

Reliance Financial Protection Personal Accident Policy

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IRDAI Registration No. 103.

Reliance General Insurance Company Limited.

Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai - 400710.

Corporate Office: Reliance Centre, South Wing, 4th Floor, Off Western Express Highway, Santacruz (East), Mumbai - 400 055.

UIN: RELPAGP18103V011718

Corporate Identity No.: U66603MH2000PLC128300.

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An ISO 9001:2008 Certified Company

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PREAMBLE

Whereas the Policyholder designated in the Policy Schedule to this Policy having by a proposal and declaration together with any statement, report or other document which shall be the basis of this contract and shall be deemed to be incorporated herein, has applied to Reliance General Insurance Company Limited (hereinafter called "the Company") for the insurance hereinafter set forth and paid appropriate premium and agreed and undertaken to pay subsequent premiums, if any, by their due dates and upon the Company receiving all premiums by their due dates, for the Policy/Cover Period as specified in the Policy Schedule

NOW THIS POLICY WITNESSETH that subject to the terms, conditions, coverages, sections, exclusions and definitions contained herein or endorsed or otherwise expressed hereon the Company, undertakes, that if during the Policy/Cover Period as specified in the Policy Schedule/Certificate of Insurance to this Policy, any claim is incurred which becomes admissible and payable under this Policy then the Company shall pay for such as per the terms, conditions, coverages sections, exclusions and definitions as set forth in this Policy

POLICY TERMS AND CONDITIONS

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, 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.

1. Definitions

- a) **Accident/ Accidental:** An Accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.
- b) **Acquired Immune Deficiency Syndrome:** means the meanings assigned to it by the World Health Organization. Acquired Immune Deficiency Syndrome shall include HIV (Human Immunodeficiency Virus), encephalopathy (dementia), HIV Wasting Syndrome, and ARC (AIDS Related Condition).
- c) **Age:** The completed age of the Insured Person as on his last birthday.
- d) **Annexure:** A document attached and marked as Annexure to this Policy
- e) **Assignee:** A Person or financial institution to whom a right or liability is legally transferred.
- f) **Bank Rate:** means Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
- g) **Certificate of Insurance:** for the purpose of Policy shall mean and include the certificate issued to Insured Person by Company or on Company's behalf evidencing Insured Person's participation in the Policy. It details Cover period, Installment date if any, Insured Person (s), coverages and benefits as applicable to Insured Person/(s), sums insured, deductible, premium and more generally all special condition(s) and or endorsement(s).
- h) **Child:** means biological or legally adopted child of the Insured Person whose completed age is less than 21 years as on Cover Period Start Date

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- l) **Claim:** A demand made by the Policyholder/Insured Person or on his behalf, for payment under any Benefit, as covered under the Policy/ Certificate of Insurance.
- j) **Colles' fracture:** An extension fracture of the distal end of the radius just above the wrist due to trauma.
- k) **Coccyx:** The bottom part of the vertebral column, consisting of 3-5 fused or semi fused bones.
- l) **Company:** Reliance General Insurance Company Limited.
- m) **Complete fracture:** A type of fracture due to trauma, where in a bone breaks into two or more parts
- n) **Compound fracture:** A type of fracture due to trauma, where in a bone snaps into two or more pieces and the bone breaks through the skin
- o) **Compression fracture:** Crushing fracture of the vertebrae. A vertebral compression fracture occurs when the block-like part of an individual bone of the spine (vertebra) become compressed due to trauma.
- p) **Condition precedent:** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- q) **Congenital Anomaly:** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
- Internal Congenital Anomaly
Congenital anomaly which is not in the visible and accessible parts of the body.
 - External Congenital Anomaly
Congenital anomaly which is in the visible and accessible parts of the body
- r) **Cosmetic Surgery:** Surgery/ treatment which is primarily done for the enhancement of appearance through surgical and / or medical techniques. It concerns with maintaining normal appearance, restoring or enhancing it. Cosmetic Surgery is a multi-disciplinary and comprehensive approach directed to all areas of body and involves specialists in the anatomy, physiology, pathology and/or a physician across disciplines including contributing disciplines like dental, dermatology, general surgery, plastic surgery, otolaryngology, maxillofacial surgery, oculoplastic surgery and others
- s) **Cover Period:** The period commencing from the Cover Period Start Date and ending on the Cover Period End Date and as specifically appearing in the Certificate of Insurance against the insured person(s) during which this insurance policy coverage is valid for that specific Insured.
- t) **Cover Period End Date:** The date on which the Cover Period expires, as specifically appearing in the Policy / Certificate of Insurance.
- u) **Cover Period Start Date:** The date on which the Cover Period commences, as specifically appearing in the Policy / Certificate of Insurance
- v) **Cover Year:** means a year following Cover Period Start Date and its subsequent annual anniversary(ies) (if applicable) within the Cover Period and ending on the Cover Period End Date.

- w) **Day Care Centre:** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –
- i) has qualified nursing staff under its employment;
 - ii) has qualified medical practitioner/s in charge;
 - iii) has fully equipped operation theatre of its own where surgical procedures are carried out;
 - iv) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- x) **Day Care treatment:** means medical treatment, and/or surgical procedure which is:
- undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
 - 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.
- y) **Deductible:** means a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.
- z) **Depandant:** a person means financially dependant on the Insured Person and does not have independent source of Income
- aa) **Disease:** means an illness or affliction of the body having a defined and recognized pattern of symptom(s) which causes more than temporary indisposition and which illness or affliction first manifested itself and was contracted under the circumstances described in a Hazard.
- ab) **Emergency Care:** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a *medical practitioner* to prevent death or serious long term impairment of the insured person's health.
- ac) **Hospital:** means any institution in India 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 & 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 :
- (1) has qualified nursing staff under its employment round the clock;
 - (2) has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 in-patient beds in all other places;

- (3) has qualified Medical Practitioner(s) in-charge round the clock;
- (4) has a fully equipped Operation theatre of its own, where surgical procedures are carried out;
- (5) maintains daily records of patients and make these accessible to the Insurance company's authorized personnel.

For the purpose of this definition the term "Hospital" shall not include an establishment, which is a place of rest, a sanatorium, a place for the aged, a place for drug-addicts or place of alcoholics, a hotel or any other like place.

- ad) **Hospitalization:** means admission in a Hospital for a minimum period of 24 consecutive 'Inpatient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
- ae) **Illness:** impairment of normal physiological function and requires medical treatment.
 - (a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
 - (b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - it continues indefinitely
 - it recurs or is likely to recur.
- af) **Injury:** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
- ag) **In-patient Care:** means treatment for which the Insured person has to stay in a hospital for more than 24 hours for a covered event.
- ah) **Insured / Insured Person:** A person accepted by the Company to be insured under this Policy and who meets and continues to meet all the eligibility requirements and whose name specifically appears under Insured /Insured Person in the Policy Schedule/Certificate of Insurance and with respect to whom the premium has been received by the Company.
- ai) **Intensive / Critical Care Unit (ICU):** An identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner, 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.

- aj) **IRDAI:** means Insurance Regulatory and Development Authority of India
- ak) **Medical Advice:** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- al) **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.
- am) **Medically Necessary Treatment :** means any treatment, tests, medication, or stay in *hospital* or part of a stay in *hospital* which:
 - is required for the medical management of the illness or injury suffered by the Insured Person;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a *medical practitioner*;
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- an) **Medical Practitioner:** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. The registered practitioner should not be the insured or close member of the family.
- ao) **Multiple fracture:** More than one fracture in the same bone.
- ap) **Nominee:** The person whose name specifically appears as such in the Policy / Certificate of Insurance and is the person to whom the proceeds under this Policy, if any, shall become payable in the event of the death of the Insured/ Insured person.
- ax) **Notification of claim:** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- xxi) **Pre-existing disability/accidental injury:** means Any Injury present prior to the commencement of Policy Period. Any Injury existing before the Cover Start Date as stated in Certificate to this Group Policy, whether or not if the same has been treated, or for which medical advice, diagnosis, care or treatment has been sought before the commencement of this Cover. Any illness, complication or ailment arising out of or connected to such Injury.
- aq) **Policy:** The Company's contract of insurance with the Policyholder providing cover as detailed in this Policy Terms & Conditions, the Proposal Form, Policy Schedule/

Certificate of Insurance, Endorsements / Annexures, if any, which form part of the contract and must be read together.

- ar) **Policy Schedule:** The Schedule attached to and forming part of this Policy mentioning apart from other details, Policyholder's details, details of the Insured Person(s), coverages, sections and benefits applicable, the Sum Insured, the Policy Period, Premium paid (including duties, taxes and levies thereon,) installment details if any.
- as) **Policy Year:** means a year following the Policy Period Start Date and its subsequent annual anniversary(ies) (if applicable) within the Policy Period and ending on the Policy Period End Date.
- at) **Policyholder:** The entity or person/organization who is the Proposer and whose name specifically appears as such in the Policy Schedule/ Certificate of Insurance.
- au) **Policy Period:** The period commencing from the Policy Period Start Date and ending on the Policy Period End Date and as specifically appearing in the Policy Schedule
- av) **Policy Period End Date:** The date on which the Policy expires, as specifically appearing in the Policy Schedule.
- aw) **Policy Period Start Date:** The date on which the Policy commences, as specifically appearing in the Policy Schedule
- ax) **Pre-existing Disease:** Any condition, ailment or Injury or related condition(s) for which the Insured Person had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months prior to the first Policy / Certificate of Insurance issued by the Company under which he was covered.
- ay) **Professional Sports:** means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood.
- az) **Reasonable and Customary charges:** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the injury involved.
- ba) **Rules of nine:** a method of estimating the extent of burns, expressed as a percentage of total body surface. In this method, the body is divided into sections of 9 per cent, or multiples of 9 per cent, each:
- (I) head and neck, 9 per cent;
 - (ii) anterior trunk, 18 per cent;
 - (iii) posterior trunk, 18 per cent;
 - (iv) each upper limb 9per cent ;
 - (v) each lower limbs, 18 per cent;
 - (vi) genitalia and perineum, 1 per cent.
- bb) **Second degree Burns:** Burns which penetrate the epidermis and affect the dermis (lower layer of skin)which causes pain, redness, swelling, and blistering
- bc) **Senior Citizen:** means any person who has completed sixty or more years of age as on the date of Policy / Cover Period Start Date or renewal of Policy Schedule / Certificate

of Insurance.

- bd) **Surgery or Surgical Procedure:** means manual and / or operative procedure (s) required for treatment of an injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a *medical practitioner*.
- be) **Sum Insured:** Sum Insured means the sum as specified in the Policy Schedule/Certificate of Insurance to this Policy against the name of Insured / Insured Person, which sum represents the Company's maximum liability for any and all claims pertaining to that Insured Person under the specific Benefit during the Policy / Cover Period subject to Sum Insured if applicable.
- bf) **Third degree Burns:** full skin thickness burns and penetrate the dermis and affect deeper tissues. They result in white or blackened, charred skin that may be numb
- bg) **Unproven/ Experimental Treatments:** Treatment including but not limited to drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven

2. Scope of Coverage

The Company hereby agrees subject to the terms, conditions and exclusions contained or expressed herein, to compensate the Insured / Insured Person / Nominee / Assignee as per the Benefits mentioned below, during the Cover Period.

If Credit Linked policy, the Sum Insured under Benefit 1,2and 3 will be

- As opted by the Insured Person on Fixed Benefit i.e. the outstanding loan amount as opted by the Insured Person and mentioned in the Policy Schedule / Certificate of Insurance. In the event of the outstanding loan amount of the insured , on date of loss in the Policy Period / Cover Period is less than the Sum Insured, an amount equivalent to the principal outstanding loan as on date of loss including interest on loan accrued (excluding any defaulted payment of monthly installment by the borrower, prior to the date of loss that adds up into the outstanding loan) and pre-closure charges, if any, will be paid to the Assignee concerned and the balance Sum Insured, if any, will be paid to the Insured Person or his/her nominee / Legal heir, as the case may be.

OR

- As opted by the Insured Person on Reducing Balance Benefit i.e. the initial Sum Insured under this Section will be the principle outstanding loan amount as opted by the Insured and mentioned in the Policy Schedule / Certificate of Insurance. In the event of a loss under this Policy Period / Cover Period an amount equivalent to the principal outstanding home loan as on date of loss including interest on loan accrued (excluding any defaulted payment of monthly installment by the borrower, prior to the date of loss that adds up into the outstanding loan) and pre-closure charges, if any, will be paid to the Assignee concerned as full and final discharge.

If other than Credit Linked policy, the Sum Insured under Benefit 1,2and 3 as eligible and on Fixed Benefit applicable will be paid to the Insured Person or his/her nominee / Legal heir, as the case

may be.

S.No	Cover	Mandatory / Optional
1	Death arising out of an Injury	Mandatory
2	Permanent Total Disability arising out of an Injury	Mandatory
3	Permanent Partial Disability arising out of an Injury	Optional
4	Temporary Total Disability arising out of an Injury	Optional, Available for Salaried Class People only
5	Modification of Residence / Vehicle	Optional
6	Education Grant	Optional
7	Burns	Optional
8	Broken Bones	Optional

Benefit 1: Death arising out of an Injury

If such Insured Person shall sustain any injury, resulting solely and directly, from an accident during the Cover Period and if such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured Person, then the Company shall be liable to pay the Sum Insured to Nominee / Legal Heir / Assignee as stated in the Policy Schedule/Certificate of Insurance applicable to Benefit 1 hereto, applicable to such Insured Person.

Benefit 2: Permanent Total Disability arising out of an Injury

- i) If such Insured Person shall sustain any injury, resulting solely and directly, from an accident during the Cover Period and if such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of:
 - a. sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of one entire hand or one entire foot , or
 - b. use of two hands or two feet, or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot ,

OR

- ii) If such Insured Person shall sustain any injury, resulting solely and directly, from an accident during the Cover Period and if such injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured Person from engaging in being occupied with or giving attention to any employment or occupation of any description whatsoever, then the Company shall be liable to pay the Sum Insured stated in the Policy Schedule/Certificate of Insurance under Benefit 2 , applicable to such Insured Person to Insured Person / Nominee / Legal Heir / Assignee as stated in the Policy Schedule/Certificate of Insurance

NOTE: For the purpose of above 'physical separation' of a hand means separation at or above the wrist and of the foot means at or above the ankle.

Benefit 3: Permanent Partial Disability arising out of an Injury

If such Insured Person shall sustain any injury, resulting solely and directly, from an accident during the Cover Period and if such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and/or partial and irrecoverable loss of use or of the actual loss by physical separation of the following, then the Company shall be liable to pay such percentage of the Sum Insured as mentioned below as applicable to such Insured Person stated in the Policy Schedule/Certificate of Insurance under Benefit 3 to Insured Person / Nominee / Legal Heir / Assignee as stated in the Policy Schedule/Certificate of Insurance in the manner indicated below:

Description of loss	Percentage of Sum Insured under Benefit 3
Loss of Sight of one eye, or of the ctual loss by physical separation of one entire hand or of one entire foot / leg	50%
Loss of Use of a hand or a foot / leg without physical separation	50%
Loss of toes - all	20%
Loss of toes great - both phalanges	5%
Loss of toes great - one phalanx	2%
Loss of toes other than great, if more than one toe lost each	1%
Loss of hearing - both ears	75%
Loss of hearing - one ear	30%
Loss of four fingers and thumb of one hand	40%
Loss of four fingers	35%
Loss of thumb - both phalanges	25%
Loss of thumb - one phalanx	10%
Loss of index finger - three phalanges or two phalanges or one phalanx	10%
Loss of middle finger - three phalanges or two phalanges or one phalanx	6%
Loss of ring finger - three phalanges or two phalanges or one phalanx	5%
Loss of little finger - three phalanges or two phalanges or one phalanx	4%
Loss of metacarpals - first or second(additional) or third, fourth or fifth (additional)	3%
Any other permanent partial disablement	Percentage as assessed by a panel doctor of the Company

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Benefit 4: Temporary Total Disability arising out of an Injury

If such Insured Person shall sustain any injury, resulting solely and directly, from an accident during the Cover Period and if such injury shall be the sole and direct cause of the temporary total disablement, then so long as the Insured Person shall be totally disabled from engaging in any employment or occupation of any description whatsoever, the benefit will be calculated as below as applicable to such Insured Person stated in the Policy Schedule/Certificate of Insurance under Benefit 4 and the Company shall be liable to reimburse the expenses, upto a maximum of the Sum Insured<< as mentioned in the Policy Schedule/Certificate of Insurance>> payable to Insured Person as stated in the Policy Schedule/Certificate of Insurance in the manner indicated below

Temporary Total Disability = Temporary Total Disability Sum Insured per week * Minimum (Number of Weeks of leave, 52).

In the above equation, the Number of Weeks on leave is calculated as - Number of weeks on leave = Number of days on leave / 7. Maximum number of weeks for which the benefit is payable is 52 weeks

This benefit which is available only for salaried class people is payable after 3 days of deductible up to 52 weeks and is intended as a compensation for any loss of earnings as a result of the Accidental Injury payable under Benefits mentioned below and inability to engage in the regular occupation.

A claim under Temporary Total Disability is admissible only if same incident lead to Benefit - Permanent Total Disability arising out of an Injury / Permanent Partial Disability arising out of an Injury/ Burns/ Broken Bones

or

a proof of Injury requiring sutures / ligament tear / psychological trauma or shock.

Benefit 5: Education Grant

If such Insured Person shall sustain any injury, resulting solely and directly, from an accident during the Cover Period, and if such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured Person, the Company hereby agrees to pay Sum Insured as Education grant for the dependant child / children to Dependant child / children / Legal Guardian in the manner indicated below of the Insured Person to the extent and manner hereinafter set forth:

- a) an amount equal to << as mentioned in Policy Schedule/Certificate of Insurance>> to the Child till attaining financial independence.
- b) If the insured Person has more than one dependant child then the amount as calculated above shall be divided equally amongst all the living dependant children.

which shall discharge the company of all its present and future liabilities under this Benefit.

Benefit 6 : Modification of Residence / Vehicle

If such Insured Person shall sustain any injury, resulting solely and directly, from an accident during the Cover Period and if such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the 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 of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of one entire hand or one entire foot ; or

- use of two hands or two feet, or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot;or
- If such Insured Person shall sustain any injury resulting solely and directly from an accident during the Cover Period and if such injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured Person from engaging in being occupied with or giving attention to any employment or occupation of any description whatsoever,
- If such Insured Person shall sustain any injury resulting solely and directly from an accident during the Cover Period and if such injury shall lead to Permanent Partial Disability as mentioned in Benefit 3

(NOTE: For the purpose of above 'physical separation' of a hand means separation at or above the wrist and of the foot means at or above the ankle.)

Then the Company shall be liable to reimburse the expenses, upto a maximum of the Sum Insured << as mentioned in the Policy Schedule/Certificate of Insurance>> as applicable to such Insured Person stated in the Policy Schedule/Certificate of Insurance under Benefit 6, which are incurred as per medical advise for modification of the Insured Person's Residential accommodation and/or Vehicle,

Liability under this Benefit shall be admissible provided, the modifications should have been carried out in India and certified by Medical practitioner to be necessary.

Benefit 7 : Burns

If such Insured Person shall sustain any burn injury, resulting solely and directly, from an accident during the Cover Period, and if such injury shall within ninety days of its occurrence be the sole and direct cause of burn injuries as defined below, then the Company shall be liable to pay such percentage of the Sum Insured as mentioned below as applicable to such Insured Person stated in the Policy Schedule / Certificate of Insurance under Benefit 7 to Insured Person as stated in the Policy Schedule/Certificate of Insurance in the manner indicated below:

Schedule of Burn Injuries	% **of Sum Insured
Second or Third Degree burns on	
Atleast 27% of body surface	100%
Atleast 18% of body surface	80%
Atleast 9% of body surface	40%
Atleast 4.5% of body surface	20%

** The % defined above is on the basis of Rules of Nine used in medical literature.

Benefit 8: Broken Bones

If such Insured Person shall sustain any injury, resulting solely and directly, from an accident during the Cover Period, and if such injury, within ninety days of its occurrence, results in any Fracture as listed below, then the Company shall be liable to pay such percentage of the Sum Insured as mentioned below as applicable to such Insured Person as stated in the Policy Schedule / Certificate of Insurance under Benefit 8 to Insured Person as stated in the Policy Schedule/Certificate of Insurance in the manner indicated below:

Sr.	Schedule of Fracture of	% of Sum Insured
1	Hip or Pelvis (excluding thigh or coccyx)	
	Multiple fractures, at least one compound and at least one complete	100%
	All Other compound fractures	50%
	Multiple fractures, at least one complete	25%
	One complete fracture	20%
2	Thigh or Heel	
	Multiple fractures, at least one compound and at least one complete	100%
	All Other compound fractures	80%
	Multiple fractures, at least one complete	50%
	One complete fracture	40%
3	Lower leg, skull, clavicle, ankle, elbows, upper or lower arm (including wrist but excluding Colles – type fractures)	
	Multiple fractures, at least one compound and at least one complete	100%
	All Other compound fractures	63%
	Multiple fractures, at least one complete	50%
	Depressed fracture of the skull needing surgical intervention	30%
4	Colles type fracture of the lower arm	
	Compound fracture	100%
	Other fracture	50%
5	Shoulder blade, knee cap, sternum, hand (excluding fingers and wrist), foot (excluding toes or heel)	
	All compound fractures	100%
	All other fractures	50%
6	Spinal Column (Vertebrae but excluding coccyx)	
	All compression fractures	100%
	All spinous, transverse process of pedicle fractures	100%
	Fracture leading to permanent neurological damage	50%
	All other vertebral fractures	50%

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7	Lower Jaw	
	Multiple fractures, at least one compound and at least one complete	100%
	All Other compound fractures	80%
	Multiple fractures, at least one complete	63%
	One complete fracture	32%
8	Rib or ribs, cheekbone, coccyx, upper jaw, nose, toe or toes, finger or fingers	
	Multiple fractures, at least one compound and at least one complete	100%
	All Other compound fractures	76%
	Multiple fractures, at least one complete	51%
	One complete fracture	25%
9	Dislocations requiring surgery under anaesthesia*	
	Spine or back, diagnosed by X-ray (excluding slipped disc)	100%
	Hip	63%
	Knee	31%
	Wrist or elbow	25%
10	Internal Injuries	
	Internal injuries resulting in open abdominal or thoracic surgery excluding hernia	100%
	Ankle, shoulder blade or collarbone	13%
	Fingers, toes or jaw	05%
	*Limit of one payment for each of above in any twelve consecutive months	

No benefit will be paid before any fracture is recognized medically and a Medical practitioner has established the extent and nature of the fracture.

3. Conditions

- The benefit of claim under Benefit 1,2 and / or 5 is applicable only once during the Policy / Cover Period. Accordingly, if the Insured Person/ Nominee / Legal Heir / Assignee report a claim under Benefit 1,2 and / or 5 and the same is acknowledged by the Company, then no further claim can be reported under these Benefits and the Certificate of Insurance becomes in-operative.
- The benefit of claim under Benefit 3,4,6,7 and / or 8 is applicable up to the limit of respective Benefit's Sum Insured
- If Insured Person claims under Benefit 1,2,3 or 4 in the same policy and in the same certificate period, and if any claim amount is paid from any of the Benefits 3 and / or 4 earlier, the same will be deducted from the eligible payable amount under Benefit 1 and / or 2 subject to such payable claim amount will be actuals or Sum Insured whichever is lower on the claimed Benefit. Maximum claim amount at any given point of time will not exceed Sum Insured of the Benefit 1 and / or 2.
- If Insured Person claims under Benefit 7 and / or 8 in the same policy and in the same certificate period, and if any claim arises under Benefits 1,2,3 and / or 4 later due to further complications related to Benefit 7 and / or 8, the paid

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claim amount under Benefit 7 and /or 8 will be deducted from the eligible payable amount under Benefits 1,2,3 and/or 4 subject to such payable claim amount will be actuals or Sum Insured whichever is lower on the claimed Benefit. Maximum claim amount at any given point of time will not exceed Sum Insured of the Benefit claimed

- For eligibility under Benefit 5, Benefit 1 should have a valid claim. For eligibility under Benefit 6, Benefit 2 should have a valid claim.

For Credit Link policies only

- Any defaulted payment of monthly installment by the borrower, prior to the date of loss that adds up into the outstanding loan shall be reduced from the claim to the extent of such amount.
- In the event of accidental death of the Insured Person due notice is to be provided to the financial institution so that the loan account is frozen and no further interest becomes chargeable. In case of default of this condition the Company will not be liable to pay for any interest which becomes payable.
- In case of loans being under joint names of two persons, for each of the borrowers, the Sum Insured for the purpose of claim under this Section, shall be 50% of the total Sum Insured opted by the Insured Person and mentioned in the Policy Schedule / Certificate of Insurance. Similarly in case of loans with more than two persons as joint borrowers, the Sum Insured of the total outstanding loan amount will be divided amongst all of them in equal proportion of the Sum Insured, subject to otherwise terms conditions of the Policy. The maximum liability of the Company shall in no case exceed the Sum Insured as mentioned in the Policy Schedule.

4. Exclusions

The company shall have no liability and no Claim shall be admissible in respect of any Insured Person under any Benefit(s) where such liability or claim arises arising directly or indirectly due to any of the following

- i) Any pre-existing disability / accidental injury.
- ii) Childbirth or from pregnancy or in consequence thereof
- iii) Any organ/bodily part being directly or indirectly being non-functional, partially or totally, caused by bacterial or viral infections, venereal disease or insanity or mental, nervous or emotional disorder. (Except pyogenic infection which occurs through an Accidental cut or wound)
- iv) Any organ/bodily part being directly or indirectly being non-functional, partially or totally, caused by parasite.
- v) Claim in respect of any Insured Person under Benefit 8 arising directly or indirectly due to any of the following shall not be admissible: a) Sickness or disease. b) Any fracture due to osteoporosis or a malignant disease. c) Any hair line fracture. d) If Valid claim under Temporary total disablement arising out of an Injury
- vi) Claim in respect of any Insured Person under Benefit 6 arising directly or indirectly due to any of the following shall not be admissible: a) Any expenses incurred in excess of the amount that would have usually been incurred had the Insured Person not been insured under this Policy. b) Any modifications or alterations not compliant with the

applicable law.

- vii) Medical or Surgical Treatment except as necessary solely and directly as a result of accident
- viii) (a) from intentional self-injury, suicide or attempted suicide, (b) whilst engaging in aviation or ballooning whilst mounting into, dismounting from or travelling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world, (c) directly or indirectly caused by venereal diseases, AIDS or insanity, (d) from sickness,

'Standard type of aircraft' means any aircraft duly licensed to carry passengers (for hire or otherwise) by an appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine.

- ix) War or connected with or traceable to war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detentions of all Kings, Princes and people of whatsoever nation, condition or quality.

- (1) ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel and for the purposes hereof, combustion shall include any self-sustaining process of nuclear fission;

- (2) nuclear weapons material.
Provided that due observance and fulfillment of the terms and conditions of this policy (with conditions on all endorsements hereon are to be read as part of this policy) shall so far as they relate to anything to be done or not to be done by the Insured Person and truth of the statement and answers in the said written proposal shall be a condition precedent to any liability of the Company under this policy.

- x) Death/ disablement /Burn Injury / Broken Bones / Injury resulting directly or indirectly caused by, contributed to or aggravated or prolonged by misfeasance, malfeasance or nonfeasance or breach of law in relation thereto by the Insured Person.
- xi) Under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed;
- xii) Participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion;
- xiii) Congenital Anomalies(Except internal congenital anomalies discovered within our cover period) or any complications or conditions arising therefrom;
- xiv) Participation in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, scuba diving, mountain or rock climbing necessitating the use of guides or ropes, winter sports, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports, riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2

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miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which Insured Person is untrained

5. Claims Intimation, Assessment and Management

The fulfillment of the terms and conditions of this Policy (including the realization of premium by their respective due dates) in so far as they relate to anything to be done or complied with by the Policyholder / Insured Person, including complying with the following steps, shall be the condition precedent to the admissibility of the Claim.

Upon the discovery or happening of any Injury that may give rise to a Claim under this Policy, then as a condition precedent to the admissibility of the Claim, the Policyholder/ Insured Person / Nominee (as named in the Certificate of Insurance) / legal heir shall undertake the following:

5.1 Claims Intimation

In the event of any Injury or occurrence of any other contingency which has resulted in a Claim or may result in a Claim covered under the Policy, the Policyholder/ Insured Person / Nominee (as named in the Certificate of Insurance)/ legal heir, must notify the Company either at the call center or in writing immediately or as decided in the Policy Schedule / Certificate of Insurance.

In case of death, written notice of the death must, unless reasonable cause is shown, be so given before interment / cremation, and in any case, within one calendar month after the death, and in the event of Benefit 2 and 3, written notice thereof must be given within one calendar month.

The following details are to be provided to the Company at the time of intimation of Claim:

- Policy Number
- Name of the Policyholder
- Certificate Number
- Name of the Insured Person in whose relation the Claim is being lodged
- Nature of accident / Injury
- Name and address of the attending Medical Practitioner and Hospital
- Date of Admission
- Date of Accident
- Any other related documents as required by the Company to assess the Claim or on account of Government Regulations

5.2 Claims Procedure

In case of any Claim under the Benefits, the list of documents as mentioned in Clause 5.4 shall be provided by the Policyholder/Insured Person, immediately but not later than 15 days of discharge from the Hospital, at the Policyholder's/ Insured Person's expense to avail the Claim.

The Company shall settle the claim within 30 days from the date of receipt of last necessary document.

However, where the circumstances of a claim warrant an investigation in Company's opinion it shall initiate and complete such investigation at the earliest, in any case not later than 30

days from the date of receipt of last necessary document. In such cases, Company shall settle the claim within 45 days from the date of receipt of last necessary document.

5.3 Policyholder's / Insured Person's duty at the time of Claim

- a. The Policyholder / Insured Person must take reasonable steps or measure to avoid or minimize the quantum of any Claim that may be made under this Policy.
- b. Forthwith intimate / file / submit a Claim in accordance with Clause 5 of this Policy.
- c. Forthwith pay the entire premium for the cover period in case of EMI applicable
- d. If so requested by the Company, the Insured Person will have to submit himself for a medical examination by the Company's nominated Medical Practitioner as often as it considers reasonable and necessary. The cost of such examination will be borne by the Company.
- e. On occurrence of an event which will lead to a Claim under this Policy, the Policyholder/ Insured Person shall :
 - Allow the Medical Practitioner or any of the Company's representatives to inspect the medical and Hospitalization records, investigate the facts and examine the Insured Person.
 - Assist and not hinder or prevent the Company's representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.

If the Policyholder / Insured Person does not comply with the provisions of these conditions all benefits under this Policy shall be forfeited at the Company's option.

5.4 Claim Documents

The Policyholder / Insured Person / Nominee (as named in the Policy Schedule/Certificate of Insurance) / Legal Heir shall submit to the Company the following documents for or in support of the Claim:.

- Duly completed and signed Claim Form, in original
- Death certificate(In case of Death Claim)
- Disability Certificate(In case of Disability Claim)
- Medical Practitioner's referral letter advising Hospitalization
- Medical Practitioner's prescription advising drugs / diagnostic tests / consultation
- Original bills, receipts, Discharge card from the Hospital / Medical Practitioner
- Original bills from pharmacy / chemists
- Original pathological / diagnostic test reports and payment receipts
- Final Hospital Bill
- Indoor case papers
- First Information Report/ Final Police Report, if applicable

- Post mortem report if available and applicable
- Any other document as required by the Company to assess the Claim

5.5 Payment Terms

- 5.5.1 Policy payments under this Policy shall be made in Indian Rupees within India.
- 5.5.2 Claims shall not be admissible under this Policy unless the Company has been provided with the complete documentation / information which the Company has requested to establish its liability for the Claim, its circumstances and its quantum unless the Policyholder / Insured Person have complied with the obligations under this Policy.
- 5.5.3 The Company shall have no liability under the Benefit in respect of an Insured Person, once the Sum Insured or the Sum Insured limit mentioned against the Benefit as stated against such Insured Person is exhausted.
- 5.5.4 The Company will pay the Insured Person or the Nominee (as named in the Certificate of Insurance) / legal heir / Assignee as the case may be and a discharge by them shall discharge the Company of all its liability under the policy for that claim.
- 5.5.5 The Company is not obliged to make payment for any Claim or that part of any Claim that could have been avoided or reduced if the Policyholder/ Insured Person could reasonably have minimized the costs incurred, or that is brought about or contributed to by the Policyholder/Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.
- 5.5.6 The Company will only be liable to pay for such Benefits for which the Insured Person/ Nominee / Assignee has specifically claimed in the Claim Form.

Under all the above benefits, provided that all sums payable hereunder shall be payable in the case of –

- Benefit 1,2 and 5 only after deleting by an endorsement the name of the Insured Person in respect of whom such sum shall become payable without any refund of premium;

6. General Terms and Conditions

6.1 Disclosure to information norm

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

In the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a Claim being fraudulent or any fraudulent means or device being used by the Policyholder/ Insured Person or any one acting on his/ their behalf to obtain a benefit under this Policy, the Company may cancel this Policy at its sole discretion and the premium paid shall be forfeited in its favor.

6.2 Observance of Terms and Conditions

The due observance and fulfillment of the Policy Terms & Conditions and Endorsements of this Policy in so far as they relate to anything to be done or complied with by the Policyholder / Insured Person, shall be a condition precedent to any of the Company's liability to make any payment under this Policy.

6.3 Material Change

The Policyholder shall immediately notify the Company in writing of any material change in the risk on account of change in occupation / business at his own expense and the Company may adjust the scope of cover and/or premium, if necessary, accordingly

6.4 Geography

This Policy applies to events or occurrences taking place anywhere in the world unless limited by the Company in a particular Benefit or definition or through an endorsement.

6.5 Records to be maintained

The Policyholder/ Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representative(s) to inspect such records. The Policyholder/ Insured Person shall furnish such information as the Company may require under this Policy at any time during the Policy/Cover Period and up to three years after the policy expiration, or until final adjustment (if any) and resolution of all Claims under this Policy.

6.6 No constructive Notice

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

6.7 Complete discharge

Payment made by the Company to the Policyholder/ adult Insured Person or the Nominee of the Insured Person or the legal representative of the Policyholder or to the Assignee, as the case may be, of any Medical Expenses or compensation or benefit under the Policy shall in all cases be complete and construed as an effectual discharge in favor of the Company.

6.8 Multiple Policies

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

6.9 Fraudulent Claims

If a Claim is in any way found to be fraudulent, or if any false statement, or declaration is made or used in support of such a Claim, or if any fraudulent means or devices are used by the Policyholder / Insured Person or anyone acting on his/ their behalf to obtain any benefit under this Policy, then this Policy shall be void and all claims being processed shall be forfeited for such Insured Person and all sums paid under this Policy shall be repaid to the Company by the

Policyholder / Insured Person who shall be jointly liable for such repayment.

6.10 Policy Disputes

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

6.11 Renewal Notice

- a. This Policy Schedule /Certificate of Insurance will automatically terminate at the end of the Policy/Cover Period..
- b. Renewal application from Policyholder should reach the Company before the end of the Policy/Cover Period.
- c. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein prior mentioned and that nothing is known to the Policyholder/ Insured Person that may result in enhancing the Company's risk.
- d. This Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Company on or before the date of expiry of this Policy.
- e. Renewal premium would be as per the age /Sum Insured etc. selected on the date of renewal.
- f. Cover for the Insured shall be renewed provided he/she remains an eligible member under the Group at the time of renewal

6.12 Cancellation / Termination

- The Company may at any time, cancel this Policy on grounds as specified in Clause 6.1, by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to the Policy holder at his last known address.
- The Policyholder may also give 7 days' notice in writing, to the Company, for the cancellation of this Policy. In such case the Company shall from the date of receipt of the notice, cancel the Policy and retain the premiums for the period this policy has been in force at the Company's short period scale as mentioned below, provided no Claim has been made under the Policy by the Policyholder/ Insured Person

Rules applicable for premium refund on No claims (single Premium) in the policy period (Short Period basis):

For a 5 year policy holder, the rules are:

- **If the cancelation happens within the first year of the policy**, then the premium portion pertaining to 2nd year , 3rd year,4th year and 5th year will be fully refunded. The premium portion pertaining to the year 1 will be refunded on a short period scale basis (as disclosed below).
- **If the cancelation happens in the second year of the policy**, then the premium portion pertaining to the 3rd year, 4th year and 5th year will be fully refunded. The premium portion pertaining to the year 1 will be fully retained. The premium portion pertaining to the year 2 will be refunded on a short period scale basis (as disclosed below).

- **If the cancelation happens in the third year of the policy**, then the premium portion pertaining to the year 1 and year 2 will be fully retained. The premium portion pertaining to the year 3 will be refunded on a short period scale basis (as disclosed below) and premium pertaining to year 4 and year 5 will be refunded fully
- **If the cancelation happens in the fourth year of the policy**, then the premium portion pertaining to the year 1,year2 and year 3 will be fully retained. The premium portion pertaining to the year 4 will be refunded on a short period scale basis (as disclosed below) and premium pertaining to year 5 will be refunded fully
- **If the cancelation happens in the fifth year of the policy**, then the premium portion pertaining to the year 1,year2 , year 3and year 4 will be fully retained. The premium portion pertaining to the year 5 will be refunded on a short period scale basis (as disclosed below)

Similarly, the rules are applicable for 2 year,3year and 4 year policy.

The premium portion pertaining to each year is defined below.

- The short period scale that will be followed is (retention scale):

PERIOD	% Of Annual Premium Rate
Not exceeding 1 month	20%
Exceeding 1 month but not exceeding 2 months	30%
Exceeding 2 months but not exceeding 3 months	40%
Exceeding 3 months but not exceeding 4 months	50%
Exceeding 4 months but not exceeding 5 months	60%
Exceeding 5 months but not exceeding 6 months	70%
Exceeding 6 months but not exceeding 7 months	80%
Exceeding 7 months but not exceeding 8 months	90%
Exceeding 8 months	Full annual premium/ rate

- No refund of premium shall be made on Policy/Cover where premium is paid in installments.
- For simplicity and ease of policy holder understanding, the premium portion pertaining to each year of the long term policy is calculated as:

Premium of Credit Linked PA policy
Policy Tenure in Year

- Note that this will overstate the technical refund amounts for later years of a long term policy as the refund premium clearly does not capture the expenses already incurred towards commission and administration, but it has the advantage of simplicity and given that the expected cancellation rates are low, such simplified methodology outweighs the technical disadvantages.

6.13 Communication

Any communication meant for the Company must be in writing and be delivered to its address shown in the Policy Schedule/Certificate of Insurance. 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 Schedule/Certificate of Insurance.

All notifications and declarations for the Company must be in writing and sent to the address specified in the Policy Schedule/Certificate of Insurance. Agents or any other intermediary are not authorized to receive notices and declarations on the Company's behalf.

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 Withdrawal/Revision/Modification of the Product/Policy

The Company reserves the right to withdraw, revise or modify this Product/Policy in the future. The revision/modification maybe in respect of Benefits, coverage's, premiums, Policy Terms and Condition s and/or exclusions.

In the event of any such withdrawal of Product/Policy, the company will notify in advance to the Policyholder providing him the option to port to the specified existing health products of the company with continuity benefits.

In the event of any revision/modification of the Product/ Terms of Policy/Premium the company will notify the Policyholder of such changes 3 months in advance

Such modification / revision / withdrawal is subject to approval of Authority, as per extant regulations.

6.16 Payment of Interest

In the case of delay in the payment of a claim, the insurer shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

6.17 Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly

6.18 Overriding effect of Policy Schedule/Certificate of Insurance

In case of any inconsistency in the terms and conditions in this Policy vis-a-vis the information contained in the Policy Schedule/Certificate of Insurance, the information contained in the Policy Schedule/Certificate of Insurance shall prevail.

6.19 Electronic Transactions

The Policyholder/ 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, or the Company's other products and services, 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.

6.20 Arbitration Clause

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

6.21 Grievances

If the Policyholder has a grievance that the Policyholder wishes the Company to redress, the Policyholder may contact the Company with the details of his grievance through:

- Website : <https://reliancegeneral.co.in>
- e-mail : rgicl.services@relianceada.com
- Telephone : 1800-3009
- Post/Courier : Any branch office, the correspondence address, during normal business hours
- Write to us at : Reliance General Insurance, (Correspondence Only) Correspondence Unit, 301-302, Corporate House RNT Marg, Opp. Jhabua Tower, Indore, Madhya Pradesh, India – 452001

For further details on Grievance redressal procedure please refer: <https://reliancegeneral.co.in/Insurance/About-Us/Grievance-Redressal.aspx>

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

Address of the Ombudsman Offices
<p>AHMEDABAD Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014. Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@gbic.co.in</p>
<p>BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in</p>
<p>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</p>
<p>BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in</p>
<p>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</p>
<p>CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@gbic.co.in</p>
<p>DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in</p>
<p>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</p>
<p>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</p>

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Address of the Ombudsman Offices
<p>JAIPUR 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</p>
<p>ERNAKULAM 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</p>
<p>KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@gbic.co.in</p>
<p>LUCKNOW 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</p>
<p>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</p>
<p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P.-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@gbic.co.in</p>
<p>PATNA 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</p>
<p>PUNE 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</p>

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The details of Insurance Ombudsman are available on IRDA website: www.irda.gov.in, on the website of General Insurance Council: www.gbic.co.in, the Company's website www.reliancegeneral.co.in or from any of the Company's offices. Address and contact number of Governing Body of Insurance Council – (Monitoring Body for Offices of Insurance Ombudsman) 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz(West), Mumbai – 400054, Tel: 022 - 26106889 / 671 Email id: inscoun@gbic.co.in

Endorsements

Specific Policy Conditions / Endorsements are subject otherwise to the Policy Terms and Conditions.

E.1 - Premium Installment Clause

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that:

1. Policyholder shall pay to the Company the premium, applicable taxes & levies, charges etc. as mentioned in the Policy and so long as the Policyholder performs and observes all his obligations hereunder. The Company, as a matter of facility to the Policyholder, agrees to accept payment of premium in installments as mentioned in the Policy Schedule / Certificate of Insurance
2. Notwithstanding the provisions of the preceding clause, upon non-payment of any installments by the due date thereof, this Policy shall cease to operate from the unpaid installment due date and the Company shall not be liable under this Policy for any Claim occurring thereafter, nor shall any refund of premium become due under the Policy. However, the Company may at its sole discretion re-instate the Policy, subject to the available Sum Insured at the time of such re-instatement, from the date and time of receipt of such installment till the Policy Period End Date, provided that the Policyholder makes the payment of the due installment before the next installment due date or the Policy Period End Date whichever is earlier and further provided that all the other installments payable under the Policy are realized by the Company by the respective due dates and time and without any default.
3. Company shall not be liable for any Claims which are incurred from the due date of installment till the date and time of re-instatement of the Policy.
4. Additionally in the event of any Claim being lodged under the Policy for any cause whatsoever, all the subsequent premium installments shall immediately become due and payable notwithstanding anything to the contrary herein above contained. The Company shall have the right to recover and deduct any or all the pending installments from the Claim amount due under the Policy.

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