


UIN No.: SGLHLGP18080V011718
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Shriram General insurance Co. Ltd.

IN PARTNERSHIP WITH THE  **Sanlam GROUP**
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Shri Loan Protect Insurance (Group) - Policy Wording

1. Operative Clause

SHRIRAM General Insurance Company Limited (We, Our or Us) will provide the insurance described in this Policy and any endorsements thereto for the Insured Period as defined in this Policy, to the Insured Persons detailed in the Policy Schedule and in reliance upon the statements contained in the Proposal and Declaration Form filled and signed by the Policyholder, which shall be the basis of this Policy and are deemed to be incorporated herein in return for the payment of the required premium when due and compliance with all applicable provisions of this Policy.

The insurance provided under this Policy is only with respect to such and so many of the benefits as are indicated by a specific amount set opposite in the Policy Schedule.

2. Definitions

This Policy, the Schedule and any Clauses thereon shall be considered one document and any word or expression to which a specific meaning has been attached in Definitions bears that specific meaning wherever it appears in this Policy.

“Accident”

An accident is a sudden, unforeseen and involuntary event caused by external, visible & violent mean.

“Bank / Financial Institution”

Means a banking company which transacts the business of banking in India or abroad and Financial Institution engaged in activity of providing loans and duly recognised by appropriate authority.

“Civil War “

means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

“Dependent child”

Means a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his/her independent source of income. Further, the age of the child must be between 5 years to 21 years and who shall be unmarried.

“Disclosure to information norm”

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact.

“Grace Period”

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

Loan EMI”

Means the equated monthly instalment payable by the Insured to a financial institution for the loan.

“Hospital”

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

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- v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

“Illness”

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

- a) **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
- b) **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
- i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - ii. it needs ongoing or long-term control or relief of symptoms
 - iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - iv. it continues indefinitely
 - v. it recurs or is likely to recur

“Injury”

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

“Insurable/Insured event”

Means an event, loss or damage for which the Insured is entitled to benefit/s under this Policy.

“Insured/ Named Insured”

Insured means the persons, or his Family members, named in the Schedule.

“Medical Practitioner”

Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy 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.

“Notification of Claim”

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

“Outstanding e loan”

Means the amount outstanding on any given day to a financial institution of the principal loan and interest thereon payable by the Insured.

“Permanent total Disability”

A disability condition certified by Civil Surgeon of Government hospital stating the continuous and permanent:

- loss of the sight of both eyes
- physical separation of or the loss of ability to use both hands or both feet
- physical separation of or the loss of ability to use one hand and one foot
- loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot

“Policy”

Policy document is a legal document which is an evidence of the contract of Insurance between the Proposer/Insured and the Insurer and inter alia, includes the Proposal Form, Declaration Form, the Policy Schedule, Company's covering letter to the Insured, any enrolment forms, endorsements, papers or riders attaching to or forming part hereof, issued either at the inception or during the policy period.

“Policy period/Period of insurance”

The period between and including the start and end dates shown in the schedule

“Pre-existing disease/Condition”

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

“Renewal”

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

“Schedule”

Means the document attached name so and to and the forming part of this Policy mentioning the details of the Insured/ Insured Person/s, the Sum Insured, the period and the limits to which benefits under the Policy are subject to.

“Sum Insured”

Means the sum as specified in the schedule, which sum represents the Company's maximum liability for any or all claims under this Policy during the Policy period.

“Surgery or Surgical procedure”

Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

Terrorism

Means activities against persons, organizations or property of any nature:

1. That involve the following or preparation for the following:
 - a) Use or threat of force or violence; or
 - b) Commission or threat of a dangerous act; or
 - c) Commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and
2. When one or both of the following applies:
 - a) The effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
 - b) It appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

“You, Your, Yourself/ Your Family”

Name in the schedule means the person or persons that we insure as set out in the Schedule.

“We, Our, US, Ours, The company”

Means the Shriram General Insurance Company Limited.

3. PRODUCT INFORMATION

Eligibility Criteria:

It should be available for Financial Institutions, Banks, Public and Private sector employer, Companies and any Entity.

Age Limit:

To be eligible to be covered under the Policy or get any benefits under the Policy, the Insured should have attained the age of at least 18 years and shall not have completed the age of 65 years on the date of commencement of the Policy Period as applicable.

4. Duration of Coverage:

- 4.1. The policy can be opted for upto 5 years.
- 4.2. The Cover under the policy commences from date of premium receipt.
- 4.3. The cover under this Policy, for the specific Insured, shall terminate in the event of a claim under any section of the policy in respect of that insured becoming admissible and accepted by the Company and only upon full sum insured being payable to the insured except under loss of job.
- 4.4. Critical Illness and Unemployment cover operates after a three month waiting period from inception of the policy. Waiting period clause will not be operative for subsequent years.

Note: In case of any claim being admissible and payable up to the full sum insured, the policy will cease to exist. In case where only partial sum insured is paid under any of the sections then the policy will still exist on the balance sum insured.

5. Basis of Sum Insured:

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This policy has two plans:

Covers	Plan A	Plan B
Personal Accident and Child Care Allowance	Total Loan Amount at the inception	Outstanding Loan Amount
Loss of employment / Loss of Earning (Professional / Business People)	Maximum of 3 EMIs per year	Maximum of 3 EMIs per year
Critical illness	Total Loan Amount at the inception	Outstanding Loan Amount

6. Scope of Coverage:

SECTION A -PERSONAL ACCIDENT

(Available only if the schedule shows insured person opted for it)

This Section covers the Insured/Insured person up to the Sum Insured specified in the Schedule, towards payment of his / her loan on account of an injury arising out of an accident, sustained during the Policy Period resulting in death or permanent total disablement, as the case may be, within 12 (twelve) calendar months of occurrence of such injury.

In the event of the outstanding loan amount of the insured, on date of loss is less than the Sum Insured, an amount equivalent to the principal outstanding loans on date of loss including interest on loan accrued (excluding any defaulted payment of monthly instalment 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 financial institution concerned and the balance Sum Insured, if any, will be paid to the insured or his/her legal representative(s), as the case may be. OR as opted by the insured the initial Sum Insured under this Section will be the principle outstanding loan amount as opted by the Insured and mentioned in the Schedule. In the event of a loss under this Policy an amount equivalent to the principal outstanding loan as on date of loss including interest on loan accrued (excluding any defaulted payment of monthly instalment 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 financial institution concerned as full and final discharge.

Additionally, this Section provides for reimbursement, in the event of the death of the Insured due to injury arising out of an accident outside his/her home, of the expenses incurred for transportation of Insured's dead body to his/her place of residence subject to a maximum of Rs 2,500/- for the entire Policy period. 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 and mentioned in the Schedule. Similarly in case of loans with more than two persons as joint borrowers, the Sum Insured of the outstanding loan amount will be divided amongst all of them in equal proportion of the Sum Insured, subject otherwise to terms conditions of the Policy.

The maximum liability of the Company shall in no case exceed the Sum Insured as mentioned in the Schedule.

1. Basis of settlement

Subject to the Sum Insured specified in the Schedule, coverage under this Section shall be as follows:

Accidental Death

We will pay the nominee 100% of the sum insured shown under the schedule, if during the Policy Period, insured person named in the schedule meet with any Accidental Bodily Injury, that causes his/her death within 12 Months from the date of such accident and such accident is the sole and direct cause of such death.

Permanent Total Disability

Disability	% of SI
Loss of sight of both the eyes	100%
Loss of two entire hands or two entire feet	100%
Loss of one entire hand and one entire foot	100%
Loss of sight of one eye and loss of one entire foot or hand	100%
Complete loss of hearing of both ears and complete loss of Speech	100%
Complete loss of hearing of both ears and loss of one limb	100%
Complete loss of hearing of both ears and loss of sight of one eye	100%
complete loss of speech and loss of one limb	100%
complete loss of speech and loss of sight of one eye	100%

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- The disablement / death must occur within one year of the accident.
- The disablement must be confirmed and claimed for prior to the expiry of a period of 3 months since occurrence of the disablement.

2. Risk Category:

Based on occupation/profession of the insured, we have classified risk into following risk categories premium rate has been calculated on the basis of risk category:

Risk Group I (Low Risk)

Accountants, Doctors, Lawyers, Architects, Consulting Engineers, Teachers, bankers, persons engaged in administrative functions

Risk Group II (Medium Risk)

Builders, Contractors and Engineers engaged in superintending functions only, Veterinary Doctors, paid drivers of motor cars and light motor vehicles

All persons engaged in manual labour (Except those falling under Group III) Cash Carrying Employees, Garage and Motor Mechanics, Machine Operators, Drivers of trucks or lorries and other heavy vehicles, Professional Athletes and Sportsmen, Woodworking Machinists.

Risk Group III (Heavy Risk)

Persons working in underground mines, explosives magazines, and workers involved in electrical installation with high tension supply, Jockeys, Circus personnel, Persons engaged in activities like racing on wheels or horseback, big game hunting, Mountaineering, winter sports, skiing, ice hockey, hang gliding, river rafting, polo.

3. Special Condition

In the event of permanent disablement, the Insured will be under obligation to:

- a. Have himself/herself examined by the Panel Doctors appointed by the Company and the Company will pay the costs involved thereof.
- b. Authorize doctors providing treatment or giving expert opinion and any other authority to supply the Company any information that may be required on the condition of the Insured.

If the above obligation is not met with due to whatsoever reason, the Company shall be relieved of its liability to compensate under this benefit.

3. What is not covered?

The Company shall not be liable under this Section for:

1. Any pre-existing disability / accidental injury however if there is loss/damage due to accident during policy period then claim is payable as per policy terms and condition.
2. Accidental death or permanent disability, if any accident happens due to result of mental disorders or disturbances of consciousness, strokes, fits or convulsions.
3. Accidental death or permanent disability caused by curative measures, radiation, infection, poisoning except where these arise from an accident.
4. Any other claim after a claim for death due to accidental injury has been admitted by the Company and becomes payable.
5. Any payment in case of more than one claim under the Policy during any one period of insurance by which the maximum liability of the Company in that period exceeds the available sum payable under Section A.
6. Death or permanent disability resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or inconsequence thereof.
7. Any claim in respect of accidental death or permanent disablement of the Insured from:

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- i. intentional self-injury, suicide or attempted suicide
 - ii. whilst under the influence of liquor or drugs or other intoxicants and the accident has occurred due to such influence. However this will not apply if accident is caused by any other reason.
 - iii. 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
 - iv. directly or indirectly, caused by venereal disease or insanity
 - v. arising or resulting from the Insured committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion
 - vi. Whilst engaging in racing, hunting, mountaineering, ice hockey, winter sports.
8. Death or permanent disablement due to accidental injury arising out of or directly or indirectly 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.
9. Death or permanent disablement due to accidental injury, directly or indirectly, caused by or contributed to or arising from –
- i. 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;
 - ii. Nuclear weapons material.
10. Insured whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports.
11. Insured whilst flying or taking part in aerial activities (including cabin crew and other non-fare paying members) except as a fare-paying passenger in a regular scheduled airline or air Charter Company.

SECTION B–

(Available only if the schedule shows insured person opted for it)

1. Loss of employment

This Section covers the Insured up to the maximum of 3 EMI towards loan amount or lesser specified in the Schedule against default in payment of his / her loan EMIs due to loss of employment on account of:

- a. Termination of the Insured from employment on account of closure of the firm / body corporate / establishment wherein the Insured is employed, due to poor financial health or any merger/acquisition of the firm / body corporate / establishment leading to the termination, dismissal or retrenchment of the Insured.
- b. Termination or dismissal, lay off, temporary suspension or retrenchment of the Insured from the employment imposed on him/her by the firm / body corporate / establishment in compliance with any law relating to the employment for the time being in force or any directives by any Public Authority.
- c. Any retirement scheme of compulsory nature if the firm / body corporate / establishment are closing down one division and a minimum of 20 employees are availing the retirement scheme.

The Sum Insured under this Section is limited to the number of loan EMIs as opted by the Insured or the outstanding loan amount whichever is lower at the time of claim.

Special Condition

Eligibility for claim under this Section:

- The Insured shall be out of his current job on account of the reasons mentioned herein above and shall be out of any job at least for thirty days consecutively from the time of losing his / her current job.

- The benefit under this Section will stop once he / she get another job.

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- In case of joint borrowers coverage under this Section will be available to that person whose name appears first among the joint borrowers.

What is not covered?

The Company shall not be liable under this Section for

- i. In the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured which is being attributed to any dishonesty or fraud on the part of the Insured or his wilful violation of any rules of the employer or laws for the time being in force.
- ii. In connection with or in respect of:
 - a. Self-employed persons
 - b. Any claim relating to unemployment in respect of a job which is casual, temporary, seasonal or contractual in nature.
 - c. Unemployment at the time of inception of the period of insurance or arising within first three months of inception of the period of Insurance.
- iii. Termination, dismissal, temporary suspension or retrenchment from employment of the Insured which does not commence during the period of insurance.
- iv. Termination, dismissal, temporary suspension or retrenchment from employment of the Insured which is less than a period of thirty (30) days at a stretch.
- v. Termination, dismissal, temporary suspension or retrenchment from employment of the Insured which is attributed to poor performance of the Insured.
- vi. Termination, dismissal, temporary suspension or retrenchment from employment of the Insured where insured was aware of the circumstance leading to such termination, dismissal, temporary suspension or retrenchment beforehand at the time proposing for this insurance.
- vii. Unemployment of the Insured that is purely voluntary.
- viii. Resignation, Superannuation, compulsory retirement of the Insured.

2. Loss of Earning (Professional / Business People)

If insured is not able to earn his usual income and has become nil due to any of the following reason/s,

1. Serious injury making insured person immobile
2. Serious illness making insured person immobile
3. Loss/ damage to working place due to fire and allied perils
4. Due to inability to access working place (due to operation Act of God peril)

The policy will pay a maximum of 3 EMI towards loan amount or lesser if insured get start earning earlier. Insured need to establish his/her loss earnings by following documental evidence

- Reports with Photographs.
- Sell / purchase register
- Balance Sheet of last 3 financial years
- Stock statement
- Copy of medical documents i e hospital bill, discharge summary, doctors prescription, investigation reports and medical bills
- Treatment record
- Fitness certificate
- Statement of outstanding loan amount

SECTION C – CHILD CARE ALLOWANCE

(Available only if the schedule shows insured person opted for it)

This Section provides for payment of allowance to the dependent child (ren) of the Insured up to the limits of the Sum Insured as specified in the Schedule, in the event of death or permanent total disablement of the Insured, due to an accident arising out of an accident for which there is a valid claim under Section A of this Policy.

The allowance will be payable to the dependent children for the purpose of them continuing their education (limited to first two children below the age of 21 years).

The Sum Insured is 2% of the sum insured under Section A. In case of joint borrowers coverage under this Section will be available to that person whose name appears first among the joint borrowers.

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All the exclusions applicable to Section A of this Policy above, shall apply to this Section also.

SECTION D – CRITICAL ILLNESS

(Available only if the schedule shows insured person opted for it)

This Section covers the Insured up to the Sum Insured specified in the Schedule, towards selected sum Insured being diagnosed as contracting any of the critical illnesses, during the Policy Period as stated herein below and surviving for more than 30 days post such diagnosis, at any time during the Policy period. (excluding Pre Existing diseases upto 48 months if there is no any gap in renewal) .

In the event of the outstanding loan amount of the insured, on date of loss 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 instalment 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 financial institution concerned and the balance Sum Insured, if any, will be paid to the insured or his/her legal representative(s), as the case may be.

OR In the event of a loss under this Policy an amount equivalent to the principal outstanding loan as on date of loss including interest on loan accrued (excluding any defaulted payment of monthly instalment by the borrower, prior to the date of loss that adds up to the outstanding loan) and pre-closure charges, if any, will be paid to the financial institution concerned as full and final discharge.

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 and mentioned in the Schedule. 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 Schedule.

We can give the coverage to Individual opting Critical Illness cover subject to Pre Medical Check-up. For the purposes of this Policy and the determination of the Company's liability under it, the Insured Event (Critical Illness) in relation to the Insured, shall mean any illness, medical event or surgical procedure as specifically defined below which is diagnosed first time, first commence more than 90 days after the commencement of Policy Period and is diagnosed, occurs or conducted within the Policy Period and shall only include the following:

1. Cancer of specified severity

- I. A malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma.
- II. The following are excluded –
 - i. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
 - ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - iii. Malignant melanoma that has not caused invasion beyond the epidermis;
 - iv. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
 - v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
 - vi. Chronic lymphocytic leukaemia less than RAI stage 3
 - vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
 - viii. All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
 - ix. All tumours in the presence of HIV infection.

2. Myocardial Infarction

(First Heart Attack of specific severity)

- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
 - i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)

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- ii. New characteristic electrocardiogram changes
- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:

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

3. **Open Chest CABG**

- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- II. The following are excluded:
 - i. Angioplasty and/or any other intra-arterial procedures

4. **Open heart replacement or repair of heart valves**

- I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

5. **Kidney failure requiring regular dialysis**

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

6. **Stroke resulting in permanent symptoms**

- I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- II. The following are excluded:
 - i. Transient ischemic attacks (TIA)
 - ii. Traumatic injury of the brain
 - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

7. **Major organ /bone marrow transplant**

- I. The actual undergoing of a transplant of:
 - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - ii. Human bone marrow using haematopoietic stem cells. The undergoing of transplant has to be confirmed by a specialist medical practitioner.
- II. The following are excluded:
 - i. Other stem-cell transplants
 - ii. Where only islets of Langerhans are transplanted

8. **Permanent paralysis of limbs**

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- I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

9. Multiple sclerosis with persisting symptoms

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - ii. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Other causes of neurological damage such as SLE and HIV are excluded.

10. Primary (Idiopathic) Pulmonary Hypertension

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
 - i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

What is not covered?

The Company shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. All pre-existing disease/ condition/injuries which are existing (upto 48 months) when this insurance cover incept for the first time. (It will be covered after 48 months)
2. Any critical illness diagnosed at the time of inception of the Policy or within first three months of inception of this Policy.
3. Diagnosis of any critical illnesses not evidenced by a certificate issued by the attending Doctor.
4. Death of the Insured before or within 30 days of diagnosis of the critical illness.
5. Medical Certification of contracting of critical illness by family member or from persons not registered as Medical Practitioners under recognized medical councils.
6. Any critical illness contracted due to alcohol or drug abuse.
7. Any critical illness contracted due to Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
8. Any critical illness, directly or indirectly, caused by or contributed to by nuclear weapons/materials or radioactive contamination.
9. Any critical illness, directly or indirectly, caused by or arising out of any criminal act of the Insured.
10. Any critical illness directly or indirectly, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, act of terrorism.
11. Any critical illness, directly or indirectly, arising whilst the Insured being engaged in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports.
12. Any critical illness, directly or indirectly, arising whilst the Insured is flying or taking part in aerial activities(including cabin crew and other non-fare paying members) except as a fare-paying passenger in a regular Scheduled airline or air charter company.

7. GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS

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The Company shall not be liable to indemnify under any section of this policy any direct or indirect loss/damage or liability or expenses howsoever caused on account of the following unless specifically provided in any of the sections:

1. Liability arising out of violation of any Rules and Regulation of the Govt. or Statutory authorities.
2. Loss or damage directly or indirectly, proximately or remotely occasioned by or which arises out of or in connection with war, invasion, act of foreign enemy, hostilities or civil war, rebellion, revolution, insurrection, warlike operation (whether war be declared or not), usurped power or civil commotion or loss or pillage in connection therein or confiscation or detention by the order of any Government or public authority.
3. Loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. For the purpose of this exclusion an act of terrorism means an act, including but not limited to the use of force or violence and /or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s) committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear. (A uniform definition of terrorism is used throughout this document)
4. Any accident, loss, destruction, damage or legal liability directly or indirectly caused by or contributed to or arising from nuclear weapons material.
5. Loss or damage caused by or arising out of wilful/intentional act of the insured.

8. General Condition (applicable to all Sections of this Policy)

The coverage under these Sections of the Policy shall automatically cease on full payment of the outstanding loan amount & closure of the Loan account.

- 8.1. Any defaulted payment of monthly instalment 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.
- 8.2. In the event of accidental death of the Insured 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.
- 8.3. Duty of disclosure

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, miss- description or non-disclosure of any material fact. In the event of untrue or incorrect statements, misrepresentation, miss-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 favour.

8.4. Free Look Period

You have a period of 15 days from the date of receipt of the first policy document to review the terms and conditions of this Policy. If you have any objections to any of the terms and conditions, you have the option of cancelling the Policy stating the reasons for cancellation. If you have not made any claim during the free look period, you shall be entitled to refund of premium subject to,

- a deduction of the expenses incurred by Us on Your medical examination, stamp duty charges, if the risk has not commenced,
- a deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, If the risk has commenced
- a deduction of such proportionate risk premium commensuration with the risk covered during such period ,where only a part of risk has commenced
- Free Look Period will not be applicable for renewal Policies.

8.5. Observance of Terms and Conditions

The due observance and fulfilment 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.

8.6. Material Change

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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.

8.7. Records to be maintained

The Policyholder/ Insured Person shall keep an accurate 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 Period and up to three years after the policy expiration, or until final adjustment (if any) and resolution of all Claims under this Policy.

8.8. 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.

8.9. Complete discharge

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

8.10. 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 centres, 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 and the same shall be within the approved terms and conditions.

8.11. Duties of the insured on occurrence of loss

On the occurrence of any loss, within the scope of this Policy the Insured shall:

- a) Forthwith file/submit a Claim Form together with the loan particulars and loan EMI details
- b) Allow the Medical Practitioner appointed by the Company to inspect the medical records and to examine the Insured.
- c) Assist and not hinder or prevent the Company or any of its agents in pursuance of their duties.

8.12. Multiple Policies

- i. 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, each insurer shall make the claim payments independent of payments received under other similar policies.
- ii. If two or more policies are taken by an insured during a period from one or more insurers to indemnify treatment costs, the policyholder shall have the right to require a settlement of his/her claim in terms of any of his/her policies.
 1. In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
 2. Claims under other policy/ies should be made after exhaustion of Sum Insured in the earlier chosen policy / policies
 3. If the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co-pay, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.
 4. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.
 5. The policyholder having multiple policies shall also have the right to prefer claims from other policy / policies for the amounts disallowed under the earlier chosen policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall settle the claim subject to the terms and conditions of the other policy / policies so chosen.

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8.13. 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 all Insured Persons and all sums paid under this Policy shall be repaid to the Company by the Policyholder / all Insured Persons who shall be jointly liable for such repayment.

8.14. Claim Procedure

- i. An insurer shall settle or reject a claim, as may be the case, within thirty days of the receipt of the last 'necessary' document.
- ii. Except in cases where a fraud is suspected, ordinarily no document not listed in the policy terms and conditions shall be deemed 'necessary'. The insurer shall ensure that all the documents required for claims processing are called for at one time and that the documents are not called for in a piece-meal manner.
- iii. The information that the insurer has captured in the proposal form at the time of accepting the proposal, the terms & conditions offered under the policy, the medical history as revealed by earlier claims, if any, and the prior claims experience shall all be maintained by the insurer as an electronic record and shall not be called for again from the policyholder/insured at the time of subsequent claim settlements.
- iv. Insurer may stipulate a period within which all necessary claim documents should be furnished by the policyholder/insured to make a claim. However, claims filed even beyond such period should be considered if there are valid reasons for any delay.
- v. Every Insurance Claim shall be disposed of in accordance to the Terms and Conditions of the policy contract and the extant Regulations governing the settlement of Claims. No Claim shall be closed in the books of the Insurers.

8.15. Feature of Claims

If a claim is made and rejected and no Court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be Forfeited.

8.16. Claims Documents

Depending on individual circumstance, reliance may be placed on the following documents and information while considering liability claims related to professionals:

- Duly completed claim form
- Loan Statement and confirmation on Principal Outstanding from Bank/ FI
- Relevant claim form the Section under which the claim occurred.
- FIR
- Final Investigation Report (FR)
- Survey cum Investigator's report (if appointed)

8.16.1. For Personal Accident Claims

- Claim form duly filled in and signed.
- Death Certificate in case of death claim
- Post-mortem Report in case of death claim
- FIR copy
- ID proofs
- Relation proof with nominee
- Copy of medical documents i e hospital bill, discharge summary, doctors prescription, investigation reports and medical bills
- Disablement certificate by orthopaedic Surgeon/ competent medical practitioner.
- Proof of leave / absence from duty from employer, outstanding EMI's (for group) & loss of income certificate.

8.16.2. Loss of Employment

- Claim form duly filled in and signed.
- Termination Letter
- Last 3 months Salary Slips
- Employers Identity Card

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- Joining Letter/ Offer Letter

8.16.3. Loss of Earning

- Claim form duly filled in and signed.
- Reports with Photographs.
- Sell / purchase register
- Balance Sheet of last 3 financial years
- Stock statement
- Copy of medical documents i e hospital bill, discharge summary, doctors prescription, investigation reports and medical bills
- Treatment record
- Fitness certificate
- Statement of outstanding loan amount

8.16.4. Child Care Allowance

- Claim form duly filled in and signed.
- Post Mortem
- Disablement certificate
- FIR
- ID proof
- Relation Proof
- Hospital Document If any
- Age proof of the Dependent Children of the Insured
- Dependency proof

8.16.5. For Critical Illness

- Claim Form duly filled and signed.
- Policy copy
- Copy of Final Hospital Bill
- Copy of Discharge Summary / Discharge Certificate.
- Doctors first consultation
- First diagnosis Certificate of illness with duration.
- All Investigation /diagnosis reports related to Illness
- Copy of medical bills and prescription
- Loan statement with due principle and interest
- NEFT Form signed by the Claimant

8.17. Cancellation Clause

We may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact by sending notice in writing by Registered A/D to you at your last known address at least 15 days in advance in which case we shall forfeit the premium. In case of non-corporation by the insured the premium shall be refunded on pro-rata basis.

The Insured may also give 15 days' notice in writing, to the Company, for the cancellation of this policy, in which case the Company shall refund the premium as specified in clause 8.18.1 and 8.18.2.

8.17.1. For Insurance policy period of 1 year, the refund for insured in case of cancellation initiated by the insured is as per the below table:

Period on risk	% of Annual Premium refunded
Upto 1 month	70%
Exceeding 1 month and upto 3 months	55%
Exceeding 3 months and upto 6 months	30%
Exceeding 6 months	Nil

8.17.2. For Insurance with policy period of more than 1 year, the refund for insured in case of cancellation initiated by

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the insured, will be based on reworking the discount slab for the number of years that the policy was actual in force after allowing for 15% of the premium for charges and will be calculated as per below formula. For this purpose fraction of a year shall be rounded to the next higher year.

$$\text{Refund} = 85\% \text{ of Premium} * \left(\frac{\text{Original Term} * (1 - \text{Discount for Original Term}) - \text{Expired Term} * (1 - \text{Discount for Expired Term})}{\text{Original Term} * (1 - \text{Discount for Original Term})} \right)$$

Discount will be calculated as per below table:

For reducing sum insured

Loan Tenure →													
Policy Tenure ↓	1	2	3	4	5	6	7	8	9	10	11	12	13
1	43%	21%	13%	9%	7%	6%	5%	4%	3%	3%	2%	2%	2%
2		46%	30%	22%	18%	15%	12%	11%	10%	9%	8%	7%	7%
3			46%	35%	28%	23%	20%	18%	16%	14%	13%	12%	11%
4				47%	38%	32%	27%	24%	22%	20%	18%	17%	16%
5					48%	40%	35%	31%	27%	25%	23%	21%	20%

*Fraction year will be rounded off to next complete year.

Loan Tenure →													
Policy Tenure ↓	14	15	16	17	18	19	20	21	22	23	24	25	
1	2%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	0%	
2	6%	6%	5%	5%	5%	5%	4%	4%	4%	4%	4%	4%	
3	11%	10%	9%	9%	9%	8%	8%	8%	8%	7%	7%	7%	
4	15%	14%	13%	13%	12%	12%	11%	11%	11%	11%	10%	10%	
5	19%	18%	17%	16%	16%	15%	15%	14%	14%	14%	13%	13%	

*Fraction year will be rounded off to next complete year.

Loan Tenure →													
Number of completed anniversary of the loan ↓	1	2	3	4	5	6	7	8	9	10	11	12	13
6						48%	42%	37%	33%	30%	28%	26%	24%
7							49%	43%	39%	35%	33%	30%	28%
8								49%	44%	40%	37%	35%	32%
9									49%	45%	42%	39%	36%
10										50%	46%	43%	40%
11											50%	47%	44%
12												51%	48%
13													51%
14													
15													
16													
17													
18													
19													
20													

*Fraction year will be rounded off to next complete year.

Loan Tenure →													
Number of completed anniversary of the loan ↓	14	15	16	17	18	19	20	21	22	23	24	25	
6	23%	22%	21%	20%	19%	19%	18%	18%	17%	17%	16%	16%	

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7	27%	26%	24%	23%	23%	22%	21%	21%	20%	20%	19%	19%
8	31%	29%	28%	27%	26%	25%	24%	23%	23%	22%	22%	21%
9	34%	33%	31%	30%	29%	28%	27%	26%	26%	25%	25%	24%
10	38%	36%	34%	33%	32%	31%	30%	29%	28%	28%	27%	27%
11	41%	39%	38%	36%	35%	34%	33%	32%	31%	30%	30%	29%
12	45%	43%	41%	39%	38%	36%	35%	34%	33%	33%	32%	31%
13	48%	46%	44%	42%	40%	39%	38%	37%	36%	35%	34%	34%
14	52%	49%	47%	45%	43%	42%	40%	39%	38%	37%	37%	36%
15		52%	50%	48%	46%	44%	43%	42%	41%	40%	39%	38%
16			52%	50%	48%	47%	45%	44%	43%	42%	41%	40%
17				53%	51%	49%	48%	46%	45%	44%	43%	42%
18					53%	51%	50%	48%	47%	46%	45%	44%
19						54%	52%	51%	49%	48%	47%	46%
20							54%	53%	51%	50%	49%	48%

*Fraction year will be rounded off to next complete year.

For fixed sum insured

Policy Term	LT Discount Percentage
1	0%
2	3%
3	6%
4	8%
5	11%

*Fraction year will be rounded off to lowest complete year.

Number of completed anniversary of the loan	LT Discount Percentage
6	13%
7	15%
8	18%
9	20%
10	22%
11	24%
12	26%
13	27%
14	29%
15	31%
16	33%
17	34%
18	36%
19	37%
20	39%

*Fraction year will be rounded off to lowest complete year.

8.18. Cause of Action / Currency for Payment

No claim shall be payable under this Policy unless the cause of action arises in India. All claims shall be payable in India and in Indian Rupees only.

8.19. 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.

8.20. Arbitration clause

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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 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.

8.21. Renewal Notice

- a) This Policy will automatically terminate at the end of the Policy Period. All renewal applications should reach the Company before the end of the Policy Period.
- b) 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(s) that may result in enhancing the Company's risk.
- c) 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 and in any case not later than the expiry of the Grace Period.

Grace period refers to a period of 30 days immediately following the premium due date during which a payment can be made to renew this Policy without loss of continuity benefits such as Waiting Periods and coverage of Pre-existing Disease. 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.

- d) Ordinarily renewals will not be refused by the Company except on ground of fraud, moral hazard or misrepresentation.
- e) Renewal premium can vary subject to prior regulatory approval. We can revise the rates at the time of renewal.
- f) This policy shall not be renewed and the Insured shall not be eligible for any new similar policy(es) if a claim is paid or admitted under this Policy or if there no outstanding loan for which this Policy was issued
- g) Policy shall be renewed, provided there is an outstanding loan subject to no claim.

8.22. Portability Conditions

Retail Policies: As per the Portability Guidelines issued by IRDA, applicable benefits shall be passed on to customers who were holding similar retail Critical Illness policies of other non-life insurers. The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases.

Group Policies: As per the Portability Guidelines issued by IRDA, applicable benefits shall be passed on to customers who were insured under a Group Critical Illness Insurance policy of SGI and are availing a Critical Illness Insurance policy of SGI. However, such benefits shall be applicable only in the event of discontinuation/ non-renewal of the Group Critical Illness Insurance policy (applicable for both employer-employee relationships and non-employer-employee relationships) and/or the particular customer leaving the group on account of resignation/ retirement (applicable for employer-employee relationships) or termination of relationship with the Group Administrator (applicable for non-employer-employee relationships). The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases.

8.23. Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to-

- i. in case of the Insured, at the address specified in the Schedule
- ii. in case of the Company, to the Policy issuing office /nearest office of the Company

8.24. Withdrawal/Revision/Modification of the Product

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The Company withdraw, revise or modify this product /policy in the future be subject to prior approval of the IRDAI. The revision/modification may be in respect of Benefits, overages, premiums, policy terms and conditions &/or exclusions.

In the event of any such withdrawal of product 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 benefit.

In the event of any revision or modification of the product/terms of policy/ premium, the company will notify the policyholder 3 months in advance of such changes.

8.25. Mid Term Enhancement

Midterm enhancement of Sum Insured or plans or scope of cover not permitted.

8.26. Payment of Interest

In case of delay of seven days or more in payment of claim after the acceptance by the insured, the Company will pay interest on the claim amount at a rate which is 2% above the bank rate for the period of delay

9. Disclosures

If the Insured does not comply with the provisions of this Condition, all benefits under this Policy shall be forfeited, at the option of the Company.

- i. If the Insured shall sustain any bodily injury in respect of which a claim is or may be made hereunder prompt written notice thereof shall be given to the Company and the financial institution, as soon as possible but in any event within fourteen days of the date of injury.
- ii. If the Insured shall die, notice of death shall be given by the legal representative(s) forthwith. All certificates, information and evidence whether from a Medical Attendant or otherwise required by the Company shall be furnished at the expense of the Insured or legal representatives, as the case may be, and shall be in such form and of such nature as the Company may prescribe. The Insured must immediately after the occurrence of any accident which may be the subject of a claim hereunder shall obtain medical treatment.

10. Grievance Redressal Procedure

Welcome to Shriram General Insurance and Thank You for choosing us as your insurer.

Please read your Policy and Schedule. The Policy and Policy Schedule set out the terms of your contract with us. Please read your Policy and Policy Schedule carefully to ensure that the cover meets your needs.

We do our best to ensure that our customers are delighted with the service they receive from us. If you are dissatisfied we would like to inform you that we have a procedure for resolving issues. Please include your Policy number in any communication. This will help us deal with the issue more efficiently. If you don't have it, please call your Branch office.

First Step Initially, We suggest you to contact the Branch Manager / Regional Manager of the local office which has issued the Policy. The address and telephone number will be available in the Policy.

Second Step Naturally, We hope the issue can be resolved to your satisfaction at the earlier stage itself. But if you feel dissatisfied with the suggested resolution of the issue after contacting the local office, please e-mail or write to Grievance Cell, HO, headed by a senior executive which will be directly under the control of the MD at the below mentioned address:

Contact Person:	Chief Compliance and Grievance Officer
Contact Address:	Shriram General Insurance Co. Ltd. E-8, EPIP, RIICO Industrial Area, Sitapura, Jaipur – 302022
Grievance Cell No:	1800-103-3009, 1800-300-30000
E-mail ID:	md@shriramgi.com
Fax No.:	91-141-2770693

You can also reach us by email or register their complaints on the website of the Company.

If you are still not satisfied, you can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices are mentioned below:

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Ombudsman Offices	
Gujarat , Dadra & Nagar Haveli, Daman and Diu	Insurance Ombudsman Office of the Insurance Ombudsman 2 nd Floor, Ambica House, Nr. C.U.Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD – 380 014 Tel.079- 27546150/139, Fax:079-27546142 E-mail: bimalokpal.ahmedabad@gbic.co.in
Karnataka	Shri. M. Parshad Insurance Ombudsman Office of the Insurance Ombudsman JeevanSoudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24 th Main Road, JP Nagar Ist Phase, BENGALURU – 560 078 Tel. 080 – 26652048 / 49 E-Mail: bimalokpal.bengaluru@gbic.co.in
Madhya Pradesh & Chhattisgarh	Insurance Ombudsman, Office of the Insurance Ombudsman JanakVihar Complex, 2 nd floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, BHOPAL - 462 003 Tel. 0755-2769201/02 Fax:0755-2769203 E-mail: bimalokpal.bhopal@gbic.co.in
Orissa	Shri. B. N. Mishra Insurance Ombudsman, Office of the Insurance Ombudsman 62, Forest Park, BHUBANESHWAR – 751 009 Tel.0674-2596461 / 2596455, Fax - 0674-2596429 E-mail: bimalokpal.chandigarh@gbic.co.in
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh	Insurance Ombudsman Office of the Insurance Ombudsman S.C.O. No.101, 102 & 103 2 nd floor, Batra Building, Sector 17-D , CHANDIGARH – 160 017 Tel.: 0172-2706196 / 2706468, Fax: 0172-2708274 E-mail: bimalokpal.chandigarh@gbic.co.in
Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	Shri. N. P. Bhagat Insurance Ombudsman, Office of the Insurance Ombudsman 6 th Floor , JeevanBhawan, Phase II, Nawal Kishore Rd. Hazratganj, LUCKNOW – 226 001 Tel.:0522- 2231330 / 31, Fax: 0522-2231310 E-mail: bimalokpal.lucknow@gbic.co.in
Delhi	Smt. SandhyaBaliga Insurance Ombudsman 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 E-mail: bimalokpal.dehli@gbic.co.in
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.	Insurance Ombudsman, Office of the Insurance Ombudsman, 3 rd Floor, JeevanSeva Annexe , S. V. Road, Santacruz (W), MUMBAI – 400 054 Tel: 022-26106552 / 26106960, Fax: 022-26106052 E-mail: bimalokpal.mumbai@gbic.co.in
West Bengal, Sikkim, Andaman & Nicobar Islands.	Shri. K. B. Saha Insurance Ombudsman, Office of the Insurance Ombudsman Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA – 700 072 Tel.: 033 - 22124339 / 22124340, Fax: 033-22124341 E-mail : bimalokpal.kolkata@gbic.co.in
Kerala, Lakshadweep, Mahe- a part of Pondicherry.	Shri. P. K. Vijayakumar Insurance Ombudsman, Office of the Insurance Ombudsman 2 nd Floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, ERNAKULAM – 682 015

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	Tel.: 0484 - 2358759 / 2359338, Fax:0484-2359336 E-mail: bimalokpal.ernakulam@gbic.co.in
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Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46 , 1 st floor, “Moin Court”, Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD – 500004 Tel.: 040 - 65504123 / 23312122, Fax: 040-23376599 E-mail: bimalokpal.hyderabad@gbic.co.in
Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)	Insurance Ombudsman Office of the Insurance Ombudsman Fatima Akhtar Court , 4 th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018 Tel. 044-24333668 / 24335284, Fax: 044-24333664 E-mail: bimalokpal.chennai@gbic.co.in
Rajasthan	Shri. Ashok K. Jain Insurance Ombudsman Office of the Insurance Ombudsman JeevanNidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, JAIPUR - 302 005 Tel.: 0141 – 2740363 Email: Bimalokpal.jaipur@gbic.co.in
State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshihar, 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.	Shri. Ajesh Kumar Insurance Ombudsman Office of the Insurance Ombudsman BhagwanSahai Palace , 4th Floor, Main Road, Naya Bans, Sector 15, Distt: GautamBuddh Nagar, U.P-201301 NOIDA Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@gbic.co.in
Bihar, Jharkhand	ShriSadasiv Mishra Insurance Ombudsman 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
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.	Shri. A. K. Sahoo Insurance Ombudsman Office of the Insurance Ombudsman JeevanDarshan 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