

POLICY WORDING

SECURE MIND

PART II OF THE POLICY

1. DEFINITIONS

For the purposes of this Policy, the following words shall have the meanings as set forth below:

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

Alternative Treatments: are forms of treatments other than treatment "Allopathy" or modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

Any one illness: means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.

Bank: Means a banking company that transacts the business of banking in India or abroad

Break in Policy: occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.

Cashless service / Definition Cashless facility means the TPA / Insurer may authorize upon the definition insured's request for the direct settlement of admissible claim as per agreed charges between Network hospitals and the TPA / Insurer. In such cases, the TPA/ Insurer will directly settle all eligible amounts with the Network Hospitals and the Insured person may not have to pay any bills after the end of the treatment at hospital to the extent the claim is covered under the Policy.

Certificate: means Certificate of Insurance issued by the Company to the Insured confirming that the Insured is entitled to insurance coverage under this Policy.

Company: means ICICI Lombard General Insurance Company Limited.

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

- a. Internal Congenital Anomaly - 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

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

Doctor: Means a person who holds a degree of a recognized medical institute and is registered by Medical Council of India or of the respective States of India, if so required and acting within the scope of the license of registration granted to him/her. The definition would include Physician, Specialist, Anesthetist and Surgeon and specifically excludes doctors / practitioners in non-allopathic fields.

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

- Has qualified nursing staff under its employment;
- Has qualified medical practitioner/s in charge;
- Has a fully equipped operation theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

Day care treatment: refers to medical treatment, and/or surgical procedure which is:

- Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- Which would have otherwise required a hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition. [Insurers can, in addition, restrict coverage to a specified list].

Deductible: is 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.

Emergency care: means management for a severe 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.

EMI or EMI Amount¹: Means and includes the amount of monthly payment required to repay the principal amount of Loan and Interest by the Insured as set forth in the amortization chart referred to in the loan agreement (or any amendments thereto) between the Bank/Financial Institution and the Insured prior to the date of occurrence of the Insured Event under this Policy. For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the Insured prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.

Financial Institution: Shall have the same meaning assigned to the term under section 45 I of the Reserve Bank of India Act, 1934 and shall include a Non Banking Financial Company as defined under section 45 I of the Reserve Bank of India Act, 1934

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.

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

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

Hospitalization: Shall mean admission in a Hospital for a minimum period of 24 consecutive hours except for specified Day Care Procedures/Treatments, where such admission could be for a period of less than 24 consecutive hours.

Illness: Means a sickness or disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment

¹EMI refers to the EMI or Pre EMI on the loan or the Sum Insured, whichever is lower, on the date of the Insured Event.

- a. **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- b. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires your rehabilitation or for you to be specially trained to cope with it
 - it continues indefinitely
 - it comes back or is likely to come back.

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

Inpatient care: Means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

Insured: Means the Individual(s) whose name(s) are specifically appearing as such in Part I of the Schedule to this Policy. For the purpose of avoidance of doubt it is clarified that the heirs, executors, administrators, successors or legal representatives of the Insured may present a claim on behalf of the Insured to the Company.

Insured Event Means any event specifically mentioned as covered under this Policy.

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.

Loan: Means the sum of money lent at interest or otherwise to the Insured by any Bank/Financial Institution as identified by the Loan Account Number referred to in the Part I of Schedule to this policy

Maternity expenses: Maternity expenses shall include-

- 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.

Medical Advice: means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription

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.

Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- Is required for the medical management of the illness or injury suffered by the insured;
- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- Must have been prescribed by a medical practitioner,
- Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Medical Practitioner: A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.¹

Network Provider: means hospitals or health care providers which have a valid agreement with the insurer to settle claims through cashless facility.

Nominee: Means the person(s) nominated by the Insured to receive the insurance benefits under this Policy payable on the death of the Insured. For the purpose of avoidance of doubt it is clarified that if the Insured is a minor, his guardian shall appoint the Nominee.

Non- Network: any hospital, Day Care Centre or other provider that is not part of the network.

Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

Newborn baby means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.

Policy Period Means the period commencing from Policy start date and hour as specified in Part I of the Schedule and terminating at midnight on the Policy end date as specified in Part I of the Schedule to this Policy

Period of Insurance: Means the period commencing from the date of incorporation of the insured under the policy as specifically stated in Part I of Schedule against the Period of Insurance Start Date but not earlier than Policy Start Date and ending on the Period of Insurance End Date as specified in Part I of the Schedule to this Policy.

Physical Separation: Means as regards the hand actual separation at or above the wrists, and as regards the foot means actual separation at or above the ankle.

Policy: Means the Policy booklet, the Schedule, any Extension and applicable endorsements under the Policy. The Policy contains details of the extent of cover available to the Insured, the exclusions under the cover and the terms and conditions of the issue of the Policy

Portability Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

Policy holder: Means the entity, whether a company (including Banks/Financial Institutions), trust, association or other organization, whose name specifically appears as such in Part I of the Schedule to this Policy

Public Authority: Means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, exact obedience, command, determine or judge.

Pre-Hospitalization: Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

Post-Hospitalization Medical Expenses: Means Medical Expenses incurred immediately after the Insured Person is Hospitalised, provided that: i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and ii. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

Principal Outstanding: Means the principal amount of the Loan outstanding as on the date of occurrence of Insured Event less the portion of principal component included in the EMIs payable but not paid from the date of the loan

agreement till the date of the Insured Event/s. For the purpose of avoidance of doubt, it is clarified that any EMIs that are overdue and unpaid to the Bank prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.

Professional Sports: Means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood.

Pre-Existing Disease: Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the first policy issued by the insurer.

Qualified Nurse: is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

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 .

Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

Schedule: Means this schedule and parts thereof, and any other annexure(s) appended, attached and /or forming part of this Policy.

Sum Insured: Means and denotes the amount of cover available to each Insured, subject to the terms and conditions of this Policy and as stated against such Insured's name in Part I of the Schedule which is the maximum liability of the Company for that respective Insured under this Policy.

Scheduled Airline: Means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier.

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 of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner

Unproven/ Experimental treatment: Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

2. BENEFITS UNDER THE POLICY

2.1 SECTION I: MAJOR MEDICAL ILLNESS & PROCEDURES

Insured event: For the purposes of this Section and the determination of the Company's liability under it, the Insured Event in relation to the Insured, shall mean any illness, medical event or surgical procedure as specifically defined below whose signs or symptoms first commence more than 90 days after the commencement of Period of Insurance and shall only include:

- a) First Diagnosis of the below-mentioned Illnesses more specifically described below:
 1. Cancer of specified severity
 2. Kidney failure requiring regular dialysis;
 3. Multiple Sclerosis with persisting symptoms; or
 4. Benign Brain Tumor
 5. Parkinson's Disease before the age of 50 years
 6. Alzheimer's Disease before the age of 50 years
 7. End Stage Liver Disease
- b) Undergoing for the first time of the following surgical procedures, more specifically described below:
 1. Major Organ/ Bone Marrow Transplant;

2. Open heart replacement or repair of heart valves;
3. Open chest CABG;
4. Surgery of Aorta;

- c) Occurrence for the first time of the following medical events more specifically described below:
 1. Stroke resulting in permanent symptoms;
 2. Permanent Paralysis of Limbs;
 3. First Heart Attack- of specified severity
 4. Major Burns;
 5. Loss of Speech;
 6. Deafness
 7. Coma of Specified Severity

The Insured Event under this Section I and the conditions applicable to the same are more particularly defined below:

CANCER OF SPECIFIED SEVERITY

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- i. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to:
Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- ii. Any skin cancer other than invasive malignant melanoma
- iii. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.....
- iv. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- v. Chronic lymphocytic leukaemia less than RAI stage 3
- vi. Microcarcinoma of the bladder
- vii. All tumours in the presence of HIV infection.

FIRST HEART ATTACK - OF SPECIFIED SEVERITY The first occurrence of 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 this will be evidenced by all of the following criteria:

- a.i.1.a. i. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- a.i.1.a. ii. new characteristic electrocardiogram changes
- a.i.1.a. iii. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- i. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
- ii. Other acute Coronary Syndromes
- iii. Any type of angina pectoris.

OPEN CHEST CABG

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Excluded are:

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

- ii. any key-hole or laser surgery

STROKE RESULTING IN PERMANENT SYMPTOMS

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.

The following are excluded:

- a. i. Transient ischemic attacks (TIA)
- ii. Traumatic injury of the brain
- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

PERMANENT PARALYSIS OF LIMBS

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

KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

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

MAJOR ORGAN /BONE MARROW TRANSPLANT

The actual undergoing of a transplant of:

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

The following are excluded:

- i. Other stem-cell transplants
- ii. Where only islets of langerhans are transplanted

MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

- I. The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:
 - i. investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
 - 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, and
 - iii. well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.
- II. Other causes of neurological damage such as SLE and HIV are excluded.

OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

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.

BENIGN BRAIN TUMOR

A benign intracranial tumor where the following conditions are met:

- I. The tumor is life threatening

- ii. It has caused damage to the brain and
- iii. It has undergone surgical removal or, if inoperable has caused permanent neurological deficit certified by a neuro-surgeon

The following are excluded: Cysts, Granulomas, Vascular Malformations, Haematomas,

Tumors of the pituitary gland or spine or tumors of acoustic nerve

PARKINSON'S DISEASE BEFORE THE AGE OF 50 YEARS

The occurrence of Parkinson's Disease where there is an associated Neurological Deficit that results in Permanent Inability to perform independently at least three of the activities of daily living as defined below

- I. Transfer: Getting in and out of bed without requiring external physical assistance
- ii. Mobility: The ability to move from one room to another without requiring any external physical assistance
- iii. Dressing: Putting on and taking of all necessary items of clothing without requiring any external physical assistance
- iv. Bathing/Washing: The ability to wash in the bath or shower (including getting in and out of the bath or shower) or wash by other means
- v. Eating: All tasks of getting food into the body once it has been prepared Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

END STAGE LIVER DISEASE

End stage liver disease resulting in cirrhosis and evidenced by all of the following criteria: a) permanent jaundice, b) ascites, c) encephalopathy, d) portal hypertension.

Liver disease secondary to alcohol or drug misuse is excluded.

SURGERY OF AORTA

The actual undergoing of medically necessary surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.

Traumatic injury of the aorta is excluded

ALZHEIMER'S DISEASE BEFORE THE AGE OF 50 YEARS

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

MAJOR BURNS

Third Degree burns covering at least 50% of body surface area

LOSS OF SPEECH

Total and irreversible loss of the ability to speak due to physical damage to the vocal cords due to Illness or Injury. The condition has to be medically documented for at least 6 months.

DEAFNESS

Total and irreversible loss of hearing in both ears as a result of Illness or Injury. The diagnosis has to be confirmed by an ear, nose and throat specialist (ENT specialist) and proven by means of audiometry.

COMA OF SPECIFIED SEVERITY

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:

- no response to external stimuli continuously for at least 96 hours;
- life support measures are necessary to sustain life; and

- permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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

2.1.2 BENEFIT PAYABLE UNDER SECTION I

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in this Policy, to pay the Sum Insured in relation to the Insured as stated against Section I under Schedule I on the occurrence of an Insured Event as stated above, under this Section.

2.1.3 CLAIMS SETTLEMENT PROCESS APPLICABLE TO SECTION I

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

Common list of documents for all Critical Illness:

1. Certificate from the attending Doctor of the Insured confirming, inter alia,
 - a. Name of the Insured;
 - b. Name, date of occurrence and medical details of the Insured Event
 - c. Confirmation that the Insured Event does not relate to any Pre-Existing Disease or any Illness or Injury which existed within the first 3 months of commencement of Period of Insurance.
2. Certificate, if applicable, from the Bank/Financial Institution stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.
3. Duly completed claim forms;
4. Original Discharge Certificate/ Card from the hospital/ Doctor;
5. Original investigation test reports, indoor case papers.;
6. Photo ID Proof of proposer/ nominee
7. Address Proof of proposer/ nominee
8. 2 recent coloured passport size photographs of proposer/ nominee
9. Signed NEFT mandate along cancelled cheque copy of proposer/ nominee
10. Any other documents as may be required by the Company.

Illustrative list for each of the Critical Illness

CANCER OF SPECIFIED SEVERITY

1. Claim form
2. Hospital Discharge Card photocopy
3. Hospital Bills photocopy
4. Pharmacy/Investigations Bills
5. Investigations Reports
6. Details of the Treatment received by the Customer from the inception of the Ailment.
7. Letter from treating consultant stating presenting complaints with duration and the past medical history.
8. Histopathology / Cytology / FNAC / Biopsy / Immuno-histochemistry reports.
9. X-Ray/CT scan/MRI scan/USG/Radioisotope/Bone scan Reports.
10. Blood Tests.
11. Any other specific investigation done to support the diagnosis like the PAP Smear/Mammography, etc.
12. Xerox Policy Certificate
13. Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate/ Copy of passport

FIRST HEART ATTACK - OF SPECIFIED SEVERITY

1. Claim form
2. Hospital Discharge Card photocopy
3. Photocopy Hospital Bills.
4. Pharmacy/Investigations Bills
5. Investigations Reports
6. Casualty Medical Officers/Emergency room papers with all details of Presenting Complaints and the Medical Examination by the attending physician.
7. Subsequent Consultation Papers with the Treating Doctor and the treatment received
8. ECG On Admission and subsequent ECG's
9. Stress test/ Tread Mill Test
10. Cardiac Enzymes Tests: Troponin T/Troponin I, CPK / CPK-MB, SGOT / SGPT, LDH/ Electrolytes
11. X-ray / 2D-Echocardiography Report
12. Thallium Scan Report
13. Xerox Policy Certificate
14. Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport

OPEN CHEST CABG

1. Claim form
2. Photocopy Hospital Discharge Card
3. Photocopy Hospital Bills.
4. Pharmacy/Investigations Bills
5. Investigations Reports
6. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
7. ECG at the time of detection of Coronary Artery Disease and Subsequent ECG's
8. Stress test/ Tread Mill Test
9. Letter from treating consultant suggesting Coronary Angiography and CABG
10. Coronary Angiography report / CT Angiography Report
11. Cardiac Enzymes Tests: Troponin T/Troponin I, CPK / CPK-MB, SGOT / SGPT,

LDH/ Electrolytes

12. X-ray / 2D-Echocardiography Report
13. Thallium Scan Report
14. Xerox Policy Certificate
15. Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport

STROKE RESULTING IN PERMANENT SYMPTOMS

1. Claim form
2. Hospital Discharge Card photocopy
3. Photocopy Hospital Bills.
4. Pharmacy/Investigations Bills
5. Investigations Reports
6. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
7. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Neurological deficit.
8. MRI / CT scan/ 2D Echocardiography Reports or any other Imaging technique Used during the diagnosis and treatment of the Stroke

9. Blood tests (Lipid profile/Random Blood Sugar / Prothrombin Time/APTT/Bleeding Time/Clotting Time/Homocystiene levels)
10. Xerox Policy Certificate
11. Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate/ Copy of passport

PERMANENT PARALYSIS OF LIMBS

1. Claim form
2. Hospital Discharge Card photocopy
3. Photocopy Hospital Bills.
4. Pharmacy/Investigations Bills
5. Investigations Reports
6. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
7. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Neurological deficit and the degree/current status and duration of the Paralysis.
8. Confirmation from the Central/State Government Hospital about the complete, irreversible and permanent loss
9. MRI / CT scan Reports or any other Imaging technique Used during the diagnosis and treatment of the Stroke
10. Electro-myogram Report
11. Xerox Policy Certificate
12. Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate/ Copy of passport

KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

1. Claim form
2. Hospital Discharge Card photocopy
3. Photocopy Hospital Bills.
4. Pharmacy/Investigations Bills
5. Investigations Reports
6. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
7. Blood Tests- Renal Function Tests specifically: Serum Creatinine, Blood Urea Nitrogen, Serum Electrolytes done in the recent past (Not more than Two Week period from the date of intimation of Loss)
8. Dialysis Papers/Receipts done in recent past.
9. Renal scan
10. Letter from the nephrologists stating the diagnosis of End Stage Kidney Failure.
11. Xerox Policy Certificate
12. Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate/ Copy of passport

MAJOR ORGAN/BONE MARROW TRANSPLANT

1. Claim form
2. Hospital Discharge Card photocopy
3. Photocopy Hospital Bills.
4. Pharmacy/Investigations Bills
5. Investigations Reports
6. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
7. Scan / Histopathology / Cytology / FNAC / Biopsy report suggesting irreversible & non-compensatory changes of the particular organ. 8 Bone Marrow Biopsy Reports (Specifically In Case of Bone Marrow Transplant)
9. Letter from a specialist Doctor confirming the need of transplantation(

Organs Specified are: Heart , lung, Liver, pancreas, kidney, bone marrow)

10. Xerox Policy Certificate
11. Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate/ Copy of passport

MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

1. Claim form
2. Hospital Discharge Card photocopy
3. Photocopy Hospital Bills.
4. Pharmacy/Investigations Bills
5. Investigations Reports
6. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
7. MRI / CT Scan Report.
8. Electro-myogram report
9. Biopsy / Cytology Report
10. Specific Blood Tests: Creatinine Phosphokinase /Anti Nuclear Antibodies , C - reactive protein/Autoimmune work up
11. Any other relevant Blood investigations.
12. Confirmation from the Central/State Government Hospital about diagnosis of Multiple Sclerosis and the duration of the same.
13. Xerox Policy Certificate
14. Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate/ Copy of passport

OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

1. Claim form
2. Hospital Discharge Card photocopy
3. Photocopy Hospital Bills.
4. Pharmacy/Investigations Bills
5. Investigations Reports
6. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
7. X-ray and 2D-Echocardiography Report.
8. Letter from the Cardiologist/Cardiothoracic Surgeon suggesting valve replacement with the type of valve to be used.
9. Xerox Policy Certificate
10. Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate/ Copy of passport

BENIGN BRAIN TUMOR

1. Duly completed Claim Form
2. Photocopy Hospital Discharge Card
3. Photocopy Hospital Bills
4. Pharmacy/Investigation Bills
5. Investigation Reports
6. Histopathology / Cytology / FNAC / Biopsy / Immuno-histochemistry reports
7. X-Ray/ CT Scan/ MRI Scan
8. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.
9. Subsequent details of the treatment with the consultation papers from the inception of ailment
10. Letter from the neuro-surgeon confirming the diagnosis
11. Blood Tests

12. Any other specific investigation done to support the diagnosis
13. Xerox Policy Certificate
14. Age proof of Insured: Election ID Card / PAN Card / School Leaving Certificate / Copy of Passport

PARKINSON'S DISEASE BEFORE THE AGE OF 50

1. Duly completed Claim Form
2. Photocopy Hospital Discharge Card
3. Photocopy Hospital Bills
4. Pharmacy/Investigation Bills
5. Investigation Reports
6. PET Scan / CT Scan / MRI Scan / EEG
7. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.
8. Subsequent details of the treatment with the consultation papers from the treating specialist.
9. Confirmation from the Central/State Government Hospital about the permanent neurological deficit
10. Xerox Policy Certificate
11. Age proof of Insured: Election ID Card / PAN Card / School Leaving Certificate / Copy of Passport

END STAGE LIVER DISEASE

1. Duly completed Claim Form
2. Photocopy Hospital Discharge Card
3. Photocopy Hospital Bills
4. Pharmacy/Investigation Bills
5. Investigation Reports
6. Sonography / Biopsy Reports
7. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.
8. Subsequent details of the treatment with the consultation papers from the treating specialist.
9. Blood Tests
10. Xerox Policy Certificate
11. Age proof of Insured: Election ID Card / PAN Card / School Leaving Certificate / Copy of Passport

SURGERY OF AORTA

1. Duly completed Claim Form
2. Photocopy Hospital Discharge Card
3. Photocopy Hospital Bills
4. Pharmacy/Investigation Bills
5. Investigation Reports
6. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.
7. Subsequent details of the treatment with the consultation papers from the treating specialist
8. X-Ray and 2D-Echocardiography Report
9. Letter from the Cardiologist/Cardiothoracic Surgeon suggesting Aorta Surgery
10. Xerox Policy Certificate
11. Age proof of Insured: Election ID Card / PAN Card / School Leaving Certificate / Copy of Passport

ALZHEIMER'S DISEASE BEFORE THE AGE OF 50 YEARS

1. Duly completed Claim Form
2. Photocopy Hospital Discharge Card
3. Photocopy Hospital Bills
4. Pharmacy/Investigation Bills
5. Investigation Reports
6. PET Scan / CT Scan / MRI Scan / EEG
7. Neuropsychological Tests
8. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.
9. Subsequent details of the treatment with the consultation papers from the treating specialist.
10. Confirmation from the Central/State Government Hospital about the permanent neurological deficit
11. Xerox Policy Certificate
12. Age proof of Insured: Election ID Card / PAN Card / School Leaving Certificate / Copy of Passport

MAJOR BURNS

1. Duly completed Claim Form
2. FIR
3. Panchnama
4. Inquest Panchnama
5. Police Final Report/Charge Sheet (Based on FIR)
6. Letter from the treating doctor specifying the degree of burns along with body surface area involved
7. Post-Mortem Report
8. Xerox Policy Certificate
9. Any other supporting documents as required by the company
10. Age proof of Insured: Election ID Card / PAN Card / School Leaving Certificate / Copy of Passport

LOSS OF SPEECH

1. Duly completed Claim Form
2. Photocopy Hospital Discharge Card
3. Photocopy Hospital Bills
4. Pharmacy/Investigation Bills
5. Investigation Reports
6. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.
7. Subsequent details of the treatment with the consultation papers from the treating specialist.
8. Confirmation from the Central/State Government Hospital about the total and irreversible loss and duration of the same
9. Xerox Policy Certificate
10. Age proof of Insured: Election ID Card / PAN Card / School Leaving Certificate / Copy of Passport

DEAFNESS

1. Duly completed Claim Form
2. Photocopy Hospital Discharge Card
3. Photocopy Hospital Bills
4. Pharmacy/Investigation Bills
5. Investigation Reports
6. Consultation papers stating the presenting complaints with duration,

past medical history with duration, treatment and advised medication and treatment.

7. Subsequent details of the treatment with the consultation papers from the treating specialist.
8. Confirmation from the Central/State Government Hospital about the total and irreversible loss by an ENT specialist
9. Audiometry Reports
10. Xerox Policy Certificate
11. Age proof of Insured: Election ID Card / PAN Card / School Leaving Certificate / Copy of Passport

COMA OF SPECIFIED SEVERITY

1. Duly completed Claim Form
2. Photocopy Hospital Discharge Card
3. Photocopy Hospital Bills
4. Pharmacy/Investigation Bills
5. Investigation Reports
6. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.
7. Subsequent details of the treatment with the consultation papers from the treating specialist.
8. Confirmation from the Central/State Government Hospital about the permanent neurological deficit and duration of the same
9. Xerox Policy Certificate
10. Age proof of Insured: Election ID Card / PAN Card / School Leaving Certificate / Copy of Passport

2.1.4 EXCLUSIONS APPLICABLE TO SECTION I

The Company shall not be liable to make any payment directly or indirectly arising out of the following events:

- a) Any Pre-Existing Disease- Any Insured Event arising on account of or in connection with any Pre-Existing Disease
- b) If the Insured does not submit a medical certificate from the Doctor evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical / surgical procedure.
- c) The Company shall not be liable to make any payment under this Policy in connection with or in respect of any Insured Event, as stated in this Section, occurred or suffered before the commencement of Period of Insurance or arising within first three months of the commencement of the Period of Insurance.
- d) Any congenital Illness or condition;
- e) Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor.
- f) Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy in Part I of the Schedule under Special Conditions.
- g) Treatment relating to birth defects and external congenital Illnesses.
- h) Birth control procedures and hormone replacement therapy.
- i) Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery /complications/illness arising as a consequence thereof.
- j) Treatment by a family member and self-medication or any treatment that is not scientifically recognized.

2.1.5 SPECIFIC CONDITIONS APPLICABLE TO SECTION I

1. The cover under this Policy, for the specific Insured, shall terminate in the event of claim in respect of such Insured becoming admissible and accepted by the Company under this Section. In consequence thereof

no benefit shall be payable under any other section of this Policy.

2.2 SECTION II: PERSONAL ACCIDENT

Insured event: For the purposes of this Section and the determination of the Company's liability under it, Insured Event in relation to the Insured, shall mean Injury sustained during the Policy Period which shall within twelve months of its occurrence be the sole and direct cause of a) death or b) Permanent Total Disablement (more specifically defined herein below). For the purposes of this Section, Permanent Total Disablement shall mean total and irrecoverable:

- i. Loss of sight of both eyes; or
- ii. Actual loss by Physical Separation of both hands or both feet or one entire hand and one entire foot; or
- iii. Loss of use of both hands or both feet or of one hand and one foot without Physical Separation;

Provided that, such disablement shall as a direct consequence thereof permanently disable the Insured from resuming his normal occupation or engaging in similar gainful employment.

2.2.1 BENEFIT PAYABLE UNDER SECTION II

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in the Policy, to pay the Sum Insured as stated against Section II under Schedule I, on occurrence of the Insured Event as stated above under this Section

2.2.2 CLAIM SETTLEMENT APPLICABLE TO SECTION II

- i. Upon the happening of any Injury giving rise or likely to give rise to a claim under this Policy, the Injury as described above shall be intimated to the Company within seven days from the date of its occurrence.
- ii. The Insured shall deliver to the Company, within 30 days of the date of occurrence of the Insured Event, a detailed statement in writing as per the claim form and any other material particular, relevant to the making of such claim.
- iii. The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.
- iv. Proof satisfactory to the Company shall be furnished in connection with all matters upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the Insured on the occasion of any alleged Injury when and so often as the same may reasonably be required on behalf of the Company. Such evidence as the Company may from time to time require shall be furnished and a post-mortem examination report wherever applicable, shall be furnished to the Company within a period of thirty days.

The Company shall not be liable to pay any claims under this Section II unless the claim under the Policy is accompanied by the following documents:

Personal Accident - Death

1. Duly completed Claim form
2. FIR
3. Panchanama
4. Inquest Panchanama
5. Police Final Report/Charge Sheet (Based on FIR)
6. PM Report having remark for FSLR or CA Report, the reports are must
7. Death Certificate issued by the Municipal authority
8. Cause of death certificate issued by the hospital
9. Original Policy Certificate
10. Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport
11. Doctors Report
12. Certificate, if applicable, from the Bank/Financial Institution stating the amortization schedule, the EMI Amount, Principal Outstanding, etc.

13. Any other supporting documents as required by the company
14. RACT award (In case of Rail Accident)
15. Any other document as required by the Company/TPA to investigate the Claim or Our obligation to make payment for it

Permanent Total Disability

1. Claim form
2. FIR
3. Panchanama
4. Disability Certificate from civil surgeon or from designated govt./competent authority
5. Hospitalization reports
6. Hospitalization discharge card
7. RACT award (In case of Rail Accident)
8. Police Final Report/Charge Sheet (Based on FIR)
9. Investigation report
10. Xerox Policy Certificate
11. Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate/ Copy of passport
12. Any other document as required by the Company/TPA to investigate the Claim or Our obligation to make payment for it

2.2.3 EXCLUSIONS APPLICABLE TO SECTION II

The Company shall not be liable under this Section for:

- i. Payment under more than one of the categories specified (Death or Permanent Total Disablement) in the Benefit Payable in respect of the Insured.
- ii. Payment of compensation in respect of Insured Event which occurs whilst the Insured is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in aviation or ballooning, or whilst the Insured is mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airline anywhere in the world;
- iii. Payment of compensation in respect of death, injury or disablement of Insured (a) from Participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which the Insured is untrained, unless specifically covered under the policy (d) directly or indirectly caused by venereal disease or insanity;
- iv. Payment of compensation in respect of death or Permanent Total Disablement arising from or resulting directly or indirectly from any illness to any Insured
- vi. No sum shall be payable under this Section in case of any Permanent Total Disability for which medical care, treatment, or advice was recommended by or received from a Doctor or from which the Insured suffered or which was present before the commencement of the Policy Period.

2.2.4 SPECIAL CONDITIONS APPLICABLE TO SECTION II

The cover under this Policy, for the specific Insured, shall terminate in the event of claim in respect of that Insured becoming admissible and accepted by the Company under this Section. In consequence thereof no benefit shall be payable under any other section of this Policy

2.3 SECTION III LOSS OF JOB

Insured event: For the purposes of this Section and the determination of the Company's liability under it, Insured Event in relation to any Insured, shall mean termination from employment of the Insured or his dismissal, temporary suspension or retrenchment from employment imposed on him by the employer during the Policy Period as per the employer's rules/ regulations or executed/ implemented by the employer in compliance of any laws for the time being in force or any directives by any Public Authority.

2.3.1 BENEFIT PAYABLE UNDER SECTION III

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in the Policy, to pay, on occurrence of the Insured Event as stated above under this Section, in relation to the Insured, either

1. The Sum Insured as mentioned in Schedule I of this Policy against Section III ;or
2. The EMI Amount(s) falling due in respect of the Loan (Loan account number as stated in Schedule I of this Policy) after the commencement of the Insured Event till the reinstatement of employment with the same employer or new employer or expiry of Policy Period, whichever is earlier, subject to a maximum of Sum Insured as stated under Schedule I against Section III for the Insured

2.3.2 CLAIM SETTLEMENT APPLICABLE TO SECTION III

In the event of a claim arising out of an Insured Event covered under this Section, the Insured Event as described above shall be intimated by the Insured to the Company within thirty (30) days from the date of termination from employment of the Insured or his dismissal, temporary suspension or retrenchment from employment as the case may be and the Insured shall arrange for submission of the following documents to the Company:

1. Duly completed claim form;
2. Certificate if applicable from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.
3. Certificate from the employer of the Insured confirming the termination, dismissal, temporary suspension or retrenchment from employment of the Insured furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment of the Insured with the reasons for the same. In case of temporary suspension the period of suspension should also be mentioned in such certificate.
4. Appointment letter
5. Last 3 Months Salary Slip
6. Form 16
7. Contact details of employer-phone no. mobile no., email ID, contact person in HR/Admin/Personnel dept. Appointment letter Employer if Re employed
8. VISA proof and Passport copy in case of Insured is NRI
9. Photo Copy of the policy
10. Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate/ Copy of passport
11. Certificate/ Copy of passport
12. Any other document as required by the Company/TPA to investigate the Claim or Our obligation to make payment for it

2.3.3 EXCLUSIONS APPLICABLE TO SECTION III

1. The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured being attributed to any dishonesty or fraud or poor performance on the part of the Insured or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.
2. The Company shall not be liable to make any payment under this Policy in connection with or in respect of:

- a. Self employed persons;
 - b. Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
 - c. Any voluntary unemployment;
 - d. Unemployment at the time of inception of the Policy Period or arising within first three months of inception of the Policy Period.
3. Any unemployment from a job under which no salary or any remuneration is provided to the Insured
 4. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority
 5. Any unemployment due to resignation, retirement whether voluntary or otherwise
 6. Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.

2.3.4 SPECIFIC CONDITIONS APPLICABLE TO SECTION III

1. A claim under this section shall become admissible provided the period of termination, dismissal, temporary suspension or retrenchment from employment of the Insured shall not be less 30 consecutive days ("Retrenchment Period").
2. The benefit under Section III is available only for salaried employees.
3. The cover as described under this Section, for specific Insured, shall terminate in the event one or more claim(s) in respect of that Insured becoming admissible and accepted by the Company under this Section and the Company admitting liability to the extent of the Sum Insured as stated against Section III for the Insured under Schedule I

3. GENERAL EXCLUSIONS APPLICABLE TO THE POLICY:

The Company shall not be liable for any loss or damage under this Policy:

1. Arising or resulting from the Insured committing any breach of the law with criminal intent
2. Due to, or arising out of, or directly or indirectly connected with or traceable to, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all Heads of State and citizens of whatever nation and of all kinds and acts of terrorism
3. Directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission
4. Directly or indirectly caused by or contributed to by or arising from nuclear weapon materials.
5. Directly or indirectly caused by or contributed to by or arising out of usage, consumption or abuse of alcohol and/or drugs.
6. Arising out of or as a result of any act of self-destruction or self inflicted injury, attempted suicide or suicide.
7. Any sexually transmitted diseases. Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases caused by and/or related to the HIV.
8. Any consequential or indirect loss or expenses arising out of or related to any Insured Event.
9. Arising out of or resulting directly or indirectly due to or as a consequence of pregnancy or treatment traceable to pregnancy and childbirth, abortion and its consequences, tests and treatment relating to infertility and invitro fertilization.
10. Arising out of or resulting directly or indirectly while serving in any

branch of the Military or Armed Forces of any country during war or warlike operations

11. Arising out of or resulting 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. The Policy 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.

4. GENERAL CONDITIONS APPLICABLE TO THE POLICY

4.1 AGE LIMIT

Entry in the policy is allowed till the age of 65 years. The Policy provides for life-long renewability.

4.2 OTHER CONDITIONS

At any time during the Policy Period the Company shall be entitled to inspect any or all records of the Insured that may be relevant to this Policy. The Company shall also have the right of interaction with any and or all those agencies or agents of the Insured as may be relevant for examination/verification of the data/documents in connection with the process and disposal of any claims under this Policy. The Insured shall provide reasonable support to the Company in this regard.

If so required by the Company, the Insured will have to submit to a medical examination by the Company's nominated Doctor or undergo diagnostic or other medical tests as often as the Company considers necessary, in its sole discretion.

4.3 PAYMENTS

The Company shall be duly discharged of its obligations under this Policy and the Insured shall hold the Company harmless, upon making the payment of the claim to the Insured or his nominee/ legal heirs as the case may be

4.4 REFUND OF PREMIUM

The company shall refund the premium as per the Company's short period scales in case of receipt of notice of cancellation from the Insured, provided there is no claim under the policy

4.5 Terms of Renewal

The Policy can be renewed under the then prevailing Secure Mind Policy or its nearest substitute (in case the product Secure Mind Policy is withdrawn by the Company) approved by IRDA.

A health insurance policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured

Renewal Premium - Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA.

Maximum Renewal Age - There will be life-long renewal without any age restriction for the cover.

4.6 Settlement/Rejection of Claim -The settlement of claims would be done by the Company within 30 days after the receipt of the last necessary document, any rejections if done, would be provided with proper reasons by the Company. The role of the TPA (if any) would be limited to facilitate the flow of information between the Company and Insured.

Penal interest provision shall be as per Regulation 9(6) of (Protection of Policyholders' Interests) Regulations, 2002.

PART III OF SCHEDULE

Standard Terms and Conditions

1. Incontestability and Duty of Disclosure

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the proposal form, personal statement, declaration and connected

documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured or any one acting on his behalf to obtain any benefit under this Policy.

2. Observance of terms and conditions

The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

3. Records to be maintained

The Insured shall keep an accurate record containing all relevant particulars and shall allow the Company to inspect such record. The Insured shall within one month after the expiry of each period of insurance furnish such information as the Company may require.

4. No constructive Notice

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

5. Notice of charge etc.

The Company shall not be bound to notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy but the receipt of the Insured or his legal personal representative shall in all cases be an effectual discharge to the Company.

6. Special Provisions

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

7. Overriding effect of Part II of the Schedule

The terms and conditions contained herein and in Part II of the Schedule shall be deemed to form part of the Policy and shall be read as if they are specifically incorporated herein; however in case of any inconsistency of any term and condition with the scope of cover contained in Part II of the Schedule, then the term(s) and condition(s) contained herein shall be read mutatis mutandis with the scope of cover/terms and conditions contained in Part II of the Schedule and shall be deemed to be modified accordingly or superseded in case of inconsistency being irreconcilable.

8. Electronic Transactions

The Insured agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. The Insured agrees that the Company may exchange, share or part with any information to or with other ICICI Bank Group Companies or any other person in connection with the Policy, as may be determined by the Company and shall not hold the Company liable for such use/application.

9. Right to inspect

If required by the Company, an agent/representative of the Company including a loss assessor or a Surveyor appointed in that behalf shall in

case of any loss or any circumstances that have given rise to the claim to the Insured be permitted at all reasonable times to examine into the circumstances of such loss. The Insured shall on being required so to do by the Company produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain in the correctness thereof or the liability of the Company under the Policy.

10. Fraudulent claims

If any claim 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, or anyone acting on his behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

11. Policy Disputes

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

12. Arbitration clause

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 the dispute/difference, 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. 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 referable to arbitration, as hereinbefore provided, if the Company has 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.

13. Cancellation/Termination

- a) Disclosure to information norm- The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- b) The Insured may also cancel this policy by giving 15 days notice in writing to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice cancel the policy and retain the premium for the period his policy has been in force at the Company's short period scale as mentioned in the Policy provided that no refund of premium shall be made if any claim has been made under the policy by or on behalf of the insured.

14. Free Look Period

The Insured would be given a period of 15 days (Free Look Period) from

the date of receipt of the Policy to review its terms and conditions. Where the Insured disagrees to any of the terms or conditions of the Policy, he has the option to return the Policy stating the reasons for his objection, when he shall be entitled to a refund of the premium paid, subject only to a deduction of the expenses incurred by the Company on medical examination of the Insured and the stamp duty charges. In case the request for cancellation comes 30 days after the Policy Period start date, pro-rata refund of premium would be paid to You

15. Renewal notice

- The Company shall ordinarily renew the policy except on grounds of moral hazard, misrepresentation or fraud or non cooperation by the Insured. The Company shall not be bound to give notice that the renewal premium is due. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the insured that may result to enhance the risk under the guarantee hereby given. Any change in the risk will be intimated by the insured to The Company. Nothing herein or otherwise shall affect The Company right to impose any additional terms and conditions on renewal or restrict any renewal terms as to premium or otherwise.
- The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to The Company on or before the date of expiry of the Policy and in no case later than Grace Period of 30 days from the expiry of the Policy.

16. Notices

Any notice, direction or instruction given under this Insured shall be in writing and delivered by hand, post, or facsimile to

In case of the Insured, at the address specified in Part 1 of the Schedule.

In case of the Company:

ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025, Toll-free number: 1800-2666

Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e mail.

17. Customer Service

If at any time the Insured requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hours.

18. Grievances

In case the Insured is aggrieved in any way, the Insured may contact the Company at the specified address, during normal business hours.

a.i.1. Call the Company at toll free number: 1800 2666 or email us at customersupport@icicilombard.com

a.i.2. If You are not satisfied with the resolution then You may successively write to the manager- service quality, corporate manager- service quality, national manager- operations & finally director-services and business development at the following address:

ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025

If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of Your grievance.

The details of Insurance Ombudsman are available below:

Ombudsman Offices	
Ahmedabad: 2nd Floor, Ambika House, Near C. U. Shah College, Ashram Road, Ahmedabad - 380 014. Tel No. 079-27546840, 27545441 Fax No. 079 27546142, Email-bimalokpal.ahmedabad@gbic.co.in	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu
Bengaluru: 19/19, Jeevan Soudha Building, Ground floor, 24th Main, JP Nagar First Phase, Bengaluru - 560 078 Tel No. 080-26652049 Email bimalokpal.bengaluru@gbic.co.in	State of Karnataka
Bhopal: Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, Bhopal - 462 003. Tel No. 0755-2769201/02 Fax No. 0755-2769203 Email-bimalokpal.bhopal@gbic.co.in	State of Madhya Pradesh and Chhattisgarh
Bhubaneswar: 62, Forest Park, Bhubaneswar - 751 009. Tel No. 0674-2596429, 2596455 Fax No. 0674-2596429 Email-bimalokpal.bhubaneswar@gbic.co.in	State of Odisha
Chandigarh: S.C.O. No. 101-103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh - 160017. Tel No. 0172-2706468, 2773101 Fax No. 0172-2708274 Email-bimalokpal.chandigarh@gbic.co.in	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh
Chennai: Fatima Akhtar Court, 4th Floor, 453 (Old 312 Anna Salai, Teynampet, Chennai - 600 018. Tel No. 044-24333668, 24335284 Fax No. 044-2433664 Email-bimalokpal.chennai@gbic.co.in	State of Tamil Nadu and Union Territories Pondichery or, and Karaikal (which are part of Union Territory of Pondicherry)
Delhi: 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel No. 011-23239633, 23237539 Fax No. 011-23230858 Email-bimalokpal.delhi@gbic.co.in	State of Delhi
Kochi: 2nd Floor, CC-27/2603, Pulinat building, M. G. Road, Ernakulam, Kochi - 682 015, Tel No. 0484-2358759, 2359338 Fax No. 0484-2358336 Email-bimalokpal.ernakulam@gbic.co.in	State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe - a part of Union Territory of Pondicherry
Guwahati: "Jeevan Nivesh" Bldg., 5th Floor, Near Pan Bazar Overbridge, S. S. Road, Guwahati-781 001. Tel No. 0361-2132204, 2132205 Fax no. 0361-27322937 Email-bimalokpal.guwahati@gbic.co.in	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
Hyderabad: 6-2-46, 1st Floor, Moin Court Lane Opp., Saleen Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004 Tel No. 040-65504 123, 23312122 Fax No. 040-23376599. Email-bimalokpal.hyderabad@gbic.co.in	States of Andhra Pradesh, Telangana and Union Territory of Yanam which is part of Union Territory of Pondicherry
Jaipur: Gr. Floor, Jeevan Nidhi-II Bhawani Singh Road, Jaipur 302005. Tel No. 0141 - 2740363 Email-bimalokpal.jaipur@gbic.co.in	State of Rajasthan
Kolkata: Hindustan Bldg. Annexe, 4, CR Avenue, 4th floor, Kolkata-700 072 Tel No.: 033-22124339 / 22124340 Fax 033-22124341. Email-bimalokpal.kolkata@gbic.co.in	States of West Bengal, Sikkim and Union Territories or Andaman & Nicobar Islands
Lucknow: Jeevan Bhavan, Phase II, 6th Floor, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel No, 0522 - 2231331, 2231330 Fax No. 0522 - 2231310. Email-bimalokpal.lucknow@gbic.co.in	Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharthnagar
Mumbai: 3rd Floor, Jeevan Seva Annexe, Sabtacruz (West), Mumbai - 400 054. Tel No. 022-26106960, 26106552 Fax No. 022-26106052. Email-bimalokpal.mumbai@gbic.co.in	State of Goa, And Mumbai metropolitan Region excluding areas of Navi Mumbai & Thane

Noida: Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, G. B. Nagar Noida - 201301 Tel. No.: 0120 - 2514250/2514252/53 Email-bimalokpal.noida@gbic.co.in	State of Uttaranchal and the following Districts of State of Uttar Pradesh:- Agra Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshihar, Etah, Kanoj, Manipuri, Mathura, Meerut, Moradabad, muzaffarnagar, Auraiya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Buddha Nagar, Ghaziabad, Kasganj, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Shambhai, Amroha, Hathras, Kanshiram nagar, Saharapur
Patna: Kalpana Arcade Building, 1st Floor, Bazar samiti road, Bahadurpur, Patna 800 006. Tel No-0612-2680952 Email : bimalokpal.patna@gbic.co.in	States of Bihar and Jharkhand
Pune: 3rd Floor, Jeevan Daeshan Bldg N.C. Kelkar Road, Narayan Peth, pune - 411 030. Tel No. 020-323411320. Email-bimalokpal.pune@gbic.co.in	State of Maharashtra, Areas of Navi Mumbai and Thane but excluding Mumbai Metropolitan Region

The updated details of Insurance Ombudsman are also available on IRDA website: www.irdaindia.org, on the website of General Insurance Council: www.generalinsurancecouncil.org.in, website of the company www.icicilombard.com or from any of the offices of the Company.

Additional Clauses

AC1: FOR REDUCING SUM INSURED COVERS:

Notwithstanding anything contrary stated in the Policy, the Sum Insured under the Policy on the date of the Insured Event covered under Sections I & II for the purpose of calculation of claim shall be the least of the following:

1. The Principle Outstanding in the books of the Bank/Financial Institution as on the date of occurrence of the Insured Event; or
2. The Principle Outstanding as per the amortization schedule prepared by Bank/Financial Institution. In the event the Sum Insured as appearing against Section I & II of the Schedule I of the Policy is less than the total of the actual Loan disbursed upto the date of the occurrence of the Insured Event, then the Amortization schedule shall be calculated as if the actual Loan disbursed was equivalent to the Sum Insured. ; or
3. The Sum Insured as appearing against Section I & II of the Schedule I

AC2 PREMIUM REFUNDS:

Notwithstanding anything to the contrary contained in the Policy, the refund of premium under the Policy shall be as under

In the event of full prepayment of the Loan by the Insured, the Company shall refund a portion of the premium subject to the terms and conditions of the

Policy as per the rates mentioned below:

% Return Premium (Fixed SI Basis)

Year of cancellation	Period of insurance (Years)			
	2	3	4	5
Year 1	25%	45%	57%	78%
Year 2		11%	26%	57%
Year 3			6%	37%
Year 4				18%

Premium Refund (Reducing SI Basis)

Policy Period	2	3	4	5	5	5	5	5	5	5	5	5	5	5
Loan Period	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Year 1	25%	45%	57%	65%	70%	73%	74%	75%	76%	77%	77%	78%	78%	78%
Year 2		11%	26%	37%	45%	49%	51%	53%	54%	55%	56%	56%	57%	57%
Year 3			6%	17%	24%	28%	31%	33%	34%	35%	36%	36%	37%	37%
Year 4				4%	9%	12%	14%	15%	16%	16%	17%	17%	18%	18%
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
78%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	80%	80%	80%
57%	58%	58%	58%	58%	59%	59%	59%	59%	59%	59%	59%	59%	59%	59%
37%	38%	38%	38%	38%	39%	39%	39%	39%	39%	39%	39%	39%	39%	39%
18%	18%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	20%	20%

In event of part prepayment of the Loan, no refunds of premium shall be made under this Policy. No refunds of premium will be made under the Policy during the last year of the Policy Period.

Upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of the Insured, the cover in respect of that Insured shall forthwith terminate and the Company shall not be liable hereunder.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of the Insured where any claim has been admitted by the Company or has been lodged with the Company.

AC3: SURVIVAL PERIOD

Notwithstanding anything to the contrary stated herein the Company shall not be liable to make any payment arising out of any claim under Section I for any Insured if the Insured does not survive a period of atleast ____ days after the date of occurrence Insured Event.



ICICI Lombard General Insurance Company Limited

Mailing Address: Interface Building No.11, 401/402, 4th Floor, New Link Road Malad (W), Mumbai - 400 064.
Registered Office Address: ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.
Visit us at www.icicilombard.com • Mail us at customersupport@icicilombard.com
Toll Free No.: 1800 2666 • Chargable No.: +91 92236 22666
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