Bajaj Allianz General Insurance Co. Ltd.
Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113
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Issuing Office:

BAJAJ ALLIANZ SURAKSHA KAVACH (GROUP)
Policy Wordings

SECTION A) PREAMBLE

Whereas as the Insured has made to Bajaj Allianz General Insurance Company Ltd. (hereinafter called the Company), a proposal which is hereby agreed to be the basis of this Group Policy and has paid/agreed to pay the premium specified in the respective Certificate of Insurance, now the Company agrees, subject always to the following terms, conditions, exclusions, and limitations, to indemnify the Insured Beneficiary in excess of the amount of the Deductible and subject always to the Sum Insured specified in the respective Certificate of Insurance, against such loss/expenses, as is herein provided and such loss/expenses is actually incurred by Insured Beneficiary within the Cover Period.

SECTION B) DEFINITIONS- STANDARD DEFINITIONS

1. Accident, Accidental
An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. Bodily Injury/Injury
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.

3. AYUSH Hospital:
An AYUSH Hospital is a healthcare facility where in medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s)comprising of any of the following:

a. Central or State Government AYUSH Hospital; or
b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy

or

c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
   i. Having at least5 in-patient beds;
   ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
   iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out
   iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

4. AYUSH Day Care Centre:
AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health Centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner(s)on day care basis without in-patient services and must comply with all the following criterion:
   i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
   ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
   iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative

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

a. Internal Congenital Anomaly- Congenital anomaly which is not in the visible and accessible parts of the body
b. External Congenital Anomaly- Congenital anomaly which is in the visible and accessible parts of the body

6. 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.

7. 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 the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

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

8. Hospitalization:
Hospitalization means admission in a Hospital for a minimum period of 24 consecutive In patient Care hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

9. 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 for 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.

10. Injury
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. Intensive Care Unit
Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

12. Inpatient Care
Inpatient care means treatment for which the Insured has to stay in a hospital for more than 24 hours for a covered event.

13. Medical Practitioner or Physician:
means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

14. Medically Necessary Treatment:
Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

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

15. Medical Advice
Medical advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow up prescription.

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

17. Migration
Migration means, the right accorded to health insurance policyholders (including all members under family cover and members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

18. Outpatient treatment
Outpatient treatment means one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

19. Reasonable and Customary charges
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.

20. 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.

SECTION B) DEFINITIONS- SPECIFIC DEFINITIONS

1. **AYUSH Treatment** refers to medical expenses incurred on hospitalisation under Ayurveda, Yoga and Naturopathy Unani, Siddha and Homeopathy systems

2. **Claim** means a Claim under a Coverage Part in respect of an insured event that has taken place or is likely to take place.

3. **Certificate of Insurance** means the document issued by the Company to the Insured Beneficiary as per these terms and conditions detailing the Cover Period, Insured Beneficiary name, address, age, coverage, sums insured, condition(s), exclusions and or endorsement(s). Provided however if there is any contradiction between what is stated in the wordings attached to Certificate of Insurance and these Policy Wordings, then these Policy Wordings shall prevail.

4. **Consultant** means a qualified Medical Practitioner holding a valid and subsisting license, granted by the appropriate licensing authority, and acting within the scope of his license, expert in the field of medicine for which he carries the status of a consultant, and who is not related to the Insured Beneficiary by blood or marriage.

5. **Cover Period** means period for which the Insured Beneficiary is covered under the Certificate of Insurance.

6. **Critical Illness** means an illness, sickness or a disease or a corrective measure as specified in Section C of this Policy.

7. **Critical Illness Benefit** means the amount specified in the Certificate Of Insurance, which is the maximum amount for which the Company may be liable to make payment for any Critical Illness.

8. **Daily Allowance** means the amount and period specified in the Certificate Of Insurance.

9. **Dependent Parent** means the parents or grandparents of the Insured Beneficiary or the Insured Beneficiary's Spouse. A Dependent Parent is eligible for this benefit if he or she, at the time of the Bodily Injury, is receiving support and care provided by the Insured Beneficiary or Spouse.

10. **Family** means self, spouse and dependent children up to the age of 25 years.

11. **Group**
The definition of a group as per the provisions of Insurance Regulatory and Development Authority of India (Health Insurance) Regulations, 2016, read with group guidelines issued by IRDAI vide circular 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005, as amended/modified/further guidelines issued, from time to time.

12. **Insured means** the person or organization named in the Schedule.

13. **Insured Member/s or Insured Beneficiary / Insured Beneficiaries** means individual persons for whom the Policy Holder has taken the Group Insurance Policy basis which Certificate of Insurance is issued by the Company to the Insured Beneficiary/Insured Member.

14. **Policy** means the proposal, the Group Policy Schedule, and any endorsements attaching to or forming part thereof either on the effective date or during the Policy Period and these Group Policy Wordings/Terms and Conditions.

15. **Policy Period** means the date between the commencement date specified in the Policy Schedule with Risk Inception Date to Risk Expiry Date.

16. **Proposer /Policy Holder/ Group Manager / Group Organizer/ Group Administrator** is the Organization or legal Entity which has taken the Master Policy on behalf of all Insured Beneficiaries.

17. **Permanent Total Disability** means a Physician certified total, continuous and permanent:
   a. loss of sight of both eyes;
   b. Physical separation of or loss of ability to use both hands or both feet,
   c. physical separation of or loss of ability to use one hand and one foot;
   d. loss of sight on one eye and physical separation of or loss of ability to use either one hand or one foot.

18. **Permanent Partial Disability** means medical practitioner certified total and continuous loss or impairment of a body part or sensory organ.

19. **Schedule/ Policy Schedule/Group Policy Schedule** means the Policy Schedule, and any annexure to it read with respective Certificate of Insurance which are forming part of the policy.

20. **Sum Insured** means the amount stated in the Certificate of Insurance, which (unless expressly stated otherwise) is the maximum amount per Insured Beneficiary or person within a category of Insured Beneficiaries for which the Company will make payment for any and all claims in the aggregate in relation to the Coverage Part to which the Sum Insured relates during the Cover Period except in Section Permanent Total Disability where maximum amount per Insured Beneficiary or person within a category of Insured Beneficiaries would be 125% of Sum Insured of Section C1.A(i).

21. **Terrorism"** means and includes, an act or thing by any person or group(s) of persons, whether acting alone or on behalf of or in connection with or in connivance with or at the instance or instigation of any person or group(s) or organisation(s) or associations(s), who are committed or proclaimed to be committed for political, religious or ideological purposes, whether such person or group(s) of persons or organisation(s) or association(s) are or are not banned any law, in such a manner or with intent to threaten the unity, integrity, security or sovereignty of India or to strike terror in the people or any section of the people by using bombs, dynamite or other explosive substances or inflammable substances or firearms or other lethal weapons or poisons or noxious gases or other chemicals or by any other substances (whether biological or otherwise) of a hazardous nature or by any other means whatsoever, with intend to cause, or likely to cause, death or, or injuries to any person or persons or loss of, or damage to, or destruction of, property or disruption of any supplies or services essential to the life of the community or causes damage or destruction of any property or equipment used or intended to be used for the defence of India or in connection with any other purposes of the Government of India, any State Government or an of their agencies, or detains any person and threatens to kill or injure such person in order to compel the Government or any other person to do or abstain from doing any act. Provided further that for the above acts appropriate criminal prosecution has been initiated by police and charge sheet has been filed in competent court of criminal jurisdiction, either under special law or under general law.

22. **Third Degree Burns-** There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

23. **You, Your, Yourself/ Your Family** named in the schedule means the person or persons that We insure as set out in the Schedule.

24. **We, Us, Our, Ours** means the Bajaj Allianz General Insurance Company Limited.

SECTION C) COVERAGE

Eligibility

Customers of HDFC Bank Ltd can be covered under this Group Policy.

Operative Parts

What We Will Pay For

BASE COVERS
It is mandatory to opt for at least one of the below listed sections and below terms and conditions of respective section will be applicable for

Base Covers which are opted by You and displayed on Your Policy Schedule:

SECTION C1- PERSONAL ACCIDENT

Insured Event

For the purpose of this Section and the determination of the Company's liability under it, Insured Event in relation to the Insured Beneficiary, shall mean

i. In the event of any Accidental Bodily Injury sustained to the Insured Beneficiary during the Cover Period, the Company will pay Sum Insured as are specified in the Certificate Of Insurance as being operative.
ii. The Company's liability to make payment shall be limited to the Sum Insured for each Coverage Part and 125% of Sum Insured under Part B.
iii. However, if we become liable to make payment under Death / or Permanent Total Disability due to accidental bodily injury, then this Section will cease as far as the insured member is concerned.

Part A: Death

i. The Company will pay the Sum Insured stated in the respective section of Certificate of Insurance, in the event of Accidental Bodily Injury sustained during Cover Period resulting in the Insured Beneficiary's death within 12 months from the Accidental Bodily Injury being sustained, where after this Policy shall expire.
ii. The Company will also, in addition to the Sum Insured, pay up to 2% of the Sum Insured or Rs.5,000/- (whichever is lower) towards the cost of transporting the Insured's remains from the place of death to the hospital/ residence and/or cremation and/or burial ground.

Part B: Permanent Total Disability and Permanent Partial Disability

i. Permanent Total Disability

a. In the event of Insured Beneficiary sustains Accidental Bodily Injury during Cover Period which directly and independently of all other causes results in Permanent Total Disability within 12 months from the Accidental Bodily Injury being sustained, the Company will pay 125% of the Sum Insured stated in the respective section of Certificate of Insurance, where after this Policy shall expire.
b. If the Insured was suffering from any permanent disability prior to the date upon which Accidental Bodily Injury was sustained, then the Company's liability to make payment hereunder shall be reduced by the extent of the same, as advised by the Company's medical advisors.

ii. Permanent Partial Disability

a. In the event of Insured Beneficiary sustains Accidental Bodily Injury during Cover Period which directly and independently of all other causes results in the Insured's Permanent Partial Disability as mentioned in the PPD Table below within 12 months of the Accidental Bodily Injury being sustained, the Company will pay the percentage of the Sum Insured specified for each and every form of impairment mentioned in the PPD Table:
b. if the Accidental Bodily Injury causes the Insured Beneficiary's Permanent Partial Disability within 12 months of the Accidental Bodily Injury being sustained other than as specified in the PPD Table, the Company's liability to make payment shall be as follows:
   - In the case of the Insured Beneficiary suffering partial loss or functional impairment of one of the body parts or sensory organs mentioned in the PPD Table, the Company will pay a corresponding proportion of the percentages specified in the PPD Table, as advised by the Company's medical advisors.
   - In the case of the Insured's Permanent Partial Disability of a nature not detailed in the PPD Table, the Company will pay a proportion of the Sum Insured by reference to the degree to which the Insured's normal functional physical capacity has been impaired, as advised by the Company's medical advisors.
c. If the Insured Beneficiary was suffering from any Permanent Partial Disability prior to the date upon which Accidental Bodily Injury was sustained, then the Company's liability to make payment hereunder shall be reduced by the extent of the same as advised by the Company's medical advisors.
d. If the Accidental Bodily Injury sustained by the Insured Beneficiary causes a subsequent Claim by him/her under Coverage Parts A or B, then this Coverage Part shall not be operative and the amounts payable under either Coverage Parts A or B shall be reduced by the amount of any payment made under this Coverage Part.

Permanent Total Disability & Permanent Partial Disability Table

Scale of Benefits Description	Compensation as % of Sum Insured
Loss of sight on both eyes	125 %
Loss of both hands	125 %
Loss of both Feet	125 %
Loss of one hand and one foot	125 %
Loss of one eye one hand	125 %
Loss of one eye one foot	125 %
Hearing of both ears	75 %
An arm at the shoulder joint	70 %
A leg above mid-thigh	70 %
An arm above the elbow joint	65 %
An arm beneath the elbow joint	60 %
A leg up to mid-thigh	60 %
A hand at the wrist	55 %
A leg up to beneath the knee	50 %
An eye	50 %
A leg up to mid-calf	45 %
A foot at the ankle	40 %

Hearing of one ear	30 %
A thumb	20 %
An index finger	10 %
Sense of smell	10 %
Sense of taste	5 %
Any other finger	5 %
A large toe	5 %
Any other toe	2 %

SECTION C2: ACCIDENTAL HOSPITALIZATION

If Insured Beneficiary is hospitalized for a minimum period of 24 hours on the advice of a Doctor because of accidental Bodily Injury sustained during the Cover Period, then We will reimburse You, Reasonable and Customary Medical Expenses incurred up to a maximum Sum Insured shown in the Certificate Of Insurance for this section aggregate in any one Cover Period. [Non-Medical items (Annexure I) are not payable.]

The medical expenses reimbursable would include-

1. The reasonable charges that Insured Member named in the Certificate of Insurance necessarily incur on the advice of a Doctor As an in-patient in a Hospital for accommodation; nursing care; the attention of medically qualified staff; undergoing medically necessary procedures and medical consumables.
2. Ambulance charges for carrying you from the site of accident to the nearest hospital up to a maximum of Rs 1000 per claim.

SECTION C3: LOSS OF JOB (APPLICABLE FOR SALARIED PERSONS ONLY)

In the event of Insured Beneficiary losing his/her job due to his/ her:

- Permanent Total Disability or Permanent Partial Disability arising out of his/ her accidental bodily injury during the Cover Period
- Critical Illness (as listed in Section 5 – Critical Illness), which first occurs or manifests itself during the Cover Period then the Company will pay the amount corresponding to the Insured Beneficiary contribution in the EMI amount falling due in respect of the Loan (Loan account number as stated in the Certificate of Insurance) after the commencement of the insured event till the reinstatement of job of the Insured Beneficiary, whichever is earlier subject to a maximum of 3/6/9/12 EMI(s) (as specified in the Certificate of Insurance).

For a claim to be admissible under this section the Insured Beneficiary has to submit written proof towards his/ her loss of job due to his/ her Permanent Total Disability or Permanent Partial Disability or Critical Illness, whichever is applicable.

SECTION C4: CREDIT SHIELD
In the event of Accidental Death or Permanent Total Disability of the Insured Beneficiary during the Cover Period, the Company will make payment under this policy as detailed below:

I. The Company will pay the balance outstanding loan amount to the legal heirs of the Insured Beneficiary subject to the maximum Sum Insured specified in the Certificate Of Insurance.
II. The outstanding Loan amount would not include any arrears of the borrower due to any reasons whatsoever.
The claim to be settled only in respect of the death of the first named borrower and not in respect of the others, which may happen in case loan is taken jointly.

Duties and Obligations of the Insured Beneficiary **after the Occurrence of an Insured Event**
It is a condition precedent to the Company's liability under this Policy that in the event of any Accidental Bodily Injury that may give rise to a Claim:

1. the Insured Beneficiary shall immediately and in any event within 14 days provide the Company with written notification of a Claim, and he/she shall immediately and without any delay, consult a Physician and follow such advice and treatment that the Physician might recommend, and
2. the Insured Beneficiary shall take every other reasonable step and/or measure to minimize the consequences of the Bodily Injury, and
3. the Insured Beneficiary shall immediately and in any event within 14 days provide the Company with written notification of any other Claim that may be made under any operative Coverage Part caused by the Accidental Bodily Injury, and
4. In the event of the Insured Beneficiary's death, written notice accompanied by a copy of the post-mortem report (if any) is given to the Company within 14 days (regardless of whether any other notice might already have been given to the Company), and
5. the Insured Beneficiary shall expeditiously provide the Company with or arrange for the Company to be provided with any and all information and documentation in respect of the Claim and/or the Company's liability hereunder that may be requested, and submit himself for examination by the Company's medical advisers as often as may be considered reasonably necessary by the Company at the Company's cost.

CLAIMS PAYMENT APPLICABLE:
The Company shall only make payment under this Policy to the legal heirs of the Insured Beneficiary. Any payment made in good faith by the Company as aforesaid shall operate as complete and final discharge of the Company's liability to make payment under this Policy for such Claim.

SECTION C5- CRITICAL ILLNESS
If the Insured Beneficiary named in the Certificate Of Insurance is diagnosed as suffering from a Critical Illness covered under the Certificate of Insurance, which first occurs or manifests itself during the Cover Period, the Company shall pay the Critical Illness Benefit as shown in the Certificate Of Insurance subject otherwise to all other terms, conditions and exclusions of the Policy and Certificate of Insurance.

CRITICAL ILLNESS COVERAGE

1. Myocardial Infarction (First Heart Attack -of Specified 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)
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 Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

2. Open Chest CABG:

a) 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.

b) The following are excluded:

i. Angioplasty and/or any other intra-arterial procedures

3. 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 embolization from an extracranial 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 function

4. 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;

5. Kidney Failure Requiring Regular Dialysis:

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. 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 a 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

7. Multiple Sclerosis with persistent 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. Neurological damage due to SLE is excluded.

8. Surgery of Aorta

The actual undergoing of surgery for a disease of the aorta (meaning the thoracic and abdominal aorta but not its branches, and excluding traumatic injury of the aorta and congenital narrowing of the aorta) needing excision and surgical replacement of the diseased aorta with a graft.

9. 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 Cauterization. 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:

a. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

b. 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.

10. Permanent Paralysis of Limbs:
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.

11. Alzheimer's Disease
Clinically established diagnosis of Alzheimer's Disease (pre-senile dementia) resulting in a permanent inability to perform independently three or more activities of daily living – bathing, dressing/undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication – or resulting in need of supervision and permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months.

12. Progressive Scleroderma:
A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.
The following conditions are excluded:

a. Localized scleroderma (linear scleroderma or morphea);
b. Eosinophilicfascitis; and
c. CREST syndrome

13. Pulmonary Artery Graft Surgery:
The undergoing of surgery requiring median sternotomy on the advice of a Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

14. Goodpasture's Syndrome:
Goodpasture's syndrome is an autoimmune disease in which antibodies attack the lungs and kidneys, leading to permanent lung and kidney damage. The permanent damage should be for a continuous period of at least 30 days. The Diagnosis must be proven by Kidney biopsy and confirmed by a Specialist Medical Practitioner (Rheumatologist).

15. Apallic Syndrome
A persistent vegetative state in which patients with severe brain damage (universal necrosis of the brain cortex with the brainstem remaining intact), are in a state of partial arousal rather than true awareness. The Diagnosis must be confirmed by a Specialist Medical Practitioner (Neurologist) and condition must be documented for at least 30 days.

GENERAL CONDITIONS APPLICABLE TO CRITICAL ILLNESS
Due Observance
The due observance of and compliance with the terms, provisions, warranties and conditions of this Policy in so far as they relate to anything to be done or complied with by the Insured Beneficiary shall be a condition precedent to the Company's liability under this Policy.

Duties and Obligations of the Insured Beneficiary **as shown under section 5 of these Terms and Conditions/Policy Wordings, upon the Diagnosis of an Event of Critical Illness**
It is a condition precedent to the Company's liability to make any payment under this Policy that, upon the diagnosis of an event of Critical Illness:

1. the Insured Beneficiary as shown in the Certificate Of Insurance shall immediately and in any event within 4 weeks of such diagnosis provide the Company with written notification of a claim, and
2. the Insured Beneficiary as shown in the Certificate Of Insurance shall expeditiously provide the Company with or arrange for the Company to be provided with any and all information and documentation in respect of the Critical Illness, the claim and/or the Company's liability hereunder that may be requested, and the Insured Beneficiary as shown under Section 5 of the Certificate Of Insurance shall present himself for examination by the Company's medical advisors as may be considered reasonably necessary by the Company at the Company's cost.

The Company shall be under no obligation to make any payment under this Policy until such time as the Insured Beneficiary as shown in Certificate Of Insurance has taken all necessary steps to satisfy the Company that here has been an event of Critical Illness within the terms of this Policy and this diagnosis has been confirmed by the Company's medical advisors.

<u>OPTIONAL COVERS</u>
(Note: Below terms and conditions will be applicable for Optional Covers which are opted by you on payment of additional premium and displayed on your Certificate of Insurance.)

OPTIONAL COVER 1: BURNS
If during the Period of Insurance an Insured Beneficiary sustains Bodily Injury which directly and independently of all other causes results in second or third degree burns, then the Company agrees to pay to the Insured Beneficiary the Compensation stated in the Table of Benefits up to the Total Sum Insured in the Certificate Of Insurance. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

	Description	% of Total Sum Insured
1) Head		
	b) Second degree burns of 8% or more of the total head surface area	50%
	d) Second degree burns of 5% or more, but less than 8% of the total head surface area	40%
	f) Second degree burns of 2% or more, but less than 5% of the total head surface area	30%
2) Rest of Body	a) Third degree burns of 20% or more of the rest of body surface area	100%

(Other than head)	b) Second degree burns of 20% or more of the rest of body surface area	50%
2) Rest of Body	d) Second degree burns of 15% or more, but less than 20% of the rest of body surface area	40%
	f) Second degree burns of 10% or more, but less than 15% of the rest of body surface area	30%
	h) Second degree burns of 5% or more, but less than 10% of the rest of body surface area	10%

Specific Conditions

1. If the Bodily Injury results in more than one of the Descriptions above, then the Company shall be liable for the largest Description only.
2. We shall calculate body surface area by "Wallace rule of nines."

OPTIONAL COVER 2: BROKEN BONES

If during the Period of Insurance an Insured Beneficiary sustains Bodily Injury which directly and independently of all other causes results in a broken bone as specified in this Section, then the Company agrees to pay to the Insured Beneficiary the Compensation stated in the Table of Benefits up to the Total Sum Insured in the Certificate Of Insurance. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

TABLE OF BENEFITS

SR. NO.	Fracture	% of Sum Insured
1.	Fractures of the Skull: a) Compound fracture with damage to the brain tissue b) Compound fracture without damage to the brain tissue c) All other fractures	100 75 50
2	Fractures of hip or pelvis (excluding thigh or coccyx): a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	100 50 30 20
3.	Fracture of thigh or heel: a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	50 40 30 20
4.	Fracture of Lower Leg, Clavicle, Ankle, Elbow, Upper or Lower Arm (including wrist, but excluding Colles-type fracture): a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	40 30 20 12
5.	Fractures of Lower Jaw: a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	30 20 16 8
6.	Fractures of Shoulder Blade, Kneecap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes and heel): a) All compound fractures b) All other fractures	20 10
7.	Colles type fracture to the Lower Arm: a) Compound b) Other	20 10
8.	Fractures of Spinal Column (Vertebrae but excluding coccyx): a) All compression fractures b) All spinous, transverse process or pedicle fractures c) All other vertebral fractures	20 20 10

9.	Fractures of Rib or Ribs, Cheekbone, Coccyx, Upper Jaw, Nose, Toe and toes, finger or fingers:	
	a) Multiple fractures (at least one compound & one complete)	16
	b) All other compound fractures	12
	c) Multiple fractures, at least one complete	8
	d) All other fractures	4

Specific Conditions

1. No benefit will be paid before any fracture is recognized medically and a Physician has established the extent and nature of the fracture.
2. The total amount payable under this Section, in respect of more than one fracture due to the same Bodily Injury, will be calculated by adding the various benefits together, but shall not exceed the Total Sum Insured.

OPTIONAL COVER 3: DEPENDENT CHILD EDUCATION BENEFIT

If during the Period of Insurance an Insured Beneficiary sustains Bodily Injury which directly and independently of all other causes results in Death or Permanent Total Disability within twelve (12) months of the Date of Loss, then the Company agrees to pay the Insured Beneficiary's surviving Dependent Child lumpsum amount stated in the Certificate Of Insurance for the education fees of the dependent child.

Specific Conditions

1. To receive benefits under this Section, the Dependent Child must be in full time education at an accredited tertiary educational institution.
2. The Total Sum Insured is the total amount payable for all Dependent Children combined, not per person.

OPTIONAL COVER 4: PARENTAL CARE BENEFIT

If during the Period of Insurance an Insured Beneficiary sustains Bodily Injury which directly and independently of all other causes results in Death or Permanent Total Disability within twelve (12) months of the Date of Loss, then the Company agrees to pay the Compensation shown in the Certificate Of Insurance to each Dependent Parent of the Insured Beneficiary.

Specific Definition-

Dependent Parent means the parents or grandparents of the Insured Beneficiary or the Insured Beneficiary's Spouse. A Dependent Parent is eligible for this benefit if he or she, at the time of the Bodily Injury, is receiving support and care provided by the Insured Beneficiary or Spouse.

OPTIONAL COVER 5: MOBILITY EXTENSION

If during the Period of Insurance an Insured Beneficiary sustains Bodily Injury which directly and independently of all other causes results in Permanent Total Disablement/ Permanent Partial Disability/ Broken Bones of such a nature that such Insured Beneficiary needs and can operate:

1. a self-powered, climbing wheelchair; and/or
2. his/her motor vehicle with the controls suitably adjusted; and/or
3. a lift, necessary ramps, railings and holds to usual place of residence,

then the Company agrees to pay for 95% of the costs of such equipment and the installation thereof up to the Total Sum Insured stated in the Certificate Of Insurance.

SECTION D) EXCLUSIONS UNDER THE POLICY – STANDARD EXCLUSIONS

1. EXCLUSIONS APPLICABLE TO PERSONAL ACCIDENT

1) Maternity (Excl. 18) :
a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

2. EXCLUSIONS APPLICABLE TO CREDIT SHIELD

1) Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl 12)
2) Maternity (Excl 18) :
a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

SECTION D) EXCLUSIONS UNDER THE POLICY – SPECIFIC EXCLUSIONS

1. SPECIFIC EXCLUSIONS APPLICABLE TO PERSONAL ACCIDENT

No indemnity is available hereunder and no payment will be made by the Company for any Claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1) Suicide, attempted suicide or self-inflicted injury or illness;
2) Whilst under the influence of intoxicating liquor or drugs; as per police charges or proved medically.
3) Any deliberate or intentional, unlawful or illegal activities with criminal intent, error, or omission of the Insured Beneficiary.
4) From war (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalization or requisition of or damage y or under the order of any government or public local authority.
5) Any consequential losses of any kind, and/or any actual or alleged legal liability of the Insured Beneficiary.
6) Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
7) Any loss suffered by the Insured Beneficiary on account of his participation as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs.
8) Any loss caused either directly or indirectly by nuclear energy, radiation.
9) Curative treatments or interventions that the Insured Beneficiary performs or has had performed on his body against medical advice or without medical advice.

10) Venereal or sexually transmitted disease.
11) The Insured Beneficiarys' participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic.

3. SPECIFIC EXCLUSIONS APPLICABLE TO CREDIT SHIELD:

No indemnity is available hereunder and no payment will be made by the Company for any Claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1) Suicide, attempted suicide or self-inflicted injury or illness;
2) Whilst under the influence of intoxicating liquor or drugs;
3) Any deliberate or intentional, unlawful or illegal activities with criminal intent, error, or omission of the Insured.
4) From war (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
   Any consequential losses of any kind, and/or any actual or alleged legal liability of the Insured.
5) Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
6) Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs.
7) Any loss caused either directly or indirectly by nuclear energy, radiation.
8) Curative treatments or interventions that the Insured performs or has had performed on his body against medical advice or without medical advice
9) Venereal or sexually transmitted disease.
10) HIV (Human immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or mutant derivatives or variations thereof however caused.
11) The Insured's participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic

4. SPECIFIC EXCLUSIONS APPLICABLE TO CRITICAL ILLNESS:

No payment will be made by the Company for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1) Any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted before the start of the Cover Period, or for which a claim has or could have been made under any earlier policy
2) Any Critical Illness diagnosed within the first 90 days of the date of commencement of-the Policy is excluded. This exclusion shall not apply to an Insured for whom coverage has been renewed by the Insured Beneficiary, without a break, for subsequent years.
3) Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human TCell Lymphotropic Virus type III (III LB III) or Lymphadinopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
4) Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to caesarian section, birth defects and congenital anomalies.
5) Occupational diseases such as occupational lung diseases including asbestosis, pneumoconiosis, occupational asthma and occupational skin diseases.
6) War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, terrorism or terrorist acts or activities, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority or any act or condition incidental to any of the above.
7) Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
8) Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).
9) Radioactive contamination.
10) Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever.
11) Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol.

5. GENERAL EXCLUSIONS APPLICABLE TO All COVERS

No indemnity is available hereunder and no payment will be made by the company for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1) War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection military or usurped power of civil commotion or loot or pillage in connection herewith.
2) Consequential loss of any kind or description.
3) Loss or damage directly or indirectly caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).

SECTION E) CONDITIONS- STANDARD GENERAL TERMS AND CLAUSES

1. Disclosure of information

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

2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the policy

3. Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
iii. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

4. Possibility of Revision of Terms of the Policy Including the Premium Rates:

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

5. Withdrawal of Policy

i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

6. Fraud

i. If any claim made by the Insured beneficiary, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured beneficiary or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.
ii. Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.
iii. For the purpose of this clause, the expression “fraud” means any of the following acts committed by the Insured beneficiary or by his agent or the hospital/ doctor/any other party acting on behalf of the Insured beneficiary, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

a) the suggestion, as a fact of that which is not true and which the Insured beneficiary does not believe to be true;
b) the active concealment of a fact by the Insured beneficiary having knowledge or belief of the fact;
c) any other act fitted to deceive; and
d) any such actor omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured beneficiary / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer

7. Renewal of Policy

The policy shall ordinarily be renewable except on misrepresentation by the insured person, grounds of fraud, misrepresentation by the insured person.

i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
v. No loading shall apply on renewals based on individual claims experience

8. Migration

The Insured beneficiary will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.
For Detailed Guidelines on migration, kindly refer the link https://irdai.gov.in/document-detail?documentId=393128
(Please note referred link is of the IRDAI website and subject to change from time to time.)

9. Portability

The Insured beneficiary will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed
Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.
For Detailed Guidelines on portability, kindly refer the link https://irdai.gov.in/document-detail?documentId=393128
(Please note referred link is of the IRDAI website and subject to change from time to time.)

10. Cancellation

i. The policyholder may cancel this policy by giving 15days’written notice and in such an event, the Company shall refund to the Insured a pro-rata premium for the unexpired Cover Period. For the avoidance of doubt, the Company shall remain liable for any claim that was made prior to the date upon which this insurance is cancelled.
Note : Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.
ii. The Company will refund premium on a pro-rata basis by reference to the time cover is provided, subject to a minimum retention of premium of 25%.

11. Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

12. Grievance Redressal Procedure

The company has always been known as a forward-looking customer centric organization. It takes immense pride in its approach of "Caringly Yours". To provide you with top-notch service on all fronts, the company has provided with multiple platforms via which you can always reach out to us at below mentioned touch points

1. Our toll-free number 1-800-209- 5858 or 020-30305858, say Say "Hi" on WhatsApp on +91 7507245858
2. Branches for resolution of your grievances / complaints, the Branch details can be found on our website www.bajajallianz.com/branch-locator.html
3. Register your grievances / complaints on our website www.bajajallianz.com/about-us/customer-service.html
4. E-mail

a) Level 1: Write to bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in
b) Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at ggro@bajajallianz.co.in
c) Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 80809 45060 OR SMS To 575758 and our care specialist will call you back

5. If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at www.cioins.co.in/ombudsman.html

The contact details of the Ombudsman offices are mentioned in **Annexure II**

SECTION E) CONDITIONS- SPECIFIC TERMS AND CLAUSES

13. Reasonable Care

The Insured shall take all reasonable steps to prevent a claim from arising under this Policy;

14. Electronic Transactions

The Insured Beneficiary agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice 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.

15. Notice of charge

Subject to/Apart from Assignment clause in these Terms and Conditions, the Company shall not be bound to notice or be affected by any notice of any trust, charge, lien or other dealing with or relating to this policy but the receipt of the Insured Beneficiary or his legal personal representative shall in all cases be an effectual discharge to the company.

16. Entire Contract - Changes

This Policy, together with the Proposal Form, as well as any forms, riders and endorsements and papers hereto, constitutes the entire contract of insurance. No change in this Policy shall be valid until approved by Our authorized officer and such approval is endorsed hereon. No agent has authority to change this Policy or to waive any of the provisions of this Policy.

17. Notification of Changes

It is a condition precedent to Our liability to make any payment under this Policy that You shall give Us written notice immediately of any change in the address, nature of job, state of health and any other changes affecting You or any Insured Beneficiary.

18. Communications

Any communication meant for Us must be in writing and be delivered to Our address shown in the Certificate Of Insurance.
Any communication meant for You will be sent by Us to Your address shown in the Certificate Of Insurance.

19. No constructive Notice

Any of the circumstances in relation to these conditions coming to the knowledge of any official of the Company shall not be the notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

20. Special Provisions

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

21. Premium Adjustment Factor

a. Long Term Discount

Term		**1.5**	**2**	**2.5**	**3**	**3.5**	**4**	**4.5**	**5**
Discount		3.0%	5.0%	6.0%	8.0%	9.0%	11.0%	12.0%	13.0%

Short Term Relativity

Term(Years)	6 Months
Discount	0.56%

b. Group Discount

Group Size Band	Discount
0 - 10000	5%
10001- 25000	10%
25001 - 40000	15%
40001 - 50000	20%
50001 -70000	25%
Above 70000	30%

c. Claim experience Discount and Loading

A discount or loading up to 30% may be factored based on the banks claims experience.

Loss Ratio	Discount/Loading	%
<45%	Discount	30%
45-55%	Discount	15%
55-75%	Base	0%
75-85%	Loading	15%
> 85%	Loading	30%

d. Other Discount and Loading

A discount or loading up to 20% will be provided as per underwriting or risk parameters.

Maximum discount 60%
Maximum Load 55%.

22. Duties and Obligations after Occurrence of an Insured Event

It is a condition precedent to the Company's liability under this Policy and Certificate Of Insurance that, upon the happening of any event giving rise to or likely to give rise to a claim under Certificate Of Insurance read with Policy:

a. the Insured Beneficiary shall immediately and in any event within 14 days give written notice of the same to the Company at the address shown in the Certificate Of Insurance for this purpose, and in case of notification of an event likely to give rise to a claim to specify the grounds for such belief, and

b. the Insured Beneficiary shall within 28 days deliver to the Company its completed claim form detailing the loss or damage that has occurred and an estimate of the quantum of any claim along with all documentation required to support and substantiate the amount sought from the Company, and

c. the Insured Beneficiary shall expeditiously provide the Company and its representatives and appointees with all the information, assistance, records and documentation that they might reasonably require, and

d. the Insured shall not admit liability or settle or make or promise any payment in respect of any claim which may be the subject of indemnity hereunder, or incur any costs or expenses in connection therewith, without the written consent of the Company which shall be entitled to take over and conduct in the name of the Insured Beneficiary the defense and/or settlement of any such claim, for which purpose the Insured shall give all the information and assistance that the Company may reasonably require.

23. 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.

24. Paying a Claim

a) You agree that We shall only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.

b) We will make payment to Assignee/Partial Assignee/Conditional Assignee, as the case may be, (as per the provisions of Section 38 of Insurance Amendment Act 2015) or in the absence of assignee to You or Your Nominee. If there is no Assignee or Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.

c) On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per Policy terms and conditions, the Company will settle the claim within 30 (thirty) days of the receipt of the last necessary document. In the cases of delay in the payment, the Company shall be liable to pay interest at a rate which is 2% above the bank rate (prevalent at the beginning of the financial year in which the claim is reviewed by it) from the date of receipt of last necessary document to the date of payment of claim.

d) However, where the circumstances of a claim warrant an investigation, the Company will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

e) If We, for any reasons decide to reject the claim under the policy the reasons regarding the rejection shall be communicated to You in writing within 30 days of the receipt of documents. You may take recourse to the Grievance Redressal procedure stated under the Policy.

25. Condonation of delay

The Company may condone delay in claim intimation/ document submission on merit, where it is proved that delay in reporting of claim or submission of claim documents, is due to reasons beyond the control of the insured.
Notwithstanding the above, delay in claim intimation or submission of claim documents due to reasons beyond the control of the insured shall not be condoned where such claims would have otherwise been rejected even if reported in time."

26. Continuity

In case a customer wishes to renew the policy with us after the loan is closed, we shall provide the continuity benefit by offering a similar stand alone product pertaining to the section which the customer wishes to renew, preserving the benefits accrued.

27. Insured

No person other than a person named as an Insured Beneficiary shall be covered under this Policy unless and until his name has been notified in writing to the Company. Cover under this Policy shall be withdrawn from any person named as an Insured Beneficiary immediately upon the Insured Beneficiary delivering written notice of the same to the Company. The Insured Beneficiary agrees to and shall hold the Company harmless against any and all claims, costs and expenses that may result because of the incorrect or unintentional cancellation of this insurance in relation to any Insured Beneficiary.

28. Addition /Deletion of Insured Beneficiary(ies):

No person other than those persons named as the Insured Beneficiary(ies) or those categories of the Insured Beneficiary(ies) specified in the Certificate of Insurance shall be covered under this Policy unless and until his/her name or the category has been notified in writing to the Company, any additional premium due has been paid and the Company's agreement to extend cover has been indicated by it issuing an endorsement confirming the addition of such person or category of persons as an Insured Beneficiary(ies).

Cover under Certificate of Insurance shall be withdrawn from any Insured Beneficiary(ies) named or any category of Insured Beneficiary insured immediately upon the Policy Beneficiary(ies) delivering written notice of the same to the Company.

29. Special Conditions relating to Group Policy

Group Policy is subject to the following conditions:

1. The Policy Holder will maintain sufficient deposit or provide a Bank Guarantee to strictly comply with the requirement of section 64VB.
2. New names can be added to the Group Policy by charging premium for the Cover Period.
3. For deletion of names from Group Policies during the currency of the Cover Policy, refund of pro- Rata premium can be allowed only if there is no claim in respect of the particular Insured Beneficiary at the time of such deletion of names.

30. Contribution in case of Multiple Policies

(Applicable only to indemnity sections under the Policy)

i. In case of multiple policies which provide fixed benefits, on the occurrence of the covered event/s in accordance with the terms and conditions of the Policy, each Insurer shall make the claim payments independent of payments received under other similar polices.
ii. If two or more Policies are taken by an Insured during a period from one or more insurers to indemnify treatment costs, the Insured shall have the right to require a settlement of his/her claim in terms of any of his/her Policies.

a. 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.
b. Claims under other Policy/ies may be made after exhaustion of Sum Insured in the earlier chosen Policy / Policies.
c. 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.
d. 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 medical expenses incurred in accordance with the terms, conditions and coverage's of the chosen Policy.
e. If Insured has multiple Policies, he/ she has 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. The Company shall settle the claim subject to the terms and conditions of the Policy.

31. Territorial Limits & Governing Law

a. We cover Insured for treatment availed in India. Our liability shall be to make payment within India and in Indian Rupees only.
b. The Certificate Of Insurance read with Terms and Conditions thereto and or read with this Policy wordings/Terms and Conditions shall constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Certificate Of Insurance .
c. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

32. Subrogation - Not Applicable to Section 1 (Personal Accident) & Section 5 (Critical Illness)

The Insured and any claimant under this Policy shall at the expense of the Company do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which the Company shall be or would become entitled or subrogated upon the Company paying for or making good any loss or damage under this Policy whether such acts and things shall be or become necessary or required before or after the Insured's indemnification by the Company.

33. Dispute Resolution (Applicable only in cases where this Policy is issued under Commercial Lines of Business)

"The Insurer and Insured may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this Policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996."

Note : 1. Wherever this Policy is issued under retail lines of business, Arbitration clause shall not be applicable.
2. Arbitration clause shall not be applicable in case of Policies issued under commercial lines of business where Insured has specifically consented for no arbitration clause and no arbitration terms have been annexed to the Policy Schedule/Policy.

34. Notices

Any notice, direction or instruction given under this policy of insurance shall be in writing and delivered by hand, post, or facsimile to:
In case of the Insured Beneficiary, at the address specified in the Certificate Of Insurance or last known address.
In case of the Company at:
Bajaj Allianz General Insurance Company Limited
Bajaj Allianz House, Airport Road, Yerawada, Pune 411006
Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

35. Governing Law

The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

36. Entire Contract

The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the Policy.

37. Territorial Limits

The Certificate Of Insurance covers insured events arising during the Cover Period as specified in the Certificate Of Insurance . The Company's liability to make any payment shall be to make payment within India and in Indian Rupees only.

38. Assignment and Transfer of Insurance Policies (Subject to always that any assignment shall always be subject to provisions of Section 38 of Insurance Act 1938, as amended from time to time)

1. A transfer or assignment of a policy of insurance, wholly or in part, whether with or without consideration, may be made by an endorsement upon the policy itself or by a separate instrument, signed in either case by the transferor or by the assignor or his duly authorised agent and attested by at least one witness, specifically setting forth the fact of transfer or assignment and the reasons thereof, the antecedents of the assignee and the terms on which the assignment is made.
2. The Company may, accept the transfer or assignment, or decline to act upon any endorsement made under sub-clause 29(1) hereinabove, where it has sufficient reason to believe that such transfer or assignment is not *bona fide* or is not in the interest of the policyholder or in public interest or is for the purpose of trading of insurance policy.
3. The Company shall, before refusing to act upon the endorsement, record in writing the reasons for such refusal and communicate the same to the policyholder not later than thirty days from the date of the policyholder giving notice of such transfer or assignment.
4. Any person aggrieved by the decision of the Company to decline to act upon such transfer or assignment may within a period of thirty days from the date of receipt of the communication from the Company containing reasons for such refusal, prefer a claim to the Authority.
5. Subject to the provisions in sub-clause 29(2) hereinabove, the transfer or assignment shall be complete and effectual upon the execution of such endorsement or instrument duly attested but except, where the transfer or assignment is in favour of the Company, shall not be operative as against the Company, and shall not confer upon the transferee or assignee, or his legal representative, any right to sue for the amount of such policy or the moneys secured thereby until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or a copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to and received by the Company with written acknowledgement by the Company:
   Provided that where the Company maintains one or more places of business in India, such notice shall be delivered only at the place where the policy is being serviced.
6. The date on which the notice referred to in sub-clause 29(5) hereinabove is delivered to the Company shall regulate the priority of all claims under a transfer or assignment as between persons interested in the policy; and where there is more than one instrument of transfer or assignment the priority of the claims under such instruments shall be governed by the order in which the notices referred to in sub-clause 29(5) hereinabove are delivered:
   Provided that if any dispute as to priority of payment arises as between assignees the dispute shall be referred to the Authority.
7. Upon the receipt of the notice referred to in sub-clause 29(5) hereinabove, the Company shall record the fact of such transfer or assignment together with the date thereof and the name of the transferee or the assignee and shall, on the request of the person by whom the notice was given, or of the transferee or assignee, on payment of such fee as may be specified by the regulations, grant a written acknowledgement of the receipt of such notice; and any such acknowledgement shall be conclusive evidence against the Company that he has duly received the notice to which such acknowledgement relates.
8. Subject to the terms and conditions of the transfer or assignment, the insure shall, from the date of the receipt of the notice referred to in sub-clause 29(5) hereinabove, recognize the transferee or assignee named in the notice as the absolute transferee or assignee entitled to benefit under the policy, and such person shall be subject to all liabilities and equities to which the transferor or assignor was subject at the date of the transfer or assignment and may institute any proceedings in relation to the policy, obtain a loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to such proceedings.
   Explanation.—Except where the endorsement referred to in sub-clause 29(1) hereinabove expressly indicates that the assignment or transfer is conditional in terms of sub-clause 29(10) hereunder, every assignment or transfer shall be deemed to be an absolute assignment or transfer and the assignee or transferee, as the case may be, shall be deemed to be the absolute assignee or transferee respectively.
9. Any rights and remedies of an assignee or transferee of a policy of life insurance under an assignment or transfer effected prior to the commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by the provisions of this clause 29.
10. Notwithstanding any law or custom having the force of law to the contrary, an assignment in favour of a person made upon the condition that—
(a) the proceeds under the policy shall become payable to the policyholder or the nominee or nominees in the event of either the assignee or transferee predeceasing the Insured Beneficiary; or
(b) If the Insured Beneficiary surviving the term of the policy, the Conditional Assignment shall be valid: Provided that a conditional assignee shall not be entitled to obtain a loan on the policy or surrender a policy.
11. In the case of the partial assignment or transfer of a policy of insurance under sub-clause 29(1) hereinabove, the liability of the Company shall be limited to the amount secured by partial assignment or transfer and such policyholder shall not be entitled to further assign or transfer the residual amount payable under the same policy.

39. 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.

40. Limitation Period

It being expressly agreed and declared that if the Company shall disclaim liability for any claim hereunder and such claim shall not within 12 calendar months from the date of disclaimer have been made the subject matter of a suit in court of law than the claim for all such purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

41. Fraudulent Claims

If You make or progress any claim knowing it to be false or fraudulent in any way, than this Policy will be void and all claims or payments due under it shall be lost and the premium paid shall become forfeited.

42. Dispute Resolution (Applicable only in cases where this Policy is issued under Commercial Lines of Business)

"The Insurer and Insured may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this Policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996."

Note : 1. Wherever this Policy is issued under retail lines of business, Arbitration clause shall not be applicable.
2. Arbitration clause shall not be applicable in case of Policies issued under commercial lines of business where Insured has specifically consented for no arbitration clause and no arbitration terms have been annexed to the Policy Schedule/Policy.

43. Applicable Law

Indian law governs the construction, interpretation and meaning of the provisions of this Policy and or the Certificate of Insurance and the relationship between us. The section headings in this Policy and or the Certificate of Insurance are included for descriptive purposes only and do not form part of this Policy and or the Certificate of Insurance for the purpose of its construction or interpretation.

44. Policy Period

The policy can be opted for 6 months/ 1/ 2 / 3 / 4 / 5 yrs.

45. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by the Policy Holder, Insured Beneficiary and the Company to be subject to Indian Law. Each party agrees to submit such dispute to a Court of competent jurisdiction and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

SECTION E) CONDITIONS- OTHER TERMS AND CONDITIONS

46. Making a Claim:

All Claims will be settled by In house claims settlement team of the company and no TPA is engaged.

A. Reimbursement Claim Procedure (Applicable for Accidental Hospitalization Benefit, Credit Shield, Burns, Broken Bones, Dependent Child Education Benefit, Parental Care Benefit, Mobility Extension)

If the Insured Beneficiary meets with any Accidental Bodily Injury that may result in a claim, than as a condition precedent to our liability:

a. Policyholder or the Insured Beneficiary or someone claiming on his/her behalf must inform us in writing immediately and in any event within 30 days from the date of the accident and submit all documents to us within 30 days from the date of intimation.
b. Insured Beneficiary must immediately consult a Doctor and follow the advice and treatment that he recommends.
c. Insured Beneficiary must take reasonable steps to lessen the consequence of Bodily injury.
d. Insured Beneficiary should allow examination by our medical advisors if we ask for this.
e. Policyholder or Insured Beneficiary or someone claiming on his/her behalf must promptly give us documentation and other information we ask for to investigate the claim or our obligation to make payment for it.
f. In case of the Insured Beneficiary's death, someone claiming on his/her behalf must inform us in writing immediately and send us a copy of the post mortem report (if conducted) within 30 days.

*Note: Waiver of conditions (a) and (f) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which the Insured Beneficiary was placed, it was not possible for the Insured Beneficiary or any other person claiming on his/her behalf to give notice or file claim within the prescribed time limit.

B. Claim Settlement Process Applicable to Critical Illness

In the event of a claim arising out of an Insured Event covered under this Section, the Insured Event as described above shall be intimated to the Company within thirty (30) days date of first diagnosis of the Illness, date of surgical procedure or date of occurrence of the medial event as the case may be and the Insured Beneficiary shall, promptly and in any event within thirty (30) days of discharge from the hospital, arrange for submission of the following documents to the Company:

1) Certificate from the attending Doctor of the Insured Beneficiary confirming, inter alia,
a) Name of the Insured Beneficiary;
b) Name, date of occurrence and medical details of the Insured Event;
c) Confirmation that the Insured Event does not relate to any Pre-Existing Condition; and
d) Confirmation that the Insured Event does not relate to any Illness or Injury which existed within the first 90 days of commencement of the Cover Period.
2) Duly completed claim forms;
3) Original Discharge Certificate/Card from the hospital/Doctor;
4) Original investigation test reports, indoor case papers;

5) Certificate, if applicable, from the Bank stating pertinent details of Insured Beneficiary's Loan including but not limited to the amortization schedule, Principal Outstanding, EMI etc.

Note: In case the Insured Beneficiary is claiming for the same event under an indemnity based policy of another insurer and is required to submit the original documents related to his treatment with that particular insurer, then the Insured Beneficiary may provide the Company with the attested Xerox copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with

LIST OF CLAIM DOCUMENTS:

List of Claim documents for Death/ Parental Care Benefit/ Mobility Extension

- Duly Completed Claim Form signed by Nominee/ legal heir of the Insured Beneficiary.
- Copy of address proof (Ration card or electricity bill copy).
- Attested copy of Death Certificate.
- Burial Certificate (wherever applicable).
- Attested copy of Statement of Witness, if any lodged with police authorities.
- Attested copy of FIR / Panchanama / Inquest Panchanama.
- Attested copy of Post Mortem Report (only if conducted).
- Attested copy of Viscera report if any(Only if Post Mortem is conducted).
- NEFT details & cancelled cheque of the Insured Beneficiary
- Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

List of Claim documents for Permanent Total Disability/ Permanent Partial Disability/ Parental Care Benefit/ Mobility Extension

- Duly Completed Claim Form signed by Insured Beneficiary.
- Attested copy of disability certificate from Civil Surgeon of Government Hospital stating percentage of disability.

- Attested copy of FIR. (If required)
- All X-Ray / Investigation reports and films supporting to disability.
- NEFT details & cancelled cheque of Insured Beneficiary.
- Original Policy copy along with Original Assignment endorsement (if any)
- Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

List of Claim Documents Specific for Accidental Hospitalization Benefit

- First Consultation letter from the Doctor
- Duly completed claim form signed by the Claimant
- Hospital Discharge Card
- Hospital Bill giving detailed break up of all expense heads mentioned in the bill. Clear break ups have to be mentioned for OT Charges, Doctor's Consultation and Visit Charges, OT Consumables, Transfusions, Room Rent, etc.
- Money Receipt, duly signed with a Revenue Stamp
- All original Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.
- Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

List of Claim Document Specific to Loss of Job

- Current outstanding Loan certificate from financer, up to date loan repayment schedule along with the documents submitted
- Loan disbursement letter along with the payment record till the date of Accident
- Claim form with NEFT details & cancelled cheque duly signed by Insured
- Copy for Proof of Loss of Job from the company due to Permanent Total Disability / Permanent Partial Disability/ Critical Illness.
- Documents required in Permanent Total Disability/ Permanent Partial Disability claim
- Documents required in Critical Illness Claim
- Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

List of Claim Document Specific to Credit Shield

- Current outstanding Loan certificate from financer, along with the documents submitted
- Loan disbursement letter along with the payment record till the date of Accident
- Claim form with NEFT details & cancelled cheque duly signed by Insured
- Documents required for the claim of Death or Permanent Total Disability of Insured Beneficiary
- Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

Specific Claim documents for Critical Illness

- Medical documents (Indoor Case Paper/ Consultation papers) mentioning Critical illness
- Claim form with NEFT details & cancelled cheque duly signed by Insured
- Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

List of Claim Documents Specific for Burn

- Claim form with NEFT details & cancelled cheque duly signed by Insured
- First Consultation letter from the Doctor
- Duly completed claim form signed by the Claimant
- Hospital Discharge Card and consultation papers mentioning degree of Burns
- Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

List of Claim Document Specific to Broken Bones/ Mobility Extension (incurred due to Broken Bones)

- Claim form with NEFT details & cancelled cheque duly signed by Insured
- X Ray confirming the fracture & site of fracture
- Certificate from treating surgeon with extent of Injury, cause of injury, site of Injury & date of injury
- Treatment details
- Discharge summary (if Hospitalized)
- Letter from HR of leave record in case of salaried individual
- Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

List of Claim Documents Specific for Dependent Child Education Benefit

- Claim form with NEFT details & cancelled cheque duly signed by Insured
- Bonafide certificate from school / college or certificate from the educational institution
- Duly completed claim form signed by the Claimant
- Documents required for the claim of Death or Permanent Total Disability of Insured Beneficiary.
- Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

Annexure I:

List I: List of Non-Medical Items

SL No	Item	
1	BABY FOOD	Not Payable
2	BABY UTILITIES CHARGES	Not Payable
3	BEAUTY SERVICES	Not Payable
4	BELTS/ BRACES	Not Payable
5	BUDS	Not Payable
6	COLD PACK/HOT PACK	Not Payable
7	CARRY BAGS	Not Payable
8	EMAIL / INTERNET CHARGES	Not Payable
9	FOOD CHARGES (OTHER THAN PATIENT's DIET	Not Payable

10	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
11	LAUNDRY CHARGES	Not Payable
12	MINERAL WATER	Not Payable
13	SANITARY PAD	Not Payable
14	TELEPHONE CHARGES	Not Payable
15	GUEST SERVICES	Not Payable
16	CREPE BANDAGE	Not Payable
17	DIAPER OF ANY TYPE	Not Payable
18	EYELET COLLAR	Not Payable
19	SLINGS	Not Payable
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Not Payable
21	SERVICE CHARGES WHERE NURSING CHARGES ALSO CHARGED	Not Payable
22	TELEVISION CHARGES	Not Payable
23	SURCHA RGES	Not Payable
24	ATTENDANT CHARGES	Not Payable
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Not Payable
26	BIRTH CERTIFICATE	Not Payable
27	CERTIFICATE CHARGES	Not Payable
28	COURIER CHARGES	Not Payable
29	CONVEYANCE CHARGES	Not Payable
30	MEDICAL CERTIFICATE	Not Payable
31	MEDICAL RECORDS	Not Payable
32	PHOTOCOPIES CHARGES	Not Payable
33	MORTUARY CHARGES	Not Payable
34	WALKING AIDS CHARGES	Not Payable
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
36	SPACER	Not Payable
37	SPIROMETRE	Not Payable
38	NEBULIZER KIT	Not Payable
39	STEAM INHALER	Not Payable
40	ARMSLING	Not Payable
41	THERMOMETER	Not Payable
42	CERVICAL COLLAR	Not Payable
43	SPLINT	Not Payable
44	DIABETIC FOOT WEAR	Not Payable
45	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
46	KNEE IMMOBILIZER/S HOULDER IMMOBILIZER	Not Payable
47	LUMBOSACRAL BELT	Not Payable
48	NIMBUS BED OR WATER OR AIR BED CHARGES	Not Payable
49	AMBULANCE COLLAR	Not Payable
50	AMBULANCE EQUIPMENT	Not Payable
51	ABDOMINAL BINDER	Not Payable
52	PRIVATE NURSES CHARGES - SPECIAL NURSING	Not Payable
53	SUGAR FREE Tablets	Not Payable

54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Not Payable
55	ECG ELECTRODES	Not Payable
56	GLOVES	Not Payable
57	NEBULISATION KIT	Not Payable
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT , RECOVERY KIT, ETC]	Not Payable
59	KIDNEY TRAY	Not Payable
60	MASK	Not Payable
61	OUNCE GLASS	Not Payable
62	OXYGEN MASK	Not Payable
63	PELVIC TRACTION BELT	Not Payable
64	PAN CAN	Not Payable
65	TROLLY COVER	Not Payable
66	UROMETER , URINE JUG	Not Payable
68	VASOFIX SAFETY	Not Payable

List II - Items that are to be subsumed into Room Charges

S. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED /INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CARDLE CHARGES
6	COMB
7	EAU-DE-COLOGNE/ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINEFCTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES

24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES/ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCTDENTAL EXPENSES / MtSC. CHARGES (NOT EXPLATNED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III- Items that are to be subsumed into Procedure Charges

S. No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES(for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD ,CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPE AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES,HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV - Items that are to be subsumed into costs of treatment

S. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/CAPD EQUIPMENTS
7	INFUSION PUMP-COST
8	HYDROGEN PERPOXIDE\SPIRIT\DISINFECTION ETC
9	NUTTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION / STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

Annexure II:
Contact details of the Ombudsman offices

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 – 25501201 /02 /05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL - Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, “Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR – Insurance Ombudsman	Orissa.

Issuing Office:

Office Details	Jurisdiction of Office Union Territory, District)
Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 – 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	
CHANDIGARH - Insurance Ombudsman Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 – 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.
CHENNAI - Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)
DELHI – Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
GUWAHATI - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 –2740363 / 2740798 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
KOCHI – Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash ,LIC Building, Opp to Maharaja's College, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA – Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue,	West Bengal, Sikkim, Andaman & Nicobar Islands.

Issuing Office:

Office Details	Jurisdiction of Office Union Territory, District)
KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	
LUCKNOW – Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar..
MUMBAI - Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/ 27/ 29/ 31/ 32/ 33 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
NOIDA - Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA – Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020- 24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

Note: Address and contact number of Governing Body of Insurance Council:
Council for Insurance Ombudsmen,
3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W),Mumbai - 400 054.
E-mail: inscoun@cioins.co.in
Tel: 022 -69038800/69038812
Website: https://www.cioins.co.in