

**Global Personal Guard Policy (Individual)**

**CUSTOMER INFORMATION SHEET**

The information mentioned below is illustrative and not exhaustive.

Sr	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Global Personal Guard Policy (Individual)	
2	What am I covered for:	<p><b>SECTION I: DEATH</b>                      If during the Policy Period, the Insured Person sustains Accidental Bodily Injury which directly and independently of all other causes results in Death of the insured person within twelve (12) months from the Date of accident, then the Company agrees to pay the Sum Insured stated in the respective section of the Policy Schedule to assignee, as the case may be, (as per the Proposal Form read with the provisions of Section 38 Insurance Amendment Act 2015) and in the absence of an assignee to the Insured Person's Nominee or legal representative, provided however in case the assignment is partial assignment/conditional assignment, then the payment of Sum Insured upon Death of the Insured shall depend upon and subject to terms and conditions of such partial assignment/conditional assignment.</p> <p><b>Additional Benefits:</b>                      If the claim under Section I: Death is accepted for you, then we will pay for the following additional expenses over and above the base sum insured:</p> <p><b>a. Transportation of mortal remains</b>                      We will make an additional payment of 1% of the Sum Insured as specified in policy schedule under Section I - Death as a lump sum benefit amount towards the expenses of transporting the body remains of the insured person from the place of death to a hospital, cremation ground or burial ground or to the insured person's residence.</p> <p><b>b. Funeral Expenses</b>                      We will make an additional payment of 1% of the Sum Insured as specified in policy schedule under Section I - Death as a lump sum benefit amount towards Funeral Expense of the deceased Insured Person. The claim amount shall be paid to your nominee or legal representative.</p> <p><b>Extensions:</b></p> <p><b>a. Disappearance</b>                      In the event of the disappearance of the Insured Person, following a forced landing, stranding, sinking or wrecking of a conveyance in which such Insured Person was known to have been travelling as an occupant, it shall be deemed after twelve (12) months, that such Insured Person shall have died as the result of an Accident. If at any time, after the payment of the Accidental death benefit, it is discovered that the Insured Person is still alive, all payments shall be reimbursed in full to the Company.</p> <p><b>SECTION II: PERMANENT TOTAL DISABILITY</b>                      If you sustain Accidental Bodily Injury during policy period which directly and independently of all other causes results in permanent total disability within twelve (12) months from the Date of accident, then we agree to pay the Sum Insured as specified in policy schedule under the Section II – Permanent Total Disability. For the purpose of this cover, Permanent Total Disability shall mean either of the following:</p> <p>i. loss of the sight of both eyes                      ii. physical separation of or the loss of ability to use both hands or both feet                      iii. physical separation of or the loss of ability to use one hand and one foot                      iv. loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot</p> <p><b>Additional Benefits:</b>                      If claim under Section II: Permanent Total Disability of the insured person is accepted, then we will pay the following additional benefit over and above the base sum insured:</p> <p><b>a. Lifestyle Modification Benefit:</b>                      We will make an additional payment of 2% of the Sum Insured as specified in policy schedule under Section II: Permanent Total Disability as a lump sum benefit amount towards lifestyle modifications such as modification of place of residence and / or modification of the vehicle for the insured person.</p> <p>Note: The additional benefits payable under Section I and II of the base cover is over and above the sum insured opted.</p>	B. Operative Part & Optional Cover Wordings

**SECTION III: PERMANENT PARTIAL DISABILITY**

If you sustain Accidental Bodily Injury during policy period which directly and independently of all other causes results in Permanent Partial Disability within twelve (12) months from the Date of accident, then we agree to pay the percentage shown in the table below applied to the Permanent Partial Disability Sum Insured as specified in policy schedule under the Section III -Permanent Partial Disability.

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 %

If the Permanent Partial Disability is not listed in the table, then the disability percentage certified by the Government Civil Surgeon would be considered for claim process. We will pay the percentage shown in the certificate, applied to the Permanent Partial Disability Sum Insured.

If more than one Permanent Partial Disability loss has resulted due to accidental Injury, the claim amount payable for all such losses put together should not exceed the total Sum Insured as opted by the Insured under this section.

**Optional Covers:**

**(Note: Below Optional Covers can be opted on payment of additional premium.)**

**OPTIONAL COVER I: ACCIDENTAL HOSPITALIZATION EXPENSES**

The Global Personal Guard Policy is extended to cover you, if you are Hospitalized for a minimum period of 24 hours on the advice of a Doctor/ Medical Practitioner because of Accidental Bodily Injury sustained during the Policy Period, then we will pay the In-patient Treatment - Medical Expenses for the below listed items up to the Sum Insured as specified in policy schedule, subject otherwise to all other terms, conditions and exclusions of the Policy.

- Room rent, boarding expenses
- Nursing
- Intensive care unit
- Consultation fees
- Anesthesia, blood, oxygen, operation theatre charges, surgical appliances
- Medicines, drugs and consumables,
- Diagnostic procedures,
- The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
- Physiotherapy expenses as recommended by the treating Doctor

**Day Care Procedure Coverage:**

Waiver of 24hours hospitalization would be considered under Accidental Hospitalization Expenses for the surgeries/ procedures due to technological advancement provided such procedures comply with the standard definition of Day Care Centre and Day Care treatment mentioned in the Policy definitions. The Pre and Post Hospitalisation expenses payable under day care procedure shall include expenses incurred on Physiotherapy also

If the claim under Accidental Hospitalization Expenses (including day care procedure) due to your Accident is accepted, then we will also pay below expenses:

	<p>i) <b>Pre Hospitalization</b> If we have accepted an inpatient Hospitalization claim under Accidental Hospitalization Expenses then we will also reimburse the Medical Expenses incurred during the 60 days immediately before you were hospitalized for Accidental Bodily Injury, provided that such Medical Expenses were incurred for the same injury for which subsequent Hospitalization was required.</p> <p>ii) <b>Post-Hospitalization</b> If we have accepted an inpatient Hospitalization claim under Accidental Hospitalization Expenses then we will also reimburse the Medical Expenses incurred during the 90 days immediately after you were discharged post Hospitalization provided that, such costs are incurred in respect of the same injury for which the earlier Hospitalization was required.</p>	
	<p><b>OPTIONAL COVER II: ADVENTURE SPORTS BENEFIT</b> By Opting this Optional Cover either Section I: Death or Section II : Permanent Total Disability or both the Sections of the Global Personal Guard Policy as opted by you is extended to cover Accidental Bodily Injury sustained during policy period whilst you are engaged in adventure sports in a non-professional capacity and under the supervision of a trained professional which directly and independently of all other causes results in Death or Permanent Total Disability within twelve (12) months of the Date of Injury. In consequence where of the General Exclusion no "4", "7" and " 8" applicable to Section I and II of the Policy stands deleted in respect of this cover only.</p> <p>Our liability under this cover shall be restricted to the 25% or 50% or 100% of the Section I Death and/or Section II Permanent Total Disability Sum Insured as specified in policy schedule under this Optional Cover, subject to all other terms, conditions and Exclusions &amp; definitions of the Policy.</p> <p>For the purpose of illustration the Adventure Sports Benefit is extended for the below listed sports, please note that this is an indicative list only:</p> <ul style="list-style-type: none"> <li>• <b>Sky Sports</b> Bungee Jumping, Bridge Swinging, Zip Lining, Zip Trekking</li> <li>• <b>Mountain Sports</b> Rock Climbing, Rock Scrambling, Rappelling, Via Ferrata, Fell Running, Fell Walking, Gorge Walking, Indoor Rock Climbing, Mountain Biking, Mountaineering</li> <li>• <b>Water Sports</b> Body Boarding, Scuba Diving, Shark Diving, Swimming with Dolphins, Diving with Whales, Wakeboarding, Surfing</li> <li>• <b>Racing Sports:</b> Auto (car) racing, Motor rallying, Motorcycle racing, Air racing, Kart racing, Boat racing, Hovercraft racing, Lawn mower racing, Snowmobile racing, Truck racing</li> </ul> <p><b>Risk Classification</b> Your risk classification for Adventure sports shall depend upon your risk classification under the base policy which is based upon your primary occupation</p>	
	<p><b>OPTIONAL COVER III: AIR AMBULANCE COVER</b> The Global Personal Guard Policy is extended to pay the expenses incurred for ambulance transportation in an airplane or helicopter for rapid ambulance transportation from the site of first occurrence of the Accident to the nearest hospital arising due to your sustained Accidental Bodily Injury within policy period which directly and independently of all other causes results in emergency life threatening health conditions. The claim would be reimbursed up to the actual expenses subject to a maximum sum insured as specified in the policy schedule under this cover, subject otherwise to all other terms, conditions and Exclusions of the Policy.</p> <p><b>Specific Conditions:</b></p> <ol style="list-style-type: none"> <li>a. Return transportation to your home by air ambulance is excluded.</li> <li>b. The expenses for Air ambulance transportation are restricted within India Only.</li> </ol>	
	<p><b>OPTIONAL COVER IV: CHILDREN EDUCATION BENEFIT</b> The Global Personal Guard Policy is extended to provide coverage if we have accepted a claim under Section I: Death or under Section II: Permanent Total Disability, then we will make a onetime payment of amount as specified in policy schedule under this cover, towards the cost of education of your dependent children, subject otherwise to all other terms, conditions and Exclusions of the Policy.</p> <p><b>Specific Conditions:</b></p> <ol style="list-style-type: none"> <li>a. The dependent child/children must be studying at an accredited educational institution on the date you met with an Accidental Bodily Injury.</li> <li>b. The age of dependent child or children should not exceed 25 years.</li> <li>c. The Sum Insured mentioned in the Policy Schedule is the total amount payable for all Dependent children collectively and not per child basis.</li> </ol>	

**OPTIONAL COVER V: COMA DUE TO ACCIDENTAL BODILY INJURY**

The Global Personal Guard Policy is extended to cover your sustained Accidental Bodily Injury within policy period which directly and independently of all other causes results in you being in a Hospital in a Comatose State, within one (1) calendar month from the Date of Accident, then we agree to pay the lump sum benefit as specified in the policy schedule, subject otherwise to all other terms, conditions and Exclusions of the Policy.

Definition of Coma/ Comatose State:

A state of unconsciousness with no reaction or response to external stimuli or internal needs, this diagnosis must be supported by evidence of all of the following:

- a. No response to external stimuli continuously for at least 96 hours;
- b. Life support measures are necessary to sustain life; and
- c. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- d. Condition has to be confirmed by a specialist medical practitioner.

**OPTIONAL COVER VI: EMI PAYMENT COVER**

If You meet with an Accidental Bodily Injury during the Policy Period which directly and independently of all other causes results in Permanent Partial Disability and it completely prevents you from performing each and every duty pertaining to your employment or occupation for a minimum period of 1 month. In such an event, We will pay the amount commensurating with your contribution in EMI of your loan account specified in the Schedule of this Policy, provided the claim is accepted and paid under your Permanent Partial Disability Section and subject to a maximum of the Sum Insured as shown under the policy schedule for this Section. We will stop making payments when We are satisfied that You can engage in Your Occupation again, or when We have made payments for a maximum period of 3 months beginning from the date You met with the Accidental Bodily Injury, whichever is earlier, The EMI amount payable under this Section would not include any arrears due to any reasons whatsoever.

Subject otherwise to all other terms, conditions and Exclusions of the Policy

**OPTIONAL COVER VII: FRACTURE CARE**

The Global Personal Guard Policy is extended to cover your sustained Accidental Bodily Injury within policy period which directly and independently of all other causes results in Fracture/s of Bone/s, then we will pay the percentage shown in the benefit table below applied to the Fracture Care Sum Insured, subject otherwise to all other terms, conditions and Exclusions of the Policy.

For an Accidental Bodily Injury where more than one of the circumstances described in the Benefit Schedule is met, we will pay the benefit on a cumulative basis provided the liability of the company on a cumulative basis shall not exceed the sum insured stated against this section.

Fractures and Dislocations Benefit Schedule	
Description	Percentage of Sum Assured
A) Hip or Pelvis (excluding thigh or coccyx)	
1. Open Fracture of more than one bone	100%
2. Open Fracture of one bone	50%
3. Closed Fracture of more than one bone	25%
4. Closed Fracture one bone	15%
B) Thigh or Lower Leg	
5. Open Fracture of more than one bone	60%
6. Open Fracture of one bone	45%
7. Closed Fracture of more than one bone	25%
8. Closed Fracture one bone	15%
C) Elbows, Arm (including wrist but excluding Colles type fractures)	
9. Open Fracture of more than one bone	45%
10. Open Fracture of one bone	35%
11. Closed Fracture of more than one bone	20%
12. Closed Fracture one bone	15%
D) Colles type fracture of the lower arm	
13. Open Fracture	25%
14. Closed Fracture	10%
E) Skull	
15. Fracture of the skull needing surgical Intervention	60%
16. Fracture of the skull not needing surgical Intervention	20%
F) Shoulder Blade, Rib(s), Knee cap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes or heel)	

17. Open Fracture	30%
18. Closed Fracture	15%
G) Spinal Column (Vertebrae but excluding coccyx)	
19. All compression fractures	40%
20. All spinous, transverse process of pedicle fractures	40%
21. Permanent Spinal Cord damage	40%
22. All vertebral fractures	15%
H) Lower Jaw	
23. Open Fracture	25%
24. Closed Fracture	10%
I) Cheekbone, Clavicle, Coccyx, Upper Jaw, Nose, Toe(s), Finger(s), Ankle, Heel	
25. Open Fracture of more than one bone	15%
26. Open Fracture of one bone	12%
27. Closed Fracture of more than one bone	4%
28. Closed Fracture one bone	2%
J) Dislocations requiring surgery under anesthesia	
29. Spine	35%
30. Back (Excluding slipped disc)	35%
31. Hip	25%
32. Knee (Left or right)	20%
33. Wrist (Left or right)	15%
34. Elbow (Left or right)	15%
35. Ankle (Left or right)	10%
36. Shoulder blade (Left or right)	10%
37. Collarbone	10%
38. Fingers (Left or right hand)	5%
39. Toes (Left or right foot)	5%
40. Jaw	5%
K) Internal Injuries	
41. Internal injuries resulting in open abdominal or Thoracic Surgery	25%
42. Intracranial hemorrhage and/ or physical brain injury	25%

**Note:**

"Open Fracture" is a fracture where the broken bone(s) penetrate(s) the skin.

"Closed Fracture" is a fracture where the broken bone(s) do(es) not penetrate the skin

**OPTIONAL COVER VIII: HOSPITAL CASH BENEFIT**

The Global Personal Guard Policy is extended to cover your sustained Accidental Bodily Injury within policy period which directly and independently of all other causes results in Hospitalization then we will pay per day benefit amount for the period of Hospitalization as shown in the policy schedule, for a maximum period of 60 days per Policy Period, subject otherwise to all other terms, conditions and Exclusions of the Policy.

**OPTIONAL COVER IX: LOAN PROTECTOR COVER**

The Global Personal Guard Policy is extended to cover your sustained Accidental Bodily Injury during the Policy Period that results in your Death or Permanent Total Disability within 12 months and the claim is accepted and paid under Death or Permanent Total Disability Section for you, then we will pay an amount commensurating with balance outstanding Loan amount of your loan account specified in the Policy Schedule as on the date of accident, subject to a maximum of the Sum Insured as specified in the policy schedule for this Section, subject otherwise to all other terms, conditions and Exclusions of the Policy. The outstanding Loan amount would not include any arrears due to any reasons whatsoever.

The claim payable under this optional cover shall be in addition to the benefit payable under the applicable Base Cover.

	<p><b>OPTIONAL COVER X: LOSS OF INCOME DUE TO DISABILITY FROM ACCIDENT</b>                  The Global Personal Guard Policy is extended to cover your sustained Accidental Bodily Injury during the Policy Period which directly and independently of all causes temporarily and completely prevents you from performing each and every duty pertaining to his employment or occupation, then we will make a weekly payment as per the weekly benefit amount shown under the heading "Loss of income due to Disability from Accident" in the Policy schedule, subject otherwise to all other terms, conditions and exclusions of the policy. We shall make weekly payment/s for the disability period as specified by the treating doctor for a maximum period of 100 weeks and the maximum weekly benefit payable would be limited to 25% of the monthly income subject to a minimum of Rs. 1,000 per week and maximum of Rs. 50,000 per week.</p> <p><b>Specific conditions</b></p> <ol style="list-style-type: none"> <li>The bodily injury sustained should be detectable by means of clinical examination and or radiological scanning or imaging ;</li> <li>Injuries to the spine, the ligamentous system, cartilage and nervous system and blood supply to the spine should be detectable by means of radiological scanning or imaging or neurological fallout testing;</li> <li>If the bodily injury is sustained is not detectable by means of clinical examination or radiological scanning and imaging or neurological fallout testing , then we shall not be liable in respect of you for any claim under this cover ;</li> <li>We will stop making payments when we are satisfied that you can engage in your occupation again, or when we have made payments for a maximum period of 100 weeks from the date you met with the Accidental Bodily Injury, whichever is earlier;</li> <li>In case the temporary total disablement is for a period less than a week, the benefit payable shall be calculated on proportionate basis in relation to the weekly benefit.</li> <li>In the event of a dispute arising with regards to the duration of Temporary total disability, the duration shall be finally determined by a physician mutually appointed by both the parties, who certifies the final date upon which the insured person recovered and fit to perform each and every duty pertaining to his / her employment or occupation.</li> </ol>	
	<p><b>OPTIONAL COVER XI: ROAD AMBULANCE COVER</b>                  The Global Personal Guard Policy is extended to cover the following:</p> <ol style="list-style-type: none"> <li>If due to an Accidental Bodily Injury sustained by the Insured Person during the Policy Period, the Insured Person has been transferred to the nearest hospital from the spot of Accident by an ambulance service offered by a healthcare or ambulance service provider, we will reimburse the actual expenses incurred for ambulance services.</li> <li>We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring you from the Hospital where he/ she was admitted initially to another hospital with higher medical facilities provided that: the treating doctor recommends the transfer of the Insured Person to a higher medical centre for further treatment.                      Provided that the maximum amount payable by us in respect of (a) and (b) together or singly shall not exceed the Sum Insured as shown in the policy schedule, subject otherwise to all other terms, conditions and Exclusions of the Policy.</li> </ol> <p><b>Specific Conditions:</b></p> <ol style="list-style-type: none"> <li>Expenses for Road ambulance transportation are restricted within India Only.</li> <li>Return transportation to the Insured's home by ambulance is excluded</li> </ol>	
	<p><b>OPTIONAL COVER XII: TRAVEL EXPENSES BENEFIT</b>                  The Global Personal Guard Policy is extended to cover your sustained Accidental Bodily Injury within the policy period which directly and independently of all other causes results in you being in a Hospital which is outside the City/town of his/her usual place of residence as specified on the policy schedule, then we will reimburse the travel expenses of a Family Member maximum up to the sum insured shown in the policy schedule, as below:</p> <ol style="list-style-type: none"> <li>The actual cost of economy class transportation by the most direct route via a common carrier subject to the maximum Sum Insured opted by you against this cover , subject otherwise to all other terms, conditions and Exclusions of the Policy.                      For the purpose of this cover, Common Cover shall mean any civilian land or water conveyance or Scheduled Aircraft in each case operated under a valid license for the transportation of passengers for hire.</li> <li>For this purpose, family member shall mean spouse, parent, Children above age of 18 years, sibling and in laws of the insured.</li> <li>The claim would be triggered under this section provided we have paid the claim for accidental Hospitalization for the insured person</li> <li>Travel Expenses Benefit is restricted for travel within India Only</li> </ol>	

<p>3</p>	<p>What are the major exclusions in the policy:</p>	<p>General Exclusions Applicable to Base and Optional Covers: We will not be liable to make any payment under this Policy under any circumstances, for any claim directly or indirectly attributable to, or based on, or arising out of, or connected with any of the following:</p> <ol style="list-style-type: none"> <li>1. Any Pre-existing Condition(s) and complications arising out of or resulting there from;</li> <li>2. Through suicide, attempted suicide (whether sane and insane) or intentionally self-inflicted injury or illness,</li> <li>3. Mental or nervous disorder , anxiety , stress or depression,</li> <li>4. Whilst engaging in Adventure Sports unless specifically insured,</li> <li>5. While under the influence of liquor or drugs , alcohol or other intoxicants,</li> <li>6. Through deliberate or intentional, unlawful or criminal act, error, or omission, participation in an actual or attempted felony , riot , crime , misdemeanour , civil commotion,</li> <li>7. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or traveling 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</li> <li>8. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs</li> <li>9. As a result of any curative treatments or interventions that you carry out or have carried out on your body,</li> <li>10. Arising out of your participation in any police ,naval, military or air force operations whether peace or in war in the form of military exercises or war games or actual engagement with the enemy, Whether foreign or domestic,</li> <li>11. Your consequential losses of any kind or your actual or alleged legal liability.</li> <li>12. Venereal or sexually transmitted diseases,</li> <li>13. 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,</li> <li>14. Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of any of these,</li> <li>15. 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,</li> <li>16. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel,</li> <li>17. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment,</li> <li>18. Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or Scheduled Airlines;</li> <li>19. Any Claim caused by osteoporosis (porosity and brittleness of the bones due to loss of protein from the bones matrix) or pathological fracture (any fracture in an area where pre-existing Disease has caused the weakening of the bone) if osteoporosis or bone Disease diagnosed prior to the Policy Effective Date,</li> <li>20. No benefit would be paid under this policy, unless the nature &amp; extent of injury is established medically with appropriate investigation reports &amp; certified by the treating doctor</li> <li>21. While engaged in hazardous activity unless specifically insured</li> <li>22. Expenses incurred on neck belts, wrist bandages, walking sticks, abdomen belts, CPAP and any other similar external aid /devices, the use of which has been necessitated following an accident.</li> </ol> <p><b>Specific Exclusion Applicable to Accidental Hospitalization Cover:</b></p> <ol style="list-style-type: none"> <li>1. Any Hospitalization for an existing disability from a previous Accident which has occurred prior to the first inception of this Policy.</li> <li>2. Any stay in Hospital for an Injury due to Accident without undertaking any treatment.</li> <li>3. Any Hospitalization for Accidental Injury aggravated by an existing disability or pre-existing illness / condition / injury.</li> <li>4. Any Hospitalization due to an Accidental Injury where the treatment is undertaken by a family member and self medication or any treatment that is not scientifically recognized.</li> <li>5. Vaccination and inoculation of any kind unless forming part of treatment for Injury due to an Accident as prescribed by the Medical Practitioner.</li> <li>6. Vitamins and tonics unless forming part of treatment for Injury due to an Accident as prescribed by the Medical Practitioner.</li> <li>7. Aesthetic treatment, cosmetic surgery and plastic surgery unless necessitated due to Accident or as a part of any Injury.</li> <li>8. Treatment taken from persons not registered as Medical Practitioners under respective Medical Councils. .</li> <li>9. Any other medical or surgical treatment except as may be necessary solely as a result Injury.</li> <li>10. Any treatment taken outside India.</li> </ol>	<p>C. General Exclusions &amp; Optional Cover Wordings</p>
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4	Waiting Periods	NA	NA
5	Payout Basis	<p><b>Base Covers:</b>                      Section I: Death – Benefit Basis                      Section II: Permanent Total Disability – Benefit Basis                      Section III: Permanent Partial Disability – Benefit Basis</p> <p><b>Optional Covers:</b>                      Optional Cover I: Accidental Hospitalization Expenses – Indemnity Basis                      Optional Cover II: Adventure Sports Benefit – Benefit Basis                      Optional Cover III: Air Ambulance Cover – Indemnity Basis                      Optional Cover IV: Children Education Benefit – Benefit Basis                      Optional Cover V: Coma Due to Accidental Bodily Injury –Benefit Basis                      Optional Cover VI: EMI Payment Cover – Benefit Basis                      Optional Cover VII: Fracture Care – Benefit Basis                      Optional Cover VIII: Hospital Cash Benefit – Benefit Basis                      Optional Cover IX: Loan Protector Cover – Benefit Basis                      Optional Cover X: Loss of Income due to Disability from Accident –Benefit Basis                      Optional Cover XI: Road Ambulance Cover – Indemnity Basis                      Optional Cover XII: Travel Expenses Benefit – Indemnity Basis</p>	B. Scope of Cover & Optional Cover Wordings
6	Cost Sharing	NA	NA
7	Renewal Conditions	<p>i. The policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured.                      ii. In case of our own renewal, a grace period of 30 days is permissible and the Policy will be considered as continuous. However, any accident/ injury contracted during the break period will be not be admissible under the policy.                      iii. For dependent children, Policy is renewable up to 25 years. After the completion of maximum renewal age of dependent children, the policy would be renewed for lifetime, Subject to Separate proposal form to be submitted to us at the time of renewal with the insured member as proposer and subsequently the policy should be renewed with us annually and within the Grace period of 30 days from date of Expiry. Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break.                      iv. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA.                      v. The loadings on renewals shall be in terms of increase or decrease in premiums offered for the entire portfolio and shall not be based on any individual policy claim experience.</p>	D. Standard Terms and Conditions Point no 14. Terms of Renewal



8	Renewal benefits	<p>Cumulative Bonus: (applicable for Death, Permanent Total Disability, Permanent Partial Disability covers)</p> <p>a. If You renew Your Global Personal Guard Policy with Us without any break in the Policy Period and there has been no claim in the preceding year, then We will increase the Limit of Benefit by 10% of Sum Assured per annum as Cumulative Bonus, In case long term policy is purchased, the cumulative bonus applicable to base covers will automatically be increased by 10% after the completion of every Policy year, in case of no claim is lodged under base covers.</p> <p>b. The maximum cumulative increase in the Limit of Benefit will be limited to 5 years and 50% of Sum Assured.</p> <p>c. In event of a claim under Permanent Partial Disability, the cumulative bonus would be decreased by 10%</p> <p>d. In case of claim is lodged under optional covers only- cumulative bonus will be allowed for increase by 10% after the completion of every policy year since cumulative bonus is applicable for base covers only</p> <p>e. This clause does not alter the annual character of this insurance or Our right to decline to renew or to cancel the Policy.</p>	D. Standard Terms and Conditions Point no 15. Cumulative Bonus																																																																																			
9	Policy Cancellation	<p>Cancellation</p> <p>a. We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period. Under normal circumstances, Policy will not be cancelled except for reasons of mis-representation, fraud, non-disclosure of material facts or Your non-cooperation.</p> <p>b. You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.</p> <table border="1" data-bbox="295 593 1324 1859"> <thead> <tr> <th rowspan="2">Period in Risk</th> <th colspan="3">Premium Refund</th> </tr> <tr> <th>Policy Period 1 Year</th> <th>Policy Period 2 Year</th> <th>Policy Period 3 Year</th> </tr> </thead> <tbody> <tr> <td>Within 15 Days</td> <td colspan="3">Pro Rate Refund</td> </tr> <tr> <td>Exceeding 15 days but less than 2 months</td> <td>75.00%</td> <td>80.00%</td> <td>85.00%</td> </tr> <tr> <td>Exceeding 2 months but less than 4 months</td> <td>60.00%</td> <td>75.00%</td> <td>80.00%</td> </tr> <tr> <td>Exceeding 4 months but less than 6 months</td> <td>45.00%</td> <td>65.00%</td> <td>75.00%</td> </tr> <tr> <td>Exceeding 6 months but less than 8 months</td> <td>30.00%</td> <td>60.00%</td> <td>70.00%</td> </tr> <tr> <td>Exceeding 8 months but less than 10 months</td> <td>15.00%</td> <td>50.00%</td> <td>65.00%</td> </tr> <tr> <td>Exceeding 10 months but less than 12 months</td> <td>0.00%</td> <td>45.00%</td> <td>60.00%</td> </tr> <tr> <td>Exceeding 12 months but less than 14 months</td> <td></td> <td>35.00%</td> <td>55.00%</td> </tr> <tr> <td>Exceeding 14 months but less than 16 months</td> <td></td> <td>30.00%</td> <td>50.00%</td> </tr> <tr> <td>Exceeding 16 months but less than 18 months</td> <td></td> <td>20.00%</td> <td>45.00%</td> </tr> <tr> <td>Exceeding 18 months but less than 20 months</td> <td></td> <td>15.00%</td> <td>40.00%</td> </tr> <tr> <td>Exceeding 20 months but less than 22 months</td> <td></td> <td>5.00%</td> <td>35.00%</td> </tr> <tr> <td>Exceeding 22 months but less than 24 months</td> <td></td> <td>0.00%</td> <td>30.00%</td> </tr> <tr> <td>Exceeding 24 months but less than 26 months</td> <td></td> <td></td> <td>25.00%</td> </tr> <tr> <td>Exceeding 26 months but less than 28 months</td> <td></td> <td></td> <td>20.00%</td> </tr> <tr> <td>Exceeding 28 months but less than 30 months</td> <td></td> <td></td> <td>15.00%</td> </tr> <tr> <td>Exceeding 30 months but less than 32 months</td> <td></td> <td></td> <td>10.00%</td> </tr> <tr> <td>Exceeding 32 months but less than 34 months</td> <td></td> <td></td> <td>5.00%</td> </tr> <tr> <td>Exceeding 34 months but less than 36 months</td> <td></td> <td></td> <td>0.00%</td> </tr> </tbody> </table> <p>However, if any claim has been made then no refund will be given for cancellation of policy.</p>	Period in Risk	Premium Refund			Policy Period 1 Year	Policy Period 2 Year	Policy Period 3 Year	Within 15 Days	Pro Rate Refund			Exceeding 15 days but less than 2 months	75.00%	80.00%	85.00%	Exceeding 2 months but less than 4 months	60.00%	75.00%	80.00%	Exceeding 4 months but less than 6 months	45.00%	65.00%	75.00%	Exceeding 6 months but less than 8 months	30.00%	60.00%	70.00%	Exceeding 8 months but less than 10 months	15.00%	50.00%	65.00%	Exceeding 10 months but less than 12 months	0.00%	45.00%	60.00%	Exceeding 12 months but less than 14 months		35.00%	55.00%	Exceeding 14 months but less than 16 months		30.00%	50.00%	Exceeding 16 months but less than 18 months		20.00%	45.00%	Exceeding 18 months but less than 20 months		15.00%	40.00%	Exceeding 20 months but less than 22 months		5.00%	35.00%	Exceeding 22 months but less than 24 months		0.00%	30.00%	Exceeding 24 months but less than 26 months			25.00%	Exceeding 26 months but less than 28 months			20.00%	Exceeding 28 months but less than 30 months			15.00%	Exceeding 30 months but less than 32 months			10.00%	Exceeding 32 months but less than 34 months			5.00%	Exceeding 34 months but less than 36 months			0.00%	D. Standard Terms and Conditions Point no 23. Cancellation
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Information must be read in conjunction with the Product Brochure and Policy Document. In case of any conflict between the Customer Information Sheet and the Policy Document, the terms and conditions mentioned in the Policy Document shall prevail.