimation, Assessment and Management

Upon the occurrence of any event or Injury that may give rise to a Claim under this Policy, then as a condition precedent to Company's liability under the Policy, the Policyholder or Insured Person (or the Nominee or legal heir, in case the Insured Person is deceased) shall undertake all the following, in addition to any specific requirements specified within the Benefit / Optional Cover under which the Claim is made:

5.1. Claims Intimation

(i) If any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, the Company shall be notified with full particulars within 48 hours from the date of occurrence of event or before the Insured Person's discharge from Hospital, either at the Company's call center or in writing.

(ii) If the Insured Person is to undergo planned Hospitalization, the Policyholder or Insured Person shall give written intimation to the Company of the proposed Hospitalization at least 48 hours prior to the planned date of admission to Hospital.

(iii) It is agreed and understood that the following details are to be provided to the Company at the time of intimation of Claim:

- I Policy Number;
- II Name of the Policyholder;
- III Name of the Insured Person in respect of whom the Claim is being made;
- IV Nature of Injury;
- V Name and address of the attending Medical Practitioner and Hospital;
- VI Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization;
- VII Any other information, documentation or details requested by the Company.

5.2. Claim Procedure

i. Any claim under this Policy would be processed or settled through reimbursement mode, except for Hospitalization incurred due to an Accident, which can be processed through Cashless Facility as well, at any of the Company's Network Provider.

ii. It is agreed and understood that in all cases where intimation of a Claim has been provided under this provision, all the information and documentation specified under Clause 5.3 below, shall be submitted (at the Insured Person's expense) to the Company immediately and in any event within 30 days of Insured Person's discharge from Hospital or completion of treatment or date of loss, whichever is later.

iii. The Company shall give an acknowledgement of received documents.

5.3. Claim Documentation

(a) The following information and documents shall be submitted along with a completed and signed claim form to the Company at the earliest and in any event within 30 days of occurrence of the event in respect of all Claims:

Purpose of Document	Indicative List of Documents
Identity Proof	Voter ID, Passport, PAN Card, Driving License, ration card, Aadhar, or any other proof accepted by the KYC norms as approved by the company and which is admissible in court of law.
Address Proof	Voter ID, Passport, Driving License
Age Proof	Voter ID, Passport, PAN Card, Matriculation Pass Certificate, Driving License, Birth Certificate
Incident Proof	FIR, Panchnama, Final Police Report, State Electricity Board Report, Factory Inspection Report, Forensic Report, Valid Passenger Ticket /Boarding Pass of the Common Carrier, or any other proof to the satisfaction of the Company.
Cause of Loss	Viscera Report, Post Mortem Report (if conducted), MLC report, Medical Report/Certificate stating the cause of death
Claimant Identity	Succession Certificate, Identity Proof of Nominee, legal heirs or any other proof to the satisfaction of the company for the purpose of a valid discharge.

Note: Any one of the above documents under each category needs to be provided.

(b) Indicative list of documents Required for processing of Claim under Policy

Sr. #	Document Name
1	Age Proof of The Insured Person's child
2	Boarding Pass (in case of Air travel)
3	Certificate from Bank for outstanding amount of loan
4	Certificate from treating doctor
5	Certificate of settlement of Claim from Insurer, if claimed under other Policy.
6	Claim form duly filled & signed by Insured Person / Legal heir / Nominee
7	Death certificate (in original copy)
8	Description of the case for need of house/ Vehicle modification
9	Diatomic test atoms of water in stomach and water of reservoir, if applicable
10	Disability certificate - Medical Officer/Civil Surgeon of Civil hospital /Govt. Hospital of the District / Units concerned, (certificate) stating extent disablement
11	Discharged Summary, if applicable (Certified Copy)
12	Discharged Summary (Original Copy)
13	Doctor's Certificate confirming the injury and advising confinement to bed/ unfit to work for specified number of days
14	In RTA cases-Driving license, if applicable
15	Dying Declaration in case of death due to burns injury, wherever applicable
16	Electrocution case - SEB (State Electricity Board) Panchnama, whenever applicable
17	Employer certificate mentioning the cause and nature of accident resulting in Death
18	Employer certificate mentioning the cause and nature of accident resulting in the disablement and period of leave granted to the employees
19	F.I.R. and Panchnama wherever applicable (original or certified copies)
20	F.I.R. or accident Death report or Inquest Panchnama (in original or certified copies)
21	Factory inspector report if accident occurred in the organization

Sr. #	Document Name
22	Fitness certificate
23	Forensic report , whenever applicable
24	FSL report , whenever applicable
25	Hospital indoor Treatment Papers including Discharge Summary & medical bills
26	Indemnity Bond
27	Investigation /test reports & Payment Receipts there of
28	Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the type and percentage of disability
29	Invoice and payment Receipts of Equipments used for mobility
30	Invoice/ estimate of expenses incurred and Receipts for house/ vehicle modification
31	Leave certificate from the employer
32	Letter from the employer stating the reason for loss of Job
33	Mechanical report of the vehicle which met with an accident, if applicable
34	Medical bills with prescriptions (Original copy)
35	Medical Practitioner's certificate confirming the Injury and advising rest/ unfit to work for specified number of days
36	Original receipts of expenses incurred for funeral expenses
37	Original receipts of expenses incurred for repatriation of remains
38	Original Ticket
39	Photo ID from school/college/institute
40	Photo of injured showing the disability
41	Police Final Report
42	Post Mortem Report (certified copies), if conducted
43	Proof of Admission in school/ college
44	RACT, MACT documents as applicable
45	Receipt of Education fees paid
46	Receipt of Payment of ambulance service
47	Salary Certificate/Slips/ Form 16, if applicable
48	Spot Panchnama (certified copies) if applicable
49	Treating doctor's certificate confirming degree of burns
50	Any other document as required by Us

Indicative list of applicable documents to be submitted for a Claim under respective Benefits / Optional Covers:

Benefit	Number of Claim Document
Accidental Death (Benefit 1)	4,6,7,9,11,14,16,17,20,21,23,24,25,27,28,33,34,41,42,44,47,48
Permanent Total Disablement (Benefit 2 & Optional Cover 2)	4,6,10,11,14,16,18,19,21,22,,25,27,28,33,34,35,40,41,44,47,48
Permanent Partial Disablement (Benefit 3 & Optional Cover 3)	4,6,10,11,14,16,18,19,21,22, 25,27,28,33,34,35,40,41,44,47,48
Fractures (Benefit 4)	4,6,11,14,25,27,28,34
Child Education (Benefit 5)	1,6,39,43,45
Major Diagnostic Tests (Benefit 6)	4,6,11,12,27,28,34
Disappearance (Benefit 7)	6,26
Mobility cover (Benefit 8)	6,29
Burns (Benefit 9)	4,6,11,15,27,34,48,49
Domestic Road Ambulance (Benefit 10)	6,46
Nursing Care (Benefit 11)	4,6,27,28,34
Reconstructive surgery (Benefit 12)	4,6,10,11,14,19,22,25,27,28,34,41,44

Benefit	Number of Claim Document
Repatriation of Mortal Remains (Benefit 13)	6,37
Accidental Hospitalization (Optional Covers 1, 4, 5, 6)	4,5,6,11,12,14,16,19,22,25,27,28,33,34,41,44
Temporary Total Disablement (Optional Cover 7)	1,4,5,6,10,11,14,16,18,19,21,22,25,27,28,31,33,34,35,41,44,47, 50
Accidental OPD Cover (Optional Cover 8)	1,4,5,6,11,14,15,19,27,28,34,49,50
Common Carrier Mishap Cover (Optional Cover 9)	2, 4, 7/10, 38, 41, 42

(c) **General Notes to Claim Intimation and Documentation:**

i. The Company reserves the right to seek additional documents depending upon the cause of Claim or the Benefit / Optional Cover under which the Claim is made.

ii. The company will only accept bills/invoices/medical treatment related documents which are made in the Insured Person's name.

iii. Only in the event that original bills, receipts, prescriptions, reports or other documents have already been given to any other insurance company, the company will accept properly verified photocopies of such documents attested by such other insurance company along with an original certificate of the extent of payment received from such insurance company.

iv. However, the Company shall condone delay on merit for delayed Claims where delay is proved to be for reasons beyond the control of the Policyholder or the Insured Person.

5.4. POLICYHOLDER'S OR INSURED PERSON'S OR CLAIMANT'S DUTY AT THE TIME OF CLAIM

It is agreed and understood that as a condition precedent for a Claim to be considered under this Policy:

a. All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.

b. Intimation of the claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 5 of the Policy, under which the Claim is being made.

c. The Insured Person will, at the request of the Company, submit himself / herself for a medical examination by the Company's nominated Medical Practitioner as often as the Company considers reasonable and necessary. The cost of such examination will be borne by the Company.

d. The Company's Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and hospitalization records and to investigate the facts and examine the Insured Person.

e. The Company shall be provided with complete documentation and information which the Company has requested to establish its liability for the Claim, its circumstances and its quantum.

5.5. CLAIM ASSESSMENT AND PAYMENT TERMS

a. All admissible Claims under this Policy shall be assessed by the company. The Claim amount assessed would be deducted from the Sum Insured / Coverage amount of respective Benefit or Optional Cover.
b. The Company shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person during the Policy period, once the applicable Sum Insured / Coverage amount under respective Benefit or Optional Cover for that Insured Person is exhausted.
c. All payments under this Policy shall be made in Indian Rupees and within India.
d. In the event of death of the Policyholder, the Company will pay the nominee (as named in the Policy Certificate) and in case of no nominee at its discretion to the legal heirs of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.
e. On payment of renewal premium, the Insured Person shall give written notice to the company of any disease, physical defect or infirmity or change in occupation or profession, with respect to the Insured Person.
f. If the Insured Person suffers a relapse within 45 days from the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim.
g. The Company shall settle any Claim within 30 days of receipt of all the necessary documents/ information as required for settlement of such Claim and sought by the Company. The Company shall provide the Insured Person an offer of settlement of Claim and upon acceptance of such offer by the Insured Person the Company shall make payment within 7 days from the date of receipt of such acceptance. In case there is delay in the payment beyond the stipulated timelines, the Company shall pay additional amount as interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.
h. The Claim shall be paid only for the Policy Period in which the Insured event which gives rise to a Claim under this Policy occurs.

6. General Terms and Conditions

6.1. Disclosure to Information Norm

If any untrue or incorrect statements are made or there has been a misrepresentation, mis-description or non-disclosure of any material particulars or any material information having been withheld, or if a Claim is fraudulently made or any fraudulent means or devices are used by the Policyholder, the Insured Person or any one acting on his or their behalf, the Company shall have no liability to make payment of any Claims and the premium paid shall be forfeited to the Company on cancellation of the Policy.

6.2. Observance of Terms and Conditions

The due observance and fulfillment of the terms and conditions of this Policy (including the realization of premium by their respective due dates and compliance with the specified procedure on all Claims) in so far as they relate to anything to be done or complied with by the Policyholder or any Insured Person, shall be condition precedent to the Company's liability under the Policy.

6.3. Material Change

It is a condition precedent to the Company's liability under the Policy that the Policyholder/ Insured Person shall immediately notify the Company in writing of any material change in the risk on account of change in occupation or business of any Insured Person at his own expense. The Company may adjust the scope of cover and / or the premium paid or payable, accordingly. (Service Request Form for Change in Occupation / Nature of Job is attached as Annexure-IV)

6.4. Records to be maintained

The Policyholder and Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require under this Policy at any time during the Policy Period or Policy period or until final adjustment (if any) and resolution of all Claims under this Policy.

6.5. No constructive Notice

Any knowledge or information of any circumstance or condition in relation to the Policyholder or Insured Person which is in possession of the Company other than that information expressly disclosed in the Proposal Form or otherwise in writing to the Company, shall not be held to be binding or prejudicially affect the Company.

6.6. Complete Discharge

Payment made by the Company to the Policyholder or Insured Person or the Nominee or the legal heir of the Insured Person, as the case may be, under the Policy shall in all cases be complete and construe as an effectual discharge in favor of the Company.

6.7. Free Look Period

a. The Policyholder may, within 15 days from the receipt of the Policy document, return the Policy stating reasons for his objection, if the Policyholder disagrees with any Policy terms and conditions.

b. If no Claim has been made under the Policy, the Company will refund the premium received after deducting proportionate risk premium for the period on cover, and stamp duty charges. If only part of the risk has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period. All rights under the Policy will immediately stand extinguished on the free look cancellation of the Policy.

c. Provision for Free look period is not applicable and available at the time of renewal of the Policy.

6.8. Multiple Policies

(a) In case any Insured is covered under more than one indemnity insurance policies, with the Company or with other insurers, the Policyholder shall have the right to settle the Claim with any of the Company, provided that the Claim amount payable is up to Sum Insured of such Policy.

(b) In case the Claim amount exceeds the Sum Insured, then Policyholder shall have the right to choose the companies with whom the Claim is to be settled. Further, policyholder shall have the right to choose the companies from whom he/she wants to claim the balance amount. Insured shall only be indemnified the hospitalization costs in accordance with terms & conditions of chosen Policy

(c) This clause shall not apply to any Benefit offered on a fixed benefit basis.

6.9. Policy Disputes

Any and all disputes or differences under or in relation to the validity, construction, interpretation and effect to this Policy shall be determined by the Indian Courts and in accordance with Indian law.

6.10. Renewal Terms

a. This Policy will automatically terminate on the Policy Period End Date. All renewal applications and requisite premium shall be given to the company on or before the Policy Period End Date provided the policy is in force and in any event before the expiry of the Grace Period. The Policyholder shall give the company written notice along with the renewal application of any material changes to the risk insured under the Policy. If no such written notice is received by the company along with the renewal application, it shall be deemed that there is no material change to the risk.

For the purpose of this provision, Grace Period means a period of 30 days immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits. Coverage is not available for the period for which premium is not received by the Company and the Company shall not be liable for any Claims incurred during such period. This Clause is applicable at Person level.

b. Renewal shall be offered lifelong. The company will ordinarily not refuse to renew the Policy except on grounds of fraud, moral hazard or misrepresentation or non-co-operation by the Insured.

c. The Company may revise the renewal premium payable under the Policy provided that revisions to the renewal premium are in accordance with the IRDAI rules and regulations as applicable from time to time. Change in rates will be applicable from the date of approval by the Authority and shall be applied only prospectively thereafter for new policies and at the date of renewal for renewals.

d. This product may be withdrawn / modified by the company after due approval from IRDAI. In case this product is withdrawn / modified by the company, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDAI. The Company shall duly intimate Policyholder at least three months prior to the date of such withdrawal / modification of this product and the options available to Insured Person at the time of renewal of this policy.

e. No loading based on individual claim experience shall be applicable on renewal premium payable.

f. Sum Insured can be increased / decreased only at the time of renewal. However, increase in Sum Insured may require further Underwriting.

g. If Claim has been made under Benefit 1, 2 or 3 and 100% of the Sum Insured has been exhausted then the policy would not be renewed for that Insured Person.

6.11. Cancellation / Termination

a. The Company may at any time, cancel this Policy on grounds as specified in Clause 6.1 and the Company shall have no liability to make payment of any claims and the premium paid shall be forfeited to the Company and no refund of premium shall be effected by the company, by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to the Policyholder or Insured Person at his last known address.

b. The Policyholder may also give 15 days' notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice, cancel the Policy and refund the premium for the unexpired period of this Policy at the short period scales as mentioned below, provided no Claim has been made under the Policy and full premium has been received under the Policy.

Refund % to be applied on premium received

Cancellation date up to (x months) from Policy Period Start Date	1 Year	2 Year	3 Year
Up to 1 month	75.00%	87.50%	91.50%
1 month to 3 months	50.00%	75.00%	88.50%
3 months to 6 months	25.00%	62.50%	75.00%

6 months to 12 months	0.00%	50.00%	66.50%
12 months to 15 months	N.A.	25.00%	50.00%
15 months to 18 months	N.A.	12.50%	41.50%
18 months to 24 months	N.A.	0.00%	33.00%
24 months to 30 months	N.A.	N.A.	8.00%
Beyond 30 months	N.A.	N.A.	0.00%

c. In case of demise of the Policyholder,

(i) Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policy holder.

(ii) Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period or next premium due whichever is earlier. If the other Insured Persons wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of a policyholder provided that:

I. Written notice in this regard is given to the Company before the Policy Period End Date; and

II. A person over Age 18 who satisfies the Company's criteria to become a Policyholder.

Note:

The Company's liability in respect of an Insured Person shall cease upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of such an Insured Person and the benefit in respect of that Insured Person shall forthwith terminate.

6.12. Limitation of liability

Any Claim under this Policy for which the notification or intimation of Claim is received 12 calendar months after the event or occurrence giving rise to the Claim shall not be admissible, unless the Policyholder proves to the Company's satisfaction that the delay in reporting of the Claim was for reasons beyond his control.

6.13. Communication

a) Any communication meant for the Company must be in writing and be delivered to its address shown in the Policy Certificate. Any communication meant for the Policyholder will be sent by the Company to his last known address or the address as shown in the Policy Certificate.

b) All notifications and declarations for the Company must be in writing and sent to the address specified in the Policy Certificate. Agents are not authorized to receive notices and declarations on the Company's behalf.

c) Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

6.14. Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by a written endorsement signed and stamped by the Company.

6.15. Out of all the details of the various benefits provided in the Policy Terms and Conditions, only the details pertaining to benefits chosen by policyholder as per Policy Certificate shall be considered relevant.

6.16. Electronic Transactions

The Policyholder and Insured Person agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. Any terms and conditions related to electronic transactions shall be within the approved Policy Terms and Conditions.

6.17. Obligation in respect to minor

If an Insured Person is less than 18 years of age, the Policyholder shall be responsible for ensuring compliance with all terms and conditions of this Policy on behalf of that Insured Person.

6.18. Nominee

(a) The Insured Person at the inception or at any time before the expiry of the Policy can make the nomination for the purpose of payment of Claims.

(b) Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement to the Policy is made by the Company.

6.19. Grievances

The Company has developed proper procedures and effective mechanism to address complaints by the customers. The Company is committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued by the Authority (IRDAI) from time to time in this regard.

(a) If the Policyholder / Insured Person has a grievance that the Policyholder / Insured Person wishes the Company to redress, the Policyholder / Insured Person may contact the Company with the details of the grievance through:

Website: www.religarehealthinsurance.com
Email: customerfirst@religarehealthinsurance.com
Contact No.:1800-200-4488
Fax: 1800-200-6677
Courier: Any of Our Branch Office or corporate office

The Policyholder/Insured Person may also approach the grievance cell at any of the Company's branches with the details of his/her grievance during the Company's working hours from Monday to Friday.

(b) If the Policyholder / Insured Person is not satisfied with the Company's redressal of the Policyholder's / Insured Person's grievance through one of the above methods, the Policyholder / Insured Person may contact the Company's Head of Customer Service at:

Head – Customer Services,
Religare Health Insurance Company Limited,
Vipul Tech Square, Tower C,
3rd Floor, Golf Course Road, Sector - 43,
Gurgaon, Haryana – 122009.

Exclusively for Senior Citizens, the Company has a separate extension on the Customer Service Toll Free Number. This separate customer service channel prioritizes and routes any kind of request / grievance raised by Senior Citizens through various fast track internal escalations leading to lesser Turn-Around-Time (TAT) for request / grievance addressal

(c) If the Policyholder / Insured Person is not satisfied with the Company's redressal of the Policyholder's / Insured Person's grievance through one of the above methods, the Policyholder / Insured Person may approach the nearest Insurance Ombudsman for resolution of the grievance. The contact details of Ombudsmen offices are mentioned below:

Office of the Ombudsman	Name of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)

AHMEDABAD		Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, 5, Navyug Colony, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel : 079-27546150/27546139 , Fax : 079-27546142 E-mail : bimalokpal.ahmedabad@gbic.co.in	Gujarat , Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Shri. M. Parshad	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	Karnataka
BHOPAL		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	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Shri B.N. Mishra	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Orissa
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	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI		Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018.	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)

		Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@gbic.co.in	
DELHI	Smt. Sandhya Baliga	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	Delhi
GUWAHATI		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	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD		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	Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry
JAIPUR	Shri. Ashok K. Jain	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	Rajasthan
ERNAKULAM	Shri P.K. Vijay Kumar	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	Kerala, Lakshadweep, Mahe – a part of Pondicherry
KOLKATA	Shri K.B. Saha	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue,	West Bengal, Andaman & Nicobar Islands, Sikkim

		KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@gbic.co.in	
LUCKNOW	Shri N.P. Bhagat	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	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI		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	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
PATNA	Shri. Sadasiv Mishra	Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@gbic.co.in	Bihar, Jharkhand
NOIDA	Shri. Ajesh Kumar	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road,	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra,

		Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@gbic.co.in	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
PUNE	Shri. A. K. Sahoo	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman are available on website of IRDAI: www.irda.gov.in, on the website of General Insurance Council: www.gicouncil.org.in, on the Company's website www.religarehealthinsurance.com or from any of the Company's offices. Address and contact number of Governing Body of Insurance Council –

Office of the 'Governing Body of Insurance Council'

Secretary General / Secretary,
3rd Floor, Jeevan Seva Annexe,
S.V. Road, Santacruz(W),
Mumbai – 400 054.
Tel : 022-26106245/889/671
Fax : 022-26106949
Email- inscoun@gbic.co.in