Group Health & Accident Care
Policy Terms & Conditions

Section A. Preamble

This Policy is a contract of insurance between You and Us which is subject to the receipt of premium in full in respect of the Insured Persons and the terms, conditions and exclusions of this Policy.
The group administrator's/Master Policyholder's role is that of only a facilitator in offering a group cover and facilitating insurance services including claims from a central point, except where Cashless facility is available and claim payments are made in accordance.

This Policy is valid for the period as specified in the Schedule. An Insured Person's coverage under the Policy is valid only during the Coverage Period specified in the Certificate of Insurance.

The terms listed in Section B (Definitions) and which have been used elsewhere in the Policy in Initial Capital letters shall have the meaning set out against them in Section B, wherever they appear in the Policy.

Section B. Definitions

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

I. Standard Definitions

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

2. Condition Precedent: Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

3. Congenital Anomaly: Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

i. **Internal Congenital Anomaly:** Congenital anomaly which is not in the visible and accessible parts of the body.

ii. **External Congenital Anomaly:** Congenital anomaly which is in the visible and accessible parts of the body.

4. Day Care Centre: A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –

i. has qualified nursing staff under its employment;
ii. has qualified medical practitioner/s in charge;
iii. has fully equipped operation theatre of its own where surgical procedures are carried out;
iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

5. Day Care Treatment: Day care treatment means medical treatment, and/or surgical procedure which is:

i. undertaken under General or Local Anesthesia in a hospital/Day Care Centre in less than 24 hrs because of technological advancement, and
ii. which would have otherwise required hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

6. Disclosure to information norm: The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

7. 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.

8. Hospital: A hospital means any institution established for in-patient care and Day Care Treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:

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

9. 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.

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

i. 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.

ii. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

1. it needs ongoing or long-term monitoring through consultations, examinations, check- ups, and /or tests

2. it needs ongoing or long-term control or relief of symptoms

3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it

4. it continues indefinitely

5. it recurs or is likely to recur

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

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

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

Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

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

16. OPD Treatment: OPD treatment means the 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 Treatment or In-Patient Hospitalization.

17. Post-hospitalization Medical Expenses: Post-hospitalization Medical Expenses means medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:

i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and

ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

18. Pre-Existing Disease: Pre-Existing Disease means any condition, ailment, injury or disease:
a. That is /are diagnosed by a physician with 48 months prior to the effective date of the policy issued by the insurer, **or**
b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.

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

21. 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*.

II. Specific Definitions

1. Age or Aged: Age or Aged means completed years as at the Commencement Date.

2. Benefit: Benefit means a base benefit which applies to the Insured Person, and contingent to which other Cover Options under the Policy may be opted for. The Certificate of Insurance will specify the Benefits which are applicable to the Insured Person under the Policy.

3. Certificate of Insurance: Certificate of Insurance means the certificate issued to the Insured Person confirming the Insured Person's cover under the Policy.

4. Commencement Date: Commencement Date means the start date of the Policy as specified in the Schedule.

5. Common Carrier: Common Carrier means any public road, rail or water conveyance or scheduled public aircraft, which is operating under a valid license from the relevant authority for the transportation of passengers and cargo for hire.

6. Common Death or Disability Sum Insured: Common Death or Disability Sum Insured means the amount specified in the Certificate of Insurance cumulatively against Benefit 1 (Accidental Death Benefit), Benefit 2 (Permanent and Total Disability), Benefit 3 (Permanent Partial Disability) and Benefit 4 (Temporary Total Disability) that represents Our maximum, total and cumulative liability for any and all claims made in respect of that Insured Person under such Benefits during the Coverage Period.

7. Coverage Period: Coverage Period means the period specified in the Certificate of Insurance which commences on the coverage commencement date specified in the Certificate of Insurance and ends on the coverage expiry date specified in the Certificate of Insurance.

8. Cover Option: Cover Option means an additional benefit which applies to the Insured Person. The Certificate of Insurance will specify the Cover Options which are applicable to the Insured Person under the Policy.

9. Crisis Consultant: The Crisis Consultant is the organization identified in the Certificate or any alternative organization which the Insurer and the Policy Holder agree in writing to act in place of or in addition to that organization, whether in respect of the Policy in its entirety or in respect of a particular Insured Event.

10. Critical Illness: Critical Illness means any Illness, medical event or Surgical Procedure as specifically defined in Annexure A of this Policy.

11. Defence Costs: Defence Costs are reasonable costs necessarily incurred in defending the Insured Person against any civil proceeding initiated against him/her during the Coverage Period.

12. EMI(s) or EMI Amount(s): EMI(s) or EMI Amount(s) means and includes the amount of monthly payment required to repay the Principal Outstanding Amount and any applicable interest by the Insured Person, as set forth in the amortization chart referred to in the relevant Loan agreement (or any amendments thereto) between the bank/financial institution and the Insured Person as on the date of any occurrence or event which gives rise to a claim under this Policy.

13. First Diagnosis: First Diagnosis means the point in time at which the requirements of any Critical Illness under this Policy were first satisfied with respect to the Insured Person, including the availability of all the test reports and medical reports evidencing such diagnosis.

14. Hazardous Activities: Hazardous Activities means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained in such sport or activity or not. Such sport/activity includes stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/obstacle riding, bobsleighing/using skeletons, bouldering, boxing, canyoning, cavin/pot holing, cave tubing, rock climbing/trekking/mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labour, marathon running, martial arts, micro-lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo riding, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling any type and other activities of similar kind.

15. Immediate Relative means the Insured Person's spouse, children, siblings, parents or in-laws.

16. Insured Person: Insured Person means the person named in the Certificate of Insurance who is

covered under this Policy.

17. Involuntary Unemployment: Involuntary Unemployment means a termination, lay off, retrenchment or permanent dismissal of an Insured Person who is a Salaried Individual from his/her primary occupation.

18. Loan: Loan means the sum of money lent at an interest or otherwise to the Insured Person by any bank/financial institution as identified by the Loan Account Number specified in the Certificate of Insurance or certified in writing by the bank/financial institution.

19. Loss of Independent Living: Loss of Independent Living means inability to perform one or more of the following activities of daily living:

i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
iii. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
v. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available;
vi. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence.

20. Money: Money means cash, bank drafts, current coins, bank and currency notes, treasury notes, cheques, traveller's cheques, postal orders and current postage stamps not forming part of a collection.

21. Nominee: Nominee means the person named in the Certificate of Insurance to receive the benefits due under the Policy on the death of the Insured Person.

22. Policy: Policy means the statements in the proposal form/personal statement, these terms and conditions, the Cover Options (if any), endorsements (if any), annexures to the Policy, the Schedule (as amended from time to time), and the Certificates of Insurance issued to the Insured Persons.

23. Policy Period: Policy Period means the period between the Commencement Date and the Expiry Date of the Policy as specified in the Schedule.

24. Principal Outstanding Amount: Principal Outstanding Amount means the principal amount of the Loan outstanding as on the date of any occurrence or event which gives rise to a claim under the Policy, less the portion of principal component included in the EMIs, payable but not paid, from the date of the loan agreement till the date of such occurrence or event.

For the purpose of avoidance of doubt, it is clarified that any:

i. EMIs that are overdue and unpaid to the financial institution prior to such occurrence or event,
ii. any additional amounts imposed by a financial institution, or otherwise falling due as a penalty or by way of a default in repayment,

will not be considered for the purpose of this Policy and shall be payable by the Insured Person.

25. Risk Commencement Date: Risk Commencement Date means the date specified in the Certificate of Insurance on which Our coverage under the Policy in respect of the Insured Person named in the Certificate of Insurance commences.

26. Salaried Individuals: Salaried Individuals means those Insured Persons who work for an employer as an employee or a worker, whether confirmed or on probation, as on the Risk

Commencement Date, and earn a fixed amount of compensation at a fixed frequency as salary. Such fixed amount of compensation should be evidenced by such Salaried Individual's ITR (Income Tax Return) for the preceding year(s).

27. Sum Insured: Sum Insured means the amount specified in the Certificate of Insurance that represents Our maximum, total and cumulative liability for any and all claims made in respect of that Insured Person during the Coverage Period. The Sum Insured applicable for Benefit 1 (Accidental Death Benefit), Benefit 2 (Permanent and Total Disability), Benefit 3 (Permanent Partial Disability) and Benefit 4 (Temporary Total Disability) shall be subject to the Common Death or Disability Sum Insured specified against such Benefits in the Certificate of Insurance.

28. Survival Period: Survival Period means the period that the Insured Person has to survive before a claim becomes valid, commencing from the date of First Diagnosis.

29. Temporary or Seasonal Job: Temporary or Seasonal Job means any occupation or job where the employee is expected to remain employed in a position only for a certain period of time.

30. Travel Period: Travel Period means the period of time within the Coverage Period commencing from when the Insured Person leaves from the original departure point to commence the journey and ending when the Insured Person returns to the original departure point in case of return journey or destination in case of a one way journey, subject to the maximum period of time specified in the Certificate of Insurance. If the Certificate of Insurance specifies that the Policy will only apply to the period during which the Insured Person is travelling on the Common Carrier, then the Travel Period will be limited to commencing from when the Insured Person boards the Common Carrier and ending when the Insured Person alights from the Common Carrier.

31. Valuables: Valuables means and includes photographic, audio, video, computer and any other electronic and electrical equipment, cellular phones, data, business goods, telecommunications and electrical equipment, motor vehicles and any accessories, telescopes, lenses, binoculars, antiques, art, watches, jewellery and gems, furs and articles made of precious stones and metals.

32. Waiting Period: Waiting Period means a time-bound exclusion period related to condition(s) specified in the Schedule or Certificate of Insurance, which shall be served before a claim related to such condition becomes admissible. No Waiting Periods shall be applicable in case of subsequent Renewals, subject to no break-in Policy.

33. We/Our/Us: We/Our/Us means Acko General Insurance Limited.

34. You/Your: You/Your means the employer or legally constituted entity named in the Schedule who has concluded this Policy with Us.

Section C Benefits

The Schedule or the Certificate of Insurance will specify which of the Benefits/Cover Options are in force and available for the Insured Persons under the Policy.

Claims made in respect of an Insured Person for the any of the Benefits or Cover Options applicable to the Insured Person shall be subject to the availability of the Sum Insured, applicable sub-limits for the Benefit/Cover Option claimed and the terms, conditions and exclusions of this Policy.

All claims must be made in accordance with the procedure set out in Section F (Claims Procedures and Requirements)

Benefits:

1. Accidental Death Benefit

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Insured Person's death within 365 days from the date of the Accident, We will pay the Sum Insured.

If a claim is accepted under this Benefit in respect of an Insured Person and the amount due under this Benefit and claims already admitted under Benefit 1 (Accidental Death Benefit), Benefit 2 (Permanent and Total Disability), Benefit 3 (Permanent Partial Disability) and Benefit 4 (Temporary Total Disability) in respect of the Insured Person will cumulatively exceed the Common Death or Disability Sum Insured, then Our maximum, total and cumulative liability under any and all such claims will be limited to the Common Death or Disability Sum Insured.

On the acceptance of a claim under this Benefit and payment being made under any applicable Cover Options, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person.

2. Permanent Total Disability:

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Permanent Total Disability of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the Sum Insured:

Nature of Permanent Total Disability
Total and irrecoverable loss of sight in both eyes
Loss by physical separation or total and permanent loss of use of both hands or both feet
Loss by physical separation or total and permanent loss of use of one hand and one foot
Total and irrecoverable loss of sight in one eye and loss of a Limb
Total and irrecoverable loss of hearing in both ears and loss of one Limb/ loss of sight in one eye
Total and irrecoverable loss of hearing in both ears and loss of speech
Total and irrecoverable loss of speech and loss of one Limb/ loss of sight in one eye
Permanent, total and absolute disability (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living

For the purpose of this Benefit:

1. **Limb** means a hand at or above the wrist or a foot above the ankle;
2. **Physical separation of one hand** or **foot** means separation at or above wrist and/or at or above ankle, respectively.

This Benefit will be payable provided that:

a. The Permanent Total Disability continues for a period of at least 180 days from the commencement of the Permanent Total Disability, and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement;

b. If the Insured Person suffers Injuries resulting in more than one of the Permanent Total Disabilities specified in the table above, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured specified against this Benefit in the Certificate of Insurance.

c. If a claim is accepted under this Benefit in respect of an Insured Person and the amount due under this Benefit and claims already admitted under Benefit 1 (Accidental Death Benefit), Benefit 2 (Permanent and Total Disability), Benefit 3 (Permanent Partial Disability) and Benefit 4 (Temporary Total Disability) in respect of the Insured Person will cumulatively exceed the Common Death or Disability Sum Insured then Our maximum, total and cumulative liability under any and all such claims will be limited to the Common Death or Disability Sum Insured.

d. If We have admitted a claim for Permanent Total Disability in accordance with this Benefit, then We shall not be liable to make any payment under the Policy on the death of the Insured Person, if the Insured Person subsequently dies;

e. On the acceptance of a claim under this Benefit, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person after the payment of any other applicable Cover Options.

3. Permanent Partial Disability:

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Permanent Partial Disability of the Insured Person which is of the nature specified in the table below within 365 days from the date of the Accident, We will pay the amount specified in the table below:

	Nature of Permanent Partial Disability	Percentage of the Sum Insured payable
i.	Total and irrecoverable loss of sight in one eye	50%
ii.	Loss of one hand or one foot	50%
iii.	Loss of all toes - any one foot	10%
iv.	Loss of toe great - any one foot	5%
v.	Loss of toes other than great, if more than one toe lost, each	2%
vi.	Total and irrecoverable loss of hearing in both ears	50%
vii.	Total and irrecoverable loss of hearing in one ear	15%
viii.	Total and irrecoverable loss of speech	50%
ix.	Loss of four fingers and thumb of one hand	40%
x.	Loss of four fingers	35%
xi.	Loss of thumb- both phalanges	25%
xii.	Loss of thumb- one phalanx	10%
xiii.	Loss of index finger-three phalanges	10%
xiv.	Loss of index finger-two phalanges	8%
xv.	Loss of index finger-one phalanx	4%
xvi.	Loss of middle/ring/little finger-three phalanges	6%
xvii.	Loss of middle/ring/little finger-two phalanges	4%
xviii.	Loss of middle/ring/little finger-one phalanx	2%

This Benefit will be payable provided that:

a. The Permanent Partial Disability continues for a period of at least 180 days from the commencement of the Permanent Partial Disability and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement;

b. If the Insured Person suffers a loss that is not of the nature of Permanent Partial Disability specified in the table above, then the independent medical advisors will determine the degree of disability and the amount payable, if any;

c. We will not make any payment under this Benefit if We have already paid or accepted any claims under the Policy in respect of the Insured Person and the total amount paid or payable under the claims is cumulatively greater than or equal to the Sum Insured for that Insured Person;

d. If a claim is accepted under this Benefit in respect of an Insured Person and the amount due under this benefit and claims already admitted under Benefit 1 (Accidental Death Benefit), Benefit 2 (Permanent and Total Disability), Benefit 3 (Permanent Partial Disability) and Benefit 4 (Temporary Total Disability) in respect of the Insured Person will cumulatively exceed the Common Death or Disability Sum Insured then Our maximum, total and cumulative liability under any and all such claims will be limited to the Common Death or Disability Sum Insured.

e. On the acceptance of a claim under this Benefit, the Insured Person's insurance cover under this Policy shall continue, subject to the availability of the Sum Insured and the Common Death or Disability Sum Insured.

4. Temporary Total Disability:

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the disability of the Insured Person which prevents the Insured Person from engaging in any employment or occupation on a temporary basis, then We will pay the amount specified in the Certificate of Insurance at the frequency specified in the Certificate of Insurance for the duration that the Temporary Total Disability continues.

This Benefit will be payable provided that:

a. This Benefit shall not be paid for the minimum number of days specified in the Certificate of Insurance from the date of commencement of Temporary Total Disability. If the Insured Person is disabled for a part of the period specified in the Certificate of Insurance, then only a proportionate part of the benefit for the specified period will be payable.

b. This Benefit shall not be paid in excess of the Insured Person's base income at the time of injury excluding overtime, bonuses, tips, commissions, or any other compensation for the period specified in the Certificate of Insurance;

c. We will not make any payment under this Benefit if We have already paid or accepted any claims under this Benefit in respect of the Insured Person and the total amount paid or payable under the claims is cumulatively greater than the Sum Insured specified against this Benefit in the Certificate of Insurance;

d. If a claim is accepted under this Benefit in respect of an Insured Person and the amount due under this Benefit and claims already admitted under Benefit 1 (Accidental Death Benefit), Benefit 2 (Permanent and Total Disability), Benefit 3 (Permanent Partial Disability) and Benefit 4 (Temporary Total Disability) in respect of the Insured Person will cumulatively exceed the Common Death or Disability Sum Insured then Our maximum, total and cumulative liability under any and all such claims will be limited to the Common Death or Disability Sum Insured.

5. Medical Expenses Reimbursement:

If an Insured Person requires Hospitalization or Day Care Treatment due to an Injury or Illness specified in the Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will reimburse the costs incurred on Medical Expenses up to the limit specified in the Certificate of Insurance including the Post-Hospitalization Medical Expenses incurred for up to 90 days following the Insured Person's discharge from Hospital.

This Benefit will be payable provided that:

a. The Hospitalization or Day Care Treatment is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner;

b. The Insured Person is admitted to Hospital and/or undergoes Day Care Treatment within 7 days of the occurrence of the Accident;

c. We will reimburse only those Medical Expenses that are Reasonable and Customary Charges.

6. Loan Protector:

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period, We will pay an amount equal to the outstanding loan principal amount in respect of the Insured Person's outstanding Loan, subject to this amount not exceeding the amount specified in the Certificate of Insurance.

This Benefit will be payable provided that:

a. We have accepted a claim under the Benefit 1 (Accidental Death) or Benefit 2 (Permanent Total Disability) in respect of that Insured Person;

b. The amount payable under this Cover Benefit will be in addition to the amount payable under the Benefit 1 (Accidental Death) or any other applicable Benefits or Cover Options;

c. Any payments that are overdue and unpaid by the Insured Person prior to the occurrence of the event giving rise to a claim under this Benefit will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured Person

7. OPD Treatment:

If an Insured Person requires OPD Treatment for any of the treatments/tests/consultations specified in the Certificate of Insurance, due to an Injury or Illness specified in the Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will reimburse the costs incurred on Medical Expenses up to the limit specified Certificate of Insurance.

This Benefit will be payable provided that:

a. The OPD Treatment undertaken is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner;

b. We will reimburse only those Medical Expenses that are Reasonable and Customary Charges.

8. Child Education Cover:

We will pay the amount specified in the Certificate of Insurance at the frequency specified in the Certificate of Insurance in respect of each surviving Dependent Child, irrespective of whether the Dependent Child is an Insured Person under this Policy.

For the purpose of this Benefit:

Dependent Child means a child of the Insured Person who is less than Age 25 and does not have any independent source of income.

This Benefit will be payable provided that:

a. We have accepted a claim under the Benefit 1 (Accidental Death Benefit) or Benefit 2 (Permanent Total Disability) in respect of that Insured Person;

b. We shall not be liable to accept a claim under this Benefit in respect of more than 2 Dependent Children of the Insured Person

9. Hospital Fixed Allowance:

If an Insured Person requires Hospitalization due to an Injury or Illness specified in the Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, for at least the minimum number of consecutive days specified in the Certificate of Insurance, then We will pay the amount specified in the Certificate of Insurance

This Benefit will be payable provided that:

a. The Hospitalization is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner;

b. The Insured Person is admitted to Hospital within 7 days of the occurrence of the Accident;

c. We shall not accept more than one claim under this Benefit in respect of the Insured Person following from the same Accident.

10. Disappearance Cover:

If an Insured Person disappears during the Coverage Period due to an Accident followed by a forced landing, stranding, sinking or wrecking of a conveyance, earthquake or flood during the Coverage Period and is legally declared dead (declared death in absentia or legal presumption of death), We will pay the amount specified in the Certificate of Insurance to the Nominee.

This Benefit will be payable provided that:

a. The Insured Person's disappearance is certified in writing by the local police authorities at the place of disappearance;

b. On the acceptance of a claim under this Benefit, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person.

11. Repatriation of Mortal Remains:

We will reimburse the expenses incurred up to the limit specified in the Certificate of Insurance for transportation of mortal remains from the place of death to the residence of the Insured Person.

This Benefit will be payable provided that:
a. The death of the Insured Person occurred in a location that is not the city/place of residence of the Insured Person.

12. Mobility Cover:

We will reimburse the expenses incurred up to the limit specified in the Certificate of Insurance on the purchase of support items including but not limited to crutches, artificial limbs, wheelchairs, tri-cycles intra-ocular lenses, spectacles, hearing aids, dentures, artificial teeth, imported medicines or any other item which in the opinion of the treating Medical Practitioner is necessary for the Insured Person to resume normal living following the Injury sustained in the Accident during the Coverage Period.

This Benefit will be payable provided that:

a. We have accepted a claim under the Benefit 2 (Permanent and Total Disability) or Benefit 3 (Permanent Partial Disability) or Benefit 4 (Temporary Total Disability) in respect of that Insured Person;

b. The Medical Practitioner treating the Insured Person certifies in writing that the proposed support is medically necessary;

c. We will reimburse only those expenses that are Reasonable and Customary Charges;

13. Funeral Expenses:

We will pay the amount specified in the Certificate of Insurance towards expenses on the funeral, cremation/ or burial and transportation of the body to the place of the funeral ceremony for the Insured Person, in case of Death due to illness or injury as specified in the Schedule / Certificate of Insurance, provided that:

a. In case of Death due to injury, We have accepted a claim under the Benefit 1 (Accidental Death Benefit)
b. In case of Death due to any other reason, Death occurs during the Coverage Period

14. Compassionate Visit:

If an Insured Person requires Hospitalization due to an Injury or Illness specified in the Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will reimburse an amount incurred for return economy class tickets up to the limit specified in the Certificate of Insurance for an Immediate Relative of the Insured Person to travel to the place of Hospitalization of the Insured Person.

This Benefit will be payable provided that:

a. The Insured Person is Hospitalized at a distance of at least 100 kilometres from his place of residence;

b. Day Care Treatments are excluded from the scope of this Benefit.

c. We will reimburse only those expenses that are Reasonable and Customary Charges;

d. We shall not accept more than one claim under this Benefit in respect of the Insured Person following from the same Accident.

15. Compassionate Visit Stay:

If an Insured Person requires Hospitalization due to an Injury or Illness specified in the Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will pay the daily amount specified in the Certificate of Insurance towards accommodation expenses for an Immediate Relative of the Insured Person to stay at the place of Hospitalization of the Insured Person during the Coverage Period.

This Benefit will be payable provided that:

a. This Benefit shall not be payable in respect of the Insured Person for more than the maximum number of days specified in the Certificate of Insurance for the Coverage Period;

b. Day Care Treatments are excluded from the scope of this Benefit.

c. We will reimburse only those expenses that are Reasonable and Customary Charges;

d. We shall not be liable to pay any amount under this Benefit after the Insured Person's discharge from Hospital;

e. We shall not accept more than one claim under this Benefit in respect of the Insured Person following from the same Accident.

16. Convenient Travel Option:

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly requires the Insured Person to return to his place of residence, then We will reimburse the amount incurred on tickets on a Common Carrier for the Insured Person's travel back to his place of residence with addition or modification necessitated in the Common Carrier due to such Illness/Injury and provided to the Insured Person, up to the limit specified in the Certificate of Insurance.

This Benefit will be payable provided that:

a. The Medical Practitioner treating the Insured Person certifies in writing that the Insured Person is suffering from the Injury in respect of which the claim is being made;

b. We will reimburse only those expenses that are Reasonable and Customary Charges.

17. Outstanding Bills Protection Benefit:

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period, We will pay the outstanding bills of the Insured Person up to the amount specified in the Certificate of Insurance.

This Benefit will be payable provided that:

a. We have accepted a claim under the Benefit 1 (Accidental Death Benefit) or Benefit 2 (Permanent Total Disability) in respect of that Insured Person;

b. The originals of the outstanding bills are submitted to Us;

c. Any bills that are overdue and unpaid by the Insured Person prior to the occurrence of the event giving rise to a claim under this Benefit will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured Person.

18. Ambulance and Emergency Transportation Cover:

If an Insured Person suffers from an Injury or Illness specified in the Schedule / Certificate of Insurance, during the Coverage Period and that Illness/Critical Illness/Injury solely and directly requires the Insured Person to be transported to the Hospital by an Ambulance or any public transport, then We shall reimburse the costs incurred up to the limits as specified in the Certificate of Insurance.

This Benefit will be payable provided that:

a. The treating Medical Practitioner certifies in writing that the transportation of the Insured Person by Ambulance was medically necessary;

b. The transportation was availed immediately following the Accident.

19. Modification of Vehicle/Home:

We will reimburse the costs incurred up to the limit specified in the Certificate of Insurance for improvements to be carried out in the Insured Person's residence or to the Insured Person's vehicle.

This Benefit will be payable provided that:

a. We have accepted a claim under the Benefit 2 (Permanent and Total Disability) or Benefit 3 (Permanent Partial Disability) in respect of that Insured Person;

b. The Medical Practitioner treating the Insured Person certifies in writing that these improvements are necessary;

c. We will reimburse only those expenses that are Reasonable and Customary Charges;

d. We shall not accept more than one claim under this Benefit in respect of the Insured Person following from the same Accident.

20. Evacuation (Medical & Catastrophe)

We will reimburse the costs incurred for the air or surface transportation of the Insured Person during the Coverage Period and an attending Medical Practitioner if it is certified in writing as being medically necessary, including costs incurred for medical care during such transportation, in any of the following circumstances:

a. The Insured Person needs to be evacuated due to a Catastrophe which has occurred in the place where the Insured Person is located during the Coverage Period;

b. The Insured Person needs to be transferred from the place of Accident to the nearest Hospital for medical treatment following an Accident during the Coverage Period;

c. The Insured Person needs to be transported from the Hospital where the Insured Person is being treated to the nearest Hospital if such medical treatment cannot be provided at the Hospital where the Insured Person is situated.

This Benefit will be payable provided that:

a. The treating Medical Practitioner certifies in writing that the transportation of the Insured Person was required for Medically Necessary Treatment to be rendered

b. We have agreed to the reimbursement of such costs of transportation in writing in advance of the transportation;

c. The Hospital to which the Insured Person is proposed to be transported is the nearest Hospital capable of providing the Medically Necessary Treatment required by the Insured Person;

d. If the Insured Person is transported to a Hospital which is not the nearest Hospital capable of providing the Medically Necessary Treatment required by the Insured Person then Our liability

under this Benefit shall be limited to the amount that would otherwise have been payable to transport the Insured Person to the nearest Hospital;

e. We will reimburse only those expenses that are Reasonable and Customary Charges;

f. We shall not accept more than one claim under this Benefit in respect of the Insured Person following from the same Accident.

21. Physiotherapy

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly requires the Insured Person to undergo physiotherapy, then We will reimburse the costs incurred on physiotherapy up to the limit specified Certificate of Insurance.

This Benefit will be payable provided that:

a. The physiotherapy undertaken is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner;

b. We will reimburse only those costs that are Reasonable and Customary Charges.

22. Chauffer Benefit

We will pay the per day allowance specified in the Certificate of Insurance in respect of a chauffeur to drive the Insured Person.

This Benefit will be payable provided that:

a. We have accepted a claim under the Benefit 2 (Permanent and Total Disability) or Benefit 3 (Permanent Partial Disability) or Benefit 4 (Temporary Total Disability) in respect of that Insured Person;

b. The Medical Practitioner treating the Insured Person certifies in writing that the Insured Person is unable to drive himself/herself due to the Injury;

c. We will not pay for more than the maximum number of days specified in the Certificate of Insurance;

d. We shall not accept more than one claim under this Benefit in respect of the Insured Person following from the same Accident.

23. Emergency Hotel Requirement:

We will reimburse the costs up to the limit specified in the Certificate of Insurance towards the stay of the Insured Person in a hotel due to the Insured Person or any Immediate Relative travelling with the Insured Person suffering Injury in an Accident or Illness or undergoing Hospitalization during the Coverage Period.

This Benefit will be payable provided that:

a. The Injury or Illness caused to the Insured Person or his/her Immediate Relative must be so disabling as to reasonably require an extension of the stay;

b. We shall not accept more than one claim under this Benefit during the Coverage Period.

We shall not be liable to reimburse any expenses under this Benefit for:

a. Any facts or matters of which the Insured Person was aware or should have been aware might result in a claim being made under this Benefit;

b. Any extension opted in furtherance of business or personal reasons.

24. Hospital Daily Allowance:

If an Insured Person requires Hospitalization due to an Injury or Illness specified in the Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will pay the daily allowance amount specified against this Benefit in the Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation;

This benefit will be payable provided that:

a. Our liability to make any payment under this benefit shall commence only after a continuous and completed 24 hours of Hospitalization of the Insured Person for each claim.

b. The Hospitalization is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner;

c. Our liability to make any payment under this benefit shall be in excess of the Deductible of the number of days specified in the Certificate of Insurance for each claim.

d. This Benefit shall not be payable in respect of the Insured Person for more than the maximum number of days specified in the Certificate of Insurance for each Coverage Period.

e. Only one daily allowance amount is payable for each day of Hospitalization, regardless of number of the Illnesses contracted/Injuries sustained.

25. EMI Protection

If an Insured Person is unable to pay the EMI Amounts payable under his/her Loan due to an Injury or Illness specified in the Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period , then We will pay an amount equal to the EMI Amount which is due on the Insured's outstanding Loan in the number of months immediately following the date of such occurrence, as is specified in the Certificate of Insurance, subject to this amount not exceeding the amount specified in the Certificate of Insurance

Amortization Chart means a complete table of periodic loan payments, showing the amount of principal loan amount and the amount of interest that comprise each payment or EMI, as the case may be, until the Loan is paid off at the end of its term.

This Insuring Clause will be payable provided that:

a. Any payments that are overdue and unpaid by the Insured prior to the occurrence of the event giving rise to a claim under this Insuring Clause will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.

b. The Benefit will not apply to any voluntary and uninsurable events, which are caused by or with the knowledge of the Insured Person, or which are against public policy, criminal or fraudulent under applicable law.

c. For the purpose of claim settlement against any cover under this Policy, the Amortization Chart prepared by the bank/financial institution as on the date of Loan disbursement or commencement of the Coverage Period (whichever is later) shall be considered wherever applicable.

d. Any additional amounts falling due as a penalty or charge by way of a default in repayment will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.

26. Missed Bill Payment

If an Insured Person defaults on payment of a credit card bill or an essential utility bill such as water, electricity or gas, on or before the due date for making such payment due to an Injury or Illness specified in the Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period that occurs during the Coverage Period, then We will pay the amount specified in Certificate of Insurance towards the penalty levied on the Insured Person for non-payment of such bill amount within the due date.

27. Personal Liability

We will reimburse any actual legal liability, including Defence Costs, incurred by the Insured Person in his/her private capacity to pay damages to a third party arising out of the third party's death, Injury or property being damaged during the Travel Period upto the limit specified in the Certificate of Insurance.

This Benefit will be payable provided that:

a. We are given immediate written notice of any event that may give rise to a claim under this Benefit;

b. The Insured Person does not incur any Defence Costs or expenses, admit liability or settle or attempt to settle, make any admission or offer any payment or otherwise assume any contractual obligation with respect to such claim without Our prior written consent;

c. The Insured Person is obligated to defend himself/herself in any ensuing civil proceedings. We shall be entitled, but not obligated to, at any time to take over and conduct the defence and/or settlement of any action or claim in the name of the Insured Person and shall be entitled at all times to receive the Insured Person's cooperation and assistance;

d. We shall not settle any claim without the express consent of the Insured Person, but if the Insured Person refuses an available settlement recommended by Us, then Our liability shall be restricted to the amount by which such claim could have been settled;

We shall not be liable to reimburse any expenses under this Benefit for claims arising out of:

a. Any wilful, malicious, criminal or unlawful act, error, or omission;

b. Any liability incurred towards a relative, a travelling companion or work colleague of the Insured Person;

c. Participation in any Hazardous Activities;

d. The Insured Person's business or occupation;

e. Livestock belonging to the Insured Person, or in his/her care, custody or control.

28. Loss of Baggage and Personal Effects:

We will reimburse the actual loss upto the limit specified in the Certificate of Insurance incurred in relation to the permanent and total loss of the Insured Person's luggage and personal possessions during the Travel Period.

This Benefit will be payable provided that:

a. The Insured Person provides Us with a written proof of ownership for any item lost which is valued at more than the amount specified in the Certificate of Insurance;

b. The Insured Person provides Us with a certified copy of the police report filed;

c. We will reimburse only those losses that are Reasonable and Customary Charges.

We shall not be liable to reimburse any expenses under this Benefit for:

a. Any loss or destruction which will be paid or refunded by the Common Carrier, hotel, agent or any other provider of travel and/or accommodation;

b. Any loss of Valuables, Money, any kinds of securities or tickets;

c. Any loss of luggage and personal possessions amounting to a partial loss or not amounting to a permanent and total loss;

d. Any actual or alleged loss or destruction arising from detention, confiscation or distribution by customs, police or other public authorities.

29. Electronic Equipment Cover:

We will reimburse the actual loss incurred up to the amount specified in the Certificate of Insurance in relation to the permanent and total loss of the Insured Person's Portable Electronic Equipment due to physical damage, destruction, loss or theft during the Travel Period.

For the purpose of this Benefit,

(i) Portable Electronic Equipment shall mean any computer equipment or communication devices carried by the Insured Person.

This Benefit will be payable provided that:

a. The Insured Person provides Us with a written proof of ownership or care, custody and control of the Portable Electronic Equipment;

b. The Insured Person provides Us with a certified copy of the police report filed;

c. We will reimburse only those expenses that are in excess of the Deductible;

d. Any amount payable under this Benefit shall be adjusted for depreciation as per the percentage specified in the Certificate of Insurance / Schedule.

We shall not be liable to reimburse any expenses for:

a. Any loss or destruction which will be paid or refunded by a Common Carrier, hotel, agent or any other provider of travel and/or accommodation;

b. Any loss of stored data or re-creation of such stored data;

c. Any damage of Portable Electronic Equipment caused due to the Insured Person's fault;

d. Any actual or alleged loss or destruction arising from detention, confiscation or distribution by customs, police or other public authorities.

30. Hardship Allowance:

If an Insured Person suffers an Injury as specified in the Certificate of Insurance / Schedule that occurs during the Coverage Period, We will pay the Sum Insured specified in the Certificate of Insurance for the Medically Necessary Treatment of the Insured Person.

This Benefit will be payable provided that:

a. The Insured Person provides Us with a copy of a police complaint reporting the incident.

We shall not be liable to reimburse any expenses for:

a. Any loss of Valuables, Money, luggage, any kinds of securities or tickets;

31. Kidnap / Hijack / Extortion Coverage

If an Insured Person is subject to Kidnapping, Hijack or Extortion which continues in excess of the number of hours specified in the Certificate of Insurance, then We shall indemnify the policy holder up to the limit specified in the Certificate of Insurance for such Insured losses during the Travel Period which includes:

1. Kidnap, Hijack or Extortion payments made, insofar as the payment was coordinated with and approved by the Crisis Consultant and

2. Any fees or expenses of engaging any third party negotiator, consultant or and/or interpreter.

For the purpose of this Benefit:

(i) Kidnap shall mean any actual event of seizing or detaining an Insured Person by force or fraud for the purpose of demanding ransom;

(ii) Extortion shall mean making of illegal threats, either directly or indirectly, to the Insured Person to cause Injury or death for the purpose of demanding ransom;

(iii) Hijack shall mean the attempted or actual illegal holding under duress of an Insured Person while traveling in a Common Carrier for the purpose of demanding ransom.

This Benefit will be payable provided that:

We are provided with a copy of a police complaint reporting the incident.

We shall not be liable to reimburse any expenses under this Benefit for claims arising out of:

a. Any loss of ransom amount in transit due to damage, disappearance, confiscation or wrongful abstraction, while such amount is being conveyed to the person(s) who have demanded it;

b. Any demand for ransom where the Insured Person or any Immediate Relative, colleague, employee or servant is an accomplice, whether acting alone or in collusion with others.

c. Any voluntary disappearance of an Insured Person of his or her own free will.

32. Loss of Job

If an Insured Person suffers an Involuntary Unemployment due to an Injury or Illness specified in the Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period , resulting in loss of Income, then We will pay the monthly amount specified in the Certificate of Insurance against this Benefit, or the number of EMI Amount(s) as specified in the Certificate of Insurance falling due in respect of the Loan Account Number specified against this benefit in the Certificate of Insurance, as applicable, for the number of months / days specified in the Certificate of Insurance from the date of such Involuntary Unemployment.

This benefit shall be payable subject to the following:

a. If the Involuntary Employment lasts for a period of less than a month, then only a proportionate part of the monthly amount for the specified period will be payable.

b. Salaried Individuals are eligible for cover under this benefit, where such primary occupation is evidenced by their ITR (Income Tax Return) for the number of years specified in the Certificate of Insurance preceding the date of loss of income.

c. The Insured Person is employed on the direct payroll of an organization or entity having a registered office in India for a minimum of six continuous months before the Risk Commencement Date, or of an Indian branch of such organization or entity.

d. Such dismissal/termination/retrenchment of the Insured Person by his/her employer should be affected in compliance with his/her employer's internal rules/regulations/policies, and any laws or any directives issued by a public authority and in force.

e. Our liability to make any payment under this benefit shall be in excess of the Deductible specified in the Certificate of Insurance for each claim and shall be payable for the maximum number of months specified in the Certificate of Insurance against this benefit, until reinstatement of employment with the same or any other employer, whether confirmed or on probation.

f. Where the EMI Option is opted for and specified as such in the Certificate of Insurance, any

payments that are overdue and unpaid by the Insured Person prior to the occurrence of the event giving rise to a claim under this benefit will not be considered for the purpose of this benefit and shall be deemed as paid by the Insured Person.

g. Any monthly amounts being paid under an admitted claim under this benefit will be discontinued if We reasonably believe that the Insured Person is demonstrably not taking any measures, deemed reasonable and necessary as advised by Us, that can assist in reinstatement of employment in his/her primary occupation, or any occupation of similar nature.

Specific Exclusions

We shall not be liable to make any payment for any claim under this benefit in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any Involuntary Unemployment of the Insured Person that is attributed to any dishonesty, misconduct or fraud, or any wilful violation by the Insured Person of any internal rules/regulations/policies, or any laws or any directives issued by a public authority and in force, or any disciplinary action initiated against the Insured Person by his/her employer.

2. Unemployment from any occupation or job which is a Temporary or Seasonal Job, or where the Insured Person is not on the direct payroll of the employer.

3. Any voluntary unemployment, self-resignation, or voluntary retirement.

4. Any Involuntary Unemployment or suspension of the Insured Person at his/her primary occupation, which is temporary in nature.

5. Any unemployment from any occupation or job in which no salary was ever provided to the Insured Person.

6. Any unemployment occurring while the Insured Person, who is a Salaried Individual, is still under his/her probation, including any unemployment resulting from non-confirmation of his/her employment by the employer during or after the period on probation.

7. Any suspension of the Insured Person from his/her primary occupation on account of any pending enquiry being conducted by the employer or a public authority.

8. Any unemployment if it arises as a result of the place of employment or part thereof being temporary closed down for a period not exceeding the minimum number of days specified in Certificate of Insurance/Schedule due to lay off, lockout, strike or any other reason.

9. Any unemployment due to non-extension of a maternity/paternity leave, either as per the Maternity Benefit Act 1961, as amended from time to time, or as per the employer's internal regulation/policy in force at the time of any event or occurrence that may give rise to a claim.

10. Any unemployment due to any strike or labour disturbance in which the Insured Person is directly or indirectly involved.

11. Any reasonable belief that the Insured Person was aware that such loss of Income was likely to happen, whether or not any official communication was provided, at the time of Risk Commencement Date.

12. Withdrawal of offer of employment by an employer.

13. Medical exclusions
    i. Any unemployment if it arises as a result of intentional self-inflicted injuries.
    ii. Any unemployment if it arises as a result of termination of service on the grounds of a Pre-Existing Diseases.
    iii. Any unemployment if it arises as a result of intake of alcohol or drugs by the Insured Person.
    iv. Any unemployment if it arises as a result of insured person being on family leave or

sick leave due to childbirth or pregnancy.

33. Critical Illness Fixed Benefit

If an Insured Person is First Diagnosed to be suffering from a Critical Illness of the nature specified in Annexure A of the Policy, during the Coverage Period, then We will pay the Sum Insured under this Benefit as specified in the Certificate of Insurance.

This benefit is payable provided that:

a. the Critical Illness is covered under the Policy for the Insured Person as stated in the Certificate of Insurance;

b. the Critical Illness first occurs or first manifests itself during the Coverage Period as a first incidence;

c. First Diagnosis of the Critical Illness should have occurred during the Insured Person's life-time, i.e, no payment under any benefit shall be made if such First Diagnosis of the Critical Illness is made post-mortem.

d. All the test reports and medical reports required to support the diagnosis of the Critical Illness, the stage and form of such Critical Illness, and for Us to make a claims assessment, including any claim documentation required under Section 3 (c) of the Policy, should be available before the death of the Insured Person and in a form suitable for sharing with Us.

e. The Insured Person survives the applicable Survival Period specified in the Certificate of Insurance.

f. The Critical Illness contracted has not arisen within the applicable Waiting Period, specified in the Certificate of Insurance against this benefit or a specified Critical Illness, from the Risk Commencement Date;

g. If a claim is accepted under this Benefit in respect of an Insured Person and the amount due under this Benefit and claims already admitted under this Benefit in respect of the Insured Person will cumulatively exceed the Sum Insured specified against this Benefit in the Certificate of Insurance, then Our maximum, total and cumulative liability under any and all such claims will be limited to the Sum Insured specified against this benefit in the Certificate of Insurance.

Cover Options:

1. Personal Accident (Common Carrier)

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period while the Insured Person is travelling as a passenger on a Common Carrier and that Injury solely and directly results in the Insured Person's death or permanent total disability within 365 days from the date of the Accident, We will pay the amount specified in the Certificate of Insurance.

This Benefit will be payable provided that:

d. We have accepted a claim under Benefit 1 (Accidental Death Benefit) or Benefit 2 (Permanent Total Disability) in respect of the Insured Person;

e. The amount payable under this shall be in addition to any other amounts payable under the Policy in respect of the Insured Person.

2. Additional Permanent Total Disability:

If the Certificate of Insurance / Schedule specifies that this Cover Option is in force for the Insured Person, then If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Permanent Total Disability of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the Sum Insured:

Nature of Permanent Total Disability
Total and irrecoverable loss of sight in both eyes Loss by physical separation or total and permanent loss of use of both hands or both feet
Loss by physical separation or total and permanent loss of use of one hand and one foot Total and irrecoverable loss of sight in one eye and loss of a Limb
Total and irrecoverable loss of hearing in both ears and loss of one Limb/ loss of sight in one eye Total and irrecoverable loss of hearing in both ears and loss of speech Total and irrecoverable loss of speech and loss of one Limb/ loss of sight in one eye
Permanent, total and absolute disability (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living

For the purpose of this Cover Option:

1. **Limb** means a hand at or above the wrist or a foot above the ankle;
2. **Physical separation of one hand** or **foot** means separation at or above wrist and/or at or above ankle, respectively.

This Cover Option will be payable provided that:

a. The Permanent Total Disability continues for a period of at least 180 days from the commencement of the Permanent Total Disability, and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement.

b. If the Insured Person suffers Injuries resulting in more than one of the Permanent Total Disabilities specified in the table above, then Our maximum, total and cumulative liability under this Cover Option shall be limited to the Sum Insured specified against this Cover Option in the Certificate of Insurance.

c. If the Certificate of Insurance specifies that the Permanent Total Disability Benefit is in force for the Insured Person, then on acceptance of a claim in respect of the Insured Person under this Cover Option, We will pay the Sum Insured specified in the Certificate of Insurance in addition to the Sum Insured of the Permanent Total Disability.

3. Additional Temporary Total Disability:

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the disability of the Insured Person which prevents the Insured Person from engaging in any employment or occupation on a temporary basis, then We will pay the amount specified in the Certificate of Insurance at the frequency specified in the Certificate of Insurance for the duration that the Temporary Total Disability continues.

This Cover Option will be payable provided that:

a. This Cover Option shall not be paid for the minimum number of days specified in the Certificate of Insurance from the date of commencement of Temporary Total Disability. If the Insured Person is disabled for a part of the period specified in the Certificate of Insurance, then only a proportionate part of the benefit for the specified period will be payable.

b. This Cover Option shall not be paid in excess of the Insured Person's base income at the time of injury excluding overtime, bonuses, tips, commissions, or any other compensation for the period specified in the Certificate of Insurance;

c. We will not make any payment under this Cover Option if We have already paid or accepted any claims under this Cover Option in respect of the Insured Person and the total amount paid or payable under the claims is cumulatively greater than the Sum Insured specified against this Cover Option in the Certificate of Insurance;

d. If the Certificate of Insurance specifies that the Temporary Total Disability Benefit is in force for the Insured Person, then on acceptance of a claim in respect of the Insured Person under this Cover Option, We will pay the Sum Insured as specified in the Certificate of Insurance in addition to the Sum Insured of the Temporary Total Disability.

4. Global Coverage:

If this Cover Option is in force for the Insured Person, then Section E Part II point 3 of the General Terms & Conditions in the Policy shall be deleted in entirety and replaced with the following:

This Policy applies to events or occurrences taking place anywhere in the world unless limited under this Policy in a particular Benefit/Cover Option or definition or by Us through an endorsement. All payments under this Policy will only be made in the Indian currency unless specified in the Schedule.

5. Pre-Existing Disease Waiting Period

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed, that a Waiting Period of the length specified in the Policy Schedule / Certificate of Insurance shall apply to all Pre-Existing Diseases for each Insured Person before Benefits under the Policy are available.

6. Initial Waiting Period for Hospitalization

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that a Waiting Period of the duration specified in the Policy Schedule / Certificate of Insurance shall apply to any claims in relation to a Hospitalization of the Insured Person including any Medical Expenses incurred thereof, other than for any Hospitalization due to an Accident.

7. Specific Illness Waiting period

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that a Waiting Period of the duration specified in the Policy Schedule / Certificate of Insurance shall apply to the to a Hospitalization of the Insured Person, including any Medical Expenses incurred thereof, caused due to or as a result of any of the following listed Illnesses and the Surgical Procedures:

i. Cataract,

ii. Hysterectomy for Menorrhagia or Fibromyoma or prolapse of Uterus unless necessitated by malignancy myomectomy for fibroids,

iii. Knee Replacement Surgery (other than caused by an Accident), Non-infectious Arthritis, Gout, Rheumatism, Oestoarthritis and Osteoposrosis, Joint Replacement Surgery (other than caused by Accident), Prolapse of Intervertibral discs(other than caused by Accident), all Vertibrae Disorders, including but not limited to Spondylitis, Spondylosis, Spondylolisthesis, Congenital Internal,

iv. Varicose Veins and Varicose Ulcers,

v. Stones in the urinary uro-genital and biliary systems including calculus diseases,

vi. Benign Prostate Hypertrophy, all types of Hydrocele,

vii. Fissure, Fistula in anus, Piles, all types of Hernia, Pilonidal sinus, Hemorrhoids and any abscess related to the anal region.

viii. Chronic Suppurative Otitis Media (CSOM), Deviated Nasal Septum, Sinusitis and related disorders, Surgery on tonsils/Adenoids, Tympanoplasty and any other benign ear, nose and throat disorder or surgery.

ix. Gastric and duodenal ulcer, any type of Cysts/Nodules/Polyps/internal tumors/skin tumors, and any type of Breast lumps (unless malignant), Polycystic Ovarian Diseases,

x. Any Surgery of the genito-urinary system unless necessitated by malignancy.

Notwithstanding anything contained under this Cover Option, if any of the foregoing listed Illnesses are Pre-Existing Diseases at the time of proposal or subsequently found to be Pre-Existing Diseases, the Pre-Existing Disease Waiting Periods as specified in the Policy Schedule / Certificate of Insurance shall apply.

Section D. Exclusions

II. Specific Exclusions

We shall not be liable to make any payment for any claim under the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

a. Any Pre-Existing Disease or any Injury or disability arising out of a Pre-Existing Disease or any complication arising therefrom.
b. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction, whether the Insured Person is medically sane or insane.
c. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaging in Hazardous Activities.
d. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Certificate of Insurance.
e. Bacterial infections (except pyogenic infection which occurs through a cut or wound due to Accident).
f. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
g. Death or disability resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to Accident.
h. Any Illness or Critical Illness arising within the Waiting Periods specified in the Policy or in the Schedule or Certificate of Insurance.
i. All Waiting Periods shall commence concurrently, and would be considered to have been served to the extent that the Insured Person was insured continuously and without interruption under another Indian insurer's individual health / Family Health insurance policy for the reimbursement of medical costs for inpatient treatment in a Hospital.
j. Any External Congenital Anomalies or in consequence thereof.
k. Any certification provided by a Medical Practitioner who shares the same residence as the Insured Person or who is an Immediate Relative.
l. Any claim directly or indirectly caused by or associated with any venereal disease or sexually transmitted disease.
m. Hospitalization, if applicable, for the following treatments:
    i. Laser treatment for correction of eye due to refractive error;
    ii. Aesthetic or change-of-life treatments of any description such as sex transformation operations, treatment towards changes in appearance or any procedure which is aimed to improve physical appearance;
    iii. Cosmetic treatments (including any complications arising out of cosmetic treatments) unless necessitated by traumatic Injury, or Illness;
    iv. Vaccination or inoculation unless forming a part of post-animal bite treatment;
    v. Treatment of obesity (including morbid obesity) and any other weight control program, general debility, convalescence, run—down conditions, rest cure, treatment of sleep apnea.
    vi. Naturopathy Treatments.
    vii. Sterility, treatment whether to effect or to treat infertility; any fertility, sub—fertility or assisted conception procedure; surrogate or vicarious pregnancy; birth control, contraceptive supplies or services including complications arising due to supplying services;
    viii. Any dental treatment or Surgery of a corrective, cosmetic or aesthetic nature unless carried out under general anaesthesia and is necessitated by Illness or Injury during the Coverage Period.
n. Any claim arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.
o. Any claim arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent.
p. Any claim caused by participation of the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
q. Any claim arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
r. Any claim arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, Chemical attack or weapons, or Biological attack or weapons.

i. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disability or death.
ii. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disability or death.

Section E. General Terms and Clauses

I.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.

"Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

2. Fraud

If any claim made by the insured person, 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 person or anyone acting on insured person's behalf to obtain any Benefit under this policy, all Benefits under this policy and the premium paid shall be forfeited.

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.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, 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 person does not believe to be true;

b. the active concealment of a fact by the insured person having knowledge or belief of the fact;

c. any other act fitted to deceive; and

d. any such act or 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 person / 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.

3. Redressal of Grievance

In case of a grievance the insured Person can contact the company through:

Our website: https://www.acko.com/health-insurance/

Toll Free : 1800 266 2256

Email: hello@acko.com

Courier: ACKO General Insurance Limited**,** 2nd Floor, #36/5, Hustlehub One East, Somasandrapalya, 27th Main Rd, Sector 2, HSR Layout, Bengaluru, Karnataka 560102

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at
Chief Grievance Officer
Acko General Insurance Limited 36/5 Hustlehub One East, Somasandrapalya, 27th Main Road Sector 2, HSR Layout, Karnataka Bangalore – 560102
Phone: 1800 266 2256 (Toll-Free) or 1860 266 2256
Email: gro@acko.com

For updated details of grievance officer, refer the link
https://www.acko.com/customer-service/grievance-redressal/

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. The contact details of the Ombudsman offices are provided on Our website and in this Policy at Annexure II.

Grievance may also be lodged at IRDAI Integrated Grievance Management System –

https://igms.irdai.gov.in/

II. Specific terms and clauses

1. **Material Information**: Material information to be disclosed includes every matter that You are aware of, or could reasonably be expected to know, that relates to questions in the Proposal Form/personal statement and which is relevant to Us in order to accept the risk of insurance. You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement of the contract We may, adjust the scope of cover and / or premium, if necessary, accordingly.

2. **Alterations in the Policy:** This Policy constitutes the complete contract of insurance. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by Us.

3. **Geography & Policy Currency:** This Policy applies to events or occurrences taking place in the Geographical Scope specified in the Policy Schedule / Certificate of Insurance. All payments under this Policy will only be made in the currency specified in the Policy Schedule.

4. **Governing Law & Dispute Resolution**: Any and all disputes or differences under or in relation to this Policy will be determined by the Indian Courts and subject to Indian law.

5. **Notices & Communications**: Any notice or communication in relation to this Policy will be in writing and if it is to:

    i. You or any Insured Person, then it will be sent to You at Your address specified in the Policy Schedule and You will act for all Insured Persons for these purposes.

    ii. Us, it will be delivered to Our address specified in the Policy Schedule. No insurance agents, insurance intermediaries or other person or entity is authorised to receive any notice or communication on Our behalf.

6. Electronic Transactions: You agree to comply with all the terms and conditions of electronic transactions as We shall prescribe from time to time, and confirm that all transactions effected facilities for conducting remote transactions such as the Internet, World Wide Web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof)

or by means of electronic, computer, automated machines network or through other means of telecommunication, in respect of this Policy and claim related details, shall constitute legally binding when done in compliance with Our terms for such facilities.

7. Assignment: The Policy and the benefits under this Policy can be assigned in only in accordance with applicable law.

8. Grace Period & Renewal: The Policy may be renewed by mutual consent and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days from the expiry of the Policy. We will not be liable to pay for any claim arising out of an Injury or Accident that occurred during the Grace Period. Renewals will not be denied except on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material facts or non-co-operation by the Insured Person. We may, revise the Renewal premium payable under the Policy or the terms of cover, provided that all such changes are approved in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premium will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.

9. Cancellation/Termination of the Policy (other than cancellation in the Free Look Period):

i. You may terminate this Policy at any time by giving Us written notice, and the Policy will terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

Cancellation Period	% of Premium
Within 25% of the Coverage Period	60%
25%-50% of the Coverage Period	40%
50%-75% of the Coverage Period	20%
Exceeding 75% of the Coverage Period	0%

ii. We may at any time terminate this Policy on grounds of misrepresentation, fraud or non-disclosure of material facts by You or any Insured Person upon 30 days' notice by sending an endorsement to Your address shown in the Schedule without refund of premium.

Section F. Other terms and conditions

Claims Procedure & Requirements

I. Claims Procedure & Requirements

The fulfillment of the terms and conditions of this Policy (including payment of premium by the due dates mentioned in the Policy Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person, including complying with the procedures and requirements in relation to claims, shall be Conditions Precedent to Our liability under this Policy.

For details on the claims procedures and requirements or any assistance during the process, We may be contacted at Our call centre on the toll free number specified in the Schedule or through Our website.

a. **Claims Procedure**: On the occurrence of or discovery of any event which may give rise to a claim under this Policy, We shall be provided with the following necessary information and documentation in respect of the claim within 30 days of the occurrence of the Insured Person's Injury.

Documentation Requirement:

Sr. No.	Name of Benefit	Documents required

	Common Documents	• Our duly filled and signed Claim Form • Name and address of the Insured Person in respect of whom the claim is being made; • Copies of valid KYC documents of the Nominee/claimant, any other regulatory requirements, as amended from time to time;
1.	Accidental Death Benefit	• Original COI (Wherever applicable) • Copy of FIR (First Information Report)/Spot Panchnama/Inquest Panchnama-where applicable attested by issuing authorities. • Death Certificate attested by issuing/ appropriate authority. • Post Mortem Report where applicable- attested by issuing authorities. • Original legal heir certificate (in case nomination has not been filed by deceased)
2.	Permanent Total Disability (PTD)	• Written intimation of the claim • Investigation reports attested by Appropriate/issuing authorities • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done)/ Spot Panchnama-where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor attested by issuing authority. • Investigation reports Medical Any relevant claim document, post verification of submitted claim, if required
3	Permanent Partial Disability	• Investigation reports • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor • Leave certificate from the employer • Details of any other related document • Medical reports, case histories, investigation reports, treatment papers as applicable
4	Temporary Total Disability	
5	Medical Expenses Reimbursement	• FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Details of any other related document Medical Bills with Prescription • Medical reports, case histories, investigation reports, treatment papers as applicable • Medical Investigations report with prescription and subsequent prescription • Discharge summary
6	Loan Protector	• Investigation reports • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor • Leave certificate from the employer Details of any other related document Copy of loan approval letter • Medical reports, case histories, investigation reports, treatment papers as applicable • Loan due statement • Last EMI paid proof

7	OPD Treatment	• Investigation reports • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Leave certificate from the employer • Details of any other related document Medical Bills with Prescription • Medical reports, case histories, investigation reports, treatment papers as applicable • Medical Investigations report with prescription First Consultation and subsequent prescription
8	Child Education Cover	• Investigation reports • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Death certificate in case of death • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor in case of PTD • Medical reports, case histories, investigation reports, treatment papers as applicable • Declaration that Child does not have any Independent Source of income and is aged less than 25 years of age.
9	Hospital Fixed Allowance	• Copy of the Discharge Summary • Copy of First Information Report (FIR) /Medico-Legal certificate (MLC)(if MLC is done)-where applicable- Attested by issuing authority • Treating doctor certificate giving details of Injury Sustained • Original bills and payment receipts
10	Disappearance Cover	• Copy of FIR (First Information Report)/Spot Panchnama/Inquest Panchnama • Original legal heir certificate (in case nomination has not been filed by deceased)
11	Repatriation of Mortal Remains	• Same as Accidental death requirements
12	Mobility Cover	• Same as Permanent Total disability and Permanent partial disability Treating Doctor's consultation indicating need for mobility equipment purchased
13	Funeral Expenses	Same as Accidental death benefit
14	Compassionate Visit	• Medical Certificate from treating Doctor • Original Bills and payment receipt • Medical reports, case histories, investigation reports, treatment papers as applicable • Proof of the immediate family member such as Ration Card • Travel bills of the relative
15	Compassionate Visit Stay	• Medical Certificate from treating Doctor • Original Bills and payment receipt • Medical reports, case histories, investigation reports, treatment papers as applicable • Proof of the immediate family member such as Ration Card • Travel and Accommodation bills of the relative
16	Convenient Travel Option	• Medical Certificate from treating Doctor • Original Bills and payment receipt • Medical reports, case histories, investigation reports, treatment papers as applicable • Bills of modified Travel Mode
17	Outstanding Bills Protection Benefit	• Investigation reports • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor • Leave certificate from the employer Details of any other related

		document Copy of loan approval letter • Medical reports, case histories, investigation reports, treatment papers as applicable • Outstanding Bills/Proofs/certificates
18	Ambulance & Emergency Transportation	• Investigation reports Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor • Leave certificate from the employer • Details of any other related document Original Bills and payment receipt • Medical reports, case histories, investigation reports, treatment papers as applicable • Treating Doctor's consultation indicating need • Original Bills and payment receipt
19	Modification of Vehicle/Home	• Written intimation of the claim • Investigation reports attested by Appropriate/issuing authorities • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor attested by issuing authority. • Investigation reports Medical Any relevant claim document, post verification of submitted claim, if required • RTO certificate/endorsement of modification of vehicle • Original invoice and payment receipt
20	Evacuation (Medical & Catastrophe)	• Written intimation of the claim • Investigation reports attested by Appropriate/issuing authorities • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Investigation reports Medical Any relevant claim document, post verification of submitted claim, if required • Treating Doctor's consultation indicating need • Original invoice and payment receipt
21	Physiotherapy	• Written intimation of the claim • Investigation reports attested by Appropriate/issuing authorities • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Investigation reports Medical Any relevant claim document, post verification of submitted claim, if required • Treating Doctor's consultation indicating need • Original invoice and payment receipt
22	Chauffer Benefit	• Written intimation of the claim • Investigation reports attested by Appropriate/issuing authorities • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Investigation reports Medical Any relevant claim document, post verification of submitted claim, if required • Treating Doctor's consultation indicating need • Original invoice and payment receipt
23	Emergency Hotel Requirement	• Duly completed Claim Form with your signature • Medical reports, case histories, investigation reports, treatment papers as applicable • Leave certificate from the employer Details of any other related document • Accommodation booking confirmation with payment receipts.
24	Hospital Daily Allowance	• Copy of the Discharge Summary • Copy of First Information Report (FIR) /Medico-Legal certificate (MLC) (if MLC is done)-where applicable- Attested by issuing authority • Treating doctor certificate giving details of Injury Sustained

25	EMI Protection	• Investigation reports • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor • Leave certificate from the employer Details of any other related document Copy of loan approval letter • Medical reports, case histories, investigation reports, treatment papers as applicable • EMI due statement • Last EMI paid proof
26	Missed Bill Payment	• Investigation reports • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor • Leave certificate from the employer Details of any other related document Copy of loan approval letter • Medical reports, case histories, investigation reports, treatment papers as applicable • Outstanding Bills/Proofs/certificates
27	Personal Liability	• FIR/ MLC Copy/ Spot Panchnama-where applicable- Attested by issuing authority • Death Certificate attested by issuing/ appropriate authority. • Post Mortem Report where applicable- attested by issuing authorities. • Medical Certificate from treating Doctor attested by issuing authority. • Disability Certificate from appropriate Government Authority. • Judgement of the court
28	Loss of Baggage and Personal Effects	• Duly completed Claim Form with your signature • Proof of ownership and or invoice • FIR copy
29	Electronic Equipment Cover	• Duly completed Claim Form with your signature • Proof of ownership and or invoice • FIR copy
30	Hardship Allowance	• Investigation reports • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Leave certificate from the employer • Details of any other related document Medical Bills with Prescription • Medical reports, case histories, investigation reports, treatment papers as applicable • Medical Investigations report with prescription First Consultation and subsequent prescription
31	Kidnap/Hijack/Extortion Coverage	• FIR copy • Claimant/Nominee details
32	Loss of Job	• Income Tax Return (ITR) for number of years specified in Certificate of Insurance • Proof of Employment (Appointment Letter) • Latest copy of Salary Revision (if any) • Salary slip for last 3 months • Form 16 (if applicable) • Contact details of Employer • Proof of Loan taken and EMIs due (in cases where EMI is Sum Insured) from bank/financial institution where such loan has been taken • Reason for Retrenchment mentioned in the Relieving Letter
		• Nature of Critical Illness • Medical Certificate from treating Doctor

33	Critical Illness Fixed Benefit	• Details of any other related document Medical Bills with Prescription • Medical reports, case histories, investigation reports, treatment papers as applicable • Medical Investigations report with prescription First Consultation and subsequent prescription • Discharge summary

	Cover Options	
A	Personal Accident (Common Carrier)	• Written intimation of the claim • Investigation reports attested by Appropriate/issuing authorities • Photograph of the injured with reflecting disablement • FIR/ MLC Copy/ Spot Panchnama-where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority. • Medical Certificate from treating Doctor attested by issuing authority. • Investigation reports Medical Any relevant claim document, post verification of submitted claim, if required • Death Certificate attested by issuing/ appropriate authority. • Post Mortem Report where applicable- attested by issuing authorities. • Original legal heir certificate (in case nomination has not been filed by deceased)
B	Additional Permanent Total Disability	• Same as Permanent Total Disability requirements
C	Additional Temporary Total Disability	• Same as Temporary Total Disability requirements
D	Global Coverage	• Basic claim document • Passport copy/Visa copy • Travel tickets
E	Pre-Existing Disease Waiting Period	• Same as Medical Expenses Reimbursement requirements
F	Initial Waiting Period for Hospitalization	• Same as Medical Expenses Reimbursement requirements
G	Specific illness waiting period	• Same as Medical Expenses Reimbursement requirements

Additional documents required with respect to other coverages will be requested as and when required (if applicable).

a. **Other Claims Requirements**:

i. If any claim is not made within the time period set out above, then We will condone such delay on merits only where the delay has been proved to be for reasons beyond the claimant's control.

ii. We/Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of such claim.

iii. If requested by Us and at Our cost, the Insured Person must submit to medical examination by Independent Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's Injury and treatment and to investigate the facts surrounding the claim.

b. **Claims Payment**:

i. We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full and on time in respect of the Insured Person's cover under all applicable Benefits and Cover Options and all payments have been realised.

ii. We shall make the payment of claim that has been admitted as payable by Us under the Policy within 30 days of submission of all necessary documents and information and any other additional information required for the settlement of the claim.

iii. All claims will be investigated (as required) and settled in accordance with the applicable regulatory guidelines, including the IRDAI (Protection of Policyholders Interests) Regulations, 2017.

iv. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy, beyond the time period as prescribed under IRDAI (Protection of Policyholders Interests) Regulations, 2017, we shall pay interest at a rate which is 2% above the bank rate where "bank rate" shall mean the bank rate fixed by the Reserve Bank of India at the beginning of the financial year in which claim has fallen due.

Section G Annexures

Annexure A: Critical Illness

The Critical Illnesses defined below shall be covered under the Critical Illness Fixed Benefit in the below combination, as may be specified in the Schedule or Certificate of Insurance:

S.NO.	CRITICAL ILLNESS	GROUP			
		15 CI's	18 CI's	25 CI's	36 CI's
1	Cancer of Specified Severity	√	√	√	√
2	Kidney Failure Requiring Regular Dialysis	√	√	√	√
3	Multiple Sclerosis with Persisting Symptoms	√	√	√	√
4	Major Organ / Bone Marrow Transplant	√	√	√	√
5	Open Heart Replacement or Repair of Heart Valves	√	√	√	√
6	Open Chest CABG	√	√	√	√
7	Permanent Paralysis of Limbs	√	√	√	√
8	Myocardial Infarction (First Heart Attack – of Specific Severity)	√	√	√	√
9	Stroke Resulting in Permanent Symptoms	√	√	√	√
10	Benign Brain Tumor	√	√	√	√
11	Parkinson's Disease	√	√	√	√
12	Coma of Specified Severity	√	√	√	√
13	End Stage Liver Failure	√	√	√	√
14	Alzheimer's Disease	√	√	√	√
15	Aorta Graft Surgery	√	√	√	√
16	Major Burns	×	√	√	√
17	Loss of Hearing (Deafness)	×	√	√	√
18	Loss of Speech	×	√	√	√
19	Loss of Vision (Blindness)	×	×	√	√
20	Motor Neurone Disease with Permanent Symptoms	×	×	√	√
21	Loss of Limbs	×	×	√	√
22	Aplastic Anaemia	×	×	√	√
23	End Stage Lung Failure	×	×	√	√
24	Primary (Idiopathic) Pulmonary Hypertension	×	×	√	√
25	Bacterial Meningitis	×	×	√	√
26	Apallic Syndrome or Persistent Vegetative State (PVS)	×	×	×	√

27	Coronary Angioplasty (PTCA)[1]	×	×	×	√
28	Encephalitis	×	×	×	√
29	Fulminant Hepatitis	×	×	×	√
30	Chronic Relapsing Pancreatitis	×	×	×	√
31	Major Head Trauma	×	×	×	√
32	Medullary Cystic Disease	×	×	×	√
33	Muscular Dystrophy	×	×	×	√
34	Poliomyelitis	×	×	×	√
35	Systemic Lupus Erythematous	×	×	×	√
36	Brain Surgery	×	×	×	√

Listing of Critical Illnesses

1. Cancer of Specific Severity

I) A malignant tumor characterized by the uncontrolled growth & 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 leukemia, lymphoma and sarcoma.

II) The following are excluded
- i) All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & 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 tumors 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 lymphocyctic 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;

2. Myocardial Infraction (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.

3. Open Chest CABG

I) The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through

the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

II) The following are excluded:
i) Angioplasty and/or any other intra-arterial procedures

4. Open Heart Replacement or Repair of Heart Valves

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

5. Kidney Failure Requiring Dialysis

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

6. Stroke Resulting in Permanent Symptoms

I) Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and 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 functions.

7. Major Organ/Bone Marrow Transplant

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

II) The following are excluded:
i) Other stem-cell transplants
Where only islets of langerhans are transplanted

8. Permanent Paralysis of Limbs

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

9. Multiple Sclerosis with Persisting Symptoms

I) The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
i) investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
ii) there must be current clinical impairment of motor or sensory function, which must have

persisted for a continuous period of at least 6 months.

II) Other causes of neurological damage such as SLE is excluded.

10. Coma of Specified Severity

I) 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:
   i) no response to external stimuli continuously for at least 96 hours;
   ii) life support measures are necessary to sustain life; and
   iii) permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

II) The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

11. Motor Neuron Disease with Permanent Symptoms

I) Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

12. Blindness

I) Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

II) The Blindness is evidenced by
   i) corrected visual acuity being 3/60 or less in both eyes or;
   ii) the field of vision being less than 10 degrees in both eyes.

III) The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

13. Third Degree Burns

I) There must be third-degree burns with scarring that cover at least 20% of the body's surface area. A certified physician must confirm the diagnosis must confirm and the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

14. Parkinson's Disease

I) The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to Us.

II) The diagnosis must be supported by all of the following conditions:
   i) the disease cannot be controlled with medication;
   ii) signs of progressive impairment; and
   iii) inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:

III) Activities of daily living:
   i) Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
   ii) Dressing: the ability to put on, take off, secure and unfasten all garments and, as

appropriate, any braces, artificial limbs or other surgical appliances;
iii) Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
iv) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
v) Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
vi) Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

IV) Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

15. Benign Brain Tumor

I) Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

II) This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
i) Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
ii) Undergone surgical resection or radiation therapy to treat the brain tumor.

III) The following conditions are **excluded**:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

16. Alzheimer's Disease

I) Alzheimer's disease is a progressive degenerative Illness of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.

II) Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a specialist Medical Practitioner (Neurologist) and supported by Our appointed Medical Practitioner, evidenced by findings in cognitive and neuro radiological tests (e.g. CT scan, MRI, PET scan of the Brain). The disease must result in a permanent inability to perform three or more Activities with Loss of Independent Living or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days

III) The following conditions are however not covered:
i) non-organic diseases such as neurosis and psychiatric Illnesses;
ii) alcohol related brain damage; and
iii) any other type of irreversible organic disorder/dementia.

17. Aorta Graft Surgery

I) The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of **"Aorta"** shall mean the thoracic and abdominal aorta but not its branches.

II) The Insured Person understands and agrees that We will not cover:
i) Surgery performed using only minimally invasive or intra arterial techniques.
ii) Angioplasty and all other intra arterial, catheter based techniques, "keyhole" or laser

procedures

III) The Aorta is the main artery carrying blood from the heart. Aortic Graft Surgery benefit covers Surgery to the Aorta wherein part of it is removed and replaced with a graft.

18. Deafness

I) Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing” in both ears.

19. Loss of Limbs

I) The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

20. Loss of Speech

I) Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by and Ear, Nose, Throat (ENT) specialist.

21. Aplastic Anaemia

I) Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
   i) Blood product transfusion;
   ii) Marrow stimulating agents;
   iii) Immunosuppressive agents; or
   iv) Bone marrow transplantation.

II) The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:
   i) Absolute neutrophil count of 500/mm³ or less
   ii) Platelets count less than 20,000/mm³ or less
   iii) Absolute Reticulocyte count of 20,000/mm³ or less

III) Temporary or reversible Aplastic Anaemia is excluded.

IV) In this condition, the bone marrow fails to produce sufficient blood cells or clotting agents.

22. End Stage Liver Failure

I) Permanent and irreversible failure of liver function that has resulted in all three of the following:
   i) Permanent jaundice; and
   ii) Ascites; and
   iii) Hepatic encephalopathy.

II) Liver failure secondary to alcohol or drug abuse is **excluded.**

23. End Stage Lung Failure

I) End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
   i) FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and

ii) Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
iii) Arterial blood gas analysis with partial oxygen pressures of 55mmHg or less (PaO2 <55 mm Hg); and
iv) Dyspnea at rest.

24. 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:
i) Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
ii) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
iii) Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

25. Bacterial Meningitis

I) Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal chord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities for Loss of Independent Living.

II) This diagnosis must be confirmed by:
i) The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
ii) A consultant neurologist certifying the diagnosis of bacterial meningitis.

Bacterial Meningitis in the presence of HIV infection is excluded.

26. Apallic Syndrome or Persistent Vegetative State (PVS)

I) Apallic Syndrome or Persistent vegetative state (PVS) or unresponsive wakefulness syndrome (UWS) is a universal necrosis of the brain cortex with the brainstem remaining intact. The patient should be in a vegetative state for a minimum of four weeks in order to be classified as UWS, PVS, Apallic Syndrome.

II) The diagnosis must be confirmed by a Neurologist acceptable to Us and the condition must be documented for at least one month.

III) In this condition, the patient with severe brain damage progresses who was in coma, progresses to a wakeful conscious state, but not in a state of true awareness.

27. Coronary Angioplasty (PTCA)

I) Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

II) Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

III) Diagnostic angiography or investigation procedures without angioplasty / stent insertion are excluded.

The maximum benefit pay-out for Coronary Angioplasty is restricted to the Sum Insured or INR 10,00,000, whichever is lesser.

28. Encephalitis

I) Severe inflammation of the brain tissue due to infectious agents like viruses or bacteria which results in significant and permanent neurological deficits for a minimum period of 30 days, certified by a specialist Medical Practitioner (Neurologist).

II) The permanent deficit should result in permanent inability to perform three or more Activities for Loss of Independent Living.

III) Exclusions:
- i) Encephalitis in the presence of HIV infection is excluded.

29. Fulminant Hepatitis

I) A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:
- i) Rapid decreasing of liver size;
- ii) Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- iii) Rapid deterioration of liver function tests;
- iv) Deepening jaundice; and
- v) Hepatic encephalopathy.

II) Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

30. Chronic Relapsing Pancreatitis

An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Registered Doctor who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterised by relapses in the form of sub lethal attacks of acute pancreatitis, irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by elevated levels of pancreatic function tests including serum amylase, serum lipase, and radiographic and imaging evidence. Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded

31. Major Head Trauma

i) Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

ii) The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word“permanent” shall mean beyond the scope of recovery with current medical knowledge and technology

iii) Activities of Daily Living are:
- i) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv) Mobility: the ability to move indoors from room to room on level surfaces;
- v) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

vi) Feeding: the ability to feed oneself once food has been prepared and made available.

iv) The following are excluded:
i) Spinal cord injury;

32. Medullary Cystic Disease

A progressive hereditary disease of the kidneys characterised by the presence of cysts in the medulla, tubular atrophy and intestitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic renal failure. The diagnosis must be supported by renal biopsy.

33. Muscular Dystrophy

I) A group of hereditary degenerative diseases of muscle characterised by progressive and permanent weakness and atrophy of certain muscle groups. The diagnosis of muscular dystrophy must be unequivocal and made by a Neurologist acceptable to Us, with confirmation of at least 3 of the following 4 conditions:
i) Family history of muscular dystrophy;
ii) Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;
iii) Characteristic electromygrom; or
iv) Clinical suspicion confirmed by muscle biopsy.

II) The condition must result in the inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:

34. Poliomyelitis

I) The unequivocal diagnosis of infection with the polio virus must be established by a Consultant Neurologist. The infection must result in irreversible paralysis as evidenced by impaired motor function or respiratory weakness. Expected permanence and irreversibility of the paralysis must be confirmed by a Consultant Neurologist after at least 6 months since the beginning of the event.

II) Exclusions:
i) Cases not involving irreversible paralysis will not be eligible for a claim
ii) Other causes of paralysis such as Guillain-Barré Syndrome are specifically excluded.

35. Systemic Lupus Erythematous

I) A multi-system, multifactorial, autoimmune disorder characterised by the development of auto-antibodies directed against various self-antigens. Systemic lupus erythe-matosus will be

restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V lupus nephritis, established by renal biopsy, and in accordance with the World Health Organization (WHO) classification). The final diagnosis must be confirmed by a registered Medical Practitioner specialising in Rheumatology and Immunology acceptable to Us, Other forms, discoid lupus, and those forms with only haematological and joint involvement are however not covered:

The WHO lupus classification is as follows:

i) Class I: Minimal change – Negative, normal urine.
ii) Class II: Mesangial – Moderate proteinuria, active sediment.
iii) Class III: Focal Segmental – Proteinuria, active sediment.
iv) Class IV: Diffuse – Acute nephritis with active sediment and/or nephritic syndrome.
v) Class V: Membranous – Nephrotic Syndrome or severe proteinuria.

36. Brain Surgery

I) The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy is performed.

II) Exclusion:
i) Burr hole surgery / brain surgery on account of an accident.

Annexure II: List of Insurance Ombudsman

Where the grievance is not resolved, the insured may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. The details of the Insurance Ombudsman are available below:

AHMEDABAD - 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 (Jurisdiction: Gujarat, Dadra & Nagar Haveli, Daman and Diu.)

BENGALURU - 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 (Jurisdiction: Karnataka.)

BHOPAL - Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market Bhopal (M.P.)-462 003. Tel.: - 0755-2769201/2769202

Email: bimalokpal.bhopal@cioins.co.in (Jurisdiction: Madhya Pradesh and Chattisgarh.)

BHUBANESHWAR - Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneshwar-751 009. Tel.:- 0674- 2596461/2596455 Email: bimalokpal.bhubaneswar@cioins.co.in (State of Odisha.)

CHANDIGARH - Office of the Insurance Ombudsman S.C.O. No.101, 102 & 103, 2nd Floor, Batra Building, Sector 17- D, Chandigarh-160 017. Tel.: - 0172- 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in [Jurisdiction: Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.]

CHENNAI - Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI-600 018. Tel.: - 044-24333668 /24335284 Email: bimalokpal.chennai@cioins.co.in [Jurisdiction: Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry).]

DELHI - Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi-110 002. Tel.: - 011- 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in (Jurisdiction: Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.)

GUWAHATI - Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, S.S. Road, Guwahati-781001 (ASSAM) Tel.: - 0361- 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in (Jurisdiction: Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.)

HYDERABAD - Office of the Insurance Ombudsman, 6-2-46, 1st Floor, "Moin Court", Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004. Tel: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in (Jurisdiction: Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.)

JAIPUR - Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur – 302 005 Tel: 0141-2740363 Email: bimalokpal.jaipur@cioins.co.in (Jurisdiction: Rajasthan.)

ERNAKULAM - Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, Ernakulam-682 015. Tel.: 0484-2358759/2359338 Email: bimalokpal.ernakulam@cioins.co.in (Jurisdiction: Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.)

KOLKATA - Office of the Insurance Ombudsman, Hindustan Building. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA 700 072. Tel.: 033-22124339/22124340 Email: bimalokpal.kolkata@cioins.co.in (Jurisdiction: West Bengal, Sikkim, Andaman & Nicobar Islands.)

LUCKNOW - Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in (Jurisdiction: 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 - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), Mumbai – 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31, Email: bimalokpal.mumbai@cioins.co.in [Jurisdiction: Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).]

NOIDA - Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P - 201301. Tel.: 0120- 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in (Jurisdiction: 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 - Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612- 2547068 Email: bimalokpal.patna@cioins.co.in (Jurisdiction: Bihar, Jharkhand.)

PUNE - Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in [Jurisdiction: Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).]

The updated details of Insurance Ombudsman offices are also available at the IRDAI website www.irdai.gov.in, or on the website of Council for Insurance Ombudsmen www.cioins.co.in or on the Company's website at www.acko.com.