

Acko Group Health Insurance Policy - Policy Wordings

Section A. Preamble

We will provide the insurance cover specified in the Policy to the Insured Persons up to the Sum Insured specified against each Benefit, subject to (i) the terms, conditions and exclusions of this Policy, (ii) the receipt of premium as specified in the Policy Schedule / Certificate of Insurance, (iii) the statements in the proposal and information disclosed to Us, made by You or on Your behalf, and on behalf of all persons to be insured, which is incorporated into the Policy and forms the basis of it.

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 Policy Schedule / Certificate of Insurance. 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

1. Standard Definitions

1. **Accident** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Any one illness** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
3. **AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
 - a. Central or State Government AYUSH Hospital; or
 - b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
 - c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

4. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:
 - i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
 - ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
5. **Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the Network Provider by the insurer to the extent pre-authorization is approved.
6. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
7. **Congenital Anomaly** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
 - a) **Internal Congenital Anomaly**- Congenital anomaly which is not in the visible and accessible parts of the body.
 - b) **External Congenital Anomaly**- Congenital anomaly which is in the visible and accessible parts of the body
8. **Co-Payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
9. **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium
10. **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.
11. **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.
12. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any

benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

13. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and Surgery.
14. **Disclosure to information norm** means that 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.
15. **Domiciliary Hospitalization** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:
 - i. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
 - ii. the patient takes treatment at home on account of non-availability of room in a hospital.
16. **Emergency Care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a medical practitioner to prevent death or serious long-term impairment of the insured person's health.
17. **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.
18. **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) of the said act Or complies with all minimum criteria as under:
 - i) has qualified nursing staff under its employment round the clock;
 - ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - iii) has qualified medical practitioner(s) in charge round the clock;
 - iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
19. **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.
20. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
 - (a) **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
 - (b) **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 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

21. **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.
22. **Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
23. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
24. **ICU Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
25. **Maternity expenses** means –
 - a. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
 - b. expenses towards lawful medical termination of pregnancy during the policy period.
26. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
27. **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.
28. **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.
29. **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.
30. **Migration** means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.
31. **Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.
32. **New Born Baby** means baby born during the Policy Period and is aged upto 90 days.
33. **Non-Network** provider means any hospital, day care centre or other provider that is not part of the network.

34. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
35. **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 or in-patient.
36. **Pre-Existing Disease** means any condition, ailment, injury or disease:
- That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - 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 issued by the insurer or its reinstatement.
37. **Pre-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days preceding the Hospitalization of the Insured Person, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
38. **Portability** means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for Pre-existing conditions and time bound exclusions, from one insurer to another insurer.
39. **Post-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:
- Such Medical Expenses are for the same condition for which the insured person's Hospitalization was required, and
 - The inpatient hospitalization claim for such Hospitalization is admissible by the insurance company.
40. **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
41. **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.
42. **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.
43. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
44. **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.
45. **Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

2. Specific Definitions

1. **Age or Aged** means the age as on last birthday.
2. **Annual Renewal Date** means the anniversary of the Commencement Date each Policy Year or any other date which We and You may agree in writing.
3. **Annexure** means a document attached and marked as Annexure to this Policy.
4. **Ambulance** means a road vehicle operated by a licenced/authorised service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
5. **Benefit** means any Benefit shown in the Policy Schedule / Certificate of Insurance.
6. **Base Sum Insured** referred herein means the Sum Insured for the Base Cover as specified in the Policy Schedule or/and Certificate of Insurance.
7. **Certificate of Insurance** means the certificate We issue to the Insured Person confirming the Insured Person's cover under the Policy.
8. **Checked-In Baggage:** Checked-In Baggage means the baggage entrusted by the Insured Person and accepted by a Common Carrier for transportation for which a baggage receipt is issued to the Insured Person by the Common Carrier, excluding all items that are carried/ transported under a Contract of Affreightment.
9. **Commencement Date:** Commencement Date means the start date of the Policy as specified in the Schedule.
10. **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. If the Certificate of Insurance specifies that Personal Vehicles will also be covered, then for the purposes of that Insured Person only, Common Carrier will also include automobiles owned or used by the Insured Person.
11. **Common Death or Disability Sum Insured** means the amount specified in the Certificate of Insurance cumulatively against
 - Benefit 2.2.1.1 (Accidental Death Benefit),
 - Benefit 2.2.1.2 (Permanent and Total Disability),
 - Benefit 2.2.1.3 (Permanent Partial Disability) and
 - Benefit 2.2.1.4 (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.
12. **Covered In-patient Medical Expenses** shall include Room Rent, ICU/CCU/HDU charges, nursing charges, operation theatre charges, Surgical Appliances or Medical Appliances cost, fees of Medical Practitioner/ surgeon / anaesthetist / Specialist / Radiologist / Pathologist and diagnostic tests conducted within the same Hospital where the Insured Person has been admitted.
13. **Coverage Period:** Coverage Period means the period specified in the Policy Schedule / Certificate of Insurance which commences on the Risk Commencement Date specified in the Policy Schedule / Certificate of Insurance and ends on the coverage expiry date specified in the Policy Schedule / Certificate of Insurance.
14. **Critical Illness:** The Critical Illnesses defined below shall be covered under the Critical Illness Benefit in the below combination, as may be specified in the Schedule or Certificate of Insurance:

1. Cancer of Specified 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 lymphocytic leukaemia less than RAI stage 3;
- vii) Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification;
- viii) All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Myocardial Infarction (First Heart Attack of specific severity)

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

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

6. Stroke Resulting in Permanent Symptoms

- I) Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an 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
 - ii) 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) Neurological damage due to 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. 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:
- Surgery performed using only minimally invasive or intra arterial techniques.
 - 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 separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting 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 an Ear, Nose, Throat (ENT) Specialist.
- II. All psychiatric related causes are excluded.

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<55mm Hg); and
 - iv) Dyspnea at rest

24. Primary (Idiopathic) Pulmonary Hypertension 21. Major Head Trauma

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

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 interstitial 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 electromyogram; 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 Erythematosus

- I) A multi-system, multifactorial, autoimmune disorder characterised by the development of autoantibodies directed against various self-antigens. Systemic lupus erythematosus 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.

15. Date of Admission means the date of the Insured Person's first admission to a Hospital or Day Care Centre in relation to Any One Illness or the Injury sustained in any single Accident.

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

17. **Dentist** means a dentist, dental surgeon or dental practitioner who is registered or licensed as such under the laws of the country, state or other regulated area in which the Treatment is provided.
18. **Dependent** means the Employee's / Member's parents, Spouse or child who have been enrolled in the Policy.
19. **Dependent Child** refers to a child (natural or legally adopted), who is under Age 25, either in fulltime education or residing at the same residence as the Employee / Member at the commencement of any Treatment and is financially dependent on the Employee / Member. For the purpose of coverage under this Policy the Age limit for a dependent child shall be 25 years. However, with respect to coverage under specific Sections, separate Age limits may be defined under each Benefit and applicable for the purpose of such Benefit
20. **Eligibility:** means the provisions of the Policy that state the requirements to be satisfied with for a person to be enrolled in this Policy as an Insured Person.
21. **Employee:** means any member of Your staff who is proposed and/or sponsored by You and who becomes an Insured Person under this Policy.
22. **Emergency** shall mean a serious medical condition or symptom resulting from Injury or sickness which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long-term impairment of the Insured Person's health, until stabilisation at which time this medical condition or symptom is not considered an Emergency anymore.
23. **Event** means any official sporting occasion, music concert, exhibition, educational / cultural tour, cinema, theatre, theme park or military display, or a visit to any other tourist attraction where admission is only by way of tickets sold in advance.
24. **Exclusions** mean specified coverage, hazards, services, conditions, and the like that are not provided for (covered) under this Policy, or a coverage category or set of Benefits under this Policy.
25. **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.
26. **Home Nursing** is arranged by the Hospital for a Qualified Nurse to visit the patient's home to give expert nursing services immediately after undergoing Treatment in a Hospital for as long as is required by medical necessity, for Medically Necessary Treatment which would normally be provided in a Hospital. -In either case, the Medical Practitioner and Specialist who treated the patient must have recommended these services.
27. **HDU - High Dependency Unit** is an area in a Hospital, usually located closely to the Intensive Care Unit where patients can be cared for more extensively than in a normal ward but not to the point of care provided in the Intensive Care Unit.
28. **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, bobsleighting/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.
29. **Immediate Relative:** Immediate Relative means the Insured Person's spouse, children, siblings, parents or in-laws.
30. **Income:** Income means and includes the amount that the Insured Person earns each month from his/her primary occupation. For Salaried Individuals, this would mean salary including regular bonuses, regular commissions, superannuation contributions or any other allowances, any benefits explicitly mentioned in CTC (Cost to Company) or any compensation structure provided to the Insured Person by his/her employer for the financial year, or as declared in the previous ITR (Income Tax Return) filed by the Insured Person.

31. **In-patient** means an Insured Person who is admitted to a Hospital and stays for at least 24 hours for the sole purpose of receiving Treatment.
32. **Insured Person** means the Primary Insured and/or the Dependents of the Primary Insured named in the Policy Schedule / Certificate of Insurance for whom the insurance is proposed and the appropriate premium is paid, and who is covered under this Policy.
33. **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 due to Injury sustained or Illness contracted.. For the purpose of this Policy, Involuntary Unemployment does not include any unemployment caused due to or arising from poor performance, dismissal due to a fraudulent act, non-compliance of any company or organization's internal rules/guidelines, or any disciplinary action.
34. **IRDAI** means the Insurance Regulatory and Development Authority of India.
35. **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 and provided to Us by the bank/financial institution.
36. **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.
37. **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.
38. **Nominee** means the person named in the Policy Schedule / Certificate of Insurance (as applicable) who is nominated to receive the Benefits due in respect of an Insured Person or Dependent covered under the Policy in accordance with the terms and conditions of the Policy, if such person is deceased when the Benefit becomes payable.
39. **Operation** means any procedure performed on a living body usually with instruments for the repair of damage or the restoration of health and especially one that involves incision, excision, or suturing.
40. **Out-Patient** means a person who undergoes an OPD treatment or a temporary Hospitalization for a stay of less than 24 hours.
41. **Primary Insured:** Primary Insured means the person named in the Certificate of Insurance who is employed by or is a member of Your organization.
42. **Private Room** means a single occupancy accommodation in a private Hospital.
43. **Policy** means the statements in the proposal form/personal statement, these terms and conditions, Certificates of Insurance issued to the Insured Persons, group proposal form and the Policy Schedule including any Annexures and endorsements, as amended from time to time which form part of the Policy contract and shall be read together.
44. **Policy Anniversary Date** means the day of the calendar year on which the Coverage Period under the current Policy commenced.
45. **Policy Period** means the period between the Commencement Date and the expiry date of the Policy as specified in the Policy Schedule / Certificate of Insurance or the date of cancellation of this Policy, whichever is earlier.
46. **Policy Year** means a period of 12 consecutive months within the Coverage Period commencing from the Policy Anniversary Date.
47. **Policy Schedule** means the schedule attached to and forming part of this Policy mentioning the

details of the Insured Persons, the Sum Insured, the Policy Period, special conditions, and the limits to which Benefits under the Policy are subject to, and as may be amended from time by way of endorsements made to or on it, and where more than one, then the latest in time.

- 48. Risk Commencement Date:** Risk Commencement Date means the date specified in the Policy Schedule / Certificate of Insurance on which the Coverage Period and Our coverage under the Policy in respect of the Insured Person commences.
- 49. 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).
- 50. Spouse** means the Employee's legal husband or wife, who is proposed to be covered under the Policy.
- 51. Specialist** is a Medical Practitioner who:
- Has received advanced specialist training;
 - Practices a particular branch of medicine or Surgery;
 - Is or has been appointed as a consultant in a Hospital or is or has been appointed to a position in a Hospital which is deemed by Us or 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 as being of equivalent status.

It is clarified that a physiotherapist who is registered or licensed as such under the laws of the country, state or other regulated area in which the Treatment is provided is only a Specialist for the purpose of physiotherapy as described in the list of Benefits.

- 52. Sum Insured** means, subject to the terms, conditions and exclusions of this Policy, the amount specified in the Policy Schedule / Certificate of Insurance against a Benefit, coverage category or set of Benefits, that represents Our maximum, total liability for any or all claims arising under this Policy for the respective Benefit(s) in respect of an Insured Person or all Insured Persons constituting the Floater Unit, if applicable.
- 53. Surgical Appliance and/or Medical Appliance** means:
- An artificial limb, prosthesis or device which is required for the purpose of or in connection with a Surgery;
 - An artificial device or prosthesis which is a necessary part of the Treatment immediately following Surgery for as long as such device or prosthesis is required by medical necessity.
 - A prosthesis or appliance which is medically necessary and is part of the recuperation process for a reasonably short period of time.
- 54. Sub Limit** means the limitation on the amount of coverage available to cover a specific type of claim. A Sub Limit is part of, rather than an addition to, the limit that would otherwise apply to the admissible claim amount.
- 55. TPA** means any person who is licensed under the IRDAI (Third Party Administrators – Health Services) Regulations 2016 (as may be amended, replaced or modified by the IRDAI) and is engaged for a fee or remuneration by Us for the purposes of providing health services. The list and details of TPA are set out on Our website.
- 56. Travel Period:** Travel Period means the period of time within the Coverage Period commencing from when the Insured Person leaves for the original departure point to commence the journey in the Common Carrier on which he/she is booked to travel as a passenger, 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.

- 57. Treatment** means any relevant treatment controlled or administered by a Medical Practitioner to cure or substantially relieve an Illness or an Injury.
- 58. 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.
- 59. Waiting Period** means a time bound exclusion period related to condition(s) specified in the Policy Schedule / Certificate of Insurance or Policy which shall be served before a claim related to such condition(s) becomes admissible.
- 60. We/Our/Ours/Us** means the Acko General Insurance Company Limited.
- 61. You/Your/Yours/Yourself/Policyholder** means the person named in the Policy Schedule / Certificate of Insurance who has concluded this Policy with Us.

Section C Benefits under the policy

The Policy Schedule / Certificate of Insurance will specify which Benefits are in force for the Insured Person under the Policy.

Claims made in respect of an Insured Person for any of the Benefits applicable to the Insured Person shall be subject to the applicable sub-limits/ Co-Payment /Deductibles/other conditions specified for the Benefits, applicable Waiting Periods (if any), as specified in Policy Schedule / Certificate of Insurance and the terms, conditions and exclusions of this Policy.

The claim amount payable will always be subject to availability of Sum Insured for the particular Benefit, as specified in the Policy Schedule / Certificate of Insurance. Where the Coverage Period is for a period of more than one year, the Sum Insured will be applicable for a Policy Year, unless specified otherwise in the Policy Schedule / Certificate of Insurance. The Certificate of Insurance will be issued separately for each Policy Year within the Coverage Period, if applicable.

We will indemnify only those costs and expenses whether medical or non-medical related, that are Reasonable and Customary Charges.

All claims must be made in accordance with the procedure set out in Section D.

Basis of Coverage

The Sum Insured available for the Benefits applicable to the Insured Person in this Section may be either on an Individual or Floater basis as specified in the Policy Schedule / Certificate of Insurance.

When the Insured Person's cover under the Policy is on an Individual basis, Our maximum, total, and cumulative liability for any and all claims made with respect to the Insured Person will be up to the Sum Insured for the Benefits specified to be in force for the Insured Person.

When the Insured Person's cover under the Policy is on a Floater basis, Our maximum, total, and cumulative liability for any and all claims made with respect to all the Insured Persons of the Floater unit will be up to the Sum Insured specified for each Benefit. The details of all Insured Persons constituting the Floater unit, if applicable, and other conditions applicable for the Sum Insured on a Floater basis will be as specified in the Policy Schedule / Certificate of Insurance.

1 In-Patient Hospitalization ("IPD") Indemnity Category

1.1 Benefits

The Section defines the Benefits under this coverage category. The following Benefits shall trigger in the event related to Hospitalization of the Insured Person on an in-patient basis. Claims under this coverage category will be admissible subject to the fulfilment of the following conditions with respect to the Insured Person's Hospitalization:

- i. The Hospitalization of the Insured Person is caused solely and directly due to an Illness

contracted or an Injury sustained by the Insured Person, during the Coverage Period, as specified in the Policy Schedule / Certificate of Insurance.

- ii. The Date of Admission is within the Coverage Period.
- iii. The Hospitalization is for Medically Necessary Treatment, and commences and continues on the written advice of the treating Medical Practitioner.

1.1.1 In-patient Hospitalization Cover

We will indemnify the following Covered In-patient Medical Expenses of an Insured Person incurred during Hospitalization for the Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance:

- i. Room Rent
- ii. ICU/CCU/HDU charges,
- iii. Operation theatre cost,
- iv. Medical Practitioner fees,
- v. Specialist fee,
- vi. Surgeon's fee,
- vii. Anaesthetist fee,
- viii. Radiologist fee,
- ix. Pathologist fee,
- x. Assistant Surgeon fee,
- xi. Qualified Nurses fee,
- xii. Medication,
- xiii. Cost of diagnostic tests as an in-patient such as but not limited to radiology, pathology, X-rays, MRI and CT Scans, physiotherapy and drugs, consumables, blood, oxygen, and
- xiv. Surgical Appliances and/or Medical Appliances, required as a direct consequence of the Illness or Injury.

1.1.2 Worldwide In-patient Hospitalization

We will indemnify the Covered In-patient Medical Expenses, incurred during Hospitalization of an Insured Person anywhere in the world for the Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance, provided that:

- a. Intimation of such Hospitalization has been made to Us within 48 hours of such admission.
- b. If this Benefit is in force in respect of the Insured Person, then Permanent Exclusion Section D Part II related to all illness/expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel nuclear, chemical or biological attack will be waived off for the purpose of this Benefit in respect of that Insured Person.

1.1.3 In-patient Hospitalization Fixed Benefit

We will pay a fixed benefit amount, in the event of a Hospitalization solely and directly due to the Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance.

1.1.4 Daily Hospital Cash

If an Insured Person requires Hospitalization due to an Illness or Injury, as specified in the Policy 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 Policy Schedule / 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. This Benefit shall not be payable in respect of the Insured Person for more than the maximum number of days specified in the Policy Schedule / Certificate of Insurance for each Coverage

Period.

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

1.1.5 Day Care Treatment Cover

We will indemnify the Medical Expenses incurred towards the Day Care Treatment or Surgery undertaken that requires less than 24 hours Hospitalization due to advancement in technology and which is undertaken by an Insured Person in a Hospital / Nursing Home / Day Care Centre for the Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance. Any treatment in Out-Patient department is not covered under this Benefit.

1.1.6 Road Ambulance

We will indemnify the reasonable costs incurred towards transportation of an Insured Person to a Hospital or Day Care Centre by an Ambulance for treatment of the Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance, in case of the Insured Person requiring Emergency Care.

1.1.7 Compassionate Visit

We will indemnify the reasonable costs necessarily incurred for one way or two way transportation as specified in Policy Schedule / Certificate of Insurance of an Immediate relative of an Insured Person by air (up to economy class fare) or by rail (up to first class fare) in a scheduled common carrier from the place of his/her residence in India to the place of Hospitalization of the Insured Person in case the Insured Person is Hospitalized for Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance, provided that the Hospital is situated at a distance of at least 100 kilometers from the place of residence.

1.1.8 Compassionate Visit Stay

If an Insured Person requires Hospitalization due to an Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will pay the daily amount specified in the Policy Schedule / 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 Policy Schedule / Certificate of Insurance for the Coverage Period;
- b. Day Care Treatments are excluded from the scope of this Benefit.
- c. We shall not be liable to pay any amount under this Benefit after the Insured Person's discharge from Hospital; We shall not accept more than one claim under this Benefit in respect of the Insured Person following from the same Accident.

1.1.9 Loss of Pay due to Hospitalization

If an Insured Person suffers an Involuntary Unemployment due to an Illness or Injury, as 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 Policy Schedule / Certificate of Insurance against this Benefit, for the duration of such Unemployment, up to the number of months / days specified in the Policy Schedule / 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. The Involuntary Unemployment is for the Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner.

1.1.10 EMI Protection

If an Insured Person is unable to pay the EMI Amounts payable under his/her Loan due to an Illness or Injury, as specified in the Policy 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 Policy Schedule / Certificate of Insurance, subject to this amount not exceeding the amount specified in the Policy Schedule / 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. The treatment required by the Insured Person is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner.
- d. 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.
- e. 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.

1.1.11 Missed Bill Payment

If an Insured Person defaults in 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 Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will pay the amount specified in Policy Schedule / Certificate of Insurance towards the penalty levied on the Insured Person for non-payment of such bill amount within the due date.

1.1.12 Hardship Allowance

If an Insured Person suffers an Injury solely and directly due to any pilferage, theft, robbery, dacoity or any other Accident occurs during the Coverage Period, which requires the Insured Person to undergo Medically Necessary Treatment, We will pay the amount specified in the Policy Schedule / Certificate of Insurance.

This Benefit will be payable provided that 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 any loss of Valuables, Money, luggage, any kinds of securities or tickets.

1.1.13 Income Protection Cover

We will pay the daily allowance amount specified against this Benefit in the Policy Schedule / Certificate of Insurance, for each continuous and completed day, on which the Insured Person is unable to do his/her regular employment, business or professional activity due to an Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period.

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 minimum number of days of inability of carrying out employment or business or professional activity as specified in the Certificate of Insurance for each claim.
 - b. 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.
 - c. 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.
 - d. We shall not be liable to make any payment under this benefit if the loss is explicitly paid/covered by the employer or any other business partner.
- b. The treatment required by the Insured Person is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner.

1.1.14 Maternity

We will indemnify the Covered In-patient Medical Expenses, in the event of Hospitalization of an Insured Person for delivery of a baby and/or related to a Medically Necessary Treatment following a pregnancy and/or lawful medical termination of pregnancy.

The standard exclusion Maternity (Code – Excl18) shall not be applicable where this cover is in-force.

We shall not be liable to indemnify any costs under this Benefit for the following:

- a. Medical Expenses incurred in respect of the harvesting and storage of stem cells when carried out as a preventive measure against possible future Illnesses.
- b. Medical Expenses for ectopic pregnancy.
- c. Complications arising as a result of infertility treatment (assisted conception).

1.1.15 New Born Baby Medical Expenses

We will indemnify the Covered In-patient Medical Expenses, incurred towards the Hospitalization of an Insured Person's New Born Baby which is born during a Hospitalization covered and admitted under Benefit 1.1.14 , provided that:

- a. The Benefit 1.1.14 "Maternity" has been opted by the Insured Person.
- b. Only the Medical Expenses incurred during and post birth of the New Born Baby, up to 90 days from the date of delivery, shall be covered.
- c. Continued coverage of such New Born Baby under the Policy shall be subject to addition of the New Born Baby into the Policy by way of an endorsement or at the next Renewal, whichever is earlier, on payment of the requisite premium.

1.1.16 Pre Post Natal

We will indemnify the Medical Expenses incurred towards the Insured Person's pre- natal check-ups post confirmation of pregnancy, post-natal check-ups up to a period of six weeks from delivery, prescribed pre-natal medicines and diagnostic tests provided that the Benefit 1.1.14 "Maternity" has been opted by the Insured Person.

1.1.17 Vaccination

We will indemnify the reasonable costs necessarily incurred towards the vaccination of the New Born Baby, as per the WHO recommendations for routine immunisation, provided that:

- a. Continued coverage of the New Born Baby on birth shall be subject to addition of the New Born Baby into the Policy by way of an endorsement or at the next Renewal, whichever is earlier, on payment of the requisite premium.
- b. If this Benefit is in force in respect of the Insured Person, then Permanent Exclusion Section D Part II related to vaccinations except post-bite treatment will be waived off for the purpose of this Benefit in respect of that Insured Person.

1.1.18 Repatriation of Mortal Remains

We will reimburse the expenses incurred up to the limit specified in the Policy Schedule / Certificate of Insurance for transportation of mortal remains from the place of death to the residence of the Insured Person, in case of death due to illness or injury, as specified in the Policy Schedule / Certificate of Insurance.

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.
- b. In case of Death due to illness, we have accepted a claim under the Benefit Section 1.1
- c. In case of Death due to injury, we have accepted a claim under Benefit Section 2.1

1.1.19 Funeral Expenses

We will reimburse the expenses incurred up to the limit specified in the Policy Schedule / 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 Policy Schedule / Certificate of Insurance, provided that:

- a. In case of Death due to illness, we have accepted a claim under the Benefit Section 1.1
- b. In case of Death due to injury, we have accepted a claim under Benefit Section 2.1

1.2 Benefit Options

The Benefit Options listed below shall be available to the Insured Person if specified to be applicable in the Policy Schedule / Certificate of Insurance.

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

1.2.1 Room Rent Limits / Room Type Options

We will limit the Room Rent up to the selected room category or the amount/percentage of the Sum Insured specified in the Policy Schedule / Certificate of Insurance against this Benefit Option, in the event that the Insured Person is admitted in a Hospital for a claim admissible under any Benefit under Section 1.1. If the Insured Person is admitted in a room where the room category or the Room Rent incurred is higher than that which is specified in the Policy Schedule / Certificate of Insurance, then the You/ Insured Person shall bear a ratable proportion of the Covered In-patient Medical Expenses (including surcharge or taxes thereon) in the proportion of the Room Rent actually incurred less room rent of the entitled room category and divided by the Room Rent actually incurred.

1.2.2 ICU Limits

We will limit the ICU charges up to the selected amount/percentage of the Sum Insured specified in the Policy Schedule / Certificate of Insurance, in the event that the Insured Person is admitted in a Hospital for a claim admissible under any Benefit under Section 1.1.

If the insured member is admitted in an ICU where the ICU charges incurred is higher than the ICU limit specified in COI, then the insured member shall bear the ratable proportion of the Covered In-patient Medical Expenses (including surcharge or taxes thereon) incurred in the Intensive Care Unit in the proportion of the ICU charges incurred less ICU charges limit and divided by the ICU charges actually incurred.

1.2.3 Pre and Post Hospitalization Medical Expense Cover

We will indemnify:

- a. the Pre-hospitalization Medical Expenses of an Insured Person incurred immediately prior to the Insured Person's Date of Admission and
- b. the Post-Hospitalization Medical Expenses of an Insured Person immediately post the date of discharge from the Hospital or Day Care Treatment.

provided that the Hospitalization claim has been admitted for the same condition under Section 1.1.

1.2.4 Domiciliary Treatment Cover

We will indemnify the Medical Expenses incurred on the Domiciliary Treatment of an Insured Person during the Coverage Period which would otherwise have been covered under Section 1.1.1, provided that If a claim has been accepted under this Benefit, Post-hospitalization Medical Expenses shall not be payable.

1.2.5 Donor Expenses

We will indemnify the Covered In-patient Medical Expenses incurred by the Insured Person's organ donor towards harvesting of the organ, provided that:

- a. We have admitted a claim towards In-patient Hospitalization under any Benefit under Section 1.1 and it is related to the same Illness or Injury.
- b. The organ donation is in accordance with the Transplantation of Human Organs Act 1994 (amended) and other applicable laws and rules.
- c. The organ donated is for the use of the Insured Person who has been asked to undergo an organ transplant based on the Medical Advice of the treating Medical Practitioner.

We shall not be liable to indemnify any expenses under this Benefit for the following:

- a. Any Pre-hospitalization Medical Expenses or Post – hospitalization Medical Expenses of the organ donor;
- b. Any costs incurred towards donor screening;
- c. Any costs directly or indirectly associated to the acquisition of the organ;
- d. Any other medical treatment undergone, or complications suffered by the donor consequent to the harvesting of the organ.

1.2.6 Daily Cash for choosing lower category room

We will pay the daily cash benefit amount specified in the Policy Schedule / Certificate of Insurance, if the Insured Person is Hospitalized in a lower category room as compared to the highest eligibility specified in the Policy Schedule / Certificate of Insurance for each continuous and completed period of 24 hours, if a claim has been admitted by Us under Section 1.1.

1.2.7 Restoration of Sum Insured

If this Benefit Option is in force for the Insured Person, We will restore the percentage of Sum Insured

available for a Benefit or a set of Benefits, as specified in Policy Schedule / Certificate of Insurance, provided that:

- a. The Sum Insured inclusive of any Cumulative Bonus earned under the Policy is insufficient as a result of previous claims admitted during the Coverage Period.
- b. The restored Sum Insured shall not be available for claims towards the Illness or Injury (including its complications) for which a claim has already been paid from the original Sum Insured under any Benefit for the same Insured Person.
- c. The restored Sum Insured will not be considered while calculating the Cumulative Bonus, if opted and available for the Insured Person.
- d. If the Policy is issued on an individual basis, the restored Sum Insured will be available to each Insured Person. If the Policy is issued on a family floater basis, the restored Sum Insured will be available on a Family Floater basis and can be utilized by any of the Insured Persons covered before the Sum Insured was exhausted.

1.2.8 Sub-Limits for Specific Condition

If this Benefit Option is in force for the Insured Person, We will apply a Sub-limit of the amount specified in the Policy Schedule / Certificate of Insurance towards any indemnity amounts payable under the Policy towards any and all claims made under a Specific Condition.

For the purpose of this Benefit Option, “Specific Condition” means an Illness or Injury (including its complications and any consequential manifestations) in relation to which a related but separate claim has already been paid under this Policy during the Coverage Period.

1.2.9 Cumulative Bonus

If this Benefit Option is in force for the Insured Person, the Sum Insured for the Policy is equal to the Base Sum Insured plus the Cumulative Bonus, if any. In such a case, If the Policy is renewed with Us, to calculate the Cumulative Bonus for the subsequent Policy Year, We will add / deduct an amount to / from the existing Cumulative Bonus, as a percentage of the Base Sum Insured or as a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, provided that:

- a. The Cumulative Bonus will never be less than zero.
- b. Merging of policies: If the Insured Persons in the expiring Policy are covered on an Individual basis, and such expiring Policy has been Renewed with Us on a family floater basis then the Cumulative Bonus to be carried forward for credit in such Renewed Policy shall be the lowest percentage of Cumulative Bonus applicable on the lowest Sum Insured of the previous Coverage Period amongst all the expiring policies being merged.
- c. Splitting of policies: If the Insured Persons in the expiring Policy are covered on a family floater basis and such Insured Persons Renew their expiring Policy with Us by splitting the Sum Insured in to two or more family floater/individual policies then the Cumulative Bonus shall be continued with the Primary Insured’s Policy and no Cumulative Bonus will be carried forward to the split policies.
- d. Reduction in Sum Insured: If the Sum Insured has been reduced at the time of Renewal, the applicable Cumulative Bonus shall be calculated on the revised Sum Insured on pro-rata basis.
- d. Increase in Sum Insured: If the Sum Insured under the Policy has been increased at the time of Renewal the Cumulative Bonus shall be calculated on the Sum Insured of the last completed Policy Year.
- e. In case a claim is made in the expiring Coverage Period, which is notified after the acceptance of Renewal premium, the awarded Cumulative Bonus shall be deducted or reduced or withdrawn (as applicable) from the Sum Insured only in respect of the expiring Coverage Period in which the claim was admitted.

If it is specified in the Policy Schedule / Certificate of Insurance that the calculation of the Cumulative Bonus is dependent on claims made during the current Policy Year, only claims admitted under Benefit 1.1.1 “In-patient Hospitalization” under the Policy will be considered as a claim for the purpose of this

Option Benefit, unless otherwise stated in the Policy Schedule / Certificate of Insurance.

1.2.10 Additional Buffer Sum Insured for the Group

If this Option Benefit is opted for under the Policy, We will provide a separate amount specified in the Policy Schedule / Certificate of Insurance as additional Sum Insured available to the Insured Members of the Policy who have exhausted their Sum Insured in the current Policy Year. This Sum Insured is at the Group level on a Floater basis as per the conditions specified in the Policy Schedule / Certificate of Insurance, provided that:

- a. Any Benefit accrued under this cover cannot be carried forward to the subsequent Coverage Period.
- b. All other terms, exclusions and conditions contained in the Policy or endorsed thereon remain unchanged.

1.2.11 Annual Aggregate Deductible

If this Benefit Option is in force for the Insured Person, We will indemnify the Insured Persons for claims only when the total admissible claim amount during the Policy Year exceeds the Annual Aggregate Deductible amount specified in the Policy Schedule / Certificate of Insurance, and subject to any other conditions specified against this Benefit Option in the Policy Schedule / Certificate of Insurance.

If the Insured Persons are covered on a family floater basis, We will indemnify the Insured Persons for claims only when the total admissible claim amount for all insured members of the Floater unit during the Policy Year exceeds the Annual Aggregate Deductible amount and subject to other conditions under this Benefit Option in the Policy Schedule / Certificate of Insurance.

Note that:

- a. For the purpose of calculating the Annual Aggregate Deductible and assessment of admissibility, all claims must be submitted in accordance with Sections E of the claims process and Section B of the Policy, as applicable.
- b. The consumption of the Annual Aggregate Deductible amount will be on the basis of the admissible claim amount after applying the sub-limits as per of the Policy Schedule / Certificate of Insurance.

1.2.12 Per Claim Deductible

If this Benefit Option is in force for the Insured Person, the Deductible amount specified in the Policy Schedule / Certificate of Insurance shall be deducted from each and every claim made by an Insured Person during the Coverage Period, provided that:

- a. For the purpose of calculating the Deductible and assessment of admissibility, all claims must be submitted in accordance with Sections E of the claims process and Section 5 of the Policy Schedule/Certificate of Insurance, as applicable.
- b. The consumption of the Deductible amount will be on the basis of the admissible claim amount after applying the sub-limits as per of the Policy Schedule / Certificate of Insurance.

1.2.13 Group Deductible

If this Option Benefit is opted for, We will indemnify the Insured Persons for claims only when the total admissible claim amount for all members of the Group during the Policy Year exceeds the Group Deductible amount specified in the Policy Schedule / Certificate of Insurance, and subject to other conditions under this Benefit Option in the Policy Schedule / Certificate of Insurance, provided that:

- a. For the purpose of calculating the Deductible and assessment of admissibility, all claims must be submitted in accordance with Sections E of the claims process and Section 5 of the Policy Schedule or Certificate of Insurance, as applicable.
- b. The consumption of the Group Deductible amount will be on the basis of the admissible claim amount after applying the sub-limits as per of the Policy Schedule / Certificate of Insurance.

1.2.14 Reimbursement Only Cover

If this Benefit Option is in force for the Insured Person, all the claims admitted by Us as payable in respect of the Insured Person under the Policy, will be payable on a reimbursement basis only. The provision for Cashless Facility will not be available for that Insured Person under the Policy.

1.2.15 First Notification of Claim (FNOC) Cover

If this Benefit Option is in force for the Insured Person, all the claims admitted by Us as payable in respect of the Insured Person under the Policy, will be payable only if the first notification of claim is provided to us within 48 hours of admission to the Hospital or before the date of discharge of the insured person.

If the Insured Person does not notify Us as specified above, the Insured Person shall bear a compulsory Co-payment of the percentage of the final claim amount assessed by Us, as specified in the Policy Schedule / Certificate of Insurance.

1.2.16 Network limited to specific geographies

If this Benefit Option is in force for the Insured Person, the Insured Person can avail Cashless Facilities only at the Network Hospitals located in the geographical regions specified in the Policy Schedule / Certificate of Insurance or Our website.

If any Claim is incurred in a Hospital outside the specified geographical regions, the Insured Person shall bear a compulsory Co-payment of the percentage of the final claim amount assessed by Us, as specified in the Policy Schedule / Certificate of Insurance.

1.2.17 Network limited to preferred providers

If this Benefit Option is in force for the Insured Person, We will cover the Medical Expenses incurred towards an Insured Person only in Hospitals/Network Providers that are specified in the "Preferred Provider Network" list in the Policy Schedule / Certificate of Insurance, or Our website.

If any Claim is incurred in a Hospital outside such Preferred Provider Network, the Insured Person shall bear a compulsory Co-payment of the percentage of the final claim amount assessed by Us, as specified in the Policy Schedule / Certificate of Insurance

1.2.18 Coverage Continuity in case of Pink Slip

We will provide continuity of coverage under this Policy for an Insured Person until the end of the Coverage Period if the Insured Person suffers an Involuntary Unemployment during the Coverage Period resulting in loss of Income, notwithstanding any outstanding premium payment or premium payment instalment.

1.2.19 Rewards for Healthy Behaviour

We encourage the Insured Persons to regularly assess their health status and engage in activities which aid in improving their overall well-being. Any one or a combination of the following activities will be offered under this program, as specified in the Policy Schedule / Certificate of Insurance:

- i. Enrolment into a wellness program
- ii. Health Assessment
- iii. Gym Membership
- iv. Participating in health initiatives
- v. Preventive Health Check Up

We will inform You regarding the programs proposed to be provided as specified in the Policy Schedule / Certificate of Insurance at the time of Policy issuance or any other notification/communication required to be sent hereunder on Your registered email ID or address specified in the Policy Schedule / Certificate of Insurance.

Earning of Reward Points:

Reward Points under this Benefit may be earned based on the rules specified in the Policy Schedule / Certificate of Insurance. Each earned reward point will carry a denomination in Indian Rupees as specified in the Policy Schedule / Certificate of Insurance.

Utilisation of Reward Points:

Accumulated reward points can be redeemed as per the process specified in Policy Schedule / Certificate of Insurance.

The Insured Person can approach Us for redemption of earned Healthy Reward Points as per the applicable modes defined in the Policy Schedule / Certificate of Insurance. The unutilized Reward Points at the end of the Policy Year shall be treated as per the rules specified in the Schedule / Certificate of Insurance.

1.2.20 Expert opinion

We will indemnify the Insured Person for expenses incurred towards seeking a second opinion from a Specialist Medical Practitioner of his/her choice, on an out-patient consultation basis, after being advised for Hospitalization or Day Care Treatment by a Medical Practitioner during the Coverage Period.

1.2.21 Healthy Pregnancy Program

We will arrange customised, online and telephonic general tips and suggestions to an expectant Person towards antenatal support, labour preparation and post-partum support, including any advice towards customised diet plan, fitness, emotional support, educating on changes in the body, caution signs, required tests and scans, labour pain management, lactation counselling and counselling on breathing exercises for the expectant Insured Person, provided that:

- a. The general tips and suggestions may not be suitable for all pregnancies, and the same should not be construed to constitute medical advice and/or substitute the Insured Person's visit/ consultation to an independent Medical Practitioner.
- b. We shall not be liable for any discrepancy in the information provided under this Benefit.
- c. Availing the services under this Benefit is purely upon the customer's own discretion and at own risk. We shall have no liability and shall not be deemed to have any liability if the Insured Person fails to follow the advice or her Medical Practitioner or avails any of these services against the advice of her Medical Practitioner.

1.2.22 Child Protect Cover

If an Insured Person who is less than 15 years of Age is admitted in an ICU or a Neo-natal ICU or a Cardiac Care Unit of a Hospital, then We will cover the expenses of the Insured Person's mother to stay with the Insured Person in the same Hospital, provided that the claim has been admitted by Us, for the Insured Person, under Section 1.1.

2. Personal Accident Category

2.1 Benefits

The Section defines the Benefits under this coverage category. The following Benefits shall trigger in the event of the Insured Person suffering an Injury due to an Accident. Claims under this coverage category will be admissible subject to the fulfilment of the following conditions with respect to the Insured Person's Injury:

- i. The date of Accident is within the Coverage Period as specified in the Policy Schedule / Certificate of Insurance
- ii. The Hospitalization is certified as Medically Necessary by the treating Medical Practitioner

2.1.1 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. 2.1.1(Accidental Death Benefit), Benefit 1.2.1.2(Permanent Total Disability), Benefit 2.1.3 (Permanent Partial Disability) and Benefit 2.1.4 (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.

2.1.2 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:

- Limb** means a hand at or above the wrist or a foot above the ankle;
- 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:

- The Permanent Total Disability continues for a period of at least 180 days from the commencement of the Permanent Total Disability, and the Disability Certificate issued by the treating Medical Practitioner at the expiry of the 180 days confirms that there is no reasonable medical hope of improvement;
- 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 Policy Schedule / Certificate of Insurance.
- 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 2.1.1 (Accidental Death Benefit), Benefit 2.1.2(Permanent Total Disability), Benefit 2.1.3 (Permanent Partial Disability) and Benefit 2.1.4 (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.
- 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.

2.1.3 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 the Disability Certificate issued by the treating Medical Practitioner at the expiry of the 180 days confirms 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 and percentage of such disability;
- 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 2.1.1 (Accidental Death Benefit), Benefit 2.1.2 (Permanent Total Disability), Benefit 2.1.3 (Permanent Partial Disability) and Benefit 2.1.4 (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.

2.2.1.4 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 Policy Schedule / Certificate of Insurance at the frequency specified in the Policy Schedule / Certificate of Insurance for the duration that the Temporary Total Disability continues.

This Benefit will be payable provided that:

- a. This Benefit shall be paid only if the Temporary Total Disability continues for a period of at least for the minimum number of days specified in the Policy Schedule / Certificate of Insurance from the date of commencement of Temporary Total Disability.
- b. This Benefit shall not be paid in excess of the Insured Person's Income at the time of injury excluding overtime, bonuses, tips, commissions, or any other compensation for the period specified in the Policy Schedule / Certificate of Insurance;
- 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. 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 Policy Schedule / Certificate of Insurance.
- f. 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 2.1.1 (Accidental Death Benefit), Benefit 2.1.2 (Permanent Total Disability), Benefit 2.1.3 (Permanent Partial Disability) and Benefit 2.1.4 (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.

2.2.1.5 Child Education Cover

We will pay the amount specified in the Policy Schedule / Certificate of Insurance at the frequency specified in the Policy Schedule / Certificate of Insurance in respect of each surviving Dependent Child, irrespective of whether the 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 2.1.1 (Accidental Death Benefit) or Benefit 2.1.2 (Permanent Total Disability) in respect of that Insured Person;
- b. The amount payable under this Benefit will be in addition to the amount payable under the Benefit 2.1.1 (Accidental Death Benefit) or any other applicable Benefits;

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

2.1.6 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. We will pay the amount specified in the Policy Schedule / Certificate of Insurance to the Nominee after the specific tenure as specified in the Policy Schedule.

This Benefit will be payable provided that the Insured Person's disappearance is certified in writing by the local police authorities at the place of disappearance;

In case, the Sum Insured of Disappearance Benefit is less than the Sum Insured of Accidental Death Benefit, the difference will be payable after the Insured Person is legally declared dead (declared death in absentia or legal presumption of death) as per applicable law in force at the time.

2.1.7 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 Policy Schedule / Certificate of Insurance.

This Benefit will be payable provided that:

- a. We have accepted a claim under the Benefit 2.1.1 (Accidental Death Benefit) or Benefit 2.1.2 (Permanent Total Disability) in respect of that Insured Person;
- b. The amount payable under this Benefit will be in addition to the amount payable under the Benefit 2.1.1 (Accidental Death) or any other applicable Benefits;
- 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.

2.1.8 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 Policy Schedule / Certificate of Insurance.

This Benefit will be payable provided that:

- a. We have accepted a claim under the Benefit 2.1.1 (Accidental Death Benefit) or Benefit 2.2.1.2 (Permanent Total Disability) in respect of that Insured Person;
- b. The amount payable under this Benefit will be in addition to the amount payable under the Benefit 2.1.1 (Accidental Death) or any other applicable Benefits;
- c. The originals of the outstanding bills are submitted to Us;
- d. 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.

2.1.9 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 Policy Schedule / Certificate of Insurance.

This Benefit will be payable provided that 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.

2.1.10 Modification of Vehicle/Home

We will reimburse the costs incurred up to the limit specified in the Policy Schedule / 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 2.1.2 (Permanent Total Disability) or Benefit 2.1.3 (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. The amount payable under this Benefit will be in addition to the amount payable under the applicable Cover Benefits;
- d. We shall not accept more than one claim under this Benefit in respect of the Insured Person following from the same Accident.

2.1.11 Chauffeur Benefit

We will pay the per day allowance specified in the Policy Schedule / 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 2.1.2 (Permanent Total Disability) or Benefit 2.1.3 (Permanent Partial Disability) or Benefit 2.1.4 (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 Accident;
- c. We will not pay for more than the maximum number of days specified in the Policy Schedule / Certificate of Insurance;
- d. The amount payable under this Benefit will be in addition to the amount payable under the applicable Benefits;
- e. We shall not accept more than one claim under this Benefit in respect of the Insured Person following from the same Accident.

2.2 Benefit Options

2.2.1 Personal Accidental (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 Policy Schedule / Certificate of Insurance.

This Benefit will be payable provided that:

- a. We have accepted a claim under Benefit 2.1.1 (Accidental Death Benefit) or Benefit 2.1.2 (Permanent Total Disability) in respect of the Insured Person;
- b. The amount payable under this shall be in addition to any other amounts payable under the Policy in respect of the Insured Person.

2.2.2 Additional Permanent Total Disability

If the Policy Schedule / Certificate of Insurance 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 the Disability Certificate issued by the treating Medical Practitioner at the expiry of the 180 days confirms 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 Policy Schedule / Certificate of Insurance.
- c. If the Policy Schedule / 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 Policy Schedule / Certificate of Insurance in addition to the Sum Insured of the Permanent Total Disability.

2.2.3 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 Policy Schedule / Certificate of Insurance at the frequency specified in the Policy Schedule / 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 be paid only if the Temporary Total Disability continues for a period of at least the minimum number of days specified in the Policy Schedule / Certificate of Insurance from the date of commencement of Temporary Total Disability.
- b. This Cover Option shall not be paid in excess of the Insured Person's income at the time of injury excluding overtime, bonuses, tips, commissions, or any other compensation for the period specified in the Policy Schedule / Certificate of Insurance;

- 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. 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 Policy Schedule / Certificate of Insurance;
- d. If the Policy Schedule / 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 Policy Schedule / Certificate of Insurance in addition to the Sum Insured of the Temporary Total Disability.

2.3 Critical Illness Category

2.3.1 Benefits

The Section defines the Benefits under this coverage category. The following Benefits shall trigger in the event that the Insured Person is diagnosed to be suffering from a Critical Illness specified in Annexure I of the Policy. Claims under this coverage category will be admissible subject to the fulfilment of the following conditions with respect to the Insured Person's diagnosis:

- i. The Insured Person is First Diagnosed to be suffering from the Critical Illness during the Coverage Period
- ii. Such Critical Illness also first occurs or first manifests itself during the Coverage Period as a first incidence;
- iii. The Insured Person is specified to be covered with respect to such Critical Illness or Surgical Procedure, as stated in the Policy Schedule / Certificate of Insurance
- iv. 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.
- v. All the test reports and medical reports required to support the diagnosis of the Critical Illness or the Surgical Procedure, the stage and form of such Critical Illness, and for Us to make a claims assessment, including any claim documentation required under Section 3 of the Policy, should be available before the death of the Insured Person and in a form suitable for sharing with Us.

2.3.1.1 Critical Illness Benefit

We will pay the percentage of Sum Insured as is specified against such Critical Illness under this Benefit in the Policy Schedule / Certificate of Insurance, if the Critical Illness or Surgical Procedure is covered under the Policy for the Insured Person, and provided that:

- a. The Insured Person survives the applicable Survival Period as specified in the Policy Schedule / Certificate of Insurance.
- b. The Critical Illness contracted has not arisen within the applicable Waiting Period specified in the Policy Schedule / Certificate of Insurance against this Benefit (or against any Critical Illness), from the Risk Commencement Date.

2.3.2 Benefit Options

2.3.2.1 Critical Illness Waiting Period

If this Benefit Option is in force for the Insured Person, We shall not be liable to make any payment under this Benefit in respect of any Critical Illness if You are first diagnosed as suffering from a critical Illness within the Waiting Period specified in the Policy Schedule / Certificate of Insurance from the Risk

Commencement Date.

The number of days for the purpose of the Waiting Period are calculated from the Risk Commencement Date to the actual final diagnosis which confirms the Critical Illness, or date on which the Surgical Procedure is done, whichever is earlier.

As an illustration, in case an Insured Person is diagnosed with a Critical Illness during the Waiting Period, he/she will not get paid if it is a Critical Illness as set out in the Policy as the First Diagnosis of the Critical Illness is within the opted number of days. However, if an Insured Person is diagnosed with heart blockage during the Waiting Period but undergoes "Coronary Artery Bypass Graft" after the completion of the Waiting Period, the claim for Critical Illness will be paid for Coronary Artery Bypass Graft as the Surgical Procedure was carried out after the completion of the Waiting Period.

2.3.2.2 Survival Period for Critical Illness

If this Benefit Option is in force for the Insured Person, any amount payable under Benefit 2.3.2.1 shall be subject to survival of the Insured Person for the period specified in the Policy Schedule / Certificate of Insurance following the First Diagnosis of the Critical Illness or undergoing the Surgical Procedure for the first time, whichever is earlier.

2.4 Domestic Travel Category

2.4.1 Benefits

The Section defines the Benefits under this coverage category which are in force for the Insured Person during the Travel Period under the Policy.

2.4.1.1 Trip Delay

We will pay the amount specified in the Policy Schedule / Certificate of Insurance, if an Insured Person's journey on a Common Carrier is delayed beyond the number of hours specified in the Policy Schedule / Certificate of Insurance of its scheduled departure or scheduled arrival time, during the Travel Period.

This Benefit will be payable provided that:

- a. The Insured Person provides Us with a written proof from the Common Carrier of the length of the delay unless this proof is available to Us directly from a reliable source in the public domain;
- b. The delay is in excess of the Deductible from the time of scheduled departure or scheduled arrival time of the Common Carrier;
- c. The delay is not due to the late arrival of the Insured Person.

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

2.4.1.2 Trip Cancellation & Interruption

We will reimburse the expenses incurred, if an Insured Person's journey on a Common Carrier is unavoidably cancelled or delayed beyond the number of hours specified in the Policy Schedule / Certificate of Insurance of its scheduled departure or scheduled arrival time, during the Coverage Period due to one of the circumstances specified below:

- a. Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of the Insured Person, leading to emergency Hospitalisation for minimum period of 48 hours;
- b. Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of an Immediate Relative of the Insured Person travelling with the Insured/Insured Person, leading to emergency Hospitalisation for a minimum period of 48 hours;
- c. Any irrecoverable costs of travel fares or accommodation incurred due to cancellation of the Insured

Person's booked and confirmed journey by the Common Carrier, agent or any other provider of travel;

- d. Any public event such as mass bandhs, or widespread strikes which the Insured Person could not reasonably avoid or plan for ahead in time;
- e. On the occurrence of a Catastrophe during the Coverage Period.

This Benefit will be payable provided that the event giving rise to a claim under this Benefit must be such as to reasonably cause a journey to be cancelled or interrupted;

We shall not be liable to reimburse any expenses under this Benefit for any facts or matters of which the Insured Person was aware or should have been aware might result in the cancellation or interruption of the journey.

2.4.1.3 Trip Curtailment

We will reimburse the cost of additional travel and accommodation expenses upto the limit specified in the Policy Schedule / Certificate of Insurance incurred towards any unavoidable curtailment of the Insured Person's booked and confirmed journey due to one of the circumstances specified below:

- a. Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of the Insured Person, leading to emergency Hospitalisation for minimum period of 48 hours;
- b. Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of an Immediate Relative of the Insured Person travelling with the Insured/Insured Person, leading to emergency Hospitalisation for a minimum period of 48 hours;
- c. Any irrecoverable costs of travel fares or accommodation incurred due to cancellation of the Insured Person's booked and confirmed journey by the Common Carrier;
- d. Any public event such as mass bandhs, or widespread strikes which the Insured Person could not reasonably avoid or plan for ahead in time;
- e. On the occurrence of a Catastrophe during the Coverage Period.

This Benefit will be payable provided that the event giving rise to a claim under this Benefit must be such as to reasonably cause a journey to be curtailed.

We shall not be liable to reimburse any expenses under this Benefit for any facts or matters of which the Insured Person was aware or should have been aware might result in the curtailment of the journey.

2.4.1.4 Delay of Checked-in Baggage

We will pay the amount specified in the Policy Schedule / Certificate of Insurance, towards purchasing essential medication, toiletries or clothing if the delivery of the Insured Person's accompanying Checked-in Baggage is delayed for more than the number of hours specified in the Policy Schedule / Certificate of Insurance, by the Common Carrier on which the Insured Person was travelling as a passenger, during the Travel Period.

This Benefit will be payable provided that:

- a. The Insured Person provides Us with a written proof from the Common Carrier of the length of the delay;
- b. The delay is in excess of the Deductible from the time of scheduled departure or scheduled arrival time of the Common Carrier.

We shall not be liable to reimburse any expenses under this Benefit for any actual or alleged delay arising from detention, confiscation or distribution by customs, police or other public authorities.

2.4.1.5 Loss of Checked-in Baggage

We will reimburse the actual loss upto the limit specified in the Policy Schedule / Certificate of Insurance incurred towards the permanent and total loss or destruction of the Insured Person's Checked-in Baggage, by the Common Carrier on which the Insured Person was travelling as a passenger, during the Travel Period.

This Benefit will be payable provided that:

- a. The Insured Person provides Us with written proof from the Common Carrier confirming the loss of Checked-in Baggage;
- b. The Insured Person provides Us with a written proof of ownership for any item within the Checked-in Baggage valued at more than the amount specified in the Policy Schedule / Certificate of Insurance.

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;
- b. Any loss of Valuables, Money, any kinds of securities or tickets;
- c. Any loss of Checked-in Baggage amounting to a partial loss or not amounting to a permanent and total loss, unless specified otherwise in the Policy Schedule / Certificate of Insurance;
- d. Any actual or alleged loss or destruction arising from detention, confiscation or distribution by customs, police or other public authorities.

2.4.1.6 Loss of Baggage and Personal Effects

We will reimburse the actual loss upto the limit specified in the Policy Schedule / 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 Policy Schedule / Certificate of Insurance;
- b. The Insured Person provides Us with a certified copy of the police report filed.

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.

2.4.1.7 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 Policy Schedule / Certificate of Insurance.

This Benefit will be payable provided that:

- a. We are given written notice, as soon as practicable, but in any event within 7 days from the occurrence of the event that gives rise or 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;
- f. 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. Treatment necessitated due to 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.

2.4.1.8 Financial Emergency Cash

We will reimburse the actual loss incurred in relation to the permanent and total loss of the Insured Person's travel funds due to any pilferage, theft, loss, robbery or dacoity during the Travel Period upto the limit specified in the Policy Schedule / Certificate of Insurance.

This Benefit will be payable provided that 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 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, any kinds of securities or tickets;
- c. Any loss of travel funds contained in Checked-in Baggage.

2.4.1.9 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 Policy Schedule / Certificate of Insurance, then We shall indemnify the beneficiary up to the limit specified in the Policy Schedule / Certificate of Insurance for such Insured losses during the Coverage 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 and /or Our Crisis Consultant are provided with complete details of all communication received in relation to the Kidnapping, Hijack or Extortion.

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.
- d. Any payment relating to such Kidnap, Hijack or Extortion in a jurisdiction where local authorities have declared such payment illegal.

2.4.1.10 Carrier Cancellation

We will pay the Sum Insured if the Insured Person's booked and confirmed journey is cancelled within the number of hours/days specified in the Policy Schedule / Certificate of Insurance, prior to the scheduled departure by the Common Carrier.

This Benefit will be payable provided that the Insured Person provides Us with a written proof from the Common Carrier of the cancellation of the journey unless this proof is available to Us directly from a reliable source in the public domain.

We shall not be liable to reimburse any expenses under this Benefit for any cancellation of the journey by the Insured Person.

2.4.1.11 Cancellation of Carrier by Insured Person

We will reimburse the cost of travel fares paid for a booked and confirmed journey by the Insured Person, due to any unavoidable reasons beyond the control of the Insured Person.

This Benefit will be payable provided that:

- a. The Insured Person provides Us with a written confirmation from the Common Carrier of the cancelled booking unless this proof is available to Us directly from a reliable source in the public domain;
- b. We will reimburse only those expenses that are in excess of the Deductible;
- c. 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 any cancellation of the travel bookings by the Common Carrier.

2.4.1.12 Denied Boarding- Carrier

We will pay the amount specified in the Policy Schedule / Certificate of Insurance, if an Insured Person is denied boarding of the Common Carrier during the Travel Period, within the number of hours specified in the Policy Schedule / Certificate of Insurance of the scheduled departure time.

This Benefit will be payable provided that:

- a. The Insured Person provides Us with a written proof from the Common Carrier of the reasons for denial of boarding;
- b. The Insured Person posed no health, safety or security risk in boarding the Common Carrier;
- c. The Insured Person had a confirmed reservation, all requisite documentation required, and was in compliance with security and boarding protocols;

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

2.4.1.13 Missed Carrier

We will reimburse the cost of the booking up to the limit specified in the Policy Schedule / Certificate of Insurance, on the Common Carrier due to the Insured Person's failure to reach the original departure point of the booked journey caused by the delayed arrival of a public transport or any other Common Carrier that the Insured Person was travelling in as a passenger, or due to any Accident during the Coverage Period.

This Benefit will be payable provided that:

- a. The Insured Person provides Us with a written proof from the Common Carrier of the missed departure;
- b. We will reimburse only those expenses that are in excess of the Deductible;
- c. We shall not accept more than one claim under this Benefit during the Coverage Period.

We shall not be liable to reimburse any expenses for any loss which will be paid or refunded by any applicable Common Carrier.

2.4.1.14 Missed Event

We will reimburse irrecoverable costs of the Insured Person's Event tickets paid in advance in case of the Insured Person's failure to reach the Event during the Travel Period, due to any unavoidable reasons beyond the control of the Insured Person upto the limit specified in the Policy Schedule / Certificate of Insurance.

This Benefit will be payable provided that:

- a. The Insured Person provides Us with a written proof of the missed Event unless this proof is available to Us directly from a reliable source in the public domain;
- b. We will reimburse only those expenses that are in excess of the Deductible;
- c. We shall not accept more than one claim under this Benefit during the Coverage Period.

We shall not be liable to reimburse any expenses for:

- a. Cancellation of the Event by the organiser or any related party of the organiser.
- b. Conditions as specified in Policy Schedule / Certificate of Insurance.

2.4.1.15 Missed Connection

We will reimburse the cost of additional travel and accommodation expenses upto the limit specified in the Policy Schedule / Certificate of Insurance incurred due to the Insured Person's failure to reach the original departure point of the booked and confirmed journey owing to a delay beyond the number of hours specified in the Policy Schedule / Certificate of Insurance in the arrival of the Common Carrier which was connecting to the booked journey onwards.

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

- a. Any loss which will be paid or refunded by the Common Carrier, hotel, agent or any other provider of travel and/or accommodation.
- b. Any such delay caused due to, arising out of or in consequence of any acts or omissions of the Insured Person.

2.4.1.16 Fare Lock

We will reimburse the fare difference upto the limit specified in the Policy Schedule / Certificate of Insurance towards any increase in fare of a Common Carrier, subject to the Insured Person booking the Common Carrier within the period of time specified in the Policy Schedule / Certificate of Insurance from the time of intimation of the fare to Us.

This Benefit will be payable provided that We will reimburse only those expenses that are in excess of the Deductible.

2.4.1.17 Fare Dip

We will reimburse the fare difference upto the limit specified in the Policy Schedule / Certificate of Insurance towards any decrease in fare of a Common Carrier, from the date of the Insured Person booking the fare until the period of time specified in the Policy Schedule / Certificate of Insurance.

This Benefit will be payable provided that We will reimburse only those expenses that are in excess of the Deductible.

2.4.1.18 Electronic Equipment Cover

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

For the purpose of this Benefit,

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 below unless provided to the contrary within the Policy Schedule / Certificate of Insurance.

Age of the Equipment	Depreciation % (on Invoice Value)
i. Not exceeding 1 year	20%
ii. Exceeding 1 year but not exceeding 2 years	40%
iii. Exceeding 2 years but not exceeding 3 years	50%
iv. Exceeding 3 years but not exceeding 4 years	60%
v. Exceeding 4 years	80%

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.

2.4.1.19 Denied Hotel Accommodation

We will reimburse the cost upto the limit specified in the Policy Schedule / Certificate of Insurance of alternative accommodation required by the Insured Person due to any cancellation of the Insured Person's booked and confirmed accommodation by a hotel or any other provider of accommodation.

This Benefit will be payable provided that:

- a. We will reimburse only expenses for accommodation similar to the one cancelled by the hotel or other provider of accommodation;
- b. The Insured Person had a booked and confirmed reservation, all requisite documentation required, and was in compliance with security and other protocols;
- c. The Insured Person provides Us with a written proof of the cancellation from the hotel or any other provider of accommodation where the Insured Person had a booked and confirmed accommodation;
- d. We shall not accept more than one claim under this Benefit during the Coverage Period.

We shall not be liable to reimburse any expenses for:

- a. Any cancellation caused directly or indirectly by government regulations or control;
- b. Any loss which will be paid or refunded by hotel, agent or any other provider of accommodation.

2.4.1.20 Emergency Hotel Requirement

We will reimburse the costs up to the limit specified in the Policy Schedule / 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.

2.4.1.21 Home Insurance Cover

We will reimburse any actual loss incurred upto the limit specified in the Policy Schedule / Certificate of Insurance during the Travel Period towards any theft of personal possessions or property stored within the Insured Person's usual place of residence that was left vacant for the duration of the Travel Period.

This Benefit will be payable provided that:

- a. The Insured Person provides Us with a copy of the police complaint reporting the incident;
- b. The Insured Person provides Us with a written proof of ownership for any item stolen valued at more than the amount specified in the Policy Schedule / Certificate of Insurance.

We shall not be liable to reimburse any expenses for:

- a. Any loss which is recovered subsequently;
- b. Any loss of Valuables, Money, any kinds of securities or tickets;
- c. Any loss due to any wilful act or omission of the Insured Person;
- d. Any consequential loss or damage of any kind;
- e. Any actual or alleged loss or destruction arising from detention, confiscation or distribution by customs, police or other public authorities.

2.4.1.22 Fire and Allied Perils (Home Building & Contents)

In consideration of the Insured named in the Schedule hereto having paid to us, the full premium mentioned in the said schedule, we agree, (Subject to the Conditions and Exclusions contained herein or endorsed or otherwise expressed hereon) that if, after payment of the premium, the Property Insured described in the said Schedule or any part of such Property be destroyed or damaged by any of the perils specified hereunder during the period of insurance named in the said schedule or of any subsequent period in respect of which the Insured shall have paid and the We shall have accepted the premium required for the renewal of the policy, We shall pay to the Insured the value of the Property at the time of the happening of its destruction or the amount of such damage or at its option reinstate or replace such property or any part thereof:

a. Fire

Excluding destruction or damage caused to the property Insured by

- i. Its own fermentation, natural heating or spontaneous combustion;
- ii. Its undergoing any heating or drying process;
- iii. Burning of property Insured by order of any Public Authority.

b. Lightning

c. Explosion/Implosion

Excluding loss, destruction of or damage

- i. To boilers (other than domestic boilers), economizers or other vessels, machinery or apparatus (in which steam is generated) or their contents resulting from their own explosion/implosion;

- ii. Caused by centrifugal forces.

d. Aircraft Damage

Loss, Destruction or damage caused by Aircraft, other aerial or space devices and articles dropped therefrom excluding those caused by pressure waves.

e. Riot, Strike and Malicious Damage

Loss of or visible physical damage or destruction by external violent means directly caused to the property Insured but excluding those caused by

- i. Total or partial cessation of work or the retardation or interruption or cessation of any process or operations or omissions of any kind;
- ii. Permanent or temporary dispossession resulting from confiscation, commandeering, requisition or destruction by order of the Government or any lawfully constituted Authority;
- iii. Permanent or temporary dispossession of any building or plant or unit of machinery resulting from the unlawful occupation by any person of such building or plant or unit or machinery or prevention of access to the same;
- iv. Burglary, housebreaking, theft, larceny or any such attempt or any omission of any kind of any person (whether or not such act is committed in the course of a disturbance of public peace) in any malicious act;
- v. If the Company alleges that the loss/damage is not caused by any malicious act, the burden of proving the contrary shall be upon the Insured.

Notwithstanding any provision to the contrary within this insurance it is agreed that this insurance excludes loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force or violence and / or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear. The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism. If we allege that by reason of this exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the Insured. In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

f. Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood and Inundation

Loss, destruction or damage directly caused by Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood or Inundation excluding those resulting from earthquake, Volcanic eruption or other convulsions of nature. (Wherever earthquake cover is given as an —add on coverll the words —excluding those resulting from earthquake ll shall stand deleted).

g. Impact Damage

Loss of or visible physical damage or destruction caused to the property Insured due to impact by any Rail/ Road vehicle or animal by direct contact not belonging to or owned by

- i. The Insured or any occupier of the premises or
- ii. Their employees while acting in the course of their employment

h. Subsidence and Landslide including Rock slide

Loss, destruction or damage directly caused by Subsidence of part of the site on which the property stands or Land slide/ Rock slide excluding:

- i. The normal cracking, settlement or bedding down of new structures;

- ii. The settlement or movement of made up ground;
- iii. Coastal or river erosion;
- iv. Defective design or workmanship or use of defective materials;
- v. Demolition, construction, structural alterations or repair of any property of ground works or excavations.

i. Bursting and/or overflowing of Water Tanks, Apparatus and Pipes

j. Missile Testing operations

k. Leakage from Automatic Sprinkler Installations

Excluding loss, destruction or damage caused by

- i. Repairs or alterations to the buildings or premises;
- ii. Repairs, Removal or Extension of the Sprinkler Installation;
- iii. Defects in construction known to the Insured.

l. Bush Fire

Excluding loss destruction or damage caused by Forest Fire. provided that our liability shall in no case exceed in respect of each item the Sum expressed in the said Schedule to be Insured thereon or in the whole the total Sum Insured hereby or such other Sum or sums as may be substituted therefor by memorandum hereon or attached hereto signed by or on behalf of us.

m. Earthquake (Fire and Shock) Earthquake (Fire and Shock) Endorsement:

It is hereby agreed and declared that notwithstanding anything stated in the printed exclusions of this policy to the contrary, this Insurance is extended to cover loss or damage (including loss or damage by fire) to any of the property insured by this policy, occasioned by or through or in consequence of earthquake including flood or overflow of the sea, lakes, reservoirs and rivers and/or landslide / rockslide resulting therefrom. Provided always that all the conditions of this policy shall apply (except in so far as they may be hereby expressly varied) and that any reference therein to loss or damage by fire shall be deemed to apply also to loss or damage directly caused by any of the perils which this insurance extends to include by virtue of this endorsement.

General Conditions:

1. This Policy shall be voidable in the event of mis-representation, mis-description or non-disclosure of any material particular.
2. All insurances under this policy shall cease on expiry of seven days from the date of fall or displacement of any building or part thereof or of the whole or any part of any range of buildings or of any structure of which such building forms part.
Provided such a fall or displacement is not caused by Insured perils, loss or damage by which is covered by this policy or would be covered if such building, range of buildings or structure were Insured under this policy. Notwithstanding the above, We, subject to an express notice being given as soon as possible but not later than seven days of any such fall or displacement may agree to continue the insurance subject to revised rates, terms and conditions as may be decided by it and confirmed in writing to this effect.
3. Under any of the following circumstances the insurance ceases to attach as regards the property affected unless the Insured, before the occurrence of any loss or damage, obtains our sanction signified by endorsement upon the policy by or on behalf of us:
 - a. If the trade or manufacture carried on be altered, or if the nature of the occupation of or other circumstances affecting the building Insured or containing the Insured property be changed in such a way as to increase the risk of loss or damage by Insured Perils.
 - b. If the interest in the property passes from the Insured otherwise than by will or operation of law.
4. This insurance does not cover any loss or damage to property which, at the time of the happening of

such loss or damage, is Insured by or would, but for the existence of this policy, be Insured by any marine policy or policies except in respect of any excess beyond the amount which would have been payable under the marine policy or policies had this insurance not been effected.

5. This insurance may be terminated at any time at the request of the Insured, in which case we will retain the premium at customary short period rate for the time the policy has been in force. This insurance may also at any time be terminated at our option, on 15 days' notice to that effect being given to the Insured, in which we shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of the cancellation.
6. On the happening of any loss or damage the Insured shall forthwith give notice thereof to the us and shall within 15 days after the loss or damage, or such further time as we may in writing allow in that behalf, deliver to us
 - a. A claim in writing for the loss or damage containing as particular an account as may be reasonably practicable of all the several articles or items or property damaged or destroyed, and of the amount of the loss or damage thereto respectively, having regard to their value at the time of the loss or damage not including profit of any kind.
 - b. Particulars of all other insurances, if any

The Insured shall also at all times at his own expense produce, procure and give to us all such further particulars, plans, specification books, vouchers, invoices, duplicates or copies thereof, documents, investigation reports (internal/external), proofs and information with respect to the claim and the origin and cause of the loss and the circumstances under which the loss or damage occurred, and any matter touching the liability or the amount of our liability as may be reasonably required by or on our behalf together with a declaration on oath or in other legal form of the truth of the claim and of any matters connected therewith. No claim under this policy shall be payable unless the terms of this condition have been complied with (ii) In no case whatsoever shall we be liable for any loss or damage after the expiration of 12 months from the happening of the loss or damage unless the claim is the subject of pending action or arbitration; it being expressly agreed and declared that if we shall disclaim liability for any claim hereunder and such claim shall not within 12 calendar months from the date of the disclaimer have been made the subject matter of a suit in a court of law then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

7. On the happening of loss or damage to any of the property Insured by this policy, we may
 - a. Enter and take and keep possession of the building or premises where the loss or damage has happened.
 - b. Take possession of or require to be delivered to it any property of the Insured in the building or on the premises at the time of the loss or damage.
 - c. Keep possession of any such property and examine, sort, arrange, remove or otherwise deal with the same.
 - d. Sell any such property or dispose of the same for account of whom it may concern.

The powers conferred by this condition shall be exercisable by the us at any time until notice in writing is given by the Insured that he makes no claim under the policy, or if any claim is made, until such claim is finally determined or withdrawn, and we shall not by any act done in the exercise or purported exercise of its powers hereunder, incur any liability to the Insured or diminish its rights to rely upon any of the conditions of this policy in answer to any claim. If the Insured or any person on his behalf shall not comply with our requirements or shall hinder or obstruct us, in the exercise of its powers hereunder, all benefits under this policy shall be forfeited. The Insured shall not in any case be entitled to abandon any property to us whether taken possession of by us or not.

8. If the claim be in any respect fraudulent, or if any false declaration be made or used in support thereof or if any fraudulent means or devices are used by the Insured or any one acting on his behalf to obtain any benefit under the policy or if the loss or damage be occasioned by the willful act, or with the connivance of the Insured, all benefits under this policy shall be forfeited.
9. We at our option, reinstate or replace the property damaged or destroyed, or any part thereof, instead of paying the amount of the loss or damage, or join with any other Company or Insurer(s) in

so doing, we shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner, and in no case shall we be bound to expend more in reinstatement than it would have cost to reinstate such property as it was at the time of the occurrence of such loss or damage nor more than the Sum Insured by us thereon. If we so elect to reinstate or replace any property the Insured shall at his own expense furnish us with such plans, specifications, measurements, quantities and such other particulars as we may require, and no acts done, or caused to be done, by us with a view to reinstate or replace shall be deemed an election by us to reinstate or replace.

If in any case we shall be unable to reinstate or repair the property hereby Insured, because of any municipal or other regulations in force affecting the alignment of streets or the construction of buildings or otherwise, we shall, in every such case, only be liable to pay such Sum as would be requisite to reinstate or repair such property if the same could lawfully be reinstated to its former condition.

10. If the property hereby Insured shall at the breaking out of any fire or at the commencement of any destruction of or damage to the property by any other peril hereby Insured against be collectively of greater value than the Sum Insured thereon, then the Insured shall be considered as being his own insurer for the difference and shall bear a rateable proportion of the loss accordingly. Every item, if more than one, of the policy shall be separately subject to this condition.
11. If at the time of any loss or damage happening to any property hereby Insured there be any other subsisting insurance or insurances, whether effected by the Insured or by any other person or persons covering the same property, we shall not be liable to pay or contribute more than its rateable proportion of such loss or damage.
12. The Insured shall at the expense of us do and concur in doing, and permit to be done, all such acts and things as may be necessary or reasonably required by us for the purpose of enforcing any rights and remedies or of obtaining relief or indemnity from other parties to which the we shall be or would become entitled or subrogated, upon its paying for or making good any loss or damage under this policy, whether such acts and things shall be or become necessary or required before or after his indemnification by us.
13. If any dispute or difference shall arise as to the quantum to be paid under this policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as hereinbefore provided, if we have disputed or not accepted liability under or in respect of this policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

14. Every notice and other communication to us required by these conditions must be written or printed.
15. At all times during the period of insurance of this policy the insurance cover will be maintained to the full extent of the respective Sum Insured in consideration of which upon the settlement of any loss under this policy, pro-rata premium for the unexpired period from the date of such loss to the expiry of period of insurance for the amount of such loss shall be payable by the Insured to us.

The additional premium referred above shall be deducted from the net claim amount payable under the policy. This continuous cover to the full extent will be available notwithstanding any previous loss for which we may have paid hereunder and irrespective of the fact whether the additional premium as mentioned above has been actually paid or not following such loss. The intention of this condition is to ensure continuity of the cover to the Insured subject only to the right of the Insurance Company for deduction from the claim amount, when settled, of pro-rata premium to be calculated

from the date of loss till expiry of the policy. Notwithstanding what is stated above, the Sum Insured shall stand reduced by the amount of loss in case the Insured immediately on occurrence of the loss exercises his option not to reinstate the Sum Insured as above.

2.4.1.23 Travel with Pet Cover

If the Insured Person is travelling with his/her pet as detailed in the Policy Schedule / Certificate of Insurance during the Travel Period, We will provide the following:

- a. We will reimburse the expenses incurred on the medical treatment of the Insured Person's pet if the pet suffers an Injury due to an Accident during the Travel Period.
- b. We will reimburse the costs incurred on additional travel and accommodation expenses by the Insured Person if the Insured Person's journey is cancelled or curtailed due to the Insured Person's pet suffering death or an Injury due to an Accident, during the Coverage Period.

This Benefit will be payable provided that:

- a. The Injury caused to the Insured Person's pet must be so disabling as to reasonably cause a journey to be cancelled or curtailed;
- b. The Insured Person's pet has been validly transported and accommodated in accordance with the rules of the Common Carrier, hotel or other provider of accommodation;
- c. The Insured Person's pet is maintained by the Insured Person exclusively for company, protection, or entertainment, and not for the purposes of commerce or research;
- d. We will reimburse only those expenses that are in excess of the Deductible;

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 the curtailment of the journey;
- b. Costs for transportation of mortal remains of the Insured Person's pet from the place of death to the residence of the Insured Person;

Any loss which will be paid or refunded by hotel, agent or any other provider of accommodation.

2.5 Out-patient ("OPD") and Wellness Benefit Category

2.5.1 Benefits

This Section defines the Benefits under this coverage category. The following Benefits shall trigger in the event of the Insured Person undergoing any Medically Necessary Treatment as an Out-Patient, or incurring Medical Expenses in relation to such Medically Necessary Treatment. Claims under this coverage category will be admissible subject to the fulfilment of the following conditions with respect to the Insured Person's OPD Treatment or Medical Expenses incurred:

- i. The Insured Person incurs the Medical Expenses during the Coverage Period.
- ii. The date of consultation / diagnostics / Treatment is within the Coverage Period.
- iii. The Medically Necessary Treatment is undergone on the written advice of a qualified Medical Practitioner, and the Medical Expenses are certified to be for such Medically Necessary Treatment by the treating Medical Practitioner.

2.5.1.1 Out-Patient Treatment Cover (OPD)

We will indemnify the Medical Expenses incurred by an Insured Person in respect of any Medically Necessary Treatment availed/provided, in a Hospital or Day Care Centre or by any service provider as

an Out-Patient, of the following nature and subject to the limits as specified in the Policy Schedule / Certificate of Insurance:

- i. Physical Consultation: Medical advice taken from a general or specialist Medical Practitioner;
- ii. Online Consultation: A web-based consultation from a qualified Medical Practitioner
- iii. Diagnostics: Any diagnostic procedures undergone by the Insured Person
- iv. Pharmacy: Discounts on medicine/pharmacy costs or/and indemnify the cost of medicines/pharmacy duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person
- v. Dietician: Advise on wellness coaching from dieticians
- vi. Doctor on Call: A telephonic consultation from a general Medical Practitioner

We shall not be liable to indemnify any Medical Expenses under this Benefit for the following:

- i. Facilities and services availed for pleasure or rejuvenation or as a preventive aid, such as beauty treatments, Panchakarma, purification or detoxification.
- ii. Cost of spectacles, hearing aids, braces, implants, prosthetic devices, and lenses etc as Medical Aids.

2.5.1.2 Dental Cover

We will indemnify the Medical Expenses incurred by an Insured Person towards Dental Treatment, for each of the covers set out below, provided that the Policy Schedule / Certificate of Insurance specifies that the cover is in force for the Insured Person:

i. Class 1 (Investigative and Preventative Treatment)

We will pay the fees of the Medical Practitioner and associated Medical Expenses for carrying out the following routine procedures in relation to the Dental Treatment of an Insured Person:

- Clinical oral examinations
- Palliative Treatment for dental pain
- Minor procedures
- Tooth cleaning
- Normal compound fillings or
- Simple non-surgical extractions

We will not be liable to make any payment in respect of Orthodontic Treatment, restorative Treatment and dental implants.

ii. Class 2 (Basic Restorative, Periodontal Treatment)

We will pay the fees of the Medical Practitioner and associated Medical Expenses for carrying out the following specified procedures in relation to Dental Treatment of an Insured Person:

- Amalgam filling
- Composite/Resin filling
- Root canal Treatment
- Osseous Surgery
- Periodontal scaling and root planning
- Adjustments
- Recement bridge
- Routine extractions
- Surgical removal of impacted tooth

- Local or general Anaesthesia including sedation

We will not be liable to make any payment in respect of Orthodontic Treatment, routine Treatment and dental implants.

iii. Class 3 (Major Restorative and Orthodontic Treatment)

We will pay the fees of the Medical Practitioner and associated Medical Expenses for carrying out restorative Dental Treatment, any Orthodontic Treatment, and the following specified procedures in respect of an Insured Person:

- Removal of impacted or buried teeth
- Removal of roots
- Removal of solid odontomes
- Apicectomy
- New or repair of bridge work
- New or repair of crowns
- Root canal Treatment
- New or repair of upper or lower dentures
- Removal of wisdom teeth

For the purpose of this Benefit, "Orthodontic Treatment" includes orthodontic work-up such as X-rays, diagnostic casts and treatment plan and the first month of active treatment including all active treatment and retention appliances.

We shall not be liable to indemnify any expenses under this Benefit for the following:

- i. Any dental implants.
- ii. Replacing any dental appliance which is lost or stolen.
- iii. Replacing a bridge, crown or denture which is or can be made useable according to a standard acceptable to a Dentist of ordinary competence and skill.
- iv. Replacing a bridge, crown or denture within five years of original fitting unless:
 - The replacement is needed because of the placement of an original opposing full denture or extraction of natural teeth is needed; or
 - The bridge, crown or denture, while in the mouth, has been damaged beyond repair because of an Injury the Insured Person receives during the Coverage Period.
- v. Porcelain or acrylic veneers on the upper and lower first, second and third molars and premolars.
- vi. Crowns or pontics on or replacing the upper and lower first, second and third molars unless they are constructed of either porcelain bonded-to-metal or metal alone, e.g. gold alloy crown; or a temporary crown or pontic is required as part of routine or emergency Dental Treatment.
- vii. Surgical implants of any type including any attaching prosthetic device.
- viii. Procedures and materials which are experimental or which do not meet accepted dental standards.
- ix. Instruction for plaque control, oral hygiene and diet.
- x. Bite registration, precision or semi-precision attachments.
- xi. Procedures, appliances or restorations (except full dentures) whose main purpose is to:
 - Change vertical dimensions; or
 - Diagnose or treat conditions or dysfunction of the temporo-mandibular joint; or

- Stabilize periodontally involved teeth; or
- Restore occlusion; or
- Major treatment on deciduous or baby teeth for an Insured Person who is a Dependent child.

2.5.1.3 Vision Expenses Cover

We will indemnify for any of the following Medical Expenses specified in Policy Schedule / Certificate of Insurance incurred during the Coverage Period, by the Insured:

- i. Eye examination by an optometrist or ophthalmologist
- ii. Cost of lenses to correct refractory errors

We shall not be liable to indemnify any expenses under this Benefit for the following:

- i. Cost of frames for the prescribed lenses.
- ii. Sunglasses, unless medically prescribed by a Medical Practitioner.
- iii. Surgical Procedures of the eye.
- iv. Lenses which are not medical necessary and are not prescribed by an optometrist or ophthalmologist.
- v. Medical Expenses incurred for an in-patient or Daycare treatment

2.5.1.4 LASIK

We will indemnify the Medical Expenses incurred by the Insured Person during the Coverage Period, for Laser-Assisted In Situ Keratomileusis (LASIK) Surgery, including refractive keratotomy (RK) and photorefractive keratectomy (PRK) or any other advanced Surgical Procedures conducted to correct the refractive errors beyond +/- 5 to change the refraction of one or both eyes, provided that:

We will not be liable to make any payment under this Benefit in respect of any other non-Surgical Procedures.

2.5.1.5 Preventive Health check-up

We will indemnify the expenses incurred for the preventive health check-ups specified in the Policy Schedule / Certificate of Insurance.

2.5.1.6 Prescribed Diagnostics

We will indemnify the Medical Expenses incurred in respect of any diagnostic tests of the nature of an MRI or a CT Scan, provided that:

- i. Prior approval for the tests is obtained from Us.
- ii. No Hospitalization is required for such undergoing such diagnostic tests.
- iii. The Benefit may be limited to a Sub-Limit specified in the Policy Schedule / Certificate of Insurance and would be a part of the Sum Insured applicable for this coverage category.

2.6 Special Services

2.6.1 Domestic Emergency Evacuation

In case of an Emergency during the Coverage Period in respect of an Insured Person, if adequate medical facilities are not available locally, we will on a reimbursement basis, pay the amount up to the Limit specified in the Policy Schedule / Certificate of Insurance for this Benefit towards the arrangement of or arrange an Emergency evacuation of the Insured Person to the nearest facility capable of providing adequate care, provided that:

- a. The emergency evacuation must be certified in writing by the attending Medical Practitioner confirms medical facilities to be unavailable locally, and evacuation to be medically necessary to prevent the immediate and significant effects of an Illness/Injury which if left untreated could result in a significant deterioration of health.
- b. The emergency evacuation is pre-authorized by Our medical team. Only where it can be demonstrated to Our satisfaction that it was not reasonably possible for pre-authorization to be sought before the evacuation takes place, authorization should be sought as soon as possible after the evacuation has occurred.
- c. In making Our determinations, we will consider the nature of the Insured Person's Illness or Injury, the Insured Person's condition and ability to travel, as well as other relevant circumstances including airport availability, weather conditions and distance to be covered.
- d. The Insured Person's medical condition must require the accompaniment of a qualified Medical Practitioner during the entire course of the transportation to be considered as requiring emergency evacuation.
- e. Transportation will be provided by medically equipped specialty aircraft, commercial airline, train, Ambulance or air ambulance depending upon the medical needs and available transportation specific to each case.

2.6.2 International Emergency Evacuation

We will provide the emergency medical evacuation worldwide as described below, when an Insured Person, during the Coverage Period, is located outside India for a period of less than 90 (ninety) days.

Emergency Medical Evacuation: When an adequate medical facility is not available within 150 kms of the Insured Person's location, as determined by the Emergency Service Provider and agreed by us, We will pay or arrange for transportation of the Insured Person and an attending Medical Practitioner through an appropriate mode of transport to the nearest medical facility which is able to provide the required care.

No claims for reimbursement under the above benefit, for services arranged by Insured Person will be allowed unless agreed by Us or the Emergency Service Provider. Only where it can be demonstrated to Our satisfaction that it was not reasonably possible for pre-authorization to be sought before the evacuation takes place, authorization should be sought as soon as possible after the evacuation has occurred.

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

- a. Travel undertaken specifically for securing medical treatment.
- b. Injuries resulting from participation in acts of war or insurrection.
- c. Commission of unlawful act(s).
- d. Attempt at suicide.
- e. Incidents involving the use of drugs unless prescribed by a Medical Practitioner.
- f. Transfer of the Insured Person from one medical facility to another medical facility of similar capabilities which provides a similar level of care.
- g. Any trips made by the Insured Person outside India without prior notification to Us which exceed a period of 90 days.

We shall not be liable for evacuation in the following instances:

- a. Without medical authorization.
- b. Any mild lesions, simple Injuries such as sprains, simple fractures, or mild sickness which can be treated by local Medical Practitioner and do not prevent the Insured Person from continuing his/her trip or returning home.
- c. With a pregnancy beyond the end of the 28th week, evacuation of a child born while the Insured Person was traveling beyond the 28th week.

- d. Any mental or nervous disorders unless Hospitalized.

2.6.3 Medical Equipment Cover

We will indemnify the reasonable costs necessarily incurred towards the medical equipment for which a written prescription is provided by the treating Medical Practitioner following the Insured Person's Hospitalization, which is/are otherwise classified as non-payable items under Annexure II of this Policy.

The medical equipment expressly covered under this Benefit are hearing aids, instrument used in the treatment of Sleep Apnoea Syndrome, Oxygen Concentrator for Bronchial Asthmatic condition, infusion pump or any other external devices, Prostheses, corrective devices and Medical Appliances, which are not required intra-operatively.

If this Benefit is in force in respect of the Insured Person, then Exclusions related to Excl 05, treatment taken outside India, ear examinations, cost of hearing aids or cochlear implants of Section D will be waived off for the purpose of this Benefit in respect of that Insured Person.

Section D. Exclusions

We shall not be liable to make any payment under this Policy caused by, arising out of or attributable to any of the following. All the Waiting Periods shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

I. Standard Exclusions

1. Pre-Existing Diseases-Code-Excl01

- a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of number of months, as specified in the Schedule, of continuous coverage after the date of inception of the first policy with insurer.
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If the Insured Person is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health Insurance) Regulations, then Waiting Period for the same would be reduced to the extent of prior coverage.
- d. Coverage under the policy after the expiry of number of months, as specified in the Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. Specified Disease/Procedure Waiting Period-Code-Excl02

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of number of months, as specified in the Schedule, of continuous coverage after the date of inception of the first policy with Us. This exclusion shall not be applicable for claims arising due to an Accident.
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If any of the specified disease/procedure falls under the Waiting Period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d. The Waiting Period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then Waiting Period for the same would be reduced to the extent of prior coverage.

f. List of specific diseases/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 Osteoporosis, Joint Replacement Surgery (other than caused by Accident), Prolapse of Intervertebral discs (other than caused by Accident), all Vertebrae Disorders, including but not limited to Spondylitis, Spondylosis, Spondylolisthesis.
- 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 Benefit 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.

3. 30-day waiting period (Code-Excl03)

- a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

4. Investigation & Evaluation (Code- Excl04)

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5. Rest Cure, rehabilitation and respite care (Code- Excl05)

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

6. Obesity/ Weight Control (Code- Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The Surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and

4) Body Mass Index (BMI);

- a) greater than or equal to 40 or
- b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

7. Change-of-Gender treatments (Code- Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. Cosmetic or plastic Surgery (Code- Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

9. Hazardous or Adventure sports (Code- Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

10. Breach of law (Code- Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

11. Excluded Providers (Code- Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and as disclosed in website (www.acko.com/health-insurance) / notified to the policyholders are not admissible. However, in case of life threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12).

13. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)

14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14)

15. Refractive Error (Code- Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

16. Unproven Treatments:(Code- Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

17. Sterility and Infertility: (Code- Excl17)

Expenses related to sterility and infertility. This includes:

- i. Any type of contraception, sterilization
- ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- iii. Gestational Surrogacy
- iv. Reversal of sterilization

18. Maternity (Code - Excl18):

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy;
- ii. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the policy period.

II. Specific Exclusions

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

1. Specific Exclusions for Loss of Pay due to Hospitalization

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

1. Any Involuntary Unemployment or suspension of the Insured Person at his/her primary occupation, which is temporary in nature.
2. Any unemployment from any occupation or job in which no salary was ever provided to the Insured Person.
3. 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.
4. 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.
5. 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.

2. Specific Exclusions for Child Protect Cover

We shall not be liable to make any payment under this Policy for this coverage category and any Benefits or Benefit Options arising from or caused by any of the following:

1. Stem cell implantation/Surgery, harvesting, storage or any kind of Treatment using stem cells except Stem cell therapy where Hematopoietic stem cells for bone marrow transplant for haematological conditions is covered.
2. Dental Treatment, dentures or Surgery of any kind unless necessitated due to an Accident and requiring minimum 24 hours Hospitalization. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw which cannot be treated in any other way.
3. Circumcision unless necessary for Treatment of an Illness or Injury not excluded hereunder or due to an Accident.
4. Routine medical, eye examinations, cost of spectacles, laser Surgery for cosmetic purposes or corrective Surgeries or contact lenses.

5. Ear examinations, cost of hearing aids or cochlear implants.
6. Vaccinations except post-bite Treatment.
7. **Sleep Disorders:** Treatment for any conditions related to disturbance of normal sleep patterns or behaviours such as Sleep-apnoea, snoring, etc.
8. External Congenital Anomaly or defects
9. Intentional self-Injury, suicide or attempted suicide18. **Prosthetics and Other Devices:** Prosthetics and other devices not implanted internally by surgery, cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively.
10. Any stay in Hospital without undertaking any Treatment or any other purpose other than for receiving eligible Treatment of a type that normally requires a stay in the Hospital.
11. Treatment taken outside India26. All Illness/expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel nuclear, chemical or biological attack.
12. **War and Exposure to Hazardous Substances:** Treatment for any Injury or Illness resulting directly or indirectly from nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism, nuclear, biological or chemical emissions, rebellion, revolution, acts of terrorism.
13. For complete list of non-medical expenses, please refer to the Annexure II and also on Our website. Any opted Deductible (Per claim / Aggregate / Group) amount or percentage of admissible claim under Co-Payment, Sub Limit if applicable and as specified in the Policy Schedule / Certificate of Insurance to this Policy.
14. Any physical, or medical condition or Treatment or service that is specifically excluded in the Policy Schedule / Certificate of Insurance under special conditions.

3. Specific Exclusions for Benefits 2.2

1. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction, whether the Insured Person is medically sane or insane.
2. 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 Policy Schedule / Certificate of Insurance.
3. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
4. Certification of disability by a family member, or a person who stays with the Insured Person, or from persons not registered as Medical Practitioners under the respective Medical Councils, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for.
5. Death or disability arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen by the Insured Person.
6. Death or disability 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.
7. 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.
8. Death or disability 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.
9. Death or disability arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, participation in any naval, military or air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
10. Death or disability or Injury 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 or biological attack.

11. Death or disability caused other than by an Accident.
12. 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.
13. 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.

4. Specific Exclusions for Critical Illness Category

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

1. Any Illness or Critical Illness contracted within first 30 days or the number of days from the Risk Commencement Date as an initial Waiting Period. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
2. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction.
3. 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 Policy Schedule / Certificate of Insurance.
4. Any External Congenital Anomalies or defects.
5. Sleep Disorders: Treatment for any conditions related to disturbance of normal sleep patterns or behaviours such as Sleep-apnoea, snoring, etc.
6. Vaccination or inoculation unless forming a part of post-animal bite treatment; vii. Naturopathy Treatments.
7. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
8. 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 or biological attack.
9. 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.
10. 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.

5. Specific Exclusions for Fire & Allied Perils

- a. This Policy does not cover (not applicable to policies covering dwellings)
 - i. The first 5% of each and every claim subject to a minimum of Rs.10,000 in respect of each and every loss arising out of —Act of God perils such as Lightning, STFI, Subsidence, Landslide and Rock slide covered under the policy,
 - ii. The first Rs.10,000 for each and every loss arising out of other perils in respect of which the Insured is indemnified by this policy.

The Excess shall apply per event per Insured.

- b. Loss, destruction or damage caused by war, invasion, act of foreign enemy hostilities or war like operations (whether war be declared or not), civil war, mutiny, civil commotion assuming the proportions of or amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.

- c. Loss, destruction or damage directly or indirectly caused to the property Insured by
 - i. Ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel,
 - ii. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
- d. Loss, destruction or damage caused to the Insured property by pollution or contamination excluding
 - i. Pollution or contamination which itself results from a peril hereby Insured against, ii. Any peril hereby Insured against which itself results from pollution or contamination.
- e. Loss, destruction or damage to bullion or unset precious stones, any curios or works of art for an amount exceeding Rs. 10000/-, manuscripts, plans, drawings, securities, obligations or documents of any kind, stamps, coins or paper Money, cheques, books of accounts or other business books, computer systems records, explosives unless otherwise expressly stated in the policy.
- f. Loss, destruction or damage to the stocks in Cold Storage premises caused by change of temperature.
- g. Loss, destruction or damage to any electrical machine, apparatus, fixture, or fitting arising from or occasioned by over-running, excessive pressure, short circuiting, arcing, self-heating or leakage of electricity from whatever cause (lightning included) provided that this exclusion shall apply only to the particular electrical machine, apparatus, fixture or fitting so affected and not to other machines, apparatus, fixtures or fittings which may be destroyed or damaged by fire so set up.
- h. Expenses necessarily incurred on
 - i. Architects, Surveyors and Consulting Engineer's Fees and
 - ii. Debris Removal by the Insured following a loss, destruction or damage to the Property Insured by an Insured peril in excess of 3% and 1% of the claim amount respectively.
- i. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
- j. Loss or damage by spoilage resulting from the retardation or interruption or cessation of any process or operation caused by operation of any of the perils covered.
- k. Loss by theft during or after the occurrence of any Insured peril except as provided under Riot, Strike, Malicious and Terrorism Damage cover.
- l. Any Loss or damage occasioned by or through or in consequence directly or indirectly due to Volcanic eruption or other convulsions of nature.
- m. Loss or damage to property Insured if removed to any building or place other than in which it is herein stated to be Insured, except machinery and equipment temporarily removed for repairs, cleaning, renovation or other similar purposes for a period not exceeding 60 days.

6. Specific Exclusions for Domestic Travel Category

We shall not be liable to make any payment for any claim under the Policy in respect of an Insured Person, arising from or caused by any of the following, except where provided to the contrary under any Benefit(s) within the Policy:

- a. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction.
- b. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- c. Certification of disability by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's family.
- d. Death, disability or illness 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.
- e. Death, disability or illness caused by participation of the Insured Person in any flying activity, except as a bona fide passenger on a public aircraft, which is operating under a valid license from the relevant authority for the transportation of passengers.
- f. Death, disability or illness or Injury 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 or biological attack.

- g. 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.
- h. Any journey where the Insured Person is travelling as a commercial driver, operator or crew member in, or carrying out any testing or repairs on a Common Carrier.
- h. Any intentional illegal or unlawful act or confiscation, detention, destruction by customs or other authorities or any breach of government regulation.
- i. Any failure to take reasonable precautions to avoid a claim under the Policy following a mass media or government issued warning.
- j. Any act of foreign invasion, act of foreign enemies, hostilities and participation of the Insured Person in any naval, military or air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
- k. Any journey commenced when You are not fit to travel or are travelling against the advice of a Medical Practitioner.
- l. Any journey commenced to obtain medical care, treatment or advice of any kind whether this is the sole purpose of Your journey or not.
- m. 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.
- n. 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.
- o. Any generally excluded non-medical expenses as provided in Annexure II.

7. Specific Exclusions for Out-patient (“OPD”) and Wellness Benefit Category

We will not make any payment for any claim in respect of any Insured Person arising from or caused by any of the following unless expressly stated to the contrary in this Policy.

Medical Exclusions

1. Inpatient Care and Day Care Treatments will not be covered.
2. Naturopathy treatment(s) will not be covered.

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. Condition Precedent to Admission of Liability

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

3. Claim Settlement (provision for Penal interest)

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

4. Complete Discharge

Any payment to the policyholder, insured person or insured person's nominees or insured person's legal representative or assignee or to the Hospital, as the case may be, for any Benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

5. Multiple Policies

- i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of insured person's claim in terms of any of insured person's policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the Sum Insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the Sum Insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.
- iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

6. 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.

7. Cancellation

i. The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

We shall refund the percentage of premium for the unexpired Policy Period/ Coverage Period if no claim has been made under the Policy as per the short period scale mentioned below, after deducting Our expenses.

Premium shall be refunded as per the short period scale provided below. The short period scale below is applicable only for single premium Policy.

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%

For instalment premium, We will refund the paid premium on pro rata basis, after deducting Our expenses.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

8. Migration

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy Renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity Benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link
https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987&flag=1

9. Portability

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy Renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity Benefits in waiting periods as

per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link
https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987&flag=1

10. Renewal of Policy

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

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

11. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of Renewal with all the accrued continuity Benefits such as No claim bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

12. Moratorium Period

After completion of eight continuous years under the Policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums Insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The Policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

13. Premium Payment in instalments

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of the Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- i. Grace Period of 15 days would be given to pay the instalment premium due for the policy.
- ii. During such Grace Period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated Grace Period.
- iv. No interest will be charged if the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the Grace Period, the policy will get cancelled.
- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vii. The company has the right to recover and deduct all the pending instalments from the claim amount due

under the policy.

14. Possibility of Revision of Terms of the Policy including the Premium Rates

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

15. Free Look Period

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

The insured person shall be allowed free look period of fifteen days (30 days if the Policy is sold through distance marketing) from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

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

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

16. 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 III.

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

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

17. Nomination:

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

18 Reasonable Care

You understand and agree to take all reasonable steps in order to safeguard against any Illnesses or Injury that may give rise to any claim under this Policy.

19 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.

20 Material Information for administration

You must give Us all the written information that is reasonably required to work out the premium and pay any claim / Benefit available under the Policy. You must give Us written notification specifying the details of the Insured Persons to be deleted and the details of the eligible persons proposed to be added to the Policy as Insured Persons. Billing for the Policy will be processed on the exact number of Insured Persons covered under the Policy.

Material information to be disclosed includes every matter that You and/or the Insured Person is aware of, or could reasonably be expected to know, that relates to questions in the proposal form and which is relevant to Us in order to accept the risk of insurance and if so on what terms. You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement or reinstatement of the Policy. Accordingly, We reserve the right to apply additional options, exclusions and/or adjust the scope of cover and / or premium, if necessary, to reflect any circumstances or material facts declared to Us.

21 Material Change

It is Condition Precedent to Our liability under the Policy that You shall at Your own expense immediately notify Us in writing of any material change in the risk on account of change in nature of occupation or business of any Insured Person. We may, in Our discretion, adjust the scope of cover and / or the premium paid or payable, accordingly.

22 Eligibility

To be eligible for coverage under the Policy, the Insured Person must be-

- i. A group member / Employee of the Policyholder or enrolled member of a non-employer group.
- ii. There is no minimum or maximum Age for entry in to the Policy.
- iii. The relationships which may be covered under the Policy are -
 - The Employee's/member's legal Spouse, Dependent parents,
 - The Employee's/member's unmarried children who are either engaged in full-time education or residing at the same residence as the Employee / Member.
 - Brother and sister of the Employee/member who are children of the same parents, grandparents, grandchildren, parent in laws, son in law, daughter in law, uncle, aunt, niece and nephew, etc.

- New Born Babies will be accepted for cover (subject to the limitations of the New Born Benefit) from birth, if Benefit 2.1.1.14 “Maternity” has been opted and any one of the parents of such New Born Baby are covered under the Policy. Acceptance of New Born Babies as Insured Persons is subject to written notification within 30 days of birth and receipt of the agreed premium within a further 30 days following such notification.

Renewals will be available for lifetime, provided the Insured Person is still employed with / continues to be a member of the group / Employee of the Policyholder. Relationships covered under the Policy are as specified in the Policy Schedule / Certificate of Insurance. It is clarified that for the purpose of availing this Policy, the Policyholder shall ensure that the minimum number of Employees/members who will form a group to avail the Benefits under this Policy shall be 7.

23 Geography

The geographical scope of this Policy applies to events limited to India unless specified under this Policy. All admitted or payable claims will only be settled in India.

24 Dispute Resolution & Applicable Law

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

25 Premium

The premium payable under this Policy shall be the amount specified in the Policy Schedule / Certificate of Insurance. No receipt for premium shall be valid except on Our official form signed by Our duly authorised official. Payment of premium instalments under this Policy will be allowed on a monthly/quarterly/half yearly or yearly basis.

Premium will be subject to revision at the time of Renewal of the Policy and as approved by the IRDAI. Further, premium shall be paid in Indian Rupees and in favour of Acko General Insurance Limited.

26 Parties to the Policy

The only contracting parties to this Policy are You and Us.

27 Currency

All payments payable under this Policy will be settled in Indian Rupees (INR) only.

28 Addition and Deletion of a Member

We shall include/exclude any person as an Insured Person under the Policy in accordance with the following procedure:

(a) Additions

Any person may be added to the Policy as an Insured Person during the Policy Year provided that the application for cover has been accepted by Us, applicable premium for the risk coverage duration for the Insured Person has been received by Us and We have issued an endorsement confirming the addition of such person as an Insured Person under the Policy.

(b) Deletions

Any Insured Person who is covered under the Policy may be deleted upon Your request during the Policy Year. Refund of premium can be made on pro-rata basis, provided that no claim is paid / outstanding in respect of that Insured Person or his/her Dependents.

In case of refund of premium being generated on the Policy due to deletion of an Insured Person, the same will be refunded or adjusted against any future premium instalments due and payable under the Policy.

Throughout the Policy Year, You will notify Us in writing, of any and all changes in the membership of the Policy in the same month in which the change occurs.

29 No Constructive Notice

Any knowledge or information of any circumstance or condition in relation to You/Insured Person in Our possession or in the possession of any of Our officials shall not be deemed to be notice or be held to bind or prejudicially affect Us, or absolve You/Insured Person from their duty of disclosure, notwithstanding subsequent acceptance of any premium.

30 Endorsements

The Policy will allow the following endorsements during the Policy Year. Any request for endorsement must be made only in writing by the Policyholder. Any endorsement would be effective from the date of the request received from You, or the date of receipt of premium, whichever is later other than for rectification of date of birth or gender which will be with effect from the Commencement Date.

a) Non-Financial Endorsements – which do not affect the premium.

- Rectification in name of the proposer / Insured Person.
- Rectification in gender of the proposer / Insured Person.
- Rectification in relationship of the Insured Person with the proposer.
- Rectification of date of birth of the Insured Person (if this does not impact the premium).
- Change in the correspondence address of the proposer.
- Change/updation in the contact details viz., phone number, E-mail ID, etc.
- Updation of alternate contact address of the proposer.
- Change in Nominee details.

b) Financial Endorsements – which result in alteration in premium

- Deletion of Insured Person on death or upon separation or Policyholder/Insured Person leaving the country only if no claims are paid / outstanding.
- Change in Age/date of birth.
- Addition of member (including New Born Baby or newly wedded Spouse).
- Change in address (resulting in change in zone).

All endorsement requests may be assessed by the underwriting team and if required additional information/documents may be requested.

31 Special Conditions

Any special conditions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly. It is further clarified that if any special condition is stipulated in the Policy Schedule / Certificate of Insurance, then such special condition shall have effect accordingly.

32 Records to be maintained

You or the Insured Person, as the case may be, shall keep an accurate record containing all relevant medical records and shall allow Us or our representative(s) to inspect such records. You or the Insured Person, as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Year and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy.

33 Our Right of Termination

Termination of Policy

Prior to the termination of the Policy, at the expiry of the period shown in the Policy Schedule / Certificate of Insurance, cover will end immediately for all Insured Persons, if: i. there is misrepresentation, fraud, non-disclosure of material fact by You / Insured Person and without any refund of premium, by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to Your last known address. ii. there is non-cooperation by You / Insured person, and with refund of premium on pro rata basis after deducting Our expenses, by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to Your last known address. iii. You/Insured Person does not pay the premiums owed under the Policy within the Grace Period/applicable revival period (where premium payment is in instalments).

Upon termination, cover and services under the Policy shall end immediately. Costs incurred towards any Treatment undergone after the date of termination shall not be paid. If Treatment has been authorised or an approval for Cashless Facility has been issued, We will not be held responsible for any Treatment costs if the Policy ends or an Employee or member or Dependant leaves the Policy before Treatment has taken place. However, We will be liable to pay in respect of all claims where the Treatment/admission has commenced before the date of termination of such Policy.

Termination for Insured Person's cover

Cover under the Policy will end for an Insured Person or Dependent on occurrence of the following: i. If You/Insured Person stops paying premiums for the Insured Person(s) and their Dependents (if any); ii. When this Policy terminates at the coverage expiry date specified shown in the Policy Schedule / Certificate of Insurance. iii. If he or she dies; iv. When he or she ceases to be a Dependant; v. If the Insured Person ceases to be a member of the group/ Employee of the Policyholder.

34 Underwriting Loadings & Discounts

- i. We may apply a risk loading on the premium payable (excluding statutory levies and taxes) or special conditions on the Policy based upon the health status of the persons proposed to be insured and declarations made at the time of enrolment. These loadings will be applied from the Commencement Date of the first Policy including subsequent Renewal(s) with Us. There will be no loadings based on individual claims experience.
- ii. We may apply a specific Sub Limit on a medical condition/ailment depending on the past history and declarations, or additional Waiting Periods on Pre-Existing Diseases as part of the special Conditions specified in the Policy Schedule / Certificate of Insurance.
- iii. We shall inform You about the applicable risk loading or special condition through a counter offer letter and You would be required to respond with Your consent and additional premium (if any) within 7 working days of the issuance of such counter offer letter.
- iv. In case, You neither accept the counter offer nor respond to Us within 7 working days, We shall cancel Your application and refund the premium paid. Your Policy will not be issued unless We receive Your consent.

35 Operation of Policy & Certificate of Insurance

The Policy shall be issued for the duration as specified in the Policy Schedule / Certificate of Insurance. The Policy for the Insured Person takes effect on the Risk Commencement Date specified in the Policy Schedule / Certificate of Insurance and ends on the coverage expiry date of the Policy. For specific groups, upon request, all additions thereto by way of Certificate/s of Insurance shall be valid up to the Policy Period commencing from the actual date of addition to the Policy, it being agreed and understood that We shall continue to extend the Benefit of coverage of insurance to the Insured Person(s) in the same manner on Renewal of the Policy or until expiry of the Policy Schedule / Certificate of Insurance, whichever is later

36 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, or Our other products and services, shall constitute legally binding when done in compliance with Our terms for such facilities.

37 Communications & Notices

Any communication or notice or instruction under this Policy shall be in writing and will be sent to:

- i. You/ any Insured Person, at the address as specified in the Policy Schedule / Certificate of Insurance
- ii. To Us, at Our address as specified in the Policy Schedule / Certificate of Insurance.
- iii. No insurance agents, brokers, other person or entity is authorised to receive any notice on behalf of Us unless explicitly stated in writing by Us.
- iv. Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

Section F. Other Terms & conditions

Claims Procedure

Processing of claims for Cashless Facility and/or for reimbursement and providing access to the Network Provider will be through Our TPA. Details of the TPA will be available on the health card issued by Us to the Insured Persons and on Our website.

A TPA will be used for accessing Network Providers and for facilitating claim processing.

The updated applicable list of Network Providers will also be available on the TPA's website. Details of applicable Network Providers may also be obtained from the TPA's call center. In advance of availing Cashless Facility from a Network Provider, the updated list may be checked to ensure that the Network Provider can provide Cashless Facility in respect of the Treatment required by the Insured Person.

We, in our sole discretion, reserve the right to modify, add or restrict any Network Provider for providing Cashless facilities under the Policy. Before availing a Cashless facility, the Policyholder / Insured Person is required to check the applicable/latest list of Network Providers on the TPA's or Our website or by calling the TPA's or Our call centre.

1 Condition Precedent

The fulfilment of the terms and conditions of this Policy (including the realisation of premium by their respective due dates) in so far as they relate to anything to be done or complied with by You/Insured Person, including complying with the following steps, shall be Condition Precedent to Our liability under this Policy and admissibility of a claim.

Completed claim forms and the necessary processing documents must be furnished to Us within the stipulated timelines for all claims. Failure to furnish this documentation within the time required shall not invalidate nor reduce any claim if You / Insured Person can satisfy Us that it was not reasonably possible for You/Insured Person to submit the required forms/documents within such time.

The due intimation, submission of documents and compliance with requirements as provided under the Claims Procedure set out under this Section by the Insured Person shall be essential failing which, We shall not be bound to accept a claim.

2 Policyholder's / Insured Person's Duty at the time of Claim On occurrence of an event which may lead to a claim under this Policy, the Insured Person shall:

- i. Forthwith intimate, file and submit the claim form and documents as prescribed in accordance with the procedure set out under Section 3, 4 and 5 as mentioned below.

- ii. If so, requested by Us, the Insured Person must submit himself / herself for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such examination will be borne by Us.
- iii. Allow the Medical Practitioner or any of Our representatives to inspect the medical and Hospitalization records, investigate the facts and examine the Insured Person.
- iv. Assist and not hinder or prevent Our representatives in pursuance of their duties for ascertaining the admissibility of the claim, its circumstances and its quantum under the provisions of the Policy.

3 Claim Intimation

Upon the discovery or occurrence of an Illness /Injury or any other contingency that may give rise to a claim under this Policy, then as a Condition Precedent to Our liability under the Policy, the Insured Person or the Nominee as the case may be must notify Us / Our TPA either at the call centre or in writing and shall undertake the following.

- i. In the case of Planned Hospitalization - The Insured Person will intimate such admission at least 3 days prior to the planned Date of Admission.
- ii. In the case of Emergency Hospitalization - The Insured Person will intimate such admission within 48 hours of such admission but not later than discharge from the Hospital.

Following details are to be provided to TPA/Us at the time of intimation of claim:

- i. Policy Number
- ii. Name of the Policyholder
- iii. Name of the Insured Person in whose relation the claim is being lodged
- iv. Nature of Illness / Injury / Critical Illness
- v. Name and address of the attending Medical Practitioner and Hospital
- vi. Date of Admission
- vii. Any other information that may be reasonably requested by Us

4 Cashless Process

Cashless Facility for Hospitalization expenses shall be limited exclusively to Medical Expenses incurred for Treatment undertaken in a Network Provider.

For all cashless authorisations, Insured Person will, in any event, be required to settle all non-admissible expenses, expenses above specified Sub Limit (if applicable), Co-Payment and / or opted Deductible (Per claim / Aggregate / Group) (if applicable) directly with the Hospital.

Pre-Authorisation Process

The Insured Person can avail Cashless Facility at the time of admission into any Network Provider by presenting the health card as provided by Us with this Policy along with a photo identification proof and address proof (voter ID card / driving license / passport / PAN card / any other identity proof as approved by Us).

(a) For Planned Hospitalization:

- i. The Insured Person shall at least 3 days prior to the Date of Admission to the Hospital approach the Network Provider for Hospitalization for undergoing medical Treatment.
- ii. The Network Provider will issue the request for authorisation letter for Hospitalization in the pre-authorisation form.

- iii. The Network Provider shall send the pre-authorisation form along with all the relevant details to the 24 (twenty-four) hour authorisation/ cashless department along with contact details of the treating Medical Practitioner and the Insured Person. Upon receiving the pre-authorisation form and all related medical information from the Network Provider, We will verify the eligibility of cover under the Policy.
- iv. Wherever the information provided in the request is sufficient to ascertain the authorisation and the claim is admissible, We shall issue the authorisation letter to the Network Provider. Wherever additional information or documents are required, We will call for the same from the Network Provider and upon satisfactory receipt of the last necessary documents, the authorisation will be issued.
- v. The authorisation letter will include details of sanctioned amount, diagnosis, and date of approval.
- vi. The authorisation letter shall be valid only for a period of 15 days from the date of issuance of authorisation.

(b) In case of Emergency Hospitalization

- i. The Insured Person may approach the Network Provider for Hospitalization for medical Treatment.
- ii. The Network Provider shall forward the request for authorisation to Us within 48 hours of admission to the Hospital as per the process under Section 4 (a) above.
- iii. It is agreed and understood that We may continue to discuss the Insured Person's condition with the treating Medical Practitioner till Our recommendations on eligibility of coverage for the Insured Person are finalised.
- iv. In the interim, the Network Provider may either consider treating the Insured Person by taking a token deposit or treating him as per their norms in the event of any situation which requires saving of life, limb, sight or any other medical Emergency.
- v. The Network Provider shall refund such deposit amount to the Insured Person less any token amount to take care of non-covered expenses once the pre-authorisation is issued.

Enhancement to Pre-Authorised Amount:

In the event that the cost of Hospitalization exceeds the authorised limit as mentioned in the authorisation letter:

- i. The Network Provider shall request Us for an enhancement of authorisation limit including details of the specific circumstances which have led to the need for increase in the previously authorised limit. We will verify the eligibility and evaluate the request for enhancement on the availability of further limits.
- ii. We shall accept or decline such request for enhancement of pre- authorised limit for enhancement.

In the event of any change in the diagnosis, plan of Treatment, cost of Treatment during Hospitalization to the Insured Person, the Network Provider shall obtain a fresh authorisation letter from Us in accordance with the process described under 4 (a) above.

Discharge Process:

At the time of discharge:

- i. The Network Provider may forward a final request for authorisation for any residual amount to Us along with the discharge summary and the detailed bill break up in accordance with the process described at 4 (a) above.
- ii. Upon receipt of the final authorisation letter from Us, the Insured Person may be discharged by the Network Provider.

Note: (Applicable to 4(a) & 4(b): Cashless Facility for Hospitalization expenses shall be limited exclusively to Medical Expenses incurred for Treatment undertaken in a Network Provider for Illness or Injury, as the case may be which are specified to be covered under the applicable Benefits under the Policy. For all cashless authorisations, the Insured Person will, in any event, be required to settle all non-admissible expenses, expenses above specified Sub Limits (if applicable), Co-Payments and / or opted Deductible (Per claim / Aggregate / Group) (if applicable), directly with the Hospital.

Submission of Claim Documents:

The Network Provider will send the claim documents along with the invoice and discharge voucher, duly

signed by the Insured Person directly to Us. The following claim documents should be submitted to Us within 15 days from the date of discharge of the Insured Person from the Hospital –

- i. Claim Form duly filled and signed
- ii. Original pre-authorisation request
- iii. Copy of pre-authorisation approval letter (s)
- iv. Copy of Photo ID of Insured Person verified by the Hospitals
- v. Original discharge/death summary
- vi. Operation theatre notes (if applicable)
- vii. Original Hospital main bill and break up bill
- viii. Original investigation reports, X Ray, MRI, CT Films, HPE
- ix. Medical Practitioner's reference slips for investigations/pharmacy
- x. Original pharmacy bills
- xi. MLC/FIR report/post mortem report (if applicable and conducted)

We may call for any additional documents as required based on the circumstances of the claim.

There can be instances where We may deny Cashless Facility for Hospitalization due to insufficient Sum Insured or insufficient information to determine admissibility in which case the Insured Person may be required to pay for the Treatment and submit the claim for reimbursement to Us which will be considered subject to the Policy terms and conditions.

5 Claim Reimbursement Process

(a) Collection of Claim Documents for indemnity-based covers

- i. Wherever the Insured Person has opted for a reimbursement of Medical Expenses, he/she may submit the following documents for reimbursement of the claim to Our branch or head office at his/her own expense not later than 15 days from the date of discharge from the Hospital. The Insured Person can obtain a claim form from any of Our branch offices or download a copy from Our website www.acko.com.
- ii. List of necessary claim documents to be submitted for reimbursement are as following:
 - i. Claim Form duly filled and signed
 - iii. Copy of Photo ID of Insured Person verified by the Hospitals
 - iv. Original discharge/death summary
 - v. Operation theatre notes (if applicable)
 - vi. Original Hospital main bill and break up bill
 - vii. Original investigation reports, X Ray, MRI, CT Films, HPE
 - viii. Medical Practitioner's reference slips for investigations/pharmacy
 - ix. Original pharmacy bills
 - x. MLC/FIR report/post mortem report (if applicable and conducted)
 - xi. Any other information relevant to the Injury/Hospitalization/illness

We may call for any additional documents/information as required based on the circumstances of the claim wherever the claim is under further investigation or available documents do not provide clarity.

In case there is a delay in submission of claim documents as specified in 5 (a) above, then in addition to the documents mentioned in 5(a) above, the Insured Person will also be required to provide Us the reason for such delay in writing. We will condone the delay on merit for delayed claims where the delay has been proved to be for reasons beyond the claimant's control.

6 Scrutiny of Claim Documents

- i. We shall scrutinise the claim form and the accompanying documents. Any deficiency in the documents shall be intimated to the Insured Person / Network Provider as the case may be.
- ii. If the deficiency in the necessary claim documents is not met or are partially met in 10 working days of the first intimation, We shall remind the Insured Person/Network Provider of the same every 10 (ten) days thereafter.
- iii. We will send a maximum of 3 (three) reminders.
- iv. We may, at Our sole discretion, decide to deduct the amount of claim for which deficiency is intimated to the Insured Person and settle the claim if we observe that such a claim is otherwise valid under the Policy.
- v. In case a reimbursement claim is received when a pre-authorisation letter has been issued, before approving such a claim, a check will be made with the Network Provider whether the pre-authorisation has been utilised as well as whether the Insured Person has settled all the dues with the Network Provider. Once such check and declaration is received from the Network Provider, the case will be processed.
- vi. The Pre and Post-Hospitalization Medical Expenses Cover claim per Benefit Option 1.2.3 shall be processed only after the Hospitalization claim has been admitted under Section 1.1.

7 Claim Assessment

We will pay the fixed or indemnity amount as specified in the applicable Benefit or Benefit Option in accordance with the terms of this Policy.

We will assess all admissible claims under the Policy in the following progressive order –

- i. If any Sub-Limit on Medical Expenses are applicable as specified in the Policy Schedule / Certificate of Insurance, Our liability to make payment shall be limited to the extent of the applicable Sub Limit for that Medical Expense.
- ii. Opted Deductible (Per claim / Aggregate / Group), if any, shall be applicable on the amount payable by Us after applying the above.
- iii. Co-Payments if any, shall be applicable on the amount payable by Us after applying the above.

The claim amount assessed under the Policy will be deducted from the following amounts in the following progressive order (after applying Sub Limit, where applicable)–

- i. Opted Deductible (Group / Per claim / Aggregate), & Co-Payments (if opted)
- ii. Sum Insured
- ii. Cumulative Bonus (if applicable)
- iii. Restored Sum Insured (if applicable)
- iv. Additional Buffer (if applicable)

Claim Assessment for fixed benefits:

We will pay fixed benefit amounts as specified in the Policy Schedule / Certificate of Insurance in accordance with the terms of this Policy. We are not liable to make any reimbursements of Medical Expenses or pay any other amounts not specified in the Policy.

8 Claims Investigation

We shall make the payment of admissible claim (as per terms and conditions of the Policy) OR communicate Our rejection/non admissibility of claim 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.

All claims which in Our view require an investigation, will be investigated and settled in accordance with the applicable regulatory guidelines, including the IRDAI (Protection of Policyholders Interests) Regulations, 2017. Where the circumstances of a claim warrant an investigation in Our opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, We shall settle or reject the claim, as may be the case, within 30 days from the date of receipt of last necessary document.

9 Pre and Post-hospitalization Medical Expenses Cover claims

The Insured Person should submit the Post-hospitalization Medical Expenses claim documents at his/her own expense within 15 days of completion of Post-Hospitalization period of cover.

We shall receive Pre and Post- Hospitalization Medical Expenses Cover claim documents either along with papers for In-patient Hospitalization Expenses Benefit or separately and process the same based on merit of the claim derived on the basis of the documents received.

10 Settlement and Repudiation of a claim

We shall settle the claim within 30 days from the date of receipt of last necessary document in accordance with the provisions of the IRDAI (Health Insurance) Regulations, 2016.

In the case of delay in the payment of a claim We shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

However, where the circumstances of a claim warrant an investigation in Our opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, We shall settle the claim within 45 days from the date of receipt of last necessary document.

In case of delay beyond stipulated 30 days We shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

11 Representation against Rejection

Where a rejection is communicated by Us, the Insured Person may, if so desired, within 15 days from the date of receipt of the claim's decision represents to Us for reconsideration of the decision.

12 Claim Payment Terms

- i. We shall have no liability to make payment of a claim under the Policy in respect of an Insured Person once the Sum Insured for that Insured Person is exhausted.
- ii. All claims will be payable in India and in Indian rupees.
- iii. We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person could have reasonably minimised the costs incurred, or that is brought about or contributed to by the Insured Person by failing to follow the directions, Medical Advice or guidance provided by a Medical Practitioner.
- iv. The Sum Insured opted under the Policy shall be reduced by the amount payable / paid under the Policy terms and conditions and any Benefit Options applicable under the Policy and only the balance shall be available as the Sum Insured for the unexpired Coverage Period or Policy Year, as the case may be.
- v. If the Insured Person suffers a relapse within 45 days from the date of discharge from the Hospital for which a claim has been made, then such relapse shall be deemed to be part of the same claim and all the limits for "Any one illness" under this Policy shall be applied as if they were under a single claim.

For Cashless claims, the payment shall be made to the Network Provider whose discharge would be complete and final.

For Reimbursement claims, the payment shall be made to the Insured Person. In the unfortunate event of the Insured Person's death, We will pay the Nominee (as named in the Policy Schedule / Certificate of Insurance) and in case of no Nominee, to the legal heir who holds a succession certificate or indemnity bond to that effect, whichever is available and whose discharge shall be treated as full and final discharge of Our liability under the Policy.

Section G Annexures

a. Annexure I: Critical Illness

The Critical Illnesses specified below shall be covered under the Critical Illness 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	x	√	√	√
17	Loss of Hearing (Deafness)	x	√	√	√
18	Loss of Speech	x	√	√	√
19	Loss of Vision (Blindness)	x	x	√	√
20	Motor Neurone Disease with Permanent Symptoms	x	x	√	√
21	Loss of Limbs	x	x	√	√
22	Aplastic Anaemia	x	x	√	√
23	End Stage Lung Failure	x	x	√	√
24	Primary (Idiopathic) Pulmonary Hypertension	x	x	√	√
25	Bacterial Meningitis	x	x	√	√
26	Apallic Syndrome or Persistent Vegetative State (PVS)	x	x	x	√
27	Coronary Angioplasty (PTCA)[1]	x	x	x	√
28	Encephalitis	x	x	x	√
29	Fulminant Hepatitis	x	x	x	√
30	Chronic Relapsing Pancreatitis	x	x	x	√
31	Major Head Trauma	x	x	x	√
32	Medullary Cystic Disease	x	x	x	√
33	Muscular Dystrophy	x	x	x	√
34	Poliomyelitis	x	x	x	√
35	Systemic Lupus Erythematous	x	x	x	√
36	Brain Surgery	x	x	x	√

Annexure II: List of excluded expenses (non-medical)

List of excluded expenses (non-medical) are as specified below:

S. No.	List of excluded (non-medical) items	
I TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE		
1.	HAIR REMOVAL CREAM	Not Payable
2.	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3.	BABY FOOD	Not Payable
4.	BABY UTILITES CHARGES	Not Payable
5.	BABY SET	Not Payable
6.	BABY BOTTLES	Not Payable
7.	BRUSH	Not Payable
8.	COSY TOWEL	Not Payable
9.	HAND WASH	Not Payable
10.	MOISTURISER PASTE BRUSH	Not Payable
11.	POWDER	Not Payable
12.	RAZOR	Not Payable
13.	SHOE COVER	Not Payable
14.	BEAUTY SERVICES	Not Payable
15.	BELTS/ BRACES	Essential and may be paid specifically for cases who have undergone surgery of thoratic or lumar spine
16.	BUDS	Not Payable
17.	BARBER CHARGES	Not Payable
18.	CAPS	Not Payable
19.	COLD PACK/HOT PACK	Not Payable
20.	CARRY BAGS	Not Payable
21.	CRADLE CHARGES	Not Payable
22.	COMB	Not Payable
23.	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24.	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25.	EYE PAD	Not Payable
26.	EYE SHEILD	Not Payable
27.	EMAIL / INTERNET CHARGES	Not Payable
28.	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29.	FOOT COVER	Not Payable
30.	GOWN	Not Payable
31.	LEGGINGS	Essential in varicose vein surgery and will be payable if the surgery itself is payable
32.	LAUNDRY CHARGES	Not Payable
33.	MINERAL WATER	Not Payable
34.	OIL CHARGES	Not Payable
35.	SANITARY PAD	Not Payable
36.	SLIPPERS	Not Payable
37.	TELEPHONE CHARGES	Not Payable
38.	TISSUE PAPER	Not Payable
39.	TOOTH PASTE	Payable
40.	TOOTH BRUSH	Not Payable

41.	GUEST SERVICES	Not Payable
42.	BED PAN	Essential and may be paid specifically for cases who have undergone surgery of thoratic or lumar spine
43.	BED UNDER PAD CHARGES	Not Payable
44.	CAMERA COVER	Not Payable
45.	CLINIPLAST	Not Payable
46.	CREPE BANDAGE	Not Payable
47.	CURAPORE	Not Payable
48.	DIAPER OF ANY TYPE	Not Payable
49.	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by the Insurer then payable)
50.	EYELET COLLAR	Not Payable
51.	FACE MASK	Not Payable
52.	FLEXI MASK	Not Payable
53.	GAUSE SOFT	Not Payable
54.	GAUZE	Not Payable
55.	HAND HOLDER	Not Payable
56.	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57.	INFANT FOOD	Not Payable
58.	SLINGS	Payable for upper fractures
59.	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in the Policy unless otherwise specified
60.	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in the Policy unless otherwise specified
61.	HOME VISIT CHARGES	Exclusion in the Policy unless otherwise specified
62.	DONOR SCREENING CHARGES	Exclusion in the Policy unless otherwise specified
63.	ADMISSION/REGISTRATION CHARGES	Exclusion in the Policy unless otherwise specified
64.	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in the Policy unless otherwise specified
65.	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Exclusion in the Policy unless otherwise specified
66.	WARD AND THEATRE BOOKING CHARGES	Payable under OT charges, not payable separately
67.	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of instrument not payable
68.	MICROSCOPE COVER	Payable under OT charges, not payable separately
69.	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER	Payable under OT charges, not payable separately
70.	SURGICAL DRILL	Payable under OT charges, not payable separately
71.	EYE KIT	Payable under OT charges, not payable separately
72.	EYE DRAPE	Payable under OT charges, not payable separately
73.	X-RAY FILM	Payable under Radiology charges, not as consumable
74.	SPUTUM CUP	Payable under Investigation charges, not as consumable
75.	BOYLES APPARATUS CHARGES	Payable under OT charges, not payable separately

76.	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of cost of Blood, not payable
77.	ANTISEPTIC OR DISINFECTANT LOTIONS	Not Payable - Part of Dressing charges
78.	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
79.	COTTON	Not Payable - Part of Dressing charges
80.	COTTON BANDAGE	Not Payable - Part of Dressing charges
81.	MICROPORE/ SURGICAL TAPE	Not Payable – Payable by the patient when prescribed, otherwise included as Dressing charges.
82.	BLADE	Not Payable
83.	APRON	Not Payable - Part of Hospital Services / Disposable Linen to be part of OT/ICU charges
84.	TORNIQUET	Not Payable - (Service is charged by hospital, consumables cannot be separately charged)
85.	ORTHOBUNDLE, GYNAEC BUNDLE	Part of dressing charges
86.	URINE CONTAINER	Not Payable
II ELEMENTS OF ROOM CHARGE		
87.	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sublimit
88.	HVAC	Part of room charge not payable separately
89.	HOUSE KEEPING CHARGES	Part of room charge not payable separately
90.	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
91.	TELEVISION AND AIR CONDITIONER CHARGES	Part of room charge not payable separately
92.	SURCHARGES	Part of room charge not payable separately
93.	ATTENDANT CHARGES	Not Payable - Part of room charges
94.	IM IV INJECTION CHARGES	Part of nursing charges, not payable
95.	CLEAN SHEET	Part of Laundry separately
96.	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
97.	BLANKET/WARMER BLANKET ADMINISTRATIVE OR NON-MEDICAL CHARGES	Not Payable - Part of room charges
III ADMINISTRATIVE OR NON-MEDICAL CHARGES		
98.	ADMISSION KIT	Not Payable
99.	BIRTH CERTIFICATE	Not Payable
100.	BLOOD RESERVATIONCHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
101.	CERTIFICATE CHARGES	Not Payable
102.	COURIER CHARGES	Not Payable
103.	CONVENYANCE CHARGES	Not Payable

104.	DIABETIC CHART CHARGES	Not Payable
105.	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
106.	DISCHARGE PROCEDURE CHARGES	Not Payable
107.	DAILY CHART CHARGES	Not Payable
108.	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
109.	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
110.	FILE OPENING CHARGES	Not Payable
111.	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
112.	MEDICAL CERTIFICATE	Not Payable
113.	MAINTAINANCE CHARGES	Not Payable
114.	MEDICAL RECORDS	Not Payable
115.	PREPARATION CHARGES	Not Payable
116.	PHOTOCOPIES CHARGES	Not Payable
117.	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
118.	WASHING CHARGES	Not Payable
119.	MEDICINE BOX	Not Payable
120.	MORTUARY CHARGES	Payable upto 24hrs, shifting charges not payable
121.	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
IV EXTERNAL DURABLE DEVICES		
122.	WALKING AIDS CHARGES	Not Payable
123.	BIPAP MACHINE	Not Payable
124.	COMMODE	Not Payable
125.	CPAP/ CAPD EQUIPMENTS	Not Payable
126.	INFUSION PUMP – COST	Not Payable
127.	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
128.	PULSEOXYMETER CHARGES	Not Payable
129.	SPACER	Not Payable
130.	SPIROMETRE	Not Payable
131.	SPO2 PROBE	Not Payable
132.	NEBULIZER KIT	Not Payable
133.	STEAM INHALER	Not Payable
134.	ARMSLING	Not Payable
135.	THERMOMETER	Not Payable (Paid by Patient)
136.	CERVICAL COLLAR	Not Payable
137.	SPLINT	Not Payable
138.	DIABETIC FOOT WEAR	Not Payable
139.	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
140.	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
141.	LUMBO SACRAL BELT	Essential and should be paid specifically for cases who have undergone surgery of limbar spine
142.	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadraplegia for any reason and at reasonable cost of approximately Rs.200/day
143.	AMBULANCE COLLAR	Not Payable

144.	AMBULANCE EQUIPMENT	Not Payable
145.	MICROSHEILD	Not Payable
146.	ABDOMINAL BINDER	Essential and should be paid in post-surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, explanatory laparotomy for intestinal liver transplant etc. Obstruction.
V ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
147.	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\DISINFECTANTS ETC	May be payable when prescribed for patient not payable for hospital use in OT or ward or for dressing in hospital
148.	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post-hospitalization nursing charges not payable
149.	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
150.	SUGAR FREE Tablets	Payable - Sugar free variants of admissible medicines are not excluded
151.	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed
152.	Digestion gels	Payable when prescribed
153.	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For Longer stay in ICU, may require a change and atleast one set every second day must be payable
154.	GLOVES Sterilized Gloves	Payable /unsterilized gloves not payable
155.	HIV KIT	Payable - Payable Pre-operative screening
156.	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
157.	LOZENGES	Payable when prescribed
158.	MOUTH PAINT	Payable when prescribed
159.	NEBULISATION KIT	If used during hospitalization is payable reasonably
160.	NOVARAPID	Payable when prescribed
161.	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
162.	ZYTEE GEL	Payable when prescribed
163.	VACCINATION CHARGES	Routine Vaccination not payable / post bite vaccination payable
VI PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
164.	AHD	Not Payable - Part of Hospital's internal cost
165.	ALCOHOL SWABES	Not Payable - Part of Hospital's internal cost
166.	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal cost
VII OTHERS		

167.	VACCINE CHARGES FOR BABY	Payable as per plan
168.	TPA CHARGES	Not Payable
169.	VISCO BELT CHARGES	Not Payable
170.	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, OVERY KIT, ETC]	Not Payable
171.	EXAMINATION GLOVES	Not Payable
172.	KIDNEY TRAY	Not Payable
173.	MASK	Not Payable
174.	OUNCE GLASS	Not Payable
175.	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not Payable, except for telemedicine consultation where covered by policy
176.	OXYGEN MASK	Not Payable
177.	PAPER GLOVES	Not Payable
178.	PELVIC TRACTION BELT	Should be payable in case PIVI requiring traction as this is generally not reused
179.	REFERAL DOCTOR'S FEES	Not Payable
180.	ACCU CHECK (Glucometry/ Strips)	Not Payable Pre-hospitalization or post hospitalization/ Reports and charts required / Device not payable
181.	PAN CAN	Not Payable
182.	SOFNET	Not Payable
183.	TROLLY COVER	Not Payable
184.	UROMETER, URINE JUG	Not Payable
185.	AMBULANCE	Payable as per plan
186.	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 Hrs and then 1 in 24 hrs
187.	URINE BAG	Payable where medically necessary till a reasonable cost – Maximum 1 per 24 hrs.
188.	SOFTOVAC	Not Payable
189.	STOCKINGS	Essential for case like CABG etc. where it should be paid

Annexure III: 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, 1st 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, Bhubaneswar-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, Sonapat 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, Sonapat & 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, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.)

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, Dist: Gautam Buddha 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 Buddha 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.