



SURGERY PROTECTOR INSURANCE POLICY

This Policy is evidence of the contract between You and Us. The proposal along with any written statement(s), declaration(s) of Yours for purpose of this Policy forms part of this contract.

This Policy witnesses that in consideration of You having paid the premium for the period stated in the schedule or for any further period for which We may accept the payment for renewal of this Policy, We will insure the Insured Person(s) and accordingly We will pay to You or to Insured Person(s) or their legal representatives, as the case may be in respect of events occurring during the period of insurance in the manner and to the extent set-forth in the Policy including endorsements provided that all the terms, conditions, provisions, and exceptions of this Policy in so far as they relate to anything to be done or complied with by You and/or Insured Person(s) have been met.

The Schedule shall form part of this Policy and the term Policy whenever used shall be read as including the Schedule.

Any word or expression to which a specific meaning has been attached in any part of this Policy or of Schedule shall bear such meaning whenever it may appear.

The Policy is based on information which have been given to Us about Insured Person(s) pertaining to risk insured under the Policy and the truth of this information shall be condition precedent to You or the Insured Person(s) right to recover under this Policy.

DEFINITION OF WORDS

1. **Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
2. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
3. **Congenital Anomaly**-- Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - a. **Internal Congenital Anomaly** : Anomaly which is not in the visible and accessible parts of the body
 - b. **External Congenital Anomaly**: Anomaly which is in the visible and accessible parts of the body.
4. **Contribution** is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a rateable proportion of Sum Insured.
5. **Diagnosis** It means diagnosis by a Registered Medical Practitioner, supported by clinical, radiological, histological and laboratory evidence acceptable to Us.
6. **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.
7. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act **OR** complies with all minimum criteria as under:
 - has qualified nursing staff under its employment round the clock;
 - has at least 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;

- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

Following are the enactments specified under the Schedule of section 56 of clinical Establishments (Registration and Regulation) Act, 2010 as of October 2013. Please refer to the act for amendments, if any.

1. *The Andhra Pradesh Private Medical Care Establishments (Registration and Regulation) Act, 2002.*
 2. *The Bombay Nursing Homes Registration Act, 1949.*
 3. *The Delhi Nursing Homes Registration Act, 1953.*
 4. *The Madhya Pradesh Upcharya Griha Tatha Rujopchar Sanbabdu Sthapamaue (Ragistrikan Tatha Anugyapan) Adhinyam, 1973.*
 5. *The Manipur Homes and Clinics Registration Act, 1992.*
 6. *The Nagaland Health Care Establishments Act, 1997.*
 7. *The Orissa Clinical Establishments (Control and Regulation) Act, 1990.*
 8. *The Punjab State Nursing Home Registration Act, 1991.*
 9. *The West Bengal Clinical Establishments Act, 1950.*
8. **Hospitalisation** means admission in a Hospital for a minimum period of 24 Inpatient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
9. **Illness** means a sickness or disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period 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 your rehabilitation or for you to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back.
10. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
11. **Inpatient Care** means treatment for which the insured person has to stay in a *hospital* for more than 24 hours for a covered event.
12. **Insured Person** The person named as Insured Person(s) in the Schedule lodged with Us by You.
13. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
14. **Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council of Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. The registered Medical Practitioner should not be the Insured or close family member.
15. **Network Provider** means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.
16. **Non- Network** means any *hospital*, day care centre or other provider that is not part of the *network*.

17. **Notification of Claim** is the process of notifying a claim to the Insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
18. **Period of Insurance** It means the duration of this Policy as shown in the Schedule.
19. **Policy** It means the Policy booklet, the Schedule and any applicable endorsement or memoranda. The Policy contains details of the extent of cover available to Insured Person (s), what is excluded from the cover and the conditions on which the Policy is issued.
20. **Portability**—Portability means transfer by an individual health insurance policy holder (including family cover) of the credit gained by the insured for pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another.
21. **Pre-existing Disease** means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months prior to the first policy issued by the insurer.
22. **Proposal** It means any signed proposal by filing up the questionnaires and declarations, written statements and any information in addition thereto supplied to Us by You.
23. **Qualified Nurse** is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
24. **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 illness / injury involved.
25. **Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
26. **Schedule** It means latest Schedule issued by Us as part of the Policy. It provides details of the Policy of Insured Person(s) which are in force and the level of cover Insured Person(s) have.
27. **Subrogation** shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
28. **Sum Insured** It means the monetary amount shown against Insured Person.
29. **Surgery/Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a *medical practitioner*.
30. **Third Party Administrator** means any person who is licensed under IRDA (Third Party Administrators - Health Services) Regulations, 2001 by the Authority, and is engaged, for a fee or remuneration by an insurance company, for the purposes of providing health services.
31. **We/Our/Us** It means **IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED**.
32. **You/Your** It means the person /the company/the entity named as Insured in the Schedule

COVERAGE

WHAT IS COVERED	WHAT IS NOT COVERED
If the Insured Person sustains injury or contracts any disease and upon advice of a registered Medical Practitioner, he/she has to undergo any Surgical Operation in a Hospital/Nursing Home then We will pay: EITHER For each operation performed, a fixed amount which is	We will not pay for 1. Treatment pertaining to such Disease(s) which are in pre-existing disease. 2. Any Surgical Operation due to any Disease other than

expressed either as a percentage of the Sum Insured as per the attached list of Surgeries mentioned in the Schedule or an absolute Sum Insured for each Surgery category

OR

For each operation performed, the actual hospitalization expenses incurred subject to a maximum of the Sum Insured multiplied by the appropriate percentage as per the attached list of Surgeries mentioned in the Schedule.

those stated in Clause 3 of "What is not covered" during first 90 (ninety) days of commencement of this insurance cover. This Exclusion shall not however apply if in the opinion of Panel of Medical Practitioners constituted by Us, the Insured Person could not have known of the existence of the Disease or any symptoms or complaints thereof at the time of making the proposal for Insurance to Us. This Exclusion shall also not apply in case of the Insured Person having been covered under this Scheme or Group Insurance Scheme with any Indian Insurance Company for a continuous period of preceding 12 months without any break.

3. In the first year of operation of the insurance cover, surgeries necessitated by treatment of diseases as mentioned below:

- Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma
- Hernia, Hydrocele, Congenital Internal Disease.
- Fistula in anus, Piles, Sinusitis and related disorders.
- Tumors of all kinds, endometriosis, diseased tonsils or adenoids, hyperthyroidism.
- Cholelithiasis, Cholecystitis, Renal, ureteral or biliary calculus.

If any of the above-mentioned diseases are pre-existing at the time of Proposal, they will not be covered even during subsequent period of renewal too.

4. Injury or Diseases directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operation (whether war be declared or not) and terrorism.

5. Circumcision except following an injury or diseases not excluded herein, vaccination or inoculation or change of life, cosmetic or aesthetic treatment of any description, plastic surgery except those relating to treatment of injury or illness which is covered under the List of Surgeries.

6. Non-invasive cancer in-situ and all skin cancers except invasive malignant melanoma.

7. Dental treatment or surgery of any kind, inflammation of skin, tissue or joints.

8. Convalescence, general debility, run down condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self injury, mental disorders and use of Intoxicating drugs/alcohols.

9. Any expense for treatment related to Human T-Cell Lymphotropic Viruses Type III (HTLV-III) or Lymphadenopathy Associated Viruses (LAV) or their mutant derivatives or variations, any syndrome or condition of a similar kind referred to as AIDS.

10. Treatment not carried out by a qualified Surgeon or treatment of an experimental or purely diagnostic nature.

	<p>11. Treatment as a consequence of pregnancy or childbirth including caesarean section.</p> <p>12. Injury or diseases directly or indirectly caused by or contributed to by nuclear weapons material.</p> <p>13. Neo-natological procedures viz examination with endoscopes, laparoscopes, arthroscopes etc.</p> <p>14. Surgery involving removal of material that was implanted during former operations.</p> <p>15. Any person below 3 years and above 65 years.</p>
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SPECIAL PROVISIONS

1. If an operation is performed which is not specifically listed in the List of Surgeries mentioned in the Schedule and the relative cost of which is equivalent to any of the surgical operations listed, We will pay an amount which would be payable for an equivalent scheduled operation unless the respective surgical operation is excluded specifically or in the opinion of Our panel of Medical Practitioners, the claim falls within the Exclusions or the claim is payable for a lower percentage of Sum Insured.
2. If more than one of the surgical procedures listed is performed by making different incisions during one surgical operation, You/Insured Person shall be granted 100% of the claim pertaining to the operation that provides the highest amount of lump sum payable. For multiple operations involving the same hospitalization period but different incisions, You/ Insured Person will be granted 50% of the amount specified for the lower category of operation in addition to 100% of the amount specified for the higher category of operation
3. To claim the insurance benefit, it is necessary to submit the Hospital/Nursing Home Discharge Certificate, the Hospital's or Surgeon's Medical Report and any other medical document including the exact description of the surgical intervention.
4. The insurance benefit is provided by Us based on the opinion of Our panel of Medical Practitioners. If We wish, We may make the payment of the benefit dependant on the examination of You/Insured Person by our panel of Medical Practitioner any on other medical examination.

GENERAL CONDITIONS

1. **Conditions Precedent-** Where this Policy requires You/your family member(s) named in the Schedule to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim. You/your family member(s) named in the schedule will cooperate with Us at all times.
2. **Reasonable Precaution** You/Insured Person shall take all reasonable precautions to prevent injury, illness, and disease in order to minimize claims.
3. **Notice** You/Insured Person will give every notice and communication in writing to Our Office through which this insurance is effected.
4. **Disclosure to information norm** The Policy shall be void and all premium paid hereon shall be forfeited to the Company in the event of mis representation, mis-description or non-disclosure of any material fact.

5. **Changes in Circumstances** You must inform Us as soon as reasonably possible of any change in information You have provided to Us about Insured Person(s) which may affect the insurance cover provided e.g. duty, business, occupation.
6. **Payment of Premium** The premium payable shall be paid in advance before commencement of risk. No receipts for premium shall be valid except on our official form signed by our duly authorised official. In a similar way, no waiver of any terms, provision, conditions and endorsements of this Policy shall be valid unless made in writing and signed by our authorised official.
7. **Claim Procedure and Requirements**
Notification Of Claim: Any event which might lead to a claim under the Policy must be reported to Us as soon as possible, but not later than 14 (fourteen) days from the date of diagnosis for requirement of surgical intervention. A Written Statement of the claim will be required and a Claim Form will be provided which must be filed within 30 days of the date of discharge from the hospital except in extreme cases of hardship where it is proved to our satisfaction that under the circumstances in which You/Insured Person were placed, it was not possible for any one of You to give Notice or file claim within the prescribed time limit.
- The Insured Person must give all Discharge Certificate, information and evidence from a Medical Practitioner or otherwise as required by Us in the manner and form as We may prescribe. In all such claims, Our representative shall be allowed to carry out examination and obtain information in case of alleged injury or disease requiring hospitalisation if and when We may reasonably require.
8. **Fraud** If a claim is fraudulent in any respect or supported by any fraudulent statement or device with or without Your knowledge or that of Insured Person, all benefit(s) under this Policy shall be forfeited.
9. **Contribution** If, when any claim arises, there is in existence any other Insurance covering the same loss/liability, compensation, costs or expenses, We will pay only our rateable proportion of the claim.
10. **Renewal** The Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to Us on or before the date of expiry of the Policy or of the subsequent renewal thereof. However, We shall not be bound to give notice that such renewal premium is due, provided however that if You apply for renewal and remits the requisite premium before the expiry of this Policy, renewal shall not normally be refused, unless We have reasonable justification to do so.
- The Policy has to be renewed within the expiry date or within a Grace Period of 30 days from the expiry date, beyond which the continuity benefits will not be available and any insurance cover thereafter will be treated as fresh cover. In any case, We shall not be liable to pay claim occurring during the period of break in insurance.
11. **Cancellation** We will not ordinarily cancel the policy unless it is a case of mis-representation, concealment of material fact or fraudulent act of insured. In case of cancellation of the policy due to above reasons, policy shall be void and all premium paid hereon shall be forfeited to the Company and the same shall be communicated to you by sending a 15 (Fifteen) notice by registered Post to your last known address

You may cancel the Policy by sending at least 15(Fifteen) days written Notice to Us under Registered Post. We will then allow a refund on following scale provided there is no claim. Where claim is preferred, no refund will be made.

Period of Cover up to	Percentage of Premium to be Refunded
1 Month	75%
3 Month	50%
6 Month	25%
Exceeding Six Months	NIL

12. We will not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealings with or relating to this Policy. Your receipt or receipt of the Insured Person shall in all cases be an effective discharge to Us.
13. **Arbitration** Should any dispute arise between YOU and US on quantum of Amount payable (liability being admitted by US), such dispute will be referred to Arbitrator to be appointed in accordance with statutory provisions of the country in force at that time. Further, if when any dispute is referable or referred to arbitration, the making of an award by arbitration, shall be a condition precedent to any right of action by YOU against US
14. **Disclaimer Clause** If We shall disclaim our liability for any claim and such claim shall not have been made the subject matter of suit in a Court Of Law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.
15. No sum payable under this Policy shall carry any interest/ penalty.
16. The geographical scope of this Policy will be India and all claims shall be payable in Indian currency.
17. **Free Look Period:** The free look period shall be applicable at the inception of the policy and
 - i. The insured will be allowed a period of at least 15 days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable;
 - ii. If the insured has not made any claim during the free look period, the insured shall be entitled to-
 - a. A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
 - b. Where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or
 - c. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period
18. **Alteration of Policy Conditions:** The policy terms and conditions may undergo alteration as per the IRDA Health Regulation. However the same shall be duly notified to you at least three months prior to the date when such alteration or revision comes into effect by registered post at your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Health Regulation.
19. **Withdrawal of Policy:** This product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to you in advance as per the IRDA guidelines with details of options provided by us. If we do not receive your response on the intimation of withdrawal, the existing product shall be withdrawn on the renewal date and you shall have to take a new policy available with us, subject to portability conditions.
20. **Portability**
 - a. Portability shall be granted only to the Insured Person/s who is/are presently covered and were continuously covered without any lapses under any other similar health insurance plan with an Indian Non life/Health insurer in the past.
 - b. In case portability is granted by us the proviso's regarding the waiting periods specified under Exclusion Nos 1,2 and 3 of the Policy stand modified as under in respect of such insured persons granted with portability.
 - i. The waiting periods shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy/Policies; AND
 - ii. If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall apply only to the extent of the Sum Insured under the previous health insurance policy.
 - iii. The reduction in the waiting period specified above shall be only if We have received the database and claim history from the previous Indian insurance company;
 - iv. We shall consider only completed years of coverage for waiver of waiting periods. Policy extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver

ADDRESS OF ISSUING OFFICE

Endorsement SP 1 : Education Cost.

Attached to and forming part of Policy No.....

In consideration of an additional Premium amounting to Rs.....charged at the rate of Rs.____ per Insured person (College Student), a student of professional course recognized and approved by All India council for Technical Education and/or Rs.____ per Insured person (School Student), It is hereby declared and agreed that notwithstanding anything in the within the mentioned Policy contained to the contrary; this Policy is extended to cover the Education cost of Insured Person.

1) COVERAGE:

This Policy can be extended to cover the education cost of the Insured Person provided that the Insured person is attending College a professional course approved and recognized by All India Council For Technical Education or School and such Insured person who is a student falls sick or sustains injury leading to admission of liability under **Surgery Protector Insurance** Policy and solely and directly as a result of such sickness or injury, the student (Insured Person) is unable to complete the Semester/Academic year of education he/she is pursuing and does not get Degree/Diploma/Certificate/Promotion to next class /semester /academic year with the rest of classmates, then in that case WE will pay for

- i. Any Tuition fees for repeating the academic year/semester/class.
- ii. Any Examination fees.
- iii. Any fixed monthly boarding/lodging Expenses not exceeding 0.5% of the Sum Insured for School Education and 1.0% of Insured in Case of University, College Education or professional course.

2) MAXIMUM AMOUNT PAYABLE:

The Maximum amount WE will pay is Rs..... in case of college/Professional education in Indemnity period and Rs..... in case of School Education in the Indemnity period.

3) BASIS OF CLAIM SETTLEMENT:

WE will pay for actual cost incurred subject to necessary proofs such as Medical Practitioner Certificate, Certificate of Head of Institution/Department, Mark sheet subject to our liability not exceeding the Maximum Amount payable as above.

However we at our discretion may decide to pay the amount in lump sum at beginning of next academic year for costs to be incurred by Insured person based on estimation supported by documentary evidence i.e. fees structure as given in prospectus of academic institute Hostel charges, Rent agreement and other boarding charges.

In the event of Insured person having been paid a higher amount than actuals and /or Insured Person leaving the course after having been paid, the Insured person and any claimant under this policy shall be liable to refund the extra amount paid by US.

- i. If the period of Insurance and Session of Academic year is not coincident, then in that case the non-completion of course would depend upon sickness, injury sustained during the period of Insurance. In such an event, it will be seen that whether such injury/sickness was sole and direct cause for non-completion of the course or not.

4) Indemnity Period:

The Maximum period for which WE will pay is 12 months of the next academic year/semester or till the day when the student who is attending the course complete it and moves to next semester/class/academic year whichever is earlier.

5) EXCLUSIONS:

WE will not be liable for

- i. Books and Reading Material unless it has been changes as part of syllabus change.
- ii. Any cost as a consequence of alteration in the course programme done by academic institution, examination board.
- iii. Any fixed cost / expenses, which has already been incurred by student in previous academic year/semester/class.

This coverage is available for following Insured Persons:

Name of the Person

- 1.
- 2.

- 3.
- 4.

Subject otherwise to the terms, conditions and exceptions of the Policy.

For IFFCO-TOKIO General Insurance Co. Ltd.

Authorised Signatory

ADDRESS OF ISSUING OFFICE

Endorsement SP 2:

Inclusion of Pre-existing Disease and Removal of waiting period of one month, first year exclusion of disease mentioned in the Policy (Group Policy) :

Attached to and forming part of Policy No.....

In consideration of an additional premium of Rs..... Charged to YOU, It is hereby agreed and declared that Point No. 1 of **“What Is Not Covered”** of the Policy stand deleted. However, the following exclusion will be part of the Policy:

“1. a) WE will not be liable for any Claim for any such disease(s) which are in pre-existing condition during first ___ months of commencement of this cover. Provided however that this exclusion will not apply if the insured person has been covered continuously with out break for a period of 12 months immediately prior to commencement of this insurance, under an insurance granted by an Indian Insurance Company.”

“1. b) We will not be liable for first ___% of the claim in each and every case of pre-existing disease.”

Subject otherwise to the terms, conditions and exceptions of the Policy.

For IFFCO-TOKIO General Insurance Co.Ltd.

Authorised Signatory

ADDRESS OF ISSUING
OFFICE



Endorsement SP 3
Additional Optional Cover for Boarding and Lodging Expenses:

Endorsement attached to and forming part of Policy No.....

In consideration of an additional premium of Rs. _____ Charged to YOU, It is hereby agreed and declared that in the event of an admissible claim under **Surgery Protector Insurance Policy**, the actual expenses not exceeding Rs. _____ per week shall be reimbursed towards the boarding and lodging in the Hospital or in the Hotel, Guest House for one of the family members or next of kin who accompanies the Insured person during the period of Hospitalisation / treatment provided that following diagnosis of critical illness and /or after receiving injuries, Insured Person is hospitalised or confined to bed outside the city / town / village where his /her principal place of residence is located . This weekly compensation will not be available for more than 8 weeks in respect of any one illness/disease/injury covered under the policy. The coverage is available for following Insured Persons

Name of Insured Person

- 1.
- 2.
- 3.
- 4.

Subject otherwise to the terms, conditions and exceptions of the Policy.

For IFFCO-TOKIO General Insurance Co.Ltd.

Authorised Signatory

ADDRESS OF ISSUING
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**Endorsement SP 4(a):
Cost of Travel for Any Relation, Friend, Colleague or Nominated Person by YOU/Insured Person or his/her spouse**

Attached to and forming part of Policy No.....

In consideration of an additional premium amounting to Rs_____, It is hereby agreed and declared that notwithstanding anything in the within mentioned Policy contained to the contrary, this Policy is extended to cover the cost of Travel Expenses for one of the relation, friend, colleague of the Insured Person or a person nominated by the Insured Person or his/her spouse to join him/her outside principal place of residence of Insured person for both onward journey and return journey. It is however provided that the Insured Person has sustained injury or disease leading to his/her hospitalization, confinement to bed under supervision of a Regd. Medical Practitioner as a consequence of emergency sickness and the trip had been planned for professional, business or holiday purpose; but not for diagnosis, treatment of diseases or any related diseases or consequential complication thereof outside the city/town where his/her principal place of residence is located and claim has been admitted and becomes payable in **Surgery Protector Insurance Policy** provided further that the person traveling to join Insured is not eligible to claim the expenses for both onward and return journey from any other source. The maximum liability is restricted to Rs._____ or Actual Expenses whichever is lower in any one period of Insurance. The coverage is available for following Insured Person:

Name of Insured Person

- 1.
- 2.
- 3.
- 4.

Subject otherwise to the terms, conditions and exceptions of the Policy.

For IFFCO-TOKIO General Insurance Co. Ltd.

Authorised Signatory

ADDRESS OF ISSUING OFFICE

**Endorsement SP 4(b) :
Cost of Travel for Insured Person.**

Attached to and forming part of Policy No.....

In consideration of an additional Premium amounting to Rs_____charged, It is hereby agreed that notwithstanding any thing in the within mentioned Policy contained to the contrary, this Policy is extended to cover the cost of Travel Expenses of Insured Person to his/her principal place of residence. It is however provided that the Insured Person has sustained injury or disease leading to his/her hospitalization, confinement to bed under supervision of a Regd. Medical Practitioner as a consequence of emergency sickness and the trip had been planned for professional, business or holiday purpose; but not for diagnosis, treatment of diseases or any related diseases or consequential complication thereof outside the city/town where his/her principal place of residence is located and claim has been admitted and becomes payable in under the within mentioned Policy provided further that the insured person is not otherwise eligible to claim expenses for return journey from any other source. The maximum liability is restricted to Rs._____ or actual Expenses whichever is lower in any one period of Insurance. This coverage is available for following Insured Persons:

Name of the Person

- 1.
- 2.
- 3.
- 4.

Subject otherwise to the terms, conditions and exceptions of the Policy.

For IFFCO-TOKIO General Insurance Co.Ltd.

Authorised Signatory

ADDRESS OF ISSUING OFFICE



**Endorsement SP 5 :
Ambulance Charges.**

Attached to and forming part of Policy No.....

In consideration of an additional Premium amounting to Rs_____charged, It is hereby agreed and declared that notwithstanding anything in the within mentioned Policy contained to the contrary; this Policy is extended to cover the Ambulance Charges on actual basis subject to a maximum of Rs._____ per Insured Person in the period of Insurance for taking the insured person to Hospital or diagnostic center provided that the Insured Person falls sick and is diagnosed to have critical illness for which claim has been admitted by Us under the within mentioned Policy and becomes payable. This coverage is available for following Insured Persons:

Name of the Person

- 1.
- 2.
- 3.
- 4.

Subject otherwise to the terms, conditions and exceptions of the Policy.

For IFFCO-TOKIO General Insurance Co.Ltd.

Authorised Signatory

ADDRESS OF ISSUING
OFFICE



**Endorsement MS 6 :
Cost of Supporting Items**

Attached to and forming part of Policy No.....

In consideration of an additional Premium amounting to Rs._____ charged, it is hereby agreed that notwithstanding anything in the within mentioned Policy contained to the contrary; this Policy is extended to cover the cost of purchase of supporting items such as crutches, stretcher, tricycle, wheel chair, spectacles or any other items which in the opinion of Regd. Medical Practitioner is necessary for Insured Person due to sickness or accident provided that the Insured Person has been hospitalised ,confined to bed under supervision of a regd. Medical Practitioner and the liability has been admitted by us and the claim becomes payable under within the mentioned policy. The maximum liability under this Extension would be restricted to Rs._____or actual expenses whichever is lower in any one period of Insurance. This coverage is available for following Insured Persons:

Name of the Person

- 1.
- 2.
- 3.
- 4.

Subject otherwise to the terms, conditions and exceptions of the Policy.

For IFFCO-TOKIO General Insurance Co.Ltd.

Authorised Signatory