Universal Protection Insurance Policy

Policy wordings

1) Preamble

The insurance cover provided under this Policy to the Insured / Insured Person up to the Sum Insured is and shall be subject to (a) the terms and conditions of this Policy and (b) the receipt of premium and (c) Disclosure to Information Norm (including by way of the Proposal or Information Summary Sheet) and (d) Schedule of Benefits.

2) General Definitions

i. **"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, misdescription or non-disclosure of any material fact.

ii. **"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.

iii. **"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 as continuous for the purpose of all waiting periods only.

iv. **"Break in policy"** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.

v. Migration" means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.

"Portability" means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

Specific Definitions

i. **"Annexure"** means a document attached and marked as Annexure to this Policy. ii. **"Affixing e-signature"** with its grammatical variations and cognate expressions means adoption of any methodology or procedure by a person for the purpose of authenticating an electronic record by means of Electronic Signature;

iii. **"Bank"** means a banking company which transacts the business of banking in India or abroad.

iv. **"**

v. **"Cancellation (of Policy)"** means the terms on which the policy contract can be terminated either by the insurer or the insured by giving sufficient notice to other which is not lower than a period of fifteen days. The terms of cancellation may differ from insurer to insurer.

vi. **"Certificate of Insurance"** means the document issued by the Company detailing the effective date, Insured Person(s), benefits, sums insured, Deductible, premium and all special condition(s) and or endorsement(s). vii. **"Civil War"** means armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups. Included in the definition: armed rebellion, revolution, sedition, insurrection, Coup d' Etat, and the consequences of Martial law. viii. **"e-insurance policy"** or electronic insurance policy" shall mean a policy document which is an evidence "eInsurance Account" or "eIA" is an electronic account opened by a person with an insurance repository wherein the portfolios of insurance policies of a policyholder are held in an electronic form.

ix. **"e-proposal"** means a proposal form of an insurance policy filed in electronic form by the prospects of insurance contract issued by an insurer and digitally signed in accordance with the applicable provisions prescribed by law and issued in an electronic form either directly to the policyholder or through the platform of registered Insurance repository.

x. **"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. Additionally Financial Institution would include any institution that is authorised by the Reserve Bank of India to lend money. xi. **"Grace period"** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer

coverage during the grace period, if the premium is paid in instalments during the policy period.

xii. **"Immediate dependent(s)"** are defined as the spouse, children and parents of the insured member. The Sum Insured for immediate dependent would be less than or equal to the Sum Insured of the insured member xiii. **"Insured Person"** means the Person covered as a part of the group policy as detailed in the Certificate of Insurance.

xiv. **"Information Summary Sheet"** means the record and confirmation of information provided to Company or Company's representatives over the telephone for the purposes of applying for this Policy.

xv. **"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 Section 1 of this Policy.

xvi. **"Policy"** means this document of Policy describing the terms and conditions of this contract of insurance including the Company's covering letter to the Insured, if any, the Schedule attached to and forming part of this Policy, the Insured's Proposal Form and any applicable endorsement thereon. The Policy contains details of the scope and extent of cover available to the Insured/Insured Person, the exclusions from the scope of cover and the terms and conditions of the issue of the Policy.

xvii. **"Policy period"** means the period between the inception date and the expiry date as specified in the Schedule to this Policy or the cancellation of this insurance, whichever is earlier. Policy period is inclusive of both the inception date and expiry date. Policy period in case of Insured Person will be as specified in the Certificate of Insurance

xviii. **"Policy holder"** means the entity named in the Policy Schedule who is responsible for payment of premiums. xix. **"Policy Period End Date"** means the date on which the Policy expires, as specified in the Policy Schedule. Policy Period End Date in case of Insured Person will be as specified in the Certificate of Insurance

xx. **"Policy Period Start Date"** means the date on which the Policy commences, as specified in the Policy Schedule. Policy Period Start Date in case of Insured Person will be as specified in the Certificate of Insurance

xxi. **"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.

xxii. "**Pre-Existing Disease**" means any condition, ailment, injury or disease:

a) That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or

b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

xxiii. **"Public Authority"** means any governmental, quasigovernmental organization or any statutory body or duly authorized organization with the power to enforce laws, exact obedience, and command, determine or judge.

xxiv. **"Schedule"** means Schedule attached to and forming part of this Policy mentioning the details of the Insured/ Insured Persons, the Sum Insured, the period, special terms applicable and the limits to which benefits under the Policy are subject to.

xxv. **"Schedule of Benefits"** means the Product Benefits Table issued by the Company and accompanying this Policy and annexures thereto.

xxvi. **"Sum Insured"** means the sum as specified in the Schedule to this Policy against the name of Insured Person, which sum represents the Company's maximum liability for any or all claims under this Policy during the Policy period for the respective benefit(s) against which the sum is mentioned in the Schedule to this Policy.

xxvii. **"Terrorism/ Terrorist Incident"** means an act or series of acts, including but not limited to the use of force of 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), or unlawful associations, recognized under Unlawful Activities(Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activity in the nation for the time being in force, 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 for such purpose. xxviii. **"War"** means war, whether declared or not or any warlike activities, including use of the military force by any sovereign nations to achieve economic, geographic, nationalistic, political racial religious or other ends.

xxix. **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems. xxx. **Hospital**: A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) 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;

Hospital shall also include AYUSH Hospital as defined below.

xxxi. **AYUSH Hospital:** An 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 inpatient 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.

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

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

Daycare Centre shall also include AYUSH Day Care Centre as defined below

xxxiii. **AYUSH Day Care Centre:** AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic,
Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

I. Having qualified registered AYUSH Medical
Practitioner(s) in charge;

II. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

III. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

(Explanation: Medical Practitioner referred in the definition of "AYUSH Hospital" and "AYUSH Day Care Centre" shall carry the same meaning as defined in the definition of "Medical Practitioner" under Chapter I of Guidelines)

Premium Payment in installments

lf 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 lnsurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy) i. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the company shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

ii. 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.

iii. No interest will be charged lf the instalment premium is not paid on due date.

iv. In case of instalment premium due not received within the grace period, the policy will get cancelled.

v. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.

vi. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

3) Schedule of Benefits:

Cover	Insured Person	Immediate Dependents
Critical Illness Cancer of specified severity Kidney Failure Requiring Regular Dialysis Multiple Sclerosis with persisting symptoms Major Organ / Bone Marrow Transplant Open Heart Replacement or Repair of Heart Valves Open Chest CABG Stroke resulting in Permanent Symptoms Permanent Paralysis of Limbs First Heart Attack - of specified severity Coma of specified severity Parkinson's Disease Benign Brain Tumour Alzheimer's Disease End Stage Liver Failure Surgery to Aorta Deafness Loss of Speech	Covered as per Sum Insured indicated in the certificate of insurance.	Covered, if mentioned in the Certificate of Insurance, as per Sum Insured indicated in the Certificate of Insurance. Subject to Sum Insured being less than or equal to the Sum Insured of the Insured Member
Major Burns Motor Neurone Disease with Permanent Symptoms Primary Pulmonary Hypertension: Pulmonary Artery Graft Surgery; Muscular Dystrophy Systemic Lupus Erythematosus (SLE): Pneumonectomy Medullary Cystic Disease		
Personal Accident Accidental Death Permanent Total Disability Permanent Partial Disability Children Education Benefit	Covered as per Sum Insured indicated in the certificate of insurance.	Not Covered
Involuntary Loss of Job	Covered as per Sum Insured indicated in the certificate of insurance.	Not Covered
Home Standard Fire and Special Perils (Building & content) Burglary – content	Covered as per Sum Insured indicated in the Certificate of Insurance	Not Applicable

4) Coverage

4. i) Critical Illness

I. **Benefits & Definitions Applicable to this section** If, 90 days after the Policy Period Start Date as specified in the Certificate of Insurance, the Insured Person is at any time during the Policy period (after the above waiting period of 90 days), being diagnosed as contracting any

Critical Illness as specified below, the limit as mentioned in Schedule for this benefit shall be payable to the Insured Person as Lump Sum benefit.

In case of diagnosis of multiple illnesses qualified as Critical Illness under the Policy, the payment of compensation shall be limited to the limit specified in the schedule and shall be payable only once in the lifetime of Insured Person.

A "Critical Illness" shall mean any one of the following critical illnesses and is subject to fulfillment of all conditions as applicable particularly to each Critical Illness as defined in this section-

I. Critical Illness						
Sr. No	Particulars	Plan Name				
		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
1	Cancer	Yes	Yes	Yes	Yes	Yes
2	End Stage Renal Failure	Yes	Yes	Yes	Yes	Yes
3	Multiple Sclerosis	Yes	Yes	Yes	Yes	Yes
4	Major Organ Transplant	Yes	Yes	Yes	Yes	Yes
5	Heart Valve Replacement	Yes	Yes	Yes	Yes	Yes
6	Coronary Artery Bypass Graft	Yes	Yes	Yes	Yes	Yes
7	Stroke	Yes	Yes	Yes	Yes	Yes
8	Paralysis	Yes	Yes	Yes	Yes	Yes
9	Myocardial Infarction	Yes	Yes	Yes	Yes	Yes
10	Coma		Yes	Yes	Yes	Yes
11	Parkinson's Disease		Yes	Yes	Yes	Yes
12	Benign Brain Tumour		Yes	Yes	Yes	Yes
13	Alzheimer's Disease			Yes	Yes	Yes
14	End Stage Liver Disease			Yes	Yes	Yes
15	Surgery of aorta			Yes	Yes	Yes
16	Deafness				Yes	Yes
17	Loss of speech				Yes	Yes
18	Major Burns				Yes	Yes
19	Motor Neurone Disease with Permanent Symptoms;					Yes
20	Primary Pulmonary Hypertension;					Yes
21	Pulmonary Artery Graft Surgery;					Yes
22	Muscular Dystrophy;					Yes
23	Systemic Lupus Erythematosis with Lupus Nephritis;					Yes
24	Pneumonectomy;					Yes
25	Medullary Cystic Disease.					Yes

1. Cancer of Specified Severity:

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

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 and CIN-3.

ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

iii. Malignant melanoma that has not caused invasion beyond the epidermis;

iv. All 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. 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.

3. Multiple Sclerosis with persisting symptoms:

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and

ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

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

4. 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:

a. Other stem-cell transplants
b. Where only islets of langerhans are transplanted

5. 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 diseaseaffected 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.

6. Open Chest – CABG (Coronary Artery By-pass Graft) surgery:

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:

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

7. Stroke Resulting In Permanent Symptoms:

I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial 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:

1. Transient ischemic attacks (TIA)
2. Traumatic injury of the brain
3. Vascular disease affecting only the eye or optic nerve or vestibular functions.

8. 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.

9. Myocardial Infarction (First Heart Attack of specified severity):

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

i. A History of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain) ii. New characteristic electrocardiogram changes iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers

II. The following are excluded:

i. Other acute Coronary Syndromes ii. Any type of angina pectoris iii. A rise in cardiac biomarkers or Troponin T or I in absence of overtischemic heart disease OR following an intra-arterial cardiac procedure.

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. Parkinson's Disease:

A definite diagnosis of Parkinson's disease by a consultant neurologist. There must be permanent clinical impairment of motor function with associated tremor, muscle rigidity and postural instability. For the above definition the following are not covered:

 Other Parkinsonian syndromes. Parkinson"s disease secondary to drug abuse

12. Benign Brain Tumour:

I. Benign brain tumor is defined as a life threatening, noncancerous 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.

13. Alzheimer's Disease:

The Unequivocal diagnosis of Alzheimer's disease (presenile dementia) before age 60 that has to be confirmed by a specialist Medical Practitioner (Neurologist) and evidenced by typical findings in cognitive and neuroradiological tests (e.g. CT scan, MRI, PET of the brain). The disease must also result in a permanent inability to perform independently three or more Activities of Daily Living or must result in need of supervision and the permanent presence of care staff due to the disease. These conditions must be medically documented for at least 90 days.

Alzheimer's disease is a condition which affects the brain Symptoms include memory loss, confusion, communication problems and general impairment of mental function. The condition gradually worsens, which can lead to changes in personality and makes routine tasks difficult. Eventually, 24 hour care may be needed.

14. 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 drug or alcohol abuse is excluded.

15. Surgery to Aorta

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 definition aorta shall mean the thoracic and abdominal aorta but not its branches. Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures are excluded.

16. Deafness:

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.

17. Loss of Speech:

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. All psychiatric related causes are excluded.

18. Third Degree Burns:

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.19. Motor Neurone Disease with Permanent Symptoms;

19. 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.

20. Primary (IDIOPATHIC) Pulmonary Hypertension:

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:

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

ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

21. Pulmonary Artery Graft Surgery;

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

22. Muscular Dystrophy;

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:

a. Family history of muscular dystrophy;
b. Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;
c. Characteristic electromygrom; or
d. Clinical suspicion confirmed by muscle biopsy.

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:

23. Systemic Lupus Erythematosus (SLE): A definite diagnosis of systemic lupus erythematosus by a consultant rheumatologist resulting in either of the following:

1. Permanent neurological deficit with persisting clinical symptoms*; or
2. The permanent impairment of kidney function tests as follows; Glomerular Filtration Rate (GFR) below 30 ml/min.

* Permanent neurological deficit with persisting clinical symptoms.

3. Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the insured person's life.
4. Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma

24. Pneumonectomy:

The undergoing of surgery on the advice of an appropriate Medical Specialist to remove an entire lung for disease or traumatic injury suffered by the life assured.

The following conditions are excluded:

- Removal of a lobe of the lungs (lobectomy)
- Lung resection or incision

25. Medullary Cystic Disease:

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

Cover under this section can be offered to Immediate Dependents as specified in the Certificate of Insurance. Sum Insured as specified in the Certificate of Insurance shall be less than or equal to the Sum Insured of the Insured Person.

Critical Illness benefit will lapse after reporting of and payment of one claim for the claiming Insured person. In case company has made any payment for critical illness for

the insured mentioned in the Certificate of Insurance during the policy period, no benefit shall be payable under any other section of this Policy except under Personal Accident Section, Involuntary Loss of Job Section, Home – Standard Fire and Special Perils & Content Section. In the event of a claim paid for Immediate Dependent of the Insured cover for that Dependent will terminate and no benefit shall be payable under any other section of this Policy for the Immediate Dependent

(ii) Specific Exclusions applicable to this Section

(1) Benefits will not be available for any Pre- Existing Critical Illnesses including signs or symptoms that existed prior to Policy Period Start Date as specified in the Certificate of Insurance Any claim incurred under this section within 90 days of the inception date of this Policy.
(2) Critical illness, directly or indirectly, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, riot, strike, lockout, military or popular uprising or civil commotion, act of terrorism or any terrorist incident unless the insured is a victim.
(3) Critical illness, directly or indirectly, due to contamination due to an act of terrorism or terrorist incident, regardless of any contributory causes (if the Company alleges that by reason of this exclusion any loss is not covered by this insurance, the burden of proving the contrary shall be upon the Insured / Insured Person).
(4) Critical illness, directly or indirectly, due to Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
(5) Disease, illness, injury, directly or indirectly, caused by or contributed to by nuclear weapons/materials or radioactive contamination.

(iii) Claim Procedure & Documentation

Documents required in event of a Critical Illness Claim:

1. Claim form duly signed along with attending physician statement
2. Discharge summary wherever applicable
3. Hospital final bill wherever applicable
4. Attending Surgeon's/Physician's Prescription advising hospitalization wherever applicable
5. Diagnostic reports with doctor's prescription
6. Investigation test reports and payment receipts 7. All medical reports, consultation papers and records, past and present pertaining to or related to the Critical Illness for which the Insured Person has claimed. Identity proof of Claimant – KYC Documents
8. Affidavit from the legal heirs of the deceased (in case nomination has not been filed by deceased)
9. Cancelled cheque for NEFT details

4 (ii) Personal Accident

(i) Benefits & Definitions Applicable to this section

If at any time during the currency of this Policy, the Insured/
Insured Person shall sustain any bodily injury resulting solely and directly from accident caused by external, violent and visible means, then the Company shall pay to the Insured /insured person, his or her nominee or legal heir, as the case may be, the sum or sums hereinafter set forth, that is to say:

(1) Accidental Death:

If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of death of the Insured/Insured Person, the Sum Insured stated in the Certificate of Insurance hereto; **(2)**

Permanent Total Disability:

If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of:
(a) sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of one entire hand or one entire foot, the amount stated in the Certificate of Insurance hereto; (b) use of two hands or two feet, or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot, the amount stated in the Certificate of Insurance hereto.
(c) If such injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured/Insured Person from engaging in any employment or occupation of any description whatsoever, then a lump sum stated in the Certificate of Insurance hereto.

NOTE: For the purpose of Clauses above, 'physical separation' of a hand means separation at or above the wrist and of the foot means at or above the ankle.

(3) Permanent Partial Disability:

If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of:

(a) the sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot, fifty percent (50%) of Sum Insured the amount stated in the Certificate of Insurance hereto;

(b) use of a hand or a foot without physical separation, fifty percent (50%) the amount stated in the Certificate of Insurance hereto.

NOTE: For the purpose of Clauses above, 'physical separation' of a hand means separation at or above the wrist and of the foot means at or above the ankle. (c) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and/or partial and irrecoverable loss of use or of the actual loss by physical separation of the following, then the percentage of the Sum Insured as indicated below shall be payable.

Table of Benefits	Percentage of Capital Sum Insured (Capital Sum Insured means

	Loss of middle finger or ring finger or little finger – two phalanges	7%
	Loss of middle finger or ring finger or little finger - one phalanx	3%
Death (worldwide)		100%
PTD – (worldwide) Total and irrecoverable loss of :		
Sight of both eyes or of the actual loss by physical separation of two entire hands or two entire feet or one entire hand and one entire foot or of such loss of sight of one eye and such loss of one entire hand or one entire foot.		150%
Use of two hands or of two feet or of one hand and one foot or of such loss of sight of one eye and such loss of use of one hand or one foot.		150%
Total Paralysis		150%
Loss of all fingers and both thumbs OR loss of arm - at shoulder; between shoulder and elbow ; at and below elbow OR Loss of leg - at hip; between knee and hip ; below knee		100%
Permanent total and absolute disablement disabling the Insured Person from engaging in any employment or occupation of any description whatsoever.		150%
PPD - Total and irrecoverable loss of various parts as given below:		
The sight of one eye or the actual loss by physical separation of one entire hand or one entire foot.		50%
Use of a hand or a foot without physical separation		50%
Loss of speech		50%
Loss of toes – all		20%
Loss of toes great - both phalanges		5%
Loss of toes great - one phalanx		2%
Loss of toes other than great, if more than one toe lost: each		2%
Loss of hearing - both ears		75%
Loss of hearing - one ear		30%
Loss of four fingers and thumb of one hand		50%
Loss of four fingers of one hand		40%
Loss of thumb - both phalanges		25%
Loss of thumb – one phalanx		10%
Loss of index finger – three phalanges		15%
Loss of index finger – two phalanges		10%
Loss of index finger - one phalanx		5%
Loss of middle finger or ring finger or little finger – three phalanges		10%
Any other permanent partial disablement		Percentage as assessed by a panel doctor of the Company

(4) Children Education Benefit

In the event of Accidental Death or Permanent Total Disablement of the Insured Person – the Company has an admissible claim under the Accidental Death or Permanent Total Disablement section of this Policy, the Company shall pay as Children Education Benefit for the dependent child/children of age below 25 years, an amount of 10% of Personal Accident Sum Insured as specified in the Certificate of Insurance OR ₹300000 OR ₹ 50000 per child whichever is lower.

(ii) Specific Exclusions applicable to this Section

The Company shall not be liable under this Policy for;

1. Death or disablement resulting directly or indirectly caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.
2. Compensation under more than one of the sub sections after a claim has been admitted and become payable – Accidental Death; Permanent Total Disability; Permanent Partial Disability.
3. Any payment in case of more than one claim under the policy during any one period of insurance by which the maximum liability of the Company in that period would exceed the Sum Insured as indicated in the Certificate of Insurance.
4. Any pre-existing disability / accidental injury.
5. Accidental death or permanent disability due to disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the reaction to the same.
6. Accidental death or permanent disability caused by curative measures, radiation, infection, poisoning except where these arise from an accident.
7. Any claim in respect of accidental death or permanent disablement of the Insured/Insured Person.

a. from intentional self-injury, suicide or attempted suicide
b. due to willful or deliberate exposure to danger except in an attempt to save human life
c. whilst under the influence of liquor or drugs or other intoxicants
d. whilst engaging in aviation or ballooning whilst mounting into, dismounting from or traveling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world
e. directly or indirectly, caused by venereal disease
f. arising or resulting from the Insured committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion
g. Whilst engaging in racing, hunting, mountaineering, ice hockey, winter sports.

8. Any consequential loss or damage cost or expense of whatsoever nature.
9. Death or permanent disablement due to accidental injury 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 detainments of all Kings, Princes and people of whatsoever nation, condition or quality.
10. Death or permanent disablement due to accidental injury, directly or indirectly, caused by or contributed to by or arising from -

a. ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel and for the purposes hereof, combustion shall include any self-sustaining process of nuclear fission;
b. nuclear weapons material.

11. Insured/Insured Person whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports.
12. Insured/Insured Person whilst flying or taking part in aerial activities (including cabin crew) except as a farepaying passenger in a regular Scheduled airline or air charter company
13. Any accident to an Insured/Insured Person which arises in the course of his/her occupation if his/her occupation falls within the following categories or involves the following activities: Air crew, ship crew, professional sportsman, diving, oil-rig platform and/or off-shore work, fire fighting, police, naval, military, air force service or operations and any hazardous occupation.

In case company has made any payment of claim for the above section, for the insured mentioned in the certificate of insurance during the policy period, no benefit shall be made under any other section of this Policy except under Critical Illness Section, Involuntary Loss of Job Section, Home – Standard Fire and Special Perils & Content Section

(iii) Documents required in event of a Claim under Personal accident section:

1. First Information Report and Final Police report, from police authorities wherever necessary (in case of accidents outside residence)

2. Death Certificate from the Municipal Authorities
3. Post Mortem Report, if available and applicable.
4. All reasonable information, assistance and proofs in connection with any claim in this section, in case where fraud is suspected.
5. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury etc.
6. Disability certificate from a Doctor or hospital confirming the extent and nature of disability
7. Any medical or other agent of the Company shall be allowed to examine the Insured person on the occasion of any alleged Injury when and as often as the same may reasonably be required on behalf of the Company.
8. Claim form duly signed
9. Affidavit from the legal heirs of the deceased (in case nomination has not been filed by deceased) 10. Identity proof of Claimant – KYC Documents
11. Education ID card
12. Letter from educational Institute
13. Cancelled cheque for NEFT details

4. (iii) Involuntary Loss of Job

(i) Benefits & Definitions Applicable to this section

In the event that the Insured Person suffers from Loss of Job 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 Equated Monthly Installment Amount(s) falling due in respect of the Loan (Loan account number as stated in Schedule of this Policy). Upon admissibility of a claim in this Section the Company will pay to the beneficiary – till the Insured's employment is reinstated with the same employer or new employer; or Policy Period End Date or number of months as specified in the Certificate of Insurance – whichever is earlier. Beneficiary in this section would be the Bank or Financial Institution who is the Policyholder Specific
Conditions:

1. Insured Person is a salaried employee;
2. Insured Person is a permanent employee of the organization working on a full time basis and such employment has been in force for a continuous period of 12 months;
3. Insured Person is paying the EMI on a Regular basis without any history of default in the preceding 12 months
4. 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");
5. This would be a onetime payment at the end of the continuous period of unemployment for which claim has been made and is admissible under the policy;

(ii) Specific Exclusions applicable to this Section

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 Period of Insurance or arising within the first 90 days of inception of the Period of Insurance.

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

(iii) Claim Procedure & Documentation

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.

a. Appointment letter
b. Last 3 Months Salary Slip
c. Any other document as required by the Company to investigate the Claim or Our obligation to make payment for it

4. (iv) Home

(i) Definitions Applicable to this section

(1) "Building" means structure (above plinth and foundation excluding land) of standard construction unless specifically mentioned and connected utilities sanitary fittings, fixtures and fittings therein belonging to the Insured and for which he is accountable. Building in this policy means dwellings.

(2) "Burglary & Housebreaking" means theft involving entry into or exit from the Insured's premises by forcible and violent means or following assault or violence or threat thereof to the Insured or any of Insured's employees or a member of the Insured's family or any person residing lawfully in the Insured's premises.

(3) "Home" means the building of standard construction at the address mentioned in the Schedule, where the Insured and his family permanently live.

(4) "Home contents" mean and include furniture, fixture, fittings, interior decorations, linen, clothing, kitchen items, cutlery /crockery contained in the Insured's home for domestic use and all such items for which the Insured is accountable. Personal effects such as clothes and other articles of personal nature to be worn used or carried but excluding money but may include Jewellery and valuables

(5) "Appliances" shall mean and include electrical, mechanical and electronic appliances such as refrigerator, television, DVD player, videocassette recorder/player, washing machine, microwave oven, music system, personal computer, laptops and air-conditioner contained or fixed in the Insured's home for domestic use.

(6) "Valuables" means Jewelry Watches, clocks, photographic equipment, binoculars, telescopes, musical instruments, mobile telephone handsets, digital diaries, electronic calculators, palmtops.

(7) "Jewelry" means articles of precious stones, gold, silver or other precious metals specified as such in the Schedule.

(8) "Kutcha Construction" means buildings having walls and / or roofs of wooden planks thatched leaves, grass, bamboo, plastic, cloth, asphalt, canvass, tarpaulin, or the like.

(9) "Reinstatement Value" means the cost of replacing or reinstating on the same site, property of the same kind or type but not superior to or more extensive than the property insured when new at the time of Loss or Damage..

(10) "Market Value" means the Procurement value of goods from the same or similar source at the time of damage or Loss less appropriate depreciation.

(ii) Benefits:

1. Fire & Allied Peril (Including EQ & Terrorism) – Building
2. Fire & Allied Peril (Including EQ & Terrorism) – Contents
3. Burglary or House breaking – Contents

1. Fire & Allied Peril (Including EQ & Terrorism) – Building

Sl No	Particulars	Coverage	Perils Covered	Excess
1	Building	Fire & Allied Peril Earth Quake Terrorism	As mentioned below	

The Company will indemnify the Insured in respect of loss of or damage to the Building and Contents in the Insured Premises specified in the Schedule due to:

1. Fire

Excluding destruction or damage caused to the property insured by

a. its own fermentation, natural heating or spontaneous combustion
b. its undergoing any heating or drying process
c. burning of property insured by order of any Public Authority.

2. Lightning

3. Explosion/ Implosion Excluding loss, destruction of or damage:

a. 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,

b. caused by centrifugal forces.

4. Aircraft Damage

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

5. 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:

a. total or partial cessation of work or the retardation or interruption or cessation of any process or operations or omissions of any kind;

b. permanent or temporary dispossession resulting from confiscation, commandeering, requisition or destruction by order of the Government or any lawfully constituted authority;

c. permanent or temporary dispossession of any building or plant or unit or 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;

d. 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 or public peace) in any malicious act.

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.

Terrorism Damage Exclusion Warranty:

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 section an act of terrorism means an act or series of acts, including but not limited to the use of force of 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), or unlawful associations, recognized under Unlawful Activities(Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activity in the nation for the time being in force, 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 for such purpose.

The warranty also excludes loss, damage, cost or expense 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 the Company alleges 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.

6. 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 cover” the words “excluding those resulting from earthquake volcanic eruption or other convulsions of nature” shall stand deleted.)

7. 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 and not belonging to or owned by:

a. the Insured or any occupier of the premises or

b. Insured’s employees while acting in the course of their employment.

8. Subsidence and Landslide including Rock Slide Loss, Destruction or damage caused by Subsidence of part of the site on which the property stands or Land slide/Rock slide excluding:

a. the normal cracking, settlement or bedding down of new structures

b. the settlement or movement of made up ground

c. coastal or river erosion

d. defective design or workmanship or use of defective materials

e. demolition, construction, structural alterations or repair of any property or ground works or excavations.

9. Bursting and/or overflowing of Water Tanks, Apparatus and Pipes 10. Missile testing operations 11. Leakage from Automatic Sprinkler Installations

Excluding destruction or damage caused by:

a. Repairs or alterations to the buildings or premises

b. Repairs, removal or extension of the Sprinkler Installation

c. Defects in construction known to the Insured.

12. Bush Fire

Excluding loss, destruction or damage caused by Forest Fire.

Provided that the liability of the Company 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 therefore by memorandum hereon or attached hereto signed by or on behalf of the Company.

13. Earth quake (Fire and Shock) Coverage

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 there from.

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.

Special Condition Applicable to Earth quake (Fire and Shock)

Extension cover shall be granted only if the entire property in one complex/compound/location covered under the policy is extended to cover this risk and the Sum Insured for this extension is identical to the sum Insured against the risk covered under main policy except for the value of the plinth and foundations of the building(s)..

Onus of proof In the event of the Insured making any claim for loss or damage under this policy he must (if so required by the Company) prove that the loss or damage was occasioned by or through or in consequence of earthquake.

14. Terrorism Damage (Material Damage) It is hereby agreed and declared that notwithstanding anything stated in the 'Terrorism Risk Exclusion" of this Policy to the contrary, this Policy is extended to cover physical loss or physical damage occurring during the period of this Policy caused by an act of terrorism, subject to the exclusions, limits and excess described hereinafter.

For the purpose of this cover, an act of terrorism means an act or series of acts, 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), or unlawful associations, recognized under Unlawful Activities (Prevention)

Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.

This cover also includes loss, damage, cost or expense directly caused by, resulting from or in connection with any action taken in suppressing, controlling, preventing or minimizing the consequences of an act of terrorism by the duly empowered government or Military Authority.

Provided that If the Insured is eligible for indemnity under any government compensation plan or other similar scheme in respect of the damage described above, this Policy shall be excess of any recovery due from such plan or scheme.

For the purpose of the aforesaid inclusion clause, "Military Authority" shall mean armed forces, para military forces, police or any other authority constituted by the government for maintaining law and order.

Exclusion Applicable to Terrorism Damage (Material Damage only)

This cover shall not indemnify loss of or damage to property caused by any or all of the following:-

1. Loss by seizure or legal or illegal occupation; 2. Loss or damage caused by:

i. voluntary abandonment or vacation, ii. confiscation, commandeering, nationalisation, requisition, detention, embargo, quarantine, or any result of any order of public or government authority, which deprives the Insured of the use or value of its property;

3. Loss or damage arising from acts of contraband or illegal transportation or illegal trade;

4. Loss or damage directly or indirectly arising from or in consequence of the seepage and or discharge of pollutants or contaminants, which pollutants and contaminants shall include but not be limited to any solid, liquid, gaseous or thermal irritant, contaminant or toxic or hazardous substance or any substance the presence, existence or release of which endangers or threatens to endanger the health, safety or welfare of persons or the environment; 5. Loss or damage arising directly or indirectly from or in consequence of chemical or biological emission, release, discharge, dispersal or escape or chemical or biological exposure of any kind;
6. Loss or damage arising directly or indirectly from or in consequence of asbestos emission, release, discharge, dispersal or escape or asbestos exposure of any kind; 7. Any fine, levy, duty, interest or penalty or cost or Compensation/damages and/or other assessment which is incurred by the Insured or which is imposed by any court, government agency, public or civil authority or any other person;
8. Loss or damage by electronic means including but not limited to computer hacking or the introduction of any form of computer virus or corrupting or unauthorised instructions or code or the use of any electromagnetic weapon. This exclusion shall not operate to exclude losses (which would otherwise be covered under this Policy) arising from the use of any computer, computer system or computer software programme or any other electronic system in the launch and/or guidance system and/or firing mechanism of any weapon or missile;
9. Loss or damage caused by vandals or other persons acting maliciously or by way of protest or strikes, labour unrest, riots or civil commotion
10. Loss or increased cost occasioned by any public or government or local or civil authority"s enforcement of any ordinance or law regulating the reconstruction, repair or demolition of any property insured hereunder
11. Any consequential loss or damage, loss of use, delay or loss of markets, loss of income, depreciation, reduction in functionality, or increased cost of working;
12. Loss or damage caused by factors including but not limited to cessation, fluctuation or variation in, or insufficiency of, water, gas or electricity supplies and telecommunications or any type of service;
13. Loss or increased cost as a result of threat or hoax Loss or damage caused by or arising out of burglary, house - breaking, looting, 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 action taken in respect of an act of Terrorism. 14. Loss or damage caused by mysterious disappearance or unexplained loss.

	Particulars	Coverage	Perils Covered	Excess
2.1	Home Content	"Home contents" mean and include furniture, fixture, fittings, interior decorations, linen, clothing, kitchen items, cutlery /crockery contained in the Insured's home for domestic use and all such items for which the Insured is accountable. Personal effects such as clothes and other articles of personal nature to be worn used or carried but excluding money but may include Jewellery and valuables	Fire and Allied perils including earthquake and terrorism	NIL
2.2	Appliances	Appliances" shall mean and include electrical, mechanical and electronic appliances such as refrigerator, television, DVD player, videocassette recorder/player, washing machine, microwave oven, music system, personal computer, and air conditioner contained or fixed in the Insured's home for domestic use	Fire and Allied perils including earthquake and terrorism	NIL

15. Loss or damage directly or indirectly caused by mould, mildew, fungus, spores or other micro-organism of any type, nature or description, including but not limited to any substance whose presence poses an actual or potential threat to human health.

16. Total or partial cessation of work or the retardation or interruption or cessation of any process or operations or omissions of any kind.

2.3	Valuables	“Valuables” means Jewellery Watches, clocks, photographic equipment, binoculars, telescopes, musical instruments, mobile telephone handsets, digital diaries, electronic calculators, palmtops.	Fire and Allied perils including earthquake and terrorism Coverage at the risk location only	NIL
2.4	Jewellery	"Jewellery" means articles of precious stones, gold, silver or other precious metals	Fire and Allied perils including earthquake and terrorism Coverage at the risk location only	NIL

3. Burglary Or House Breaking – Contents The Company will indemnify the Insured in respect of loss of or damage to Contents from the Insured Premises due to burglary or house-breaking (theft following upon an actual forcible and violent entry of and/or exit from the premises) provided that such Contents are insured against Home Section of the Policy.

	Particulars	Maximum Limit on content SI	Perils Covered	Excess

2. Fire & Allied Peril (Including EQ & Terrorism) – Contents

2.1	Home Content		Burglary, housebreaking	5% of the claim amount subjected to a min of ₹ 5000
2.2	Appliances		Burglary, housebreaking	5% of the claim amount subjected to a min of ₹ 5000
2.3	Jewelry	Max 20%	Burglary, housebreaking Coverage at the risk location only	5% of the claim amount subjected to a min of ₹ 2000
2.4	Valuables	Max 5%	Burglary, housebreaking Coverage at the risk location only	5% of the claim amount subjected to a min of ₹ 5000

Special Exclusions applicable to Burglary or House Breaking – Contents

The Company shall not be liable to make any payment under this Policy for:

a. Models or coins or curios, sculptures, manuscripts, rare books, plans, medals, moulds, designs, deeds, bonds, bills of exchange, bank, treasury or promissory notes, cheque, money, securities, stamps, collection of stamps, business books or papers, unless specifically insured.

b. Any loss or damage where any member of the Insured's family is concerned as principal or accessory.
c. Any Loss or damage to livestock, motor vehicles and pedal cycles.
d. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

Special Conditions applicable to Burglary or House Breaking – Contents

(a) Jewelry is covered subject to it being kept in locked safe within the household premises.

Special Conditions applicable to the Home Section (Fire – Structure and Content)

(a) Sum Insured – The basis of valuation shall be in on respect of:

(i) Reinstatement value in case of Building and contents (except personal effects)

(ii) Market value in case of personal effects

(b) This Policy shall be voidable in the event of misrepresentation, mis- description or non-disclosure of any material particular.

(c) All insurances under this Section 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

(d) Notwithstanding the above, the Company 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.

(e) 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 the sanction of the Company signified by endorsement upon the Policy by or on behalf of the Company :-

(i) 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.

(ii) If the building insured or containing the insured property becomes unoccupied and so remains for a period of more than 30 days. This condition is deleted for occupancies rated as dwellings.

(iii) If the interest in the property passes from the Insured otherwise than by will or operation of law.

(f) 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.

(g) This insurance may be terminated at any time at the request of the Insured, in which case, the Company will retain the premium as specified in the Refund Section. This insurance may also at any time be terminated at the option of the Company, on 15 days' notice to that effect being given to the Insured, in which case, the Company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of the cancellation.

(h) On the happening of any loss or damage the Insured shall forthwith give notice thereof to the Company and shall within 15 days after the loss or damage, or such further time as the Company may in writing allow in that behalf, deliver to the Company:

(i) 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.

(ii) Particulars of all other insurance, if any.

(i) The Insured shall also at all times at his own expense produce, procure and give to the Company all such further particulars, plans, specification, books, vouchers, invoices, duplicates or copies thereof, documents, investigation reports (internal/external), proof 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 the liability of the Company as may be reasonably required by or on behalf of the Company together with a declaration on oath or in other legal form of the truth of the claim and of any matters connected therewith.

(j) No claim under this Policy shall be payable unless the terms of this condition have been complied with.

(k) In no case whatsoever shall the Company be liable for any loss or damage after the expiry 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 the Company shall disclaim liability for any claim hereunder and such claim shall not with 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.

(l) On the happening of loss or damage to any of the property insured by this Policy, the Company may (i) enter and take and keep possession of the building or premises where the loss or damage has happened; (ii) 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;

(iii) keep possession of any such property and examine, sort, arrange, remove or otherwise deal with the same; (iv) 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 Company 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 the Company 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 the requirements of the Company or shall hinder or obstruct the Company, 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 the Company whether taken possession of by the Company or not.

(m) 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.

(n) If the Company at its option, reinstates or replaces 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, the Company shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner, and in no case shall the Company 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 the Company thereon. If the Company so elects to reinstate or replace any property the Insured shall at his own expense furnish the Company with such plans, specifications, measurements, quantities and such other particulars as the Company may require, and no acts done, or caused to be done, by the Company with a view to reinstatement or replacement shall be deemed an election by the Company to reinstate or replace.

If in any case the Company 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, the Company 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.

(o) 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.

(p) 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, this Company shall not be liable to pay or contribute more than its rateable proportion of such loss or damage.

(q) The Insured shall at the expense of the Company do and concur in doing, and permit to be done, all such acts and things as may be necessary or reasonably required by the Company for the purpose of enforcing any rights and remedies or of obtaining relief or indemnity from other parties to which the Company 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 the Company.

(r) 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 thereto 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 thereto 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 dispute or difference or dispute shall be referable to arbitration as herein before 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.

(s) Every notice and other communication to the Company required by these conditions must be written or printed.

(t) 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 the Company.

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 the Company 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 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.

(u) 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.

ii) <u>Specific Exclusions applicable to this Section</u>

(1) 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.

(2) Loss, destruction or damage, directly or indirectly, caused to the property insured by

(3) ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel radioactive toxic, explosives or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

(4) Loss, destruction or damage caused to the insured property by pollution or contamination excluding pollution or contamination which itself results from a peril hereby insured against any peril hereby insured against which itself results from pollution or contamination.

(5) Loss, destruction or damage to bullion or unset precious stones, any curios or works of art for an amount exceeding ₹10000/-, goods held in trust or on commission, 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.

(6) Loss, destruction or damage to the stocks in cold storage premises caused by change of temperature.

(7) 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.

(8) Expenses necessarily incurred on Architects, Surveyors & Consulting Engineer's fees and 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.

(9) Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.

(10) 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. (11) Loss by theft during or after the occurrence of any insured peril except as provided under Riot, Strike, Malicious and Terrorism Damage cover.

(12) Any loss or damage occasioned by or through or in consequence directly or indirectly due to earthquake, volcanic eruption or other convulsions of nature. (13)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.

(14) Loss, destruction or damage to articles of consumable nature, livestock and motor vehicles.

iii) Claim Procedure & Documentation

In the event of any circumstances likely to give rise to a claim, the insured must:

(1) Intimate the Company in writing the same as soon as reasonably possible, but within 15 days from the date the incident.

(2) Lodge complaint with the local police immediately in case of fire, riot strike, malicious damage or any other criminal act.

(3) Take all reasonable steps to recover any property which has been lost and protect /safe guard damaged property from further loss or damage.

(4) Provide at insured cost all proofs, certificates, evidence, assistance or information which we may reasonably require.

The documents normally required to be submitted in the event of a claim are: (1) Duly completed Claim form

(2) Copy of FIR

(3) Estimate of loss / repairs

(4) Invoice/ Bills/Receipts

(5) Any other details/documents called for a specific loss

(6) Cancelled cheque for NEFT details

Rights and Responsibility:

(1) On the happening of loss or damage to any of the property insured by this Policy, the Company may:

(2) enter and take and keep possession of the building or premises where the loss or damage has happened

(3) 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

(4) keep possession of any such property and examine, sort, arrange, remove or otherwise deal with the same

(5) 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 Company 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 the Company 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 the requirements of the Company or shall hinder or obstruct the Company, 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 the Company whether taken possession of by the Company or not.

Basis of Indemnity & Claim Settlement

(1) The indemnity shall be on the basis of reinstatement value or market value as applicable and as stated above.

(2) In the event of property insured being damaged by any of the insured perils, the Company shall pay for the amount of damage or loss or at its option replace or repair the damaged property.

(3) Where the Insured Premises and/or Contents can reasonably be prepared or reinstated at a cost less than the replacement cost then the Company will indemnify the Insured in respect of the expenses necessarily incurred to restore the aforementioned to its state immediately prior to the happening of the Fire or any other peril covered under this Section.

(4) In the case of a total loss, the Company shall indemnify the Insured in respect of the restoration or replacement costs. The Company shall not be bound to reinstate or restore exactly or completely, but only as permitted by the circumstances and in a reasonably sufficient manner and to the state that existed immediately prior to the happening of the Fire or any other peril covered under this Section.

(5) 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 of the insured perils 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 portion of the loss accordingly.

Provided, however, that if the sum insured hereby on the property insured shall at the breaking out of such fire or at the commencement of such destruction or damage be not less than 85% (eighty five percent) of the collective value of the property insured, above (e) of Basis of Indemnity under this Section 2.1 shall not apply, notwithstanding anything to the contrary contained in the policy.

5. General Exclusions

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

A Exclusion Name: 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 36 months 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 relevant 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 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

D. 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.

E. Exclusion Name: 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.

F. 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

G. 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.

H. 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.

I. 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.

J. 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.

K. 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 disclosed in its website/ notified to the policyholders are not admissible. However, in case of life threatening situations following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

L. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code- Excl 12**

M. Treatments received in heath hydros, 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**

N. 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.

O. Refractive Error: Code- Excl15

Expenses related to the treatment for correction of eye sight due to refractive error less than 7. 5 dioptres.

P. Unproven Treatments: Code- Exel 16 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.

Q. Birth control, Sterility and Infertility: Code- Excl17 Expenses related to Birth Control, sterility and infertility. This includes:

(i) Any type of contraception, sterilization

(ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as /VF, ZIFT, GIFT, /CS/ (iii) Gestational Surrogacy

(iv) Reversal of sterilization

R. 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.

6. Standard General Terms and Clauses

I. 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.

II. Condition Precedent to Admission of Liability:

The due observance and fulfilment of the terms and conditions of the policy, by the insured person, shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the policy.

III. Claim settlement:

The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document. i.

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

b. On occurrence of an any event that may give rise to a Claim under this Policy, You shall-

   i. Notify Us immediately on toll free number 1800 2666 or on our website www.icicilombard.com or also in writing at Our address specified in the Policy Schedule.
   ii. Along with the completed and signed Claim form, provide all the relevant documents, specified within the relevant Section of the Policy for the Benefit being claimed, must be submitted in full within 30 days.
   iii. Wherever details pertaining to happening of Claim are conveyed by you to Us after reasonable period, You shall provide the reasons of such delay to Us.

c. The admissible Claim amount will be calculated post applicability of Deductible, Co-pay, Sub-limits, if any, and as specifically defined in Policy Schedule.

d. The role of the TPA (if any) would be limited to facilitate the flow of information between Us and the Insured Person.

IV. Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her 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.

V. Multiple Policies

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 his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be treated as the primary Insurer and 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

VI. 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 his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims made under the policy which are found fraudulent later under this policy 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.

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, 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 policy 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 mis-statement of or suppression of material fact are within the knowledge of the insurer.

VII. Cancellation:

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

Annual Policy – Applicable for Critical Illness, Personal Accident, Involuntary Loss of Job

Period on risk	**% Return Premium**
Upto 1 month*	3/4th of the annual rate
Upto 3 months	½ of the annual rate
Upto 6 months	1/4th of annual rate
Exceeding 6 months	Nil

Multi-Year Policy – Applicable for Multiyear policy for all sections

Loan Period(Year)	1	2	3	4	5/5+
Policy Period (Year)	1	2	3	4	5
Year Of Cancellations	**Rate of Premium to be Return (%) to Insured**				
1*		50%	67%	75%	80%
2			33%	50%	60%
3				25%	40%
4					20%
5					NIL

Applicable to Fire and Burglary section - Annual Policies Only

Period of Risk	Premium to be retained (% of the Annual Rate).
Not exceeding 15 days*	10%
Not exceeding 1 Month*	15%
Not exceeding 2 Months	30%
Not exceeding 3 Months	40%
Not exceeding 4 Months	50%
Not exceeding 5 Months	60%
Not exceeding 6 Months	70%
Not exceeding 7 Months	75%
Not exceeding 8 Months	80%
Not exceeding 9 Months	85%
Exceeding 9 Months	Full Annual Premium

*Not applicable for policies with freelook period; Premium refund for cancellations during the freelook period will be provided as per the Free look clause

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 this policy.

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.

VIII. Migration

"In case of migration of this policy with the Company, the insured can transfer the credits gained to the extent of the Sum Insured and benefits available in the previous policy to the migrated policy. The Company may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

IX. Portability

a. The insured has the choice to port his / her policies from one Insurer to another.An Insured desirous of porting his/her policy to another insurer shall apply to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the due date for renewal.

b. The insured is entitled to transfer the credits gained to the extent of the sum insured and the benefits available in the previous policy, subject to the underwriting policy of the
Company

c. The Company shall decide and communicate on the proposal upon receipt of information from Existing insurer within prescribed timelines.

d. This benefit is not applicable for enhanced sum insured

X. Renewal of Policy

1. A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to Moratorium conditions as provided in the policy.

2. The Company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.

XI. Withdrawal of Policy

i) In the likelihood of this product being withdrawn in the future, the Company will intimate the insured person about the same 90 days prior to the expiry of the policy.

Insured will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as "cumulative bonus, waiver of waiting period, as per relevant regulatory prescriptions provided the policy has been maintained without a break.

XII. Moratorium Period

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

a. Premium Payment: Premium to be paid for the Policy Period before Policy Commencement date as opted by Insured Person in the enrolment form. If Insured Person/Policyholder has opted to pay premium in full (lump sum) upfront then the entire premium for the policy period shall be paid before the policy commencement date. In case Insured Person/Policyholder has opted for installment option then:

1. The premium shall be paid by the installment due date as mentioned in the policy schedule or in any case within the grace period of 15 days where premium payment mode is monthly and 30 days in all other cases. The Insurer shall offer coverage during the grace period, if the premium is paid in instalments during the policy period. 2. There is no grace period for first instalment.

3. If remaining instalment premium is not paid within the grace period then policy shall cease to exist at midnight of
such due date and cannot be revived

4. If Insured Person makes a claim under the policy (applicable for both annual and multi-year policy), Insured Person will be liable to pay the premium for the entire policy period in full before the claim is paid or Insured Person authorizes us to deduct from claim amount due any outstanding premiums due.

5. If any claim occurs prior to policy ceases to exist and is reported after policy ceases to exist on grounds of nonpayment of the instalment premium, as provided in iii) above, then such claim shall be admitted subject to policy terms & conditions and payment of the balance

unpaid premium. However, policy shall not be revived and stand terminated as in iii) above.

6. In case of Death of Insured person, the Nominee/Legal Heir shall have the option to pay the balance premium in full or authorize us to deduct the balance outstanding premium from claim.

7. **Effective Date**

For Master Policy

The Policy will start on the date specified on the Policy Schedule provided it is countersigned by the Company and the total premium has been paid and realized by the Company. However the coverage for the insured under this Policy begins on the latest of:

(1) the Policy Effective date and hour as stated above; or
(2) the date on which the premium is paid when due.

For Certificate of Insurance

The Certificate of Insurance takes effect on the Policy Period Start Date stated in the Certificate of Insurance. After taking effect each Certificate of Insurance may continue in effect after the renewal date subject to "Renewal" Section set forth herein. All subsequent Insured Periods shall begin and end at midnight.

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

The Company may revise or modify the terms of the policy including the premium rates.

XIV. Free look period

Every insured of new health insurance policies, except for those policies with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such policy. If the insured cancels the policy within free look period then the insured shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.

XV. Redressal of Grievance

The Company is committed to extend the best possible services to its customers. In case of any grievance the insured person may contact the Company through Website: www.icicilombard.com
Toll free: 1800 2666
Email: customersupport@icicilombard.com

ICICI Lombard General Insurance Co. Ltd. Ground floor-Interface 11, Sixth floor- Interface 16, Office no 601 & 602, New linking Road, Malad (West), Mumbai – 400064 There is an Interactive Voice Response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution. Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. For branch details, please visit https://www.icicilombard.com/docs/default-source/policywordings-product-brochure/final-gro-mapping.pdf.
If Insured person is not satisfied with the redressal of grievance, insured person may contact the grievance officer at the details provided in the below link: https://www.icicilombard.com/grievanceredressal.com If Insured person is not satisfied with the redressal of grievance, the insured person may also approach Insurance Regulatory and Development Authority of India (IRDAI) through the Bima Bharosa Portal - https://bimabharosa.irdai.gov.in/ or IRDAI Grievance Call Centre(IGCC) at their toll free no. 1800 4254 732 / 155255 Insured may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDAI website: www.irdai.gov.in or on the Company's website at www.icicilombard.com or on https://www.cioins.co.in/Ombudsman

XVI. 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. For Claim settlement under reimbursement, the Company will pay the policyholder. 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.

XVII. Observance of terms and conditions:

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

XVIII. Material Change:

The Insured / Insured Person shall immediately notify the Company in writing of any material change in the risk on account of change in nature of occupation or business, at Insured / Insured person own expense. The Company may, adjust the scope of cover and / or the premium, if necessary, accordingly.

XIX. No Constructive Notice:

The Company shall not take notice of any information relating to the Insured person unless such information is submitted in writing by the Insured, even if such information was available with the Company.

XX. Notice of Charge:

The Company is not under obligation to take note of any trust, assignment, lien or similar charge on or relating to the Policy. However, any payment by the Company to Insured or legal representative or Bank or Financial Institution shall be binding on all concerned and shall be considered as complete discharge by the Company.

XXI. Special Provisions:

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

XXII. Electronic Transaction:

The Insured / Insured Person 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 confirm that all transactions effected by or through facilities for conducting remote transactions including 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 established by or on behalf of the Company for and in respect of the Policy or its terms 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. However, the terms of this condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDAI regulations for protection of Policy holder's interests.

XXIII. Duty of the Insured on occurrence of loss/event leading to claim:

On the occurrence of loss/event/claim within the scope of cover under the Policy resulting in a claim, the Insured / Insured Person shall:

1. Forthwith file/submit a claim form in accordance with "Claim Procedure" clause.
2. Allow the Medical Practitioner or any agent of the Company to inspect the medical and hospitalization records and to examine the Insured / Insured Person
3. Assist and not hinder or prevent the Company or any of its agents in pursuance of their duties

In case the Insured / Insured Person does not comply with the provisions of this clause or other obligations cast upon the Insured/ Insured Person under this Policy or in any of the Policy documents, all benefit under the Policy shall be forfeited, at the option of the Company.

XXIV. Right to Inspect:

If required by the Company, an agent/representative of the Company including a physician appointed in that behalf in case of any loss/event/claim or any circumstances that have given rise to a claim to the Insured / Insured Person, be permitted at all reasonable times to examine into the circumstances of such loss/event leading to claim. The Insured / Insured Person shall on being required so to do by the Company produce all relevant documents relating to or containing reference relating to the loss/event or such circumstance in his/her possession including presenting himself/herself for examination 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 shall assist the Company to ascertain the correctness thereof or the liability of the Company under this Policy. The Company shall bear all the cost that shall be incurred for such examination.

XXV. Position after a claim:

As from the day of receipt of the claim amount by the Insured / Insured Person, unless specified otherwise, the Sum Insured for the remainder of the Policy year of insurance shall stand reduced by a corresponding amount. Forfeiture of claims: If any claim is made and rejected and no court action or suit is commenced within 12 months after such rejection or, in case of arbitration taking place as provided therein, within 12 calendar months after the arbitrator or arbitrators have made their award, all benefits under this Policy shall be forfeited and will not have any rights whatsoever

XXVI. Cancellation/Termination by the Company: Master Policy

The Company may cancel this Policy/Certificate of Insurance, by giving 15 days' notice in writing by registered post acknowledgment due to the Insured at his / their last known address. The Company shall exercise its right to cancel only on

grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy, in which case the policy shall be void and all premium paid thereon shall be forfeited to the Company as per the disclosure to information norm: The Insured may also give 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 notice, cancel the Policy and retain the premium for the period this Policy has been in force as opted for by the Policyholder and mentioned in the Renewal & Refund section of this Policy. Provided that, refund on cancellation of Policy by the Insured shall be made only if no claim has/is occurred/reported up to the date of cancellation of this Policy.

Certificate of Insurance

Each Certificate of Insurance will terminate on the earliest of the following dates:

1. The date the master Policy is terminated,
2. The date insured person or Company cancel the Certificate of Insurance.

The Company may cancel this Policy/Certificate of Insurance, by giving 15 days' notice in writing by registered post acknowledgment due to the Insured at his / their last known address. The Company shall exercise its right to cancel only on grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy, in which case the. policy shall be void and all premium paid thereon shall be forfeited to the Company as per the disclosure to information norm. The Insured may also give 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 notice, cancel the Policy and retain the premium for the period this Policy has been in force, as opted for by the Policyholder and mentioned in the Renewal & Refund section of this Policy. Provided that, refund on cancellation of Policy by the Insured shall be made only if no claim has/is occurred/reported up to the date of cancellation of this Policy / Policy riders.

Cancellation in case Fire and Burglary section - Annual Policies Only

The Company may cancel this Policy/Certificate of Insurance, by giving 15 days' notice in writing by registered post acknowledgment due to the Insured Person / Policyholder at his / their last known address. The Company shall exercise its right to cancel only on grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy, in which case the Company shall be liable to repay on demand a ratable proportion of the premium, as opted for by the Policyholder and mentioned in the Renewal & Refund section of this Policy, for the unexpired term from the date of the cancellation. The Insured may also give 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 notice, cancel the Policy and retain the premium for the period this Policy has been in force as opted for by the Policyholder and mentioned in the Renewal & Refund section of this Policy. Provided that, refund on cancellation of Policy by the Insured shall be made only if no claim has/is occurred/reported up to the date of cancellation of this Policy / Policy riders.

Policy with term higher than one year may be cancelled at the request of the insured by giving us 15 days' notice. In consideration thereof, refund of premium will be allowed after retaining premium for the period policy was in force as per our normal rates i.e. without allowing any Period on risk % Return Premium Year of Cancellation Policy Period (Years) discount. For the purpose of computing refund, fraction of a year shall be rounded to next higher year. In the event a claim has occurred in which case there shall be no return of premium.

XXVII. Cause of action/Currency of payment: No claim shall be payable under this Policy unless the cause of action arises in India unless indicated otherwise in the Territory in the Policy Schedule. This clause is not applicable to Critical Illness and Personal Accident section.

All claims shall be payable in India in Indian Rupees only.

XXVIII. Territory:

This Policy applies to incidents anywhere in the world (except for Home – Fire, Content and Burglary Section where the cause of action arises in India) unless limited by

the company through endorsement or specifically restricted in the policy.

XXIX. Policy Disputes:

The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and 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. All matters arising hereunder shall be determined in accordance with the law and practice of such court with in Indian Territory.

XXX. Arbitration:

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 3 arbitrators, comprising of 2 arbitrators - 1 to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such 2 arbitrators.

Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996.

It is hereby agreed and understood that no dispute or difference shall be referred to arbitration, as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is 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 shall be first obtained.

XXXI. Notices:

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

1. In case of the Insured, at the address given in the Schedule to the Policy.
2. In case of the Company, to the Policy issuing office/nearest office of the Company.

XXXII. Renewal Notice:

1. A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to Moratorium conditions as provided in the policy.
2. The Company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.

1. **Upon the lapse of Master Policy** or the Insured Person ceasing to be a part of the Master policy, on request of the Insured Person the Company will provide an option to migrate to other plan under similar health insurance Policy, provided the existing Policy is maintained continuously without a break

2. **Refund:** As opted for by the Policyholder and indicated in the Master Policy refund will be done in the following proportion:

Annual Policy – Applicable for Critical Illness, Personal Accident, Involuntary Loss of Job

Period on risk	**% Return Premium**
Upto 1 month*	3/4th of the annual rate
Upto 3 months	½ of the annual rate
Upto 6 months	1/4th of annual rate
Exceeding 6 months	Nil

Multi-Year Policy – Applicable for Multiyear policy for all sections

Loan Period(Year)	1	2	3	4	5/5+
Policy Period (Year)	1	2	3	4	5
Year Of Cancellations	**Rate of Premium to be Return (%) to Insured**				
1*		50%	67%	75%	80%
2			33%	50%	60%
3				25%	40%
4					20%
5					NIL

Applicable to Fire and Burglary section - Annual Policies Only

Period of Risk	Premium to be retained (% of the Annual Rate).
Not exceeding 15 days*	10%
Not exceeding 1 Month	15%
Not exceeding 2 Months	30%
Not exceeding 3 Months	40%
Not exceeding 4 Months	50%

Not exceeding 5 Months	60%
Not exceeding 6 Months	70%
Not exceeding 7 Months	75%
Not exceeding 8 Months	80%
Not exceeding 9 Months	85%
Exceeding 9 Months	Full Annual Premium

*Not applicable for policies with freelook period; Premium refund for cancellations during the freelook period will be provided as per the Free look clause

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. In event of prepayment of the entire Loan and upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of the Insured Person, the cover in respect of the Insured Person 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 Person where any claim has been admitted by the Company or has been lodged with the Company.

XXXIII. Condition precedent:

The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule) insofar as they relate to anything to be done or complied with by Policyholder or any Insured Person shall be conditions precedent to the Company's liability. The premium for the policy will remain the same for the policy period as mentioned in the policy schedule.

7. Claim Procedure;

Claim Notification - Multi Model Intimation: It is the endeavor of Company to give multiple options to the Insured Person/Insured Person's representative to intimate the claim to the Company. The intimation can be given in following ways:

- Toll Free call Centre of the Insurance Company(24x7) - 1800-2666
- Login to the website of the Insurance Company and intimate the claim – http:// www.icicilombard.com/contact-us
- Send an email to the Company- customersupport@icicilombard.com
- Post/courier to TPA/Company - Claims, ICICI Lombard Healthcare, ICICI Bank Tower, Plot No. 12, Financial District, Nanakram Guda, Gachibowli, Hyderabad500032.
- Directly contact our Company office but in writing. - ICICI Lombard General Insurance Company Ltd., ICICI Lombard House, 414, Veer Savarkar Marg, Prabhadevi, Mumbai – 400025

In all the above, the intimations are directed to a central team for prompt and immediate action.

Notice of Claim/Loss:

On the happening of any loss or damage to the property, the Insured shall forthwith give notice thereof to the Company and shall within 15 days after the loss or damage, or such further time as the Company may in writing allow in that behalf but not later than 30 Days after an actual or potential loss.

Claim Form

Upon the notification of the claim, the Company will dispatch the claim form to the Insured/Covered person. Claim forms will also be available with the Company offices and on its website.

Claim Procedure

i) The Company shall be under no obligation to make any payment under this Policy unless all the premium payments are received in full and all payments have been realized. ii) 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 his assigns or the Bank/Financial Institution or his nominee/ legal heirs as the case may be. iii) The Company is not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured/ Insured Person could reasonably have minimized the costs incurred, or that is brought about or contributed to by the Insured/ Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.

The claim will be processed within 15 days of receipt of claim along with claim form. "Claims Procedure - You shall be required to furnish the following documents for or in support of a Claim:

1. Duly completed Claim form signed by You and the Medical Practitioner. The claim form can be downloaded from our website www.icicilombard.com
2. Original bills, receipts and discharge certificate/ card from the Hospital/ Medical Practitioner
3. Original bills from chemists supported by proper prescription.
4. Original investigation test reports and payment receipts. 5. Indoor case papers

6. Medical Practitioner's referral letter advising Hospitalization in non-Accident cases.
7. Any other document as required by Us or to investigate the Claim or Our obligation to make payment for it

8. **Assignments Clause:** :- (applicable if assignment section in the enrolment form is filled and signed by insured member)

It is hereby declared and agreed that:-

1. From the policy start date, the sum of money not exceeding the Sum Insured as mentioned in the policy schedule payable by the company to the Insured and all rights, title, benefits and interest of the Insured under this policy stand assigned in the favor of the Bank / Financial institution as informed by you to the company.

2. Upon any sum of money becoming payable under this policy the same shall be paid by the company to the "bank/ financial institution' directly without any notice to the Insured/ Insured members but not exceeding the principal outstanding. In the event of any sum of money payable under this policy exceeding the principal outstanding, the company shall pay such some to Insured Member / Nominee/ Legal Heir

3. The receipt of sum of money in the manner aforesaid by the Bank / Financial institution and the Insured shall completely discharge the company from all liability under the policy and shall be binding on the Insured and his legal heirs.

Annexure: A List of Ombudsmen

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 **Insurance Ombudsman** offices are as below. These details can also be found at http://www.cioins.co.in/ombudsman.html

List of Ombudsmen

SN	Center	Address & Contact
1	AHMEDABAD	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in

		Jurisdiction : Gujarat, Dadra & Nagar Haveli, Daman and Diu.
2	BENGALURU	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in Jurisdiction :Karnataka.
3	BHOPAL	Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in Jurisdiction : Madhya Pradesh, Chhattisgarh.
4	BHUBANESHWAR	Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in Jurisdiction : Odisha.
		Jurisdiction : Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.
6	CHENNAI	Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in Jurisdiction: Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry).
7	DELHI	Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in Jurisdiction : Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.

5	CHANDIGARH	Mr Atul Jerath Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 2027, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in

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

9	HYDERABAD	Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in Jurisdiction : Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
10	JAIPUR	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363/2740798 Email: bimalokpal.jaipur@cioins.co.in Jurisdiction: Rajasthan.
11	KOCHI	Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash,LIC Building, Opp to Maharaja's College Ground,M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in Jurisdiction: Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
		Jurisdiction: West Bengal, Sikkim, Andaman & Nicobar Islands.
13	LUCKNOW	Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in Jurisdiction : Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.

12	KOLKATA	Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in

14	MUMBAI	Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in Jurisdiction: Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).

15	NOIDA	Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in Jurisdiction : State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
16	PATNA	Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in Jurisdiction: Bihar, Jharkhand.

17	PUNE	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in Jurisdiction: Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

18	THANE	Shri Umesh Sinha, Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor,Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West), Thane - 400604 Email: bimalokpal.thane@cioins.co.in Jurisdiction :Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T.