

## Group Personal Accident Insurance Policy Wording

### A. PREAMBLE

This policy is a contract of insurance between You and Universal Sampo General Insurance Company (hereinafter called the 'Company') and contains all the details of the cover that we provide.

Your policy comprises:

- The preamble [the current part] which introduces the policy document, describes the structure of the document and sets the general rules;
- The policy wording which lists and details the available coverage, benefits, claims and grievance redressal procedure, exclusions and other terms and conditions of cover;
- The proposal, which is the information You provide to us and which forms the basis for this insurance cover;
- The policy schedule - a separate document customized for you showing the cover details opted for by You and offered by Us to You. It is to be noted that the schedule may amend the policy and only those Parts shown as covered in your schedule are insured;
- Any other written alteration otherwise issued by us in writing (such as an endorsement) that varies or modifies the above documents.

### B.

#### 1. Group and Membership

Eligibility for a 'Group' and for 'Membership' thereof [Policy-holder and Beneficiary in Employer-Employee cases and Policy-holder and Insured-Beneficiary in Non-Employer Employee cases] shall be basis the IRDAI Circular Ref: IRDAI/Reg/8/202/2024 as amended from time to time. "Group" consists of persons who join together with a commonality of purpose or engaging in a common economic activity and includes employer- employee group and non-employer- employee group:

a. Employer- employee group is a group where an employer-employee relationship exists between the master policyholder and the member in accordance with the applicable laws.

b. Non-Employer- employee group is a group other than employer- employee where a clearly evident relationship between the member and the group policyholder exists for services/activities other than insurance.

#### 2. Policy Period

The policy period shall normally be a period of 12 months starting from the date of commencement of policy. The policy-holder shall have the option of choosing a shorter period than annual in which case premium shall be charged proportionately . The term of the policy would be minimum 1 year to maximum 5 years for Loan Linked products and this will be

applicable for Accidental Death, Permanent Total Disablement, Permanent Partial Disablement, Temporary Total Disablement and Medical Expenses cover.

### 3. Payment of Premium

- i. Premium for the policy has to be paid in full in advance. We will assume risk and the cover will incept not earlier than the date of payment of full premium.
- ii. The policy-holder will have the option of premium payment in monthly, quarterly and half-yearly instalments in which case the chargeable premium will be loaded as per our instalment premium payment rules basis the frequency chosen by the policy-holder.
- iii. Instalment premium facility will be available only in case of 12-month annual policies.

### 4. Operative Clause

If during the period of insurance an insured person sustains any bodily injury or affliction because of **Accident**, which solely and directly causes any of the contingencies opted for as cover from amongst the sub-sections listed under Section D and insured under this policy, We would pay the benefit as specified in the attached Schedule in accordance with terms, conditions and exclusions of the Policy.

## C. DEFINITIONS

Definitions of key terms are given below. When used in this Policy, the Policy Schedule and Endorsements, they will always carry such specific meanings as in the following definitions.

Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders.

1. **Accident** means sudden, unforeseen and involuntary event caused by external, visible and violent means that leads to bodily injurie(s)
2. **Admission** means admission of the insured in a Hospital as an inpatient for the purpose of medical treatment of an Injury and/or Illness.
3. **Accidental Death** means Death resulting from Bodily Injury solely and independently of any other cause except Illness directly resulting from, or medical or surgical treatment rendered necessary for such Injury, occasions the Death of the Insured Person within 12 months from the date of Accident
4. **Adventure Sports** means **any** sport or activity, which is potentially dangerous to the Insured Person whether he/ she is trained or not in such sport or activity. Such sport/ activity includes but is not limited to Insured Persons engaging in abseiling, aerial safari, ballooning, black water rafting, bouldering, bushwalking, canoeing, go karting, hiking/trekking, ice skating, jet boating, jet skiing, kayaking, mountain biking (cross country), mountain biking on tracks and trails, parasailing, parascending (over water only), rafting, river boarding, rock climbing, rowing / sculling, sea canoeing, sea kayaking, snorkelling, speed boating, surf boat rowing, surfing, tubing, wake skating, wakeboarding, windsurfing yachting, bungee jumping, speed-biking, sand-boarding, sand-skiing, scuba diving, skidoos, skiing / snowboarding, snow moiling, snow rafting, zip lining, zorbing, triathlon, gliding, hang gliding, parachuting, paragliding, skydiving, free solo climbing, base

jumping, wing suit flying, big wave surfing, cave diving, white water rafting, high lining, ice climbing, BMX racing, free fall, base jumping, free soloing, motor racing, glacier walking, motor racing including speed and trial runs.

5. **Age** means the **completed** years of the Insured Person on his/ her last birthday as per the English calendar
6. **Ambulance** means a road vehicle operated by a licensed/ authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
7. **AYUSH** means Ayurveda, Yoga, Unani, Siddha and Homeopathy systems of healthcare.
8. **AYUSH Treatment** refers to the medical and/ or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
9. **Bodily Injury** means accidental physical bodily Injury solely and directly caused by accident
10. **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.
11. **Capital Sum Insured** means the amount of Sum Insured as specified in the Policy Schedule and would form our limit of liability.
12. **Contingency** means an **event** caused solely by accident
13. **Common Carrier** means any **civilian** land or water conveyance or Scheduled Airline in each case operated under a valid license for the transportation of passengers for hire.
14. **Contribution** means the **right** of an insurer to call upon other insurers liable to the same Insured to share the cost of an indemnity claim on a rateable proportion of Sum assured. This clause shall not apply to any Benefit offered on fixed benefit basis.
15. **Cashless Facility** means a facility extended by Us to You where the payments, of the costs of treatment undergone by You in accordance with the Policy terms and conditions, are directly made to the network provider by Us to the extent of pre-authorization approval.
16. **Condition Precedent** means a Policy term or condition upon which the Insurer's liability under the Policy is conditional.
17. **Dependent** means the insured's spouse or Parent or Parent-in-law or child (natural or legally adopted) or sibling who has been enrolled in the Group Policy with the onus of dependence lying on the Insured Person
18. **Dependent Child** refers to a child (natural or legally adopted), who is financially dependent on the Policy Holder, does not have his /her independent source of income, is up to the age of 25 years and unmarried. For the purpose of coverage under this Policy, the age limit for a dependent child shall be 25 years, however with respect to coverage under specific sections separate age limits shall be defined under the each benefit.
19. **Domiciliary Hospitalization** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances

- i. The condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
  - ii. The patient takes treatment at home on account of non-availability of room in a hospital.
20. **Emergency** means a serious medical condition or symptom resulting from Injury or affliction which arises suddenly and unexpectedly due to accident requiring immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long-term impairment of the Insured Person's health.
21. **Elements** means wind, fire and water including snow-bite and frostbite
22. **Employee** means any member of Policyholder's staff under full time employment and who is nominated and sponsored by the Policyholder who becomes an Insured Person.
23. **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 instalments during the policy period.
24. **Hospitalization** means admission in a hospital for a minimum period of twenty four (24) consecutive In-patient care hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty four (24) consecutive hours. It would also include Domiciliary Hospitalization.
25. **Hospital** means any institution [including AYUSH hospitals] established for In-patient care and Day Care treatment of Illness and/ or Injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010, or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- i. Has qualified nursing staff under its employment round the clock,
  - ii. Has at least 5 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient 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 will make these accessible to Insurance company's authorized personnel.
26. **In-patient** means an Insured Person who is admitted to a Hospital and stays for at least 24 hours for the sole purpose of receiving treatment.
27. **Insured Person** means person(s) named in the schedule of the Policy.

28. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
29. **Inpatient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
30. **Insured** means the individual whose name is specifically appearing in the Schedule herein after referred as You/Your/Yours/Yourself.
31. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
32. **Loss of Independent Living** means:
- i. **Washing:** the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
  - ii. **Dressing:** the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
  - iii. **Transferring:** The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
  - iv. **Toileting:** the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
  - v. **Feeding:** the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
  - vi. **Mobility:** The ability to move indoors from room to room on level surfaces at the normal place of residence
33. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the license.
34. **Network Provider** means hospitals or health care providers enlisted by an Insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.
35. **Notification of Claim** means 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.
36. **Nominee** means the person named in the Policy Schedule who is nominated to receive the benefits in respect of an Insured Person under the Policy in accordance with the terms and conditions of the Policy if the Insured Person has suffered death or has provably disappeared

37. **Period of Insurance** means the period as specifically appearing in the Policy Schedule and commencing from the Policy Period Start Date of the first Policy taken by the insured from the company and then, running concurrent to the current Policy subject to the Insured's continuous renewal of such Policy with the company.
38. **Physical Severance** means complete separation of parts of body. In case of limbs, with respect to the hand, it would mean separation at or above the wrists, and with respect to the foot, separation at or above the ankle.
39. **Policy Period** means the period commencing from the Policy Period Start Date, Time and ending at the Policy Period End Date, Time of the Policy and as specifically appearing in the Policy Schedule.
40. **Proposal** means the application form you sign for this insurance and/or any other information you give to us or which is given to us on your behalf.
41. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
42. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services.
43. **Sum Insured** means the amount as opted by You and stated in the Policy Schedule against the Section/Cover for each insured person
44. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
45. **Time Excess** means the period beginning with the occurrence of the insured event and ending not later than the period specified in the schedule. You are not insured for any loss arising out of the cover during this period.
46. **Travel-in-Common-Carriers Cover** means benefit amount payable to the Insured Person or his/her nominee/legal heir for Death/Disappearance or Permanent Total Disablement caused by accident occurring while the Insured Person is travelling as an authorized passenger on a common carrier [such as but not limited to State Transport Undertakings, Indian Railways and Airlines].
47. **War** means armed hostilities, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.
48. **We/Our/Ours/Us** means Universal Sampo General Insurance Company Limited.

#### **D. BENEFITS**

- i. This section lists the contingencies coverable under this policy.

- ii. Choosing **at least one** out of Base covers- Death, Permanent Total Disablement and Permanent Partial Disablement covers is compulsory.
- iii. The rest others (some of which may be linked to base covers) are optional.
- iv. The option to allow the covers and vary the available benefits lies with the Insurer.
  - ‘What we cover’ is given under the heading ‘Contingency Description’.
  - The benefits of the cover available are captured in the ‘Limit/ Extension of Benefit’ column. The column indicates the amount recoverable [the limit of liability under a particular cover during the policy period].
  - The special conditions, if any, pertaining to each cover, are also mentioned.

## I. Base Covers

### 1. Death/Disappearance

Contingency Description	Limit/ Extent of Benefit
Death/ Disappearance	Capital Sum Insured [CSI]

**Death** means cessation of blood circulation and breathing – the two criteria necessary to sustain life in a human being

**Disappearance** means the un-traceability of the insured person for a continuous period of 365 days following disappearance, sinking or wreckage of the conveyance he was probably travelling in, leading to a case of declared-death-in-absentia or legal presumption of death.

#### Special Conditions for Death/Disappearance

- I. If payment has been made under Permanent Total Disablement, then no benefit/claim shall be due under this cover.
- II. If payment has been already made under Permanent Partial Disablement [PPD], then benefit recoverable under this cover will be reduced by the amount paid under PPD.
- III. Once a claim has been accepted and paid under this Benefit, this Policy will immediately and automatically cease in respect of that Insured Person. Benefits under covers linked to the Death cover, if opted and payable, will be paid along with the above.
- IV. The payout for this benefit shall be on fixed or reducing basis as specified in the policy schedule.
- V. The Disappearance Benefit will be payable provided that:
  - i. The legal heirs/ representatives of the Insured Person’s estate provide Us with a signed agreement stating that if it transpires later that the Insured Person did not die or did not die due to an Accident during the Policy Period, the amount paid will be reimbursed to Us immediately and without any deductions.

- ii. The Insured Person’s legal representative must intimate such disappearance to Us immediately upon the happening of the event and shall carry the onus of proof of the claimed disappearance.

## 2. Permanent Total Disablement

Contingency Description	Limit/ Extent of Benefit
<b>Permanent Total Disablement [PTD]</b>	As opted for by the Insured at inception of policy Percentage of CSI [starting from 100 %] as stated in the Schedule

**Permanent Total Disablement** means any of the following happening within 365 days of the accident:

- a) Total Paralysis
- b) Total and irrecoverable loss of sight of both eyes
- c) Total and irrecoverable physical separation of or the loss of ability to use two Limbs (both hands or both feet or one hand and one foot)
- d) Total and irrecoverable loss of sight of one eye and physical separation of or the loss of ability to use a limb (either one hand or one foot)
- e) Total and irrecoverable loss of speech
- f) Loss/ Removal of lower jaw
- g) Third degree burn injury to 10% or more of the head surface area/ 25% or more of the surface area of body other than the head
- h) Compound fracture of the skull with damage to brain tissues
- i) Permanent and incurable insanity
- j) Total ‘brain dead’ cases - the permanent total loss of the central nervous system
- k) Permanent total loss of thoracic or abdominal organs rendering the insured completely incapable to carry out daily living activities without full-time assistance
- l) Total and permanent loss of vocation/employment caused by any one or more of the above or by any combination of permanent partial disabilities

For the purpose of this definition,

- a. **Total Paralysis** means complete and irreversible loss of motor function leading to the total loss of function of the entire body from neck down due to an accidental injury to the spinal cord.
- b. **Limb** means a hand at or above the wrist or foot above the ankle.
- c. **Loss of Limb** means the physical separation of or the loss of ability to use a limb above the wrist and/or ankle respectively.

### Special Conditions for Permanent Total Disablement

- I. The Permanent Total Disablement is liable to be proved and a disability certificate issued by a civil surgeon or equivalent appointed by the District, State or Government Board is made available to us.
- II. If the Insured Person suffers death before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however benefit under accidental Death shall become payable, if opted.
- III. Once a claim has been accepted and paid under this Benefit, this Policy will immediately and automatically cease in respect of that Insured Person. Benefits under covers linked to the PTD cover, if opted and payable, will be paid along with the above.
- IV. If the Insured Member suffers Accidental Injuries resulting in more than one of the Permanent Total Disablement, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum assured mentioned in the policy schedule against this coverage.
- V. The payout for this benefit shall be on fixed or reducing basis as specified in the policy schedule.

### 3. Permanent Partial Disablement

Cover Description	Limit/ Extent of Benefit
Permanent Partial Disablement [PPD]	As in the following Table

Nature of Injury	% of Capital Sum Insured
a. Permanent and total loss of hearing	75%
b. Loss of sight of one eye	50%
c. Loss of one limb	50%
d. Loss of toes-all	20%
e. Great-both phalanges	5%
f. Great-one phalanx	2%
g. Other than great, for each of the others	1%
h. Non-union of fractured leg or kneecap	10%
i. Shortening of the leg by at least 2 inches	7.5%
j. Stiffening of elbow, hip or knee joints due to rigidity/ fusion of bones	20%

<b>k. Loss of hearing – one ear</b>	15%
<b>l. Loss of four fingers and thumb of one hand</b>	40%
<b>m. Loss of four fingers</b>	35%
<b>n. Loss of thumb-both phalanges</b>	25%
<b>o. Loss of thumb-one phalanx</b>	10%
<b>p. Loss of index finger</b>	
i. Three phalanges	10%
ii. Two phalanges	8%
iii. One phalanx	4%
<b>q. Loss of middle finger</b>	
i. Three phalanges	6%
ii. Two phalanges	4%
iii. One phalanx	2%
<b>r. Loss of ring finger</b>	
i. Three phalanges	5%
ii. Two phalanges	4%
iii. One phalanx	2%
<b>s. Loss of little finger</b>	
i. Three phalanges	4%
ii. Two phalanges	3%
iii. One phalanx	2%
<b>t. Any other permanent partial disablement [including disablement caused by the elements]</b>	As assessed by Medical Practitioner appointed by us and not exceeding 75%

**Permanent Partial Disability** means the bodily Injury that results in total, irrevocable, absolute and continuous loss or impairment of a body part or sensory organ as elaborately specified above.

### Special Conditions for Permanent Partial Disability

- I. The PPD is liable to be proved and a disability certificate issued by a civil surgeon or equivalent appointed by the District, State or Government Board is made available to us.
- II. If the Insured Person suffers death before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however benefit under accidental Death shall become payable, if opted.
- III. If the Insured Member suffers accidental Injuries resulting in more than one of the Permanent Disablements, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Capital Sum Insured mentioned in the policy schedule.
- IV. The payout for this benefit shall be on fixed or reducing basis as specified in the policy schedule.

## II. Optional Covers

### 1. Temporary Total Disablement

Contingency Description	Limit/Extent of Benefit
<b>Temporary Total Disablement [TTD]</b>	Per week benefit not exceeding the Capital Sum Insured as mentioned in the Schedule

**Temporary Total Disablement** means the bodily Injury or affliction that prevents you from engaging in your occupation as certified by Medical Practitioner and attested by employer, if any.

### Special Conditions for Temporary Total Disablement

- I. The Temporary Total Disablement is liable to be certified by a Medical Practitioner and Employer, if any. Submission of supporting documents/ reports is a pre-requisite for consideration of any claim under this cover.
- II. We will stop making payments when We are satisfied that You can engage in Your occupation again or when We have made payments for number of weeks mentioned in the Policy Schedule for any one injury calculated from the date of commencement the temporary total disablement as certified by the treating Medical Practitioner, whichever is earlier.
- III. We shall not be liable to make any payment under this Benefit in respect of the Insured Person for more than the Total Number of weeks mentioned in the Policy Schedule for any and all claims arising within the Policy Period.
- IV. The benefit shall not be paid for the Time Excess mentioned in the Policy Schedule i.e. for the number of days mentioned in the Policy Schedule calculated from the date of commencement of TTD.

- V. In case of any dispute with respect to the duration of Temporary Total Disablement, the duration shall be finally determined by a Doctor/Medical Practitioner mutually appointed by You and Us.
- VI. The payout for this benefit shall be on fixed or reducing basis as specified in the policy schedule.

## 2. Miscarriage

Contingency Description	Limit/Extent of Benefit
<b>Miscarriage</b>	Lump Sum Amount At the option of the Insured and as stated in the Schedule Over and above the CSI

**Miscarriage** means spontaneous or unplanned expulsion of a foetus from the womb of the Insured Person within the period of gestation caused by accident.

### Special Conditions for Miscarriage

- I. The miscarriage has to happen to the Pregnant Insured Person within 15 days of the claimed accident.
- II. Miscarriage having been caused by accident is liable to be proved in terms certification by a Medical Practitioner.

## 3. Lifestyle Modification

Contingency Description	Limit/ Extent of Benefit
<b>Lifestyle Modification</b>	Percentage of CSI as stated in the Schedule Over and above the CSI

**Lifestyle Modification** means reasonable and customary charges/expenses incurred towards support device acquisition [such as but not limited to artificial limbs, crutches, stretcher, tricycle, wheelchairs], or for any improvements / alterations / modifications to be carried out in the Insured Person's residence and/or vehicle due to Permanent Total or Permanent Partial Disablement caused by accident.

### Special Conditions for Lifestyle Modification

- I. The modification requirement is liable to be certified in writing by a Medical Practitioner as necessary and as following the accident.
- II. The cover is an indemnity benefit and payment of claim shall be considered basis proof of monetary payment for the new acquisition made or the alteration/improvement work undertaken.

#### 4. Assisted Mobility

Contingency Description	Limit/Extent of Benefit
<b>Assisted Mobility</b>	Daily Allowance as stated in the Schedule up to a maximum of 30 days Over and above the CSI

**Assisted Mobility** means dependence of the Insured Person on hired cab, chauffeur salary and the like to ensure his mobility [for carrying out his normal occupational duties and for medical consultation visits] prevented by his disability caused by accident.

#### Special Conditions for Assisted Mobility

- The disabilities having been caused by accident and the requirement of assisted mobility have to be certified in writing by a Medical Practitioner.

#### 5. Funeral Expenses

Contingency Description	Limit/Extent of Benefit
<b>Funeral Expenses</b>	Benefit amount up to 10% of the Capital Sum Insured (CSI) Over and above the CSI

**Funeral Expenses** means the cost of organizing and carrying out a funeral and would include expenses for burial, cremation or other culturally chosen method of interment of a corpse.

#### Special Conditions for Funeral Expenses

- The cover is available only as an appendage to the Death cover.

#### 6. Medical Expenses Cover

Contingency Description	Limit/ Extent of Benefit
<b>Medical Expenses Cover</b>	Percentage of Capital Sum Insured at the option of the Insured and as stated in the Schedule Over and above the CSI

**Medical Expenses Cover** means reasonable and customary charges/ expenses incurred towards hospitalization caused by accident. They would include:

- Registration and Service Charges of Hospital/Nursing Home.

- b) Room Rent.
- c) Intensive Care/Therapeutic Unit expenses.
- d) Medical Practitioner/ Anaesthetist, Consultant fees.
- e) Surgeons' fees and similar expenses.
- f) Expenses on Anaesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray.
- g) Post-hospitalization expenses of 15/30/60/90/120 days.

### Special Conditions for Medical Expenses Cover

- I. The cover is an indemnity benefit and payment of claim shall be considered basis proof of monetary payment for the claimed expenses.
- II. This cover can be extended on the Family Floater basis and dependent child can be covered from 3 months to 25 years under this benefit.
- III. Medical Expenses having been caused by accident is liable to be proved in terms certification by a Medical Practitioner.
- IV. In case of Death of the Insured Person, claim can be made by his/ her nominee/ legal heirs.
- V. The payout for this benefit shall be on fixed or reducing basis as specified in the policy schedule.

## 7. Hospital Cash

Contingency Description	Limit/Extent of Benefit
<b>Hospital Cash</b>	Per day daily benefit At the option of the Insured and as mentioned in the Schedule Up to a limit of 90 days per policy period Over and above CSI

**Hospital Cash** means the daily miscellaneous expenses burden of the Insured because of hospitalization as an in-patient following accident.

### Special Conditions for Hospital Cash

- I. Our liability to make any payment under this benefit shall commence only after a continuous and completed 24 hours of Hospitalization of the Insured Person for each claim.
- II. This Benefit shall not be payable in respect of the Insured Person for more than the maximum number of days specified in the Policy Schedule for each Coverage Period.
- III. Deductibles as mentioned in the Policy Schedule is applicable for each hospitalisation event.

## 8. Convalescence Benefit

Cover Description	Limit/Extent of Benefit
<b>Convalescence Benefit</b>	Maximum up to Rs 50,000 At the option of the Insured and as stated in the Schedule

**Convalescence Benefit** will pay the Insured Person a lump sum amount as specified in Policy Schedule/ Certificate of Insurance in case he/she is Hospitalized due to Accidental injuries as an in-patient for consecutive minimum number of days as specified in Policy Schedule/ Certificate of Insurance.

## 9. OPD Visit

Contingency Description	Limit/Extent of Benefit
<b>OPD Visit</b>	At the option of the Insured and as mentioned in the Schedule Maximum up to Rs 30,000 Over and above the CSI

**OPD Visit** means treatment in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment following accident. The Insured is not admitted as a day-care or in-patient.

### Special Conditions for OPD Visit

- I. The cover is an indemnity benefit and payment of claim shall be considered basis proof of monetary payment for the claimed expenses.
- II. OPD Expenses having been caused by accident is liable to be proved in terms of certification by a Medical Practitioner.

## 10. Marriage Expenses

Contingency Description	Limit/Extent of Benefit
<b>Marriage Expenses</b>	At the option of the Insured and as mentioned in the Schedule Up to 50% of the Capital Sum Insured (CSI) maximum up to Rs 25 Lakhs Over and above the CSI

**Marriage Expenses** means expenses to be incurred on the marriage of unmarried children following Death/ Disappearance or Permanent Total Disablement of the Insured Person caused by accident.

### Special Conditions for Marriage Expenses

- I. The cover can be opted for only when either or both of Death/ Disappearance and Permanent Total Disablement covers are taken.
- II. Claim under the cover can be considered only when a claim under Death/ Disappearance or Permanent Total Disablement has become payable.
- III. Irrespective of the number of children, the maximum recoverable amount is Sum Insured as mentioned in the Policy Schedule.
- IV. Children must have attained the age of 21 years to get married legally, regardless of gender.
- V. The marriage expenses shall be only be applicable for the first marriage.
- VI. The marriage expenses are payable if the marriage happens within one year of the Death/ Disappearance and Permanent Total Disablement of the Insured member or within one year of the policy expiry whichever is earlier.

## 11. Loss of Baggage

Contingency Description	Limit/Extent of Benefit
<b>Loss of Baggage</b>	Lump Sum Amount Maximum up to Rs 20,000 Over and above the CSI

**Loss of Baggage** means the loss, caused by accident, of suitcases and bags containing personal belongings packed for travelling/commuting.

### Special Conditions for Loss of Baggage

- I. Benefit under this cover will accrue only when there is an admissible claim under Death/ Disappearance or Permanent Total Disablement or Permanent Partial Disablement.

## 12. Pending Bills Liability

Contingency Description	Limit/Extent of Benefit
<b>Pending Bills Liability</b>	Indemnify the pending bills Maximum up to Rs 20,000

Over and above the CSI

**Pending Bills Liability** means the financial burden of the nominee/legal heir following Death/Disappearance of the Insured Person to cover the unpaid bill liabilities of all kinds of the latter.

#### Special Conditions for Pending Bills Liability

- I. The cover can be opted for only when Death/ Disappearance cover and/or Permanent Total Disablement cover is taken.
- II. Claim under the cover can be considered only when a claim under Death/Disappearance and/or Permanent Total Disablement has become payable.
- III. Pending bills are defined as expenses which have incurred before the date of accident & are unpaid at the time of accident.

### 13. Children's Education

Contingency Description	Limit/Extent of Benefit
<b>Children's Education</b>	Lump sum amount Max up to 50% of CSI (1Child) or 25% of CSI (more than 1 child) Max up to 25 Lacs Over and above the CSI

**Children's Education** means the financial burden of the Insured Person or his/ her nominee/ legal heir for the education of dependents [up to 25 years of age] following the Death/ Disappearance or Permanent Total Disablement of the Insured Person due to accident.

#### Special Conditions for Children's Education

- I. The cover can be opted for only when either or both of Death/ Disappearance and Permanent Total Disablement covers are taken.
- II. Claim under the cover can be considered only when a claim under Death/ Disappearance or Permanent Total Disablement has become payable.
- III. Irrespective of the number of dependents, the maximum recoverable amount is the Sum Insured as mentioned in the Policy Schedule.

### 14. Road Ambulance Charges

Contingency Description	Limit/Extent of Benefit
<b>Road Ambulance Charges</b>	At the option of the Insured and as stated in the Schedule Over and above the CSI

**Road Ambulance Charges** means expenses incurred on insured person’s road transportation by an ambulance to a Hospital for treatment following an emergency arising out of an accident or from one Hospital to another which is prepared to admit insured person and provide the necessary medical services, if such medical services cannot satisfactorily be provided at a Hospital where insured is situated. They would also include expenses incurred by rescuers of accident victims on ambulances and hired transportation like cabs.

**Special Conditions for Road Ambulance Charges**

- I. This is an indemnity cover and claims will be considered in respect of the actual incurred amount and only when proof of monetary payment is provided.
- II. Such road transportation has to be prescribed by a Medical Practitioner.

**15. Air Ambulance Charges**

Contingency Description	Limit/Extent of Benefit
<b>Air Ambulance Charges</b>	Amount as chosen by the insured and as stated in the Schedule Over and above the CSI

**Air Ambulance Charges** means expenses incurred for insured person’s transportation in an airplane or helicopter for emergency arising out of an Accident which requires immediate and rapid ambulance transportation to the nearest hospital.

**Special Conditions for Air Ambulance Charges**

- I. Such air transportation has to be prescribed by a Medical Practitioner.
- II. This is an indemnity cover and claims will be considered in respect of the actual incurred amount and only when proof of monetary payment is provided.

**16. Carriage of Mortal Remains**

Contingency Description	Limit/Extent of Benefit
<b>Carriage of Mortal Remains</b>	Lump sum amount At the option of the Insured and as stated in the Schedule Over and above the CSI

**Carriage of Mortal Remains** means the financial burden of the nominee/ legal heir for expenses incurred on the transportation of an insured person's deceased body back to his home or any other place as decided by his/ her family and on other formalities associated with it following death due to accident.

**Special Conditions for Carriage of Mortal Remains**

- I. Claim under the cover can be considered only when a claim under Death has become payable.

### 17. Travel-in-Common-Carriers Cover

Add-on Description	Limit/Extent of Benefit
<b>Travel in Common Carriers Cover</b>	An amount 2X of the Capital Sum Insured [CSI]

**Travel-in-Common-Carriers Cover** means additional benefit amount payable to the Insured Person or his/her nominee/legal heir for Death/Disappearance or Permanent Total Disablement caused by accident occurring while the Insured Person is travelling as an authorized passenger on a common carrier [such as but not limited to State Transport Undertakings, Indian Railways and Airlines].

#### Special Conditions for Travel-in-Common-Carriers Cover

- I. The cover can be opted for only when either or both of Death/ Disappearance and Permanent Total Disablement covers are opted.
- II. Claim under the cover can be considered only when a claim under Death/ Disappearance or Permanent Total Disablement has become payable.

### 18. Adventure Sports Inclusion Cover

Add-on Description	Limit/Extent of Benefit
<b>Adventure Sports Inclusion Cover</b>	Restoration of all covers/ benefits excluded by General Exclusion No. 13

**Adventure Sports Inclusion Cover** means waiver of General Exclusion No.13 of the Policy. Accidents caused whilst engaging in any Adventure Sports would not be deemed as exclusion subject to the conditions listed below.

#### Special Conditions Travel-in-Common-Carriers Cover

- I. The due additional premium will have to be borne by the insured.
- II. We will not pay any claim under this Cover whilst:
  - i. You are Training for or Taking part in an adventure sport as a Professional for which You are paid or funded by sponsorship or grant; or as an amateur sports person; or
  - ii. You are not performing the activity under the supervision of a trained professional.
- III. The benefits as well as terms and conditions for this cover shall be as in case of any other included accident.

## 19. Restricted Contingency Cover

Cover Description	Limit/ Extent of Benefit
<b>Restricted Contingency Cover</b>	Moderation in premium as per Our pricing rules

**Restricted Contingency Cover** means the flexible option with the proposer/ policy holder to modify the standard 24-hour protection available for all accidents under the policy and keep the cover restricted to

- a] duty hours or
- b] chosen restricted hours.

## 20. Family transportation

Cover Description	Limit/Extent of Benefit
<b>Family transportation</b>	At the option of the Insured and as stated in the Schedule Over and above the CSI

**Family transportation cover means** we will reimburse the actual cost incurred for to and from economy class transportation by the most direct route via a common carrier, up to the sum insured opted by you and mentioned in your policy schedule/certificate of insurance against this section, for one of the insured's "immediate family member" to travel to the place of accident or the hospital in which the insured person is hospitalized.

Purpose of this section, the term "immediate family member" would mean the insured person's spouse, siblings, children above age of 18 years, parents, or parents in law. **Special Conditions for Family transportation**

- I. The insured member's treating medical practitioner has advised in writing the personal attendance of an immediate family member.
- II. The insured person is hospitalized at a distance of at least 100 kilometres from his place of residence. This cover is subject to terms, conditions, co-payment, limitations, and exclusions mentioned in the policy.
- III. Claim under the cover can be considered only when a claim under Accident Death, Permanent Total Disablement or Permanent Partial Disablement or Temporary Total Disablement or Medical Expenses Cover has become payable.

## 21. Coma benefit

Cover Description	Limit/ Extent of Benefit
<b>Coma benefit</b>	At the option of the Insured up to 100% of the Capital Sum Insured (CSI)

Over and above the CSI

**Coma benefit** provides coverage if you sustain accidental bodily injury which solely and directly results in hospitalization in an intensive care unit of a hospital in a state of coma, within 30 days of date of accident.

### Special Conditions for Coma Benefit

- I. The coma is confirmed by a specialist medical practitioner in writing which includes:
  - a. No response to external stimuli continuously for at least 96 hours; and
  - b. Life support systems and measures are necessary to sustain life
- II. Permanent neurological deficit must be assessed at least 30 days after the onset of the coma and the reports to be submitted to us for any benefit to be payable under this section.
- III. Coma resulting directly from alcohol or drug abuse or any other illness other than accidental bodily injury is excluded.

## 22. Fracture Cover

Cover Description	Limit/ Extent of Benefit
<b>Fracture cover</b>	Max Up to 10% of Capital Sum Insured (CSI) Over and above the CSI

**Fracture Cover** provides coverage if you have sustained an accidental bodily injury which solely and directly results in fracture(s) of bone(s). This cover will pay the percentage shown in the below table of benefits applied to the sum insured opted by you and mentioned in your policy schedule/certificate of insurance against this section.

Sr.no	Fractures of:	Percentages of CSI
<b>A</b>	<b>Hip or pelvis (excluding thigh or coccyx)</b>	
	Multiple fractures, at least one compound and at least one complete	100 %
	All other compound fractures	50 %
	Multiple fractures, at least one complete	25 %
	All other fractures	20%
<b>B</b>	<b>Thigh or heel</b>	
	Multiple fractures, at least one compound and at least one complete	100 %

	All other compound fractures	80 %
	Multiple fractures, at least one complete	50 %
	All other fractures	40%
<b>C</b>	<b>Lower leg, skull, clavicle, ankle, elbows, upper or lower arm (including wrist but excluding colles-type fractures)</b>	
	Multiple fractures, at least one compound and at least one complete	100%
	All other compound fractures	63%
	multiple fractures, at least one complete	50%
	Depressed fracture of the skull needing surgical intervention	30%
	All other fractures	25%
<b>D</b>	<b>Colles type fracture of the lower arm</b>	
	Compound fracture	100%
	Other fracture	50%
<b>E</b>	<b>Shoulder blade, kneecap, sternum, hand (excluding fingers and wrist), foot (excluding toes or heel)</b>	
	All compound fractures	100%
	All other fractures	50%
<b>F</b>	<b>Spinal column (vertebrae but excluding coccyx)</b>	
	All compression fractures	100%
	All spinous, transverse process of pedicle fractures	100%
	Fracture leading to permanent neurological damage	50%
	All other vertebral fractures	50%
<b>G</b>	<b>Lower jaw</b>	

	Multiple fractures, at least one compound and at least one complete	100%
	All other compound fractures	80%
	Multiple fractures, at least one complete	63%
	All other fractures	32 %
<b>H</b>	<b>Rib or ribs, cheekbone, coccyx, upper jaw, nose, toe or toes, finger or fingers</b>	
	Multiple fractures, at least one compound and at least one complete	100 %
	All other compound fractures	76 %
	Multiple fractures, at least one complete	51%
	All other fractures	25 %
<b>I</b>	<b>Dislocation</b> (Dislocation means a completely separated joint.)	
	Hip (including pelvic girdle)	50 %
	Knee	50 %
	Wrist or elbow	25 %
	Ankle or shoulder or collarbone	25 %
	Fingers or toes or jaw	10 %
<b>J</b>	<b>Dislocations requiring Surgery under anesthesia</b> *limit of one payment for each in any twelve consecutive months	
	spine or back, diagnosed by x-ray (excluding slipped disc)	100%
	hip	63%
	knee	31%
	wrist or elbow	25%
	ankle, shoulder blade or collarbone	13%

	fingers, toes, or jaw	5%
<b>K</b>	<b>Internal injuries</b>	
	Internal injuries resulting in open abdominal or thoracic surgery excluding hernia	100%

### Special Conditions for Fracture Benefit

- I. If you suffer a fracture not specified in the above table but the fracture is due to an injury solely and directly due to an accident, then our medical practitioners will decide the amount payable, if any.
- II. A fracture which results due to any illness or disease (including malignancy) or due to osteoporosis shall not be payable under this benefit.
- III. A fracture where the broken bone penetrates the skin is an open fracture and where the broken bone does not penetrate the skin is a closed fracture.
- IV. If the insured member suffers accidental injuries resulting in more than one fracture, then our maximum, total and cumulative liability under this benefit shall be limited to the sum insured opted by you and mentioned in your policy schedule/certificate of insurance against this section.

This cover is subject to terms, conditions, limitations, and exclusions mentioned in the policy.

### 23. Burns cover

Cover Description	Limit/ Extent of Benefit
<b>Burns cover</b>	Max Up to 10% of Capital Sum Insured (CSI) Over and above the CSI

**Burns cover** provides coverage if you have sustained second degree burns or third degree burns solely and directly due to an accident. This cover will pay the percentage shown in the below table of benefits applied to the sum insured opted by you and mentioned in your policy schedule/certificate of insurance against this section.

2nd or 3rd degree burns on	Percentages of CSI
at least 27% of body surface	100%
at least 18% of body surface	80%
at least 9% of body surface	40%

at least 4.5% of body surface	20%
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**Definitions:**

**Burns** means an injury caused by exposure to heat or fame including chemical and electric burns.

**Second degree** burns means burns which involve the epidermis and part of the dermis layer of skin, causing the burn site to appear red, blistered, and may be swollen and painful.

**Third degree burns (full thickness burns)** means the burns that destroy the outer layer of the skin (epidermis) and the entre layer beneath i.e., the dermis. It also affects deeper tissues resulting in white or blackened, charred skin that may cause numbness, loss of fluid and sometimes shock.

**Special Conditions for Burns cover**

- I. The burns that are self-infected by you in any way will not be covered under this benefit.
- II. A medical practitioner must confirm the percentage of the surface area of the burn and the diagnosis of the burn to us in writing.
- III. If the insured member suffers accidental injuries resulting in more than one of the nature of burns mentioned in the above table of benefits, then our maximum, total and cumulative liability under this benefit shall be limited to the sum insured opted by you and mentioned in your policy schedule/certificate of insurance against this section.

This cover is subject to terms, conditions, limitations, and exclusions mentioned in the policy.

**24. Cost of Clothing**

Cover Description	Limit/ Extent of Benefit
<b>Cost of Clothing</b>	At the option of the Insured and as stated in the Schedule Over and above the CSI

**Cost of Clothing** coverage provides the reasonable cost of replacing clothing damaged or destroyed as a direct result of an Accidental Bodily Injury sustained by the Insured Person.

The maximum amount payable under this Coverage for any one Accidental Bodily Injury is as specified in the policy schedule.

**Special Conditions for Cost of Clothing**

- I. This Coverage does not apply to:
  1. Damage or destruction of clothing caused by normal wear and tear, gradual deterioration, or moth or vermin damage.
  2. Damage or destruction of clothing caused by intentional acts of the Insured Person or a third party.

3. Damage or destruction of clothing caused by war, terrorism, nuclear explosions, or other natural disasters.
4. Damage or destruction of clothing worn for professional or athletic activities where such damage is a foreseeable risk.
5. Damage or destruction of clothing exceeding the reasonable cost of replacement based on the quality and type of clothing originally owned.

## 25. Well-being and Preventive Care Coverage

Cover Description	Limit/ Extent of Benefit
<b>Well-being and Preventive Care Coverage</b>	At the option of the Insured and as stated in the Schedule. (Service)

### OPTION A:

This optional cover provides coverage for the reasonable cost of preventive and proactive well-being services incurred by the Insured Person, intended to maintain or improve their physical and mental health. Insured Persons can access approved well-being services directly through preferred providers or wellness partners designated by the Insurer.

The maximum annual amount payable under this Coverage for each Insured Person will be as specified in the schedule.

Master policy holder OR Group entity may choose to customize the covered well-being services based on their specific needs and employee demographics. This can include:

- Selecting specific pre-designed health check-up packages or creating bespoke packages.
- Implementing age or gender-specific wellness programs.
- Focusing on services addressing common health concerns among insured.

#### Covered Services:

- **Teleconsultation:** Consultations with qualified healthcare professionals conducted remotely via video, audio, or text, focusing on preventive care, health education, and early detection of potential health risks.
- **Health Check-up Packages:** Pre-designed or customized packages of diagnostic tests and examinations aimed at assessing overall health, identifying potential health concerns, and monitoring chronic conditions. These may include, but are not limited to:
  - Laboratory tests (bloodwork, urinalysis)
  - Imaging tests (X-rays, CT scans, MRIs)
  - Functional tests (vision, hearing, lung function)
  - Preventive screenings (cancer, cardiovascular disease)
  - Wellness assessments (mental health, nutrition)

- Preventive Services: Services aimed at preventing illness and promoting good health, such as:
  - Vaccinations and immunizations
  - Health education and coaching
  - Nutritional counseling
  - Fitness programs and memberships
  - Mental health counseling and support

### Special Conditions for Well-being and Preventive Care Coverage

- I. This Coverage does not apply to:
  1. Treatment of existing medical conditions or injuries.
  2. Services with cosmetic or aesthetic purposes.
  3. Services not considered evidence-based preventive care by leading medical authorities.
  4. Services exceeding the policy limit or frequency limits specified.
  5. Sunglasses, unless medically prescribed by a Medical Practitioner.
  6. Medical Treatment or Surgical Treatment of the eye/s;
  7. Lenses which are not a medical necessity and are not prescribed by an optometrist or ophthalmologist or frames for such lenses.

#### **OPTION B:**

##### **1) Everyday Care**

The insured person can avail discounts on outpatient consultation, pharmaceuticals and diagnostics tests through our empaneled Network providers. The list of such network providers will be updated from time to time and can be obtained from Our website, mobile application or by calling our call centre. The Company will assist in scheduling appointments for consultation and diagnostic test as per time convenience of the insured person. Alternatively, the insured person may also schedule his/her own appointment themselves by contacting the Network Provider or through the mobile application. The insured person(s) can avail these facilities as many number of time as the client wishes to avail.

i) OPD Consultation: The Company offers family/general physician as well as special consultations at discounted rates from the Network Providers. The insured person(s) can also store the prescription letters and bills in the electronic health portal system provided by the Company.

ii) Diagnostic Services: The Company offers diagnostic facilities at discounted rates from the Network Providers. The insured person(s) can also store these medical test reports and bills in the electronic health portal system provided by the Company.

iii) Pharmacies: If the insured person(s) want to obtain medicines and consumables prescribed by a medical practitioner, he/she can avail the same at discounted rates subject to a valid

prescription from the Network providers. The medicines can be also ordered through the Mobile App or our Web portal.

## **2) Complete Wellness & HealthCare**

The Company offers a comprehensive program to maintain the health and overall wellbeing of the insured person. The insured person is provided with an individual access to web-based Health portal at Company's website and/or a Wellness mobile application by the Company where he/she can perform various healthcare activities as listed below.

**i) Health Risk Assessment (HRA):** HRA is process of health risk assessment with the help of a questionnaire, by collecting the information from the insured in a systematic manner and evaluate their health risks. The Health Risk Assessment generates a statistical estimate of insured person's overall health risk status and quality of lifestyle. The HRA shall be self-performed by the insured person. We will aid the insured person to complete the HRA whenever required.

**ii) Electronic Health Records:** The Insured person can store the medical test reports, prescriptions and other consultation papers in the personalized portal which gets digitized to help create a complete health profile of the insured person. The medical test reports along with HRA as specified above will provide a health score to depict the health status of the insured person.

**iii) Health Screening:** Basis the health score of the insured person, the insured person shall be categorized as Healthy, in which case there will be no trigger for medical screening. If the score depicts unhealthy status, medical screening is advised to the insured person along with a "Health Goal" which is identified post identification of risk factors for improving insured person's overall well-being.

"Health Goal", which basically takes a deep dive in the identified risk areas to establish the focus points in that particular risk area.

## **3) Health Coach**

The insured person will be assigned a dedicated Health Coach who will take care of the complete wellbeing of the Insured Person(s). The service will offer immediate and complete assistance to the Insured Person looking after his/her day-to-day health care. Post the complete health profile building of the Insured Person, Health Coach will interact with the Insured Person as per Health requirement.

### **OPTION C:**

#### **Vision care:**

The company will provide Charges incurred towards vision tests and related expenses for the Medical Expenses listed below, in respect of the Insured Person, if specified under the Policy Schedule/ Certificate of Insurance:

- A single examination of the eyes by an optometrist or ophthalmologist per Policy Year
- Expenses for lens, eyeglass frames, prescription sunglasses to correct vision

### **OPTION D:**

#### **Insured Person & Family Counselling Benefit:**

If the insured person sustains the bodily injury and which directly and independently of all other causes results in death or disability within 12 months of the Date of Loss, then the company agrees to pay an amount as mentioned in the policy Schedule for professional counselling of the insured person or their spouse and Children(s)

## **26. Emergency Assistance Services**

The company will provide the below services which will be available when the Insured/Insured member(s) is/are more than 150 kilometers away from their residential address as provided in the Proposal Form. The services would be provided by the company or through an appointed Service provider, with prior intimation and acceptance by the Company.

a) Medical Consultation, Evaluation and Referral- In case of any emergency situation, The Company/our Service Provider will evaluate, troubleshoot and make immediate recommendations including referrals to qualified doctors and/or hospitals.

b) Medical Monitoring and Case Management- A team of doctors, nurses, and other medically trained personnel would be in regular communication with the attending physician and hospital, monitors appropriate levels of care and relay necessary and legally permissible information to the members of the Family / employer.

c) Emergency Medical Evacuation - If the Insured / Insured member/s becomes ill or injured in an area where appropriate care is not available, the Company /via Service Provider will intervene and use available transportation, equipment and personnel necessary to evacuate the Individual safely to the nearest facility for medical care. This shall also include Air Ambulance services if required.

d) Medical Repatriation (Transportation): When medically necessary, as determined by Company and the consulting Medical Practitioner, transportation under medical supervision shall be provided in respect of the Insured Person to the residential address as mentioned in the Schedule, provided that the Insured Person is medically cleared for travel via commercial carrier, and provided further that the transportation can be accomplished without compromising the Insured Person's medical condition.

e) Compassionate Visit: When an Insured Person/s is/are hospitalized for more than seven (7) consecutive days, The Company/ Service Provider will arrange for a family member or a personal friend to travel to visit the Insured Person/s, by providing an appropriate means of transportation.

f) Care of Minor Child (ren): One-way economy common carrier transportation with attendants, if required, will be provided to the place of residence of minor child(ren) when they are left unattended as a result of medical emergency or death of an eligible participant.

g) Return of Mortal Remains: In case of an Eligible Participant's death, we will arrange and pay for the return of Mortal Remains to an authorized funeral home proximate to the Eligible Participant's legal residence.

h) Foreign Hospital Admission Assistance: We shall assist in either issuing a prompt financial guarantee to facilitate admittance to a foreign medical facility and/ or validate Eligible Participant's medical Insurance; provided that the eligible medical participant commits in writing to repay all funds within 45 days.

i) Prescription Assistance: If an eligible participant needs replacement prescription medicine while travelling, we shall help with replacing the prescription when possible and legally permissible.

j) Interpreter & Legal Referrals: Upon request provide referrals to interpreters, counsellors or legal personnel.

k) Lost Luggage & Document Assistance: Helps eligible participant locate lost luggage, document, personal belongings or assist with the replacement of travel tickets.

l) Pre-trip Information: Helps Eligible Participants web-based and app-based country profiles that include visa requirements, immunization and inoculation recommendations, embassy, and consulate information, country specific details and security advisories as well as other patient information for travel destinations.

m) Mobile App Services: Offers Mobile App services including embassy and consulate locator, tap to call feature service descriptions, electronic identification cards and Assist alerts.

## 27. Errors & Omissions

Cover Description	Limit/ Extent of Benefit
<b>Errors &amp; Omissions</b>	At the option of the Insured and as stated in the Schedule

**Errors & Omissions** cover will consider number of lives as specified and subject to conditions mentioned in Policy Schedule/ Certificate of Insurance to add in Mid Term of the Policy on account of Error & Omissions, Subject to availability of the Premium.

## 28. Assault

Cover Description	Limit/ Extent of Benefit
<b>Assault</b>	Max Up to 10% of the Capital Sum Insured (CSI) stated in the Schedule within the CSI

Assault covers any expenses due to Injury that result in Accidental Death and/ or Permanent Total Disablement and/ or Permanent Partial Disability and/ or Temporary Total Disablement during the Policy Period due to Assault are covered under this Policy.

### Special Conditions for Assault

- I. The Company shall not be liable to pay any benefit in respect of any Insured Person for an act of Assault by an Immediate Family Member, Close Business Associate.

## 29. Home Physiotherapy

Cover Description	Limit/ Extent of Benefit
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<b>Home Physiotherapy</b>	At the option of the Insured and as stated in the Schedule Over and above the CSI
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**Home Physiotherapy** will provide specific number of physiotherapy sessions by Our empaneled service provider to the insured person as specified in the master policy schedule/ certificate of insurance, at your home in India.

### Special Conditions for Home Physiotherapy

- I. Physiotherapy is being advised in writing by the treating medical practitioner.
- II. Illness/injury claim of the insured person is admissible under the base policy under Medical Expenses Cover.
- III. This benefit shall form the part of Post Hospitalization period and opted Once in a Policy Year.
- IV. Any unutilized service will lapse at the end of the policy year and will not be carried forward to the next policy year.

### 30. Loss of Job

Cover Description	Limit/Extent of Benefit
<b>Loss of Job</b>	At the option of the Insured and as stated in the Schedule Over and above the CSI

**Loss of Job cover** will pay fix Sum Insured as mentioned in the Policy Schedule/ Certificate of Insurance if an Insured Person suffers Injury due to Accident which results in Permanent Total Disability or Permanent Partial Disability and is disabled from engaging in primary occupation and subsequently loses source of income generation.

### Special Conditions for Loss of Job

- I. Illness/ injury claim of the insured person is admissible under the Permanent Total Disability or Permanent Partial Disability of base policy.

### 31. Terrorism

Cover Description	Limit/ Extent of Benefit
<b>Terrorism</b>	At the option of the Insured and as stated in the Schedule

Terrorism cover means Exclusion No. 6 stands deleted under the Policy.

### 32. Named Event

Under this cover the insured may restrict the base coverage for Event/Perils as mentioned in the Policy Schedule

Cover Description	Limit/ Extent of Benefit
<b>Named Event/ Peril</b>	At the option of the Insured and as stated in the Schedule

### 33. Catastrophe Evacuation

Cover Description	Limit/ Extent of Benefit
<b>Catastrophe Evacuation</b>	1% of the Capital Sum Insured (CSI) maximum up to Rs 1 Lac At the option of the Insured and as stated in the Schedule

**Catastrophe Evacuation** covers the actual expenses incurred due to necessary immediate evacuation in order to avoid risk of personal Injury or illness on happening of catastrophes like fire, flood, earthquake, storm, lightening, explosion, hurricane or epidemic due to contagious disease.

#### Special Conditions for Catastrophe Evacuation

- I. The distance of the evacuation shall not be greater than 150 Km from the affected location.
- II. The evacuation orders shall be from any one of the below mentioned authorities
  - National Disaster Management Authority (NDMA)
  - State Disaster Management Authority (SDMA)
  - District Disaster Management Authority (DDMA)
  - District Collector/Magistrate
  - Emergency Operation Centres (EOCs)
  - Local Authorities – Municipal Bodies

### 34. Improved Disability Benefit

Cover Description	Limit/Extent of Benefit
<b>Improved Disability Benefit/ Dismemberment</b>	2X of the Capital Sum Insured (CSI) At the option of the Insured and as stated in the Schedule

**Improved Disability Benefit** provides a lumpsum benefit of up to 2 times of the Capital sum insured upon occurrence of Accidental Death or Permanent Total Disablement.

### Special Conditions for Improved Disability Benefit

- I. Payout under this cover is applicable only if the Insured person has opted for both Accidental Death and Permanent Total Disablement.

### 35. Treatment outside India

Cover Description	Limit/ Extent of Benefit
<b>Treatment outside India</b>	Maximum up to 20% of the Capital Sum Insured (CSI) At the option of the Insured and as stated in the Schedule

**Treatment outside India** covers medical expenses of the Insured Person incurred outside India, provided that the accidental injury happened in India and the insured travels abroad for treatment. Travelling expenses of Insured Person and one attendant person and expenses for lodging and boarding of one attendant shall also be payable under this cover. Any out-patient expenses or day care treatment expenses will not be paid under this cover.

### Special Conditions for Treatment outside India

- I. Payout under this cover is applicable only if the Insured person has opted for Permanent Total Disablement and/or Permanent Partial Disablement and/or Temporary Total Disablement.
- II. Any claim under this cover can be made only on reimbursement basis provided that the Insured has intimated us before availing benefit under this cover and it was approved by Us.
- III. The payment of any claim under this benefit will be in Indian Rupees based on the rate of exchange as on the date of invoice, published by Reserve Bank of India (RBI) and shall be used for conversion of foreign currency into Indian Rupees for claims payment. If these rates are not published on the date of invoice, the exchange rate next published by RBI shall be considered for conversion.
- IV. We shall require the following additional documents supporting the claim under this benefit:
  - a. Proof of diagnosis in India
  - b. Insured's Passport and Visa
- V. Benefit is not available under this policy and no claim shall be admissible under this section where either the policyholder or any of the Insured Person(s) is a Foreign National or their Residence Status at the time of proposal or anytime during the policy period/ renewal is Non-Resident Indian (NRI) or Overseas Citizen of India (OCI).

### 36. Loss/damage to School Bag/Books

Cover Description	Limit/ Extent of Benefit
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<b>Loss/damage to School Bag/Books</b>	Maximum up to Rs 20,000 Over and above CSI
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**Loss/damage to School Bag/ Books** covers for the loss or damage to the school bag/ books especially text/ additional course material etc of the students/ members of an education institute as a result of an accident.

### Special Conditions for Loss/damage to School Bag/Books

- I. Benefit under this cover will accrue only when there is an admissible claim under Death/Disappearance or Permanent Total Disablement or Permanent Partial Disablement.
- II. Any loss of valuables, Money or any kind of securities or tickets will not be covered.
- III. Any loss due to theft of Bag items will not be covered.
- IV. Onus of proof of accident is on the Insured.

### 37. Widowhood cover

Cover Description	Limit/Extent of Benefit
<b>Widowhood cover</b>	At the option of the Insured and as stated in the Schedule Over and above CSI

**Widowhood cover** pays a lumpsum amount as specified in the Policy Schedule to the legally married spouse of Insured Person on Accidental Death.

### Special Conditions for Widowhood cover

- I. Payout under this cover is applicable only if the Insured person has opted for Accidental Death benefit and pay out has been made for the Accidental Death.

### 38. Purchase of Blood

Cover Description	Limit/ Extent of Benefit
<b>Purchase of blood</b>	Maximum up to Rs 50,000 At the option of the Insured and as stated in the Schedule

**Purchase of blood** will cover for the cost incurred in purchase of blood and related items from blood bank, in the event of accidental injury sustained by the Insured who needs blood.

### Special Conditions for Purchase of Blood

- I. Blood should be purchased from a hospital or lawful blood bank only which is licensed under Drugs and Cosmetics Act, 1940; and/or Central Drugs Standard Control

Organization (CDSCO) and/ or registered with the National Blood Transfusion Council (NBTC) and respective State Blood Transfusion Councils (SBTCs)

### 39. Prosthesis & Artificial Limbs

Cover Description	Limit/ Extent of Benefit
<b>Prosthesis &amp; Artificial Limbs</b>	Maximum up to 50% of the Capital Sum Insured (CSI) At the option of the Insured and as stated in the Schedule

**Prosthesis & Artificial Limbs** will cover the cost incurred by the Insured in the purchase of artificial limbs/ prosthesis (artificial devices), necessitated as a result of Injuries solely and directly due to Accident event happening during Policy Period

#### Special Conditions for Prosthesis & Artificial Limbs

- I. Payout under this cover is applicable only if the claim is admissible under Permanent Total Disablement and/or Permanent Partial Disablement.

### 40. Legal Expenses

Cover Description	Limit/ Extent of Benefit
<b>Legal Expenses</b>	Maximum up to Rs 20,000 At the option of the Insured and as stated in the Schedule

**Legal Expenses** will cover the administrative legal/ court expenses borne by the Insured against any legal litigations resulting due to any involvement in an accident of the insured during the policy period. This does not include any legal liability arising out of court award/order.

#### Special Conditions for Legal Expenses

- I. Expenses related to litigations arising due to breach of law by the Insured Person are excluded.
- II. Benefit under this cover will accrue only when there is an admissible claim under Death/ Disappearance or Permanent Total Disablement or Permanent Partial Disablement.

### 41. Damage to Bag

Cover Description	Limit/ Extent of Benefit
<b>Damage to Bag</b>	Maximum up to Rs 20,000 At the option of the Insured and as stated in the Schedule

**Damage to Bag** will pay for the total and permanent loss/ damage, which is beyond economical repair, to Insured Person's Bag due to accident happening during the Policy period. Payment will be based on the replacement of the Bag.

#### Special Conditions for Damage to Bag

- I. Any loss of valuables, Money or any kind of securities or tickets will not be covered.
- II. Any loss due to theft of Bag items will not be covered.
- III. Onus to produce proof of accident will be on the Insured.
- IV. Benefit under this cover will accrue only when there is an admissible claim under Death/ Disappearance or Permanent Total Disablement or Permanent Partial Disablement.

#### 42. Inconvenience Cover

Cover Description	Limit/Extent of Benefit
<b>Inconvenience Cover</b>	Maximum up to Rs 50,000 At the option of the Insured and as stated in the Schedule

**Inconvenience Cover** pays for the loss as per the limit specified against this cover in Policy Schedule/ Certificate of Insurance in case of failure of the Insured to reach an event, play or movie on time, due to involvement in an Accident leading to hospitalization, which results in closure of gates and denied entry or missed movies or a planned public or social occasion for which Insured has paid, caused by reasons beyond the control of Insured Person.

#### Special Conditions for Inconvenience Cover

- I. Onus to produce proof of accident will be on the Insured.
- II. Benefit under this cover will accrue only when there is an admissible claim under Death/ Disappearance or Permanent Total Disablement or Permanent Partial Disablement.

#### 43. Missed Flight/Train Cover

Cover Description	Limit/Extent of Benefit
<b>Missed Flight/ Train Cover</b>	Maximum up to Rs 2,00,000 At the option of the Insured and as stated in the Schedule

**Missed Flight/ Train Cover** will cover the cost of the ticket or amount as mentioned in the policy schedule, when the Insured Person fails to access the flight / train)/ any mode of scheduled transport (including missed connecting flight/ train/any mode of scheduled transport) arising out of and consequent upon the delayed arrival of the insured, caused by reasons beyond the control of the Insured and due to involvement in an Accident.

### Special Conditions for Missed Flight/ Train Cover

- I. Onus to produce proof of accident will be on the Insured.
- II. Benefit under this cover will accrue only when there is an admissible claim under Death/Disappearance or Permanent Total Disablement or Permanent Partial Disablement.

#### 44. Corporate Floater

Cover Description	Limit/Extent of Benefit
<b>Corporate Floater</b>	Maximum up to Rs 100,00,000 At the option of the Insured and as stated in the Schedule

**Corporate Floater** will provide additional Sum Insured as specified in Policy Schedule/ Certificate of Insurance that can be used in case of Medical expenses for any of the group member from the corporate floater Sum Insured taken by the employer/ Master policyholder. The claim under this benefit will be paid over and above the Individual member's sum assured, provided that such individual member's Sum insured has been exhausted due to claim(s) in same policy year.

### Special Conditions for Corporate Floater

- I. Payout under this cover is applicable only if the claim is admissible under Medical Expenses Cover.

#### 45. Attendant/ Companion Benefit

Cover Description	Limit/Extent of Benefit
<b>Attendant/ Companion Benefit</b>	Maximum up to Rs 5000 per day, and maximum up to 30 days At the option of the Insured and as stated in the Schedule

**Attendant/ Companion Benefit** pays for an additional lump sum daily amount towards expenses of attendant/ companion, if an Insured Person is Hospitalized due to Injuries resulting from an Accident event which occurs during Policy Period.

### Special Conditions for Attendant/ Companion Benefit

- I. Payout under this cover is applicable only if the claim is admissible under Medical Expenses Cover.
- II. Benefit under this cover will accrue only when there is an admissible claim under Death/Disappearance or Permanent Total Disablement or Permanent Partial Disablement.

#### 46. Restoration Benefit

Cover Description	Limit/Extent of Benefit
<b>Restoration Benefit</b>	100% of CSI Once per policy year At the option of the Insured and as stated in the Schedule

**Restoration Benefit** shall restore the Sum Insured for that Insured Person up to 100% of Sum Insured as on Start Date of the Policy, if a claim is admissible under Temporary Total Disablement (TTD) or Permanent Partial Disablement (PPD) under this Policy with respect to an Insured Person and if in the same Policy Period another Accidental injury occurs which results in claim under Accidental death or Permanent Total Disablement (PTD). Such Restoration will be done only once per Insured Person per Policy Period.

#### 47. Critical Illness Cover

Cover Description	Limit/Extent of Benefit
<b>Critical Illness Cover</b>	Up to the Capital Sum Insured (CSI) At the option of the Insured and as stated in the Schedule

Critical Illness Cover pays the amount as specified in the Policy Schedule/Certificate of Insurance against this Benefit as a lump sum amount, provided that:

- i. The Insured Person is first diagnosed as suffering from Critical Illness during the Policy Period, and
- ii. The Insured Person survives for at least for number days, as specified in the Policy Schedule/ Certificate of Insurance, following such diagnosis.

We will not make any payment under this Benefit if the Insured Person is first diagnosed as suffering from a Critical Illness within number of days, as specified in the Policy Schedule/ Certificate of Insurance, of the Policy Start Date. This Benefit can be availed by the Insured Person only once during his/ her lifetime.

A waiting period as specified in the Policy Schedule/ Certificate of Insurance will be applicable for claim under this Benefit in case claim is for any of the Critical Illnesses which is a consequence of or arises out of any Pre-Existing Disease.

Definitions: Critical Illness means any one of the following illnesses or conditions that occurs or manifests itself during the Policy Period as a first incidence and the insured survives the defined survival period.

Sr No	Critical Illness Name	Bronze	Silver	Gold	Diamond
1	Cancer of Specified Severity	Yes	Yes	Yes	Yes
2	Myocardial Infarction (First Heart Attack – Of Specified Severity)	Yes	Yes	Yes	Yes
3	Open Chest CABG	Yes	Yes	Yes	Yes

Sr No	Critical Illness Name	Bronze	Silver	Gold	Diamond
4	Open Heart Replacement Or Repair Of Heart Valves	Yes	Yes	Yes	Yes
5	Kidney Failure Requiring Regular Dialysis	Yes	Yes	Yes	Yes
6	Stroke Resulting In Permanent Symptoms	Yes	Yes	Yes	Yes
7	Major Organ / Bone Marrow Transplant	Yes	Yes	Yes	Yes
8	Permanent Paralysis Of Limbs	Yes	Yes	Yes	Yes
9	Multiple Sclerosis With Persisting Symptoms	Yes	Yes	Yes	Yes
10	Coma of Specified Severity	No	Yes	Yes	Yes
11	Benign Brain Tumor	No	Yes	Yes	Yes
12	Parkinson's disease	No	Yes	Yes	Yes
13	End Stage Liver Failure	No	Yes	Yes	Yes
14	Loss of Speech	No	Yes	Yes	Yes
15	Third Degree Burns	No	Yes	Yes	Yes
16	Deafness	No	Yes	Yes	Yes
17	Alzheimer's Disease	No	Yes	Yes	Yes
18	Aorta Graft Surgery	No	Yes	Yes	Yes
19	Motor Neuron Disease With Permanent Symptoms	No	No	Yes	Yes
20	Angioplasty	No	No	Yes	Yes
21	Blindness	No	No	Yes	Yes
22	End Stage Lung Failure	No	No	Yes	Yes
23	Loss of Limbs	No	No	Yes	Yes
24	Major Head Trauma	No	No	Yes	Yes
25	Primary (Idiopathic) Pulmonary Hypertension	No	No	Yes	Yes
26	Aplastic Anaemia	No	No	Yes	Yes
27	Bacterial Meningitis	No	No	Yes	Yes
28	Fulminant Hepatitis	No	No	Yes	Yes
29	Muscular Dystrophy	No	No	Yes	Yes
30	Apallic Syndrome or Persistent Vegetative State (PVS)	No	No	Yes	Yes
31	Encephalitis	No	No	Yes	Yes
32	Chronic Relapsing Pancreatitis	No	No	Yes	Yes
33	Medullary Cystic Kidney Disease	No	No	Yes	Yes
34	Poliomyelitis	No	No	Yes	Yes
35	Systemic Lupus Erythematosus with Renal Involvement	No	No	Yes	Yes
36	Brain Surgery	No	No	Yes	Yes
37	Severe Rheumatoid Arthritis	No	No	Yes	Yes
38	Creutzfeldt-Jakob disease	No	No	Yes	Yes
39	Hemiplegia	No	No	No	Yes
40	Tuberculous Meningitis	No	No	No	Yes
41	Dissecting Aortic aneurysm	No	No	No	Yes
42	Progressive Supranuclear Palsy - resulting in permanent symptoms	No	No	No	Yes
43	Myasthenia Gravis	No	No	No	Yes
44	Infective Endocarditis	No	No	No	Yes
45	Pheochromocytoma	No	No	No	Yes
46	Eisenmenger's Syndrome	No	No	No	Yes
47	Chronic Adrenal Insufficiency	No	No	No	Yes
48	Progressive Scleroderma	No	No	No	Yes
49	Elephantiasis	No	No	No	Yes

Sr No	Critical Illness Name	Bronze	Silver	Gold	Diamond
50	Cardiomyopathy of Specified Severity	No	No	No	Yes
51	Myelofibrosis	No	No	No	Yes
52	Pericardectomy	No	No	No	Yes
53	Ovarian tumour of borderline malignancy/low malignant potential – with surgical removal of an ovary	No	No	No	Yes
54	Keyhole Coronary Surgery	No	No	No	Yes
55	Severe Crohn’s disease – surgically treated	No	No	No	Yes
56	Cardiac Defibrillator insertion or Cardiac Pacemaker insertion	No	No	No	Yes
57	Carcinoma in-situ of the cervix uteri – requiring treatment with hysterectomy	No	No	No	Yes
58	Carcinoma in-situ of the urinary bladder	No	No	No	Yes
59	Carotid Artery Surgery	No	No	No	Yes
60	Ductal or Lobular carcinoma in-situ of the breast – with specified treatment	No	No	No	Yes
61	Small Bowel Transplant	No	No	No	Yes
62	Severe ulcerative colitis – with operation to remove the entire large bowel	No	No	No	Yes
63	Testicular carcinoma in situ – requiring surgery to remove at least one testicle	No	No	No	Yes
64	Surgical removal of an eyeball	No	No	No	Yes

### 1. Cancer of Specified Severity

- I. A malignant tumour 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 leukaemia, lymphoma and sarcoma.
- II. The following are excluded-
  - i All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 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.
  - iii All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
  - iv All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
  - v Chronic lymphocytic leukaemia less than Rai stage 3
  - vi Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

vii All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

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

- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
  - i A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
  - ii New characteristic electrocardiogram changes
  - iii Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:
  - i Other acute Coronary Syndromes
  - ii Any type of angina pectoris
  - iii A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

## **3. Open Chest CABG**

- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive key hole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- II. The following are excluded:
  - i. Angioplasty and/or any other intra-arterial procedures

## **4. Open Heart Replacement Or Repair Of Heart Valves**

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

## **5. Kidney Failure Requiring Regular Dialysis**

- I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemo dialysis or peritoneal dialysis) is

instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

## **6. Stroke Resulting in Permanent Symptoms**

- I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- II. The following are excluded:
  - i. Transient ischemic attacks (TIA)
  - ii. Traumatic Injury of the brain
  - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

## **7. Major Organ / Bone Marrow Transplant**

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

## **8. Permanent Paralysis of Limbs**

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

## **9. Multiple Sclerosis with Persisting Symptoms**

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
  - i. investigations including typical MRI findings, which unequivocally confirm the diagnosis to be multiple sclerosis and
  - iii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Neurological damage such as SLE.

### **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
  - iv. 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. Benign Brain Tumor**

- I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II. This brain tumor must result in at least one of the following and must be confirmed by the relevant specialist Medical Practitioner.
- ii. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
  - iii. 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.

### **12. Parkinson's disease**

- I. The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to us. The diagnosis must be supported by all of the following conditions:
- a. the disease cannot be controlled with medication;
  - b. signs of progressive impairment; and
  - c. 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:

Activities of daily living:

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

### **13. 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.

### **14. Loss of Speech**

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

### **15. Third Degree Burns**

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

### **16. Deafness**

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

## **17. Alzheimer's Disease**

- I. Alzheimer's disease is a progressive degenerative illness of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.
- II. Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a specialist Medical Practitioner (Neurologist) and supported by Our appointed Medical Practitioner, evidenced by findings in cognitive and neuro radiological tests (e.g. CT scan, MRI, PET scan of the Brain). The disease must result in a permanent inability to perform three or more Activities with Loss of Independent Living" or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days.
- III. The following conditions are however not covered:
  - a. non-organic diseases such as neurosis and psychiatric illnesses;
  - b. alcohol related brain damage; and
  - c. any other type of irreversible organic disorder/dementia.

## **18. Aorta Graft Surgery**

- I. The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches. The Insured Person understands and agrees that we shall not cover:
  - a. Surgery performed using only minimally invasive or intra-arterial techniques.
  - b. Angioplasty and all other intra-arterial, catheter-based techniques, "keyhole" or laser procedures.
- II. The aorta is the main artery carrying blood from the heart. Aortic graft surgery benefit covers Surgery to the aorta wherein part of it is removed and replaced with a graft.

## **19. Motor Neuron Disease with Permanent Symptoms**

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

## **20. Angioplasty**

- I. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).
- II. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- III. Diagnostic angiography or investigation procedures without angioplasty / stent insertion are excluded.

## **21. Blindness**

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- II. The Blindness is evidenced by
  - i. corrected visual acuity being 3/60 or less in both eyes or;
  - ii. the field of vision being less than 10 degrees in both eyes.
- III. The diagnosis of blindness must be confirmed and must not be correctable by aides or surgical procedure.

## **22. End Stage Lung Failure**

- I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
  - i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
  - v. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
  - vi. Arterial blood gas analysis with partial oxygen pressures of 55mmHg or less
  - vii. Dyspnea at rest.

## **23. Loss of Limbs**

- I. The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This shall include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction.
- II. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded

## **24. Major Head Trauma**

- I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
- II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology
- III. Activities of Daily Living are:
  - i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
  - ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
  - iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
  - iv. Mobility: the ability to move indoors from room to room on level surfaces;
  - v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
  - vi. Feeding: the ability to feed oneself once food has been prepared and made available.
- IV. The following are excluded:
  - i. Spinal cord injury;

## **25. 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.

## 26. Aplastic Anaemia

- I. Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
  - a. Blood product transfusion;
  - b. Marrow stimulating agents;
  - c. Immunosuppressive agents; or
  - d. Bone marrow transplantation.
- II. The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:
  - a. Absolute neutrophil count of  $500/\text{mm}^3$  or less
  - b. Platelets count less than  $20,000/\text{mm}^3$  or less
- III. Absolute Reticulocyte count of  $20,000/\text{mm}^3$  or less Temporary or reversible Aplastic Anaemia is excluded. In this condition, the bone marrow fails to produce sufficient blood cells or clotting agents.

## 27. Bacterial Meningitis

- I. Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal chord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities for Loss of Independent Living.
- II. This diagnosis must be confirmed by:
  - a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
  - b. A consultant neurologist certifying the diagnosis of bacterial meningitis. Bacterial Meningitis in the presence of HIV infection is excluded.

## 28. Fulminant Hepatitis

- I. A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:
  - a. Rapid decreasing of liver size;
  - b. Necrosis involving entire lobules, leaving only a collapsed reticular framework.
  - c. Rapid deterioration of liver function tests;
  - d. Deepening jaundice; and
  - e. Hepatic encephalopathy.
- II. Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

## **29. Muscular Dystrophy**

- II. 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 electromyogram; or
  - d. Clinical suspicion confirmed by muscle biopsy.
- III. 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.

## **30. Apallic Syndrome or Persistent Vegetative State (PVS)**

- I. Apallic Syndrome or Persistent vegetative state (PVS) or unresponsive wakefulness syndrome (UWS) is a universal necrosis of the brain cortex with the brainstem remaining intact. The patient should be in a vegetative state for a minimum of four weeks in order to be classified as UWS, PVS, Apallic Syndrome.
- II. The diagnosis must be confirmed by a Neurologist acceptable to Us and the condition must be documented for at least one month. In this condition, the patient with severe brain damage progresses who was in coma, progresses to a wakeful conscious state, but not in a state of true awareness.

## **31. Encephalitis**

- I. Severe inflammation of the brain tissue due to infectious agents like viruses or bacteria which results in significant and permanent neurological deficits for a minimum period of 30 days, certified by a specialist Medical Practitioner (Neurologist)
- II. The permanent deficit should result in permanent inability to perform three or more Activities for Loss of Independent Living.
- III. Encephalitis in the presence of HIV infection is excluded.

## **32. Chronic Relapsing Pancreatitis**

- I. An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a registered Medical Practitioner who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterised by relapses in the form of sub lethal attacks of acute pancreatitis, irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by elevated

levels of pancreatic function tests including serum amylase, serum lipase, and radiographic and imaging evidence.

II. Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

### **33. Medullary Cystic Disease**

I. A progressive hereditary disease of the kidneys characterised by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic renal failure.

II. The diagnosis must be supported by renal biopsy.

### **34. Poliomyelitis**

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

II. Exclusions:

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

### **35. Systemic Lupus Erythematosus with Renal Involvement**

I. A multi-system, multifactorial, autoimmune disorder characterised by the development of auto- antibodies directed against various self-antigens. Systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V lupus nephritis, established by renal biopsy, and in accordance with the World Health Organization (WHO) classification).

II. The final diagnosis must be confirmed by a registered Medical Practitioner specialising in Rheumatology and Immunology acceptable to Us.

III. Other forms, discoid lupus, and those forms with only haematological and joint involvement are however not covered:

The WHO lupus classification is as follows:

- a. Class I: Minimal change – Negative, normal urine.
- b. Class II: Mesangial – Moderate proteinuria, active sediment.
- c. Class III: Focal Segmental – Proteinuria, active sediment.
- d. Class IV: Diffuse – Acute nephritis with active sediment and/or nephritic syndrome.
- e. Class V: Membranous – Nephrotic Syndrome or severe proteinuria.

### **36. Brain Surgery**

- I. The actual undergoing of Surgery to the brain under general anesthesia during which a craniotomy is performed.
- II. Exclusion: Burr hole Surgery/ brain Surgery on account of an Accident.

### **37. Severe Rheumatoid Arthritis**

- I. Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:
  - i. Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
  - ii. Permanent inability to perform at least two (2) “Activities of Daily Living”;
  - iii. Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
  - iv. The foregoing conditions have been present for at least six (6) months.
  - v. Elevated levels of C-reactive protein (CRP), or erythrocyte sedimentation rate (ESR)

### **38. Creutzfeldt-Jacob disease**

- I. Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A registered doctor who is a neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia.

### **39. Hemiplegia**

- I. The total and permanent loss of the use of one side of the body through paralysis caused by Illness or Injury, except when such Injury is self-inflicted.

### **40. Tuberculosis Meningitis**

- I. Meningitis caused by tubercle bacilli. Such a diagnosis must be supported by
  - i. Findings in the cerebrospinal fluid (CSF) report;
  - ii. Presence of acid-fast bacilli in the cerebrospinal fluid or growth of M. Tuberculosis demonstrated in the culture report or Nucleic acid amplification tests like PCR; and
  - iii. Certification by a registered doctor who is a specialist in neurology, or a physician with a degree of MD.

#### **41. Dissecting Aortic aneurysm**

- I. A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.
- II. The diagnosis must be made by a registered Medical Practitioner who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram.
- III. Emergency surgical repair is required.

#### **42. Progressive Supranuclear Palsy – resulting in permanent symptoms**

Confirmed by a registered doctor who is a specialist in neurology of a definite diagnosis of progressive supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability for a minimum period of 30 days.

#### **43. Myasthenia Gravis**

- I. An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:
  - i. Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and
  - ii. The Diagnosis of Myasthenia Gravis and categorization are confirmed by a registered Medical Practitioner who is a neurologist.

Myasthenia Gravis Foundation of America Clinical Classification:

Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere.

Class II: Eye muscle weakness of any severity, mild weakness of other muscles.

Class III: Eye muscle weakness of any severity, moderate weakness of other muscles.

Class IV: Eye muscle weakness of any severity, severe weakness of other muscles.

Class V: Intubation needed to maintain airway.

#### **44. Infective Endocarditis**

- I. Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:
  - i. Positive result of the blood culture proving presence of the infectious organism(s);
  - ii. Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
  - iii. The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a registered Medical Practitioner who is a cardiologist.

#### **45. Pheochromocytoma**

- I. Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour.
- II. The Diagnosis of Pheochromocytoma must be supported by plasma metanephrine levels and/ or urine catecholamines and metanephrines and confirmed by a registered doctor who is an endocrinologist.

#### **46. Eisenmenger's Syndrome**

- I. Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a registered Medical Practitioner who is a specialist with echocardiography and cardiac catheterisation and supported by the following criteria: -
  - i. Mean pulmonary artery pressure > 40 mm Hg;
  - ii. Pulmonary vascular resistance > 3mm/L/min (Wood units); and
  - iii. Normal pulmonary wedge pressure < 15 mm Hg.

#### **47. Chronic Adrenal Insufficiency**

- I. An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life long glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a registered Medical Practitioner who is a specialist in endocrinology through one of the following:

ACTH simulation tests;

- i. insulin-induced hypoglycemia test;
  - ii. plasma ACTH level measurement;
  - iii. Plasma Renin Activity (PRA) level measurement.
- II. Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

#### **48. Progressive Scleroderma**

- I. A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.
- II. The following conditions are excluded:
  - i. Localised scleroderma (linear scleroderma or morphea);
  - ii. Eosinophilic fasciitis; and

iii. CREST syndrome

#### **49. Elephantiasis**

- I. Massive swelling in the tissues of the body as a result of destroyed regional lymphatic circulation by chronic filariasis infection. The unequivocal diagnosis of elephantiasis must be confirmed by a registered Medical Practitioner who is a specialist physician. There must be clinical evidence of permanent massive swelling of legs, arms, scrotum, vulva, or breasts. There must also be laboratory confirmation of microfilariae infection.
- II. Swelling or lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities are excluded.

#### **50. Cardiomyopathy of specified severity**

- I. An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association Classification Class III or Class IV, or its equivalent, based on the following classification criteria:
  - Class III - Marked functional limitation. Affected patients are comfortable at rest but performing activities involving less than ordinary exertion will lead to symptoms of congestive cardiac failure.
  - Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.
- II. The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance.
- III. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

#### **51. Myelofibrosis**

- I. A disorder which can cause fibrous tissue to replace the normal bone marrow and results in anaemia, low levels of white blood cells and platelets and enlargement of the spleen. The condition must have progressed to the point that it is permanent and the severity is such that the Insured Person requires a blood transfusion at least monthly.
- II. The diagnosis of myelofibrosis must be supported by bone marrow biopsy and confirmed by a registered Medical Practitioner who is a specialist.

#### **52. Pericardectomy**

The undergoing of a pericardectomy as a result of pericardial disease or undergoing of any Surgical Procedure requiring keyhole cardiac surgery. Both these Surgical Procedures must be certified to be absolutely necessary by a specialist in the relevant field.

**53. Ovarian tumour of borderline malignancy/ low malignant potential with surgical removal of an ovary**

- I. An ovarian tumour of borderline malignancy/ low malignant potential that has been positively diagnosed with histological confirmation and has resulted in surgical removal of an ovary.
- II. For this definition the following are not covered:
  - i. Removal of an ovary due to a cyst.

**54. Keyhole Coronary Surgery**

- I. The undergoing for the first time for the correction of the narrowing or blockage of one or more major coronary arteries with bypass grafts via "Keyhole" surgery.
- II. All intra-arterial catheter based techniques are excluded from this benefit.
- III. The Surgery must be considered medically necessary by a consultant cardiologist.
- IV. Major coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

**55. Severe Crohn's disease- surgically treated**

- I. Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:
  - i. Stricture formation causing intestinal obstruction requiring admission to Hospital, and
  - ii. Fistula formation between loops of bowel, and
  - iii. At least one bowel segment resection.
- II. The diagnosis must be made by a registered Medical Practitioner who is a specialist Gastroenterologist and be proven histologically on a pathology report and/ or the results of sigmoidoscopy or colonoscopy.

**56. Cardiac Defibrillator insertion or Cardiac Pacemaker insertion**

- I. Insertion of a permanent cardiac pacemaker that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified to be absolutely necessary by a specialist in the relevant field; or
- II. Insertion of a permanent cardiac defibrillator as a result of cardiac arrhythmia which cannot be treated via any other method.
- III. The Surgical Procedure must be certified to be absolutely necessary by a specialist in the relevant field. Documentary evidence of ventricular tachycardia or fibrillation must be provided.

### **57. Carcinoma in-situ of the cervix uteri requiring treatment with hysterectomy**

- I. Carcinoma in-situ of the cervix uteri (cervix) that requires treatment with hysterectomy. The hysterectomy must have been performed on the advice of a specialist to treat carcinoma in-situ of the cervix.
- II. The following are excluded:
  - a) All grades of dysplasia
  - b) Cervical squamous epithelial lesion (SIL) and Cervical intra-epithelial neoplasia (CIN), unless carcinoma in-situ is present
  - c) Carcinoma in-situ of any other gynaecological organ (for example the ovary, or the fallopian tube)
  - d) Any other disease or disorder of the cervix or other gynaecological organs that is treated with hysterectomy

### **58. Carcinoma in-situ of the urinary bladder**

- I. Carcinoma in-situ of the urinary bladder that has been histologically confirmed on a pathology report.
- II. The following conditions are not covered:
  - a) Non-invasive papillary carcinoma
  - b) Stage Ta bladder carcinoma
  - c) All other forms of non-invasive carcinoma

### **59. Carotid Artery Surgery**

- I. The undergoing of carotid artery endarterectomy or carotid artery stenting of symptomatic stenosis of the carotid artery. The procedure must be considered necessary by a qualified specialist which has been necessitated as a result of an experience of Transient Ischaemic Attacks (TIA).
- II. Endarterectomy of blood vessels other than the carotid artery is specifically excluded.

### **60. Ductal or Lobular carcinoma in-situ of the breast – with specified treatment**

Diagnosis of ductal or lobular carcinoma in-situ of the breast, that is histologically confirmed, and results in undergoing surgical removal on the advice of the Medical Practitioner.

### **61. Small Bowel Transplant**

The receipt of a transplant of small bowel with its own blood supply via a laparotomy resulting from intestinal failure.

## 62. Severe ulcerative colitis with operation to remove the entire large bowel

- I. Acute fulminant ulcerative colitis with life threatening electrolyte disturbances.
- II. All of the following criteria must be met:
  - i. the entire colon is affected, with severe bloody diarrhoea; and
  - ii. the necessary treatment is total colectomy and ileostomy; and
  - iii. the diagnosis must be based on histopathological features and confirmed by a registered Medical Practitioner who is a specialist in gastroenterology

## 63. Testicular carcinoma in situ – requiring Surgery to remove at least one testicle

Diagnosis of, and having specified treatment of carcinoma in-situ of the testicle (also known as intratubular germ cell neoplasia unclassified or ITGCNU), histologically confirmed by biopsy, and as a result treated with orchidectomy (complete surgical removal of the testicle).

## 64. Surgical removal of an eyeball

- I. Surgical removal of an eyeball as a result of Injury or disease.
- II. For the above definition, the following is not covered:
  - i. Self-inflicted Injuries.

## 48. Emergency Hotel expense cover

Cover Description	Limit/Extent of Benefit
<b>Emergency Hotel expense cover</b>	Maximum up to Rs 10,000, and maximum up to 5 days At the option of the Insured and as stated in the Schedule

**Emergency Hotel expense cover** will reimburse the expenses for emergency hotel stay of the Insured Person, when the Insured Person is outside his/her city of residence during Policy Period and needs to stay in a hotel due to injuries resulting from an Accident.

### Special Conditions for Emergency Hotel expense cover

- I. Payout under this cover is applicable only if the claim is admissible under Medical Expenses Cover.
- II. Benefit under this cover will accrue only when there is an admissible claim under Death/ Disappearance or Permanent Total Disablement or Permanent Partial Disablement.

## 49. Named Surgeries due to Accident

Cover Description	Limit/Extent of Benefit
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<b>Named Surgeries due to Accident</b>	<p>Maximum up to 10% Capital Sum Insured</p> <p>At the option of the Insured and as stated in the Schedule</p>
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**Named Surgeries due to Accident** will pay an amount as mentioned in the Policy Schedule/ Certificate of Insurance, if the insured person is hospitalized due to the bodily injury and has to undergo a surgical procedures as mentioned in the Policy Schedule/ Certificate of Insurance, which are performed by the Physician/Surgeon.

## 50. Animal Attack

Cover Description	Limit/Extent of Benefit
<b>Animal Attack (includes Reptiles)</b>	<p>Up to the Capital Sum Insured (CSI)</p> <p>At the option of the Insured and as stated in the Schedule</p>

**Animal Attack** pays an amount as mentioned in the Policy Schedule/ Certificate of Insurance, if the insured person sustains bodily injury due to the Animal attack and is Hospitalized for 72 consecutive hours.

## 51. Medical Insurance Premium Indemnity

Cover Description	Limit/Extent of Benefit
<b>Medical Insurance Premium Indemnity</b>	<p>Maximum up to Rs 1 Lac</p> <p>At the option of the Insured and as stated in the Schedule</p>

**Medical Insurance Premium Indemnity** pay the premium cost for the Family Floater policy of the Insured, if the insured person sustains the bodily injury and which directly and independently of all other causes results in death within 12 months of the Date of Loss. We will pay the premium cost limited to one subsequent renewal premium.

### Special Conditions for Medical Insurance Premium Indemnity

- Payout under this cover is applicable only if the claim is admissible under Accidental Death of the Insured.

## 52. Home Tuition Benefit

Cover Description	Limit/Extent of Benefit
<b>Home Tuition Benefit</b>	<p>Maximum up to 10% of the Capital Sum Insured (CSI)</p> <p>At the option of the Insured and as stated in the Schedule</p>

**Home Tuition Benefit** pays the Home tuition fees per day as mentioned in the Policy Schedule/ Certificate of Insurance, if the insured Dependent child sustains the bodily injury and which directly and independently of all other causes results in Temporary Total Disablement.

### 53. Parental Care Benefit

Cover Description	Limit/Extent of Benefit
<b>Parental Care Benefit</b>	Maximum up to CSI At the option of the Insured and as stated in the Schedule

**Parental Care Benefit** pays the compensation shown in the schedule in equal shares to each Dependent Parent of the Insured person, if the insured person sustains the bodily injury and which directly and independently of all other causes results in death within 12 months of the Date of Loss.

#### Special Conditions for Parental Care Benefit

- I. Payout under this cover is applicable only if the claim is admissible under Accidental Death of the Insured.

### 54. Chauffeur Benefit

Cover Description	Limit/Extent of Benefit
<b>Chauffeur Benefit</b>	Maximum Rs. 2000/ day, maximum for 15 days At the option of the Insured and as stated in the Schedule

**Chauffeur Benefit** pay a daily amount up to the amount subject to deductible, if any, mentioned in the policy schedule, for the hire of a taxi or a chauffeur driven car or other necessarily incurred extra cost to maintain Insured Person's mobility to meet his business commitments, if insured person is partially incapacitated and unable to attend to substantial part of his/ her business commitments as a result of bodily injury.

#### Special Conditions for Chauffeur Benefit

- I. Payout under this cover is applicable only if the claim is admissible under Medical Expenses Cover.

### 55. Personal Belongings

Cover Description	Limit/Extent of Benefit
<b>Personal Belongings</b>	Maximum up to Rs. 1,00,000 At the option of the Insured and as stated in the Schedule

**Personal Belongings** covers for the loss or damage to any of the personal belongings as a result of an accident.

### Special Conditions for Personal Belongings

- I. Onus of proof of accident and personal belongings being with the insured at the time of accident lies on the Insured.
- II. Any loss of valuables, Money or any kind of securities or tickets will not be covered.
- III. Benefit under this cover will accrue only when there is an admissible claim under Death/ Disappearance or Permanent Total Disablement or Permanent Partial Disablement.

### E. Exclusions

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

1. Suicide or attempted Suicide, intentional self-inflicted injury, acts of self- destruction whether the Insured Person is medically sane or insane.
2. Any Pre-existing condition or any complication arising from the same.
3. Pregnancy or childbirth or in consequence thereof.
4. Consequential losses of any kind or actual or alleged legal liability
5. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.
6. Death or disablement arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power (Terrorism).
7. Death or disablement directly or indirectly caused by or associated with any venereal disease, sexually transmitted disease.
8. Bacterial infections (except pyogenic infection which occurs through a cut or wound due to Accident).
9. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
10. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us.
11. Death or disablement arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent.
12. Death or disablement arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.

13. Insured Persons whilst engaging in any Adventure Sports and activities unless otherwise specifically modified by the Policy.
14. Disease in the natural course of an event caused/ transmitted by insect/ virus / bacteria and the like.
15. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
16. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
17. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

## **F. General Terms and Conditions**

### **1. Duty of Disclosure**

Your duty to provide us facts related to the group and material to the insurance starts at the time of the proposal and continues through the policy period. The Policy shall be void and all premium paid shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

### **2. Grace Period for payment of premium:**

- a) The grace period of fifteen days (where premium is paid on a monthly instalments) and thirty days (where premium is paid in quarterly/half-yearly/annual instalments) is available on the premium due date, to pay the premium.
- b) If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected. The same is applicable for both Indemnity and Benefit products.
- c) If the premium is paid in instalments during the policy period, coverage will be available for the grace period also.

### **3. Cancellation**

The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Insurer shall

- a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.

b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

#### **4. Free Look Period**

The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

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

If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. This option is available in case of policies with a term of one year or more.

#### **5. Grievance Redressal Procedure**

If Customer has a grievance about any matter relating to the Policy/ Claim, and/ or the decision of the Company on any matter he/she can address the grievance as follows:

##### **Grievance Cell**

Write to :

Customer Service Universal Sampo General Insurance Co. Ltd.  
Unit No. 601 & 602, 6th Floor, Reliable Tech Park,  
Thane-Belapur Road, Airoli, Navi Mumbai,  
Maharashtra – 400708  
Email: grievance@universalsompo.com

For More details, visit – [www.universalsompo.com](http://www.universalsompo.com)

Visit Branch Grievance Redressal Officer (GRO) - Walk into any of our nearest branches and request to meet the GRO.

##### **Grievance Redressal Officer**

In case, the customer is not satisfied with the decision/resolution of the above office or have not received any response, he/ she may write or email/mail to:

Customer Service Universal Sampo General Insurance Co. Ltd.  
Unit No. 601 & 602, 6th Floor, Reliable Tech Park,  
Thane-Belapur Road, Airoli, Navi Mumbai,  
Maharashtra – 400708  
Email ID: GRO@universalsompo.com

### **Insurance Ombudsman**

Bima Bharosa Portal link: <https://bimabharosa.irdai.gov.in/>

The customer can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any.

The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site: <https://www.cioins.co.in/Ombudsman>.

Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at [www.irdai.gov.in](http://www.irdai.gov.in), or of the General Insurance Council at <https://www.gicouncil.in/>, the Consumer Education Website of the IRDAI at <http://www.policyholder.gov.in>, or from any of Offices of the Company.

### **6. Geography**

This Policy applies to events or occurrences taking place anywhere in the world unless limited under this Policy in a particular benefit or definition or by Us through an endorsement.

### **7. Timely Premium Payment**

Premium, whether full policy period premium or instalment premium or endorsement premium, will have to be paid before the due dates indicated by us and it is a condition precedent for assumption of risk on our part.

- i. In case of instalment facility, premium for all the instalments will have to be paid as per the frequency, amounts and dates indicated in the schedule.
- ii. Non-payment of an instalment will terminate the policy from the due date of the related unpaid instalment.

### **8. Membership Inclusion**

All members of your group are deemed and required to be insured under this policy. The Policyholder/ Group administrator will have the duty of declaring all new inclusions to the group from the respective dates of their employment/ enrolment and of paying the due additional premium.

### **9. Alteration of Risk**

You must inform us as soon as possible if circumstances occur, or if changes or alterations are intended or made which increase our risk of loss damage, injury, illness or liability. Failure to do so will render claims voidable.

## **10. Termination of Policy**

The policy shall terminate from the date of cancellation as per the cancellation condition or, in case of non-renewal, the policy expiry date whichever is earlier.

## **11. Fake Claims**

If you or any one on your behalf makes a claim that is in any way false, dishonest or fraudulent, then payment of the claim will be prejudiced and may be denied.

## **12. Fact-finding and Medical Examination**

We shall be entitled at our expense to have any insured person medically examined and get facts verified through investigation in the event of a claim with reasonable notice to you or your nominee or your legal representative [as the case may be].

## **13. Notifications**

Exchange of all notices and communications between you and us shall be in writing and have the following conditions:

- i. If it is to You, then it shall be sent to You at Your last updated address as shown in Our records and You shall act for all Insured Persons for these purposes.
- ii. If it is to Us, it shall be delivered to Our address specified in the Policy Schedule.
- iii. No insurance agents, brokers or other person or entity is authorized to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.
- iv. Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail after posting.
- v. You must immediately bring to Our notice any change in the address or contact details. If You fail to inform Us, We shall send notice to the last known address and it would be considered that the notice has been sent to You.

## **14. Contribution**

While making a claim on your policy, you must also provide us with written details of all other policies that may also pay or partially pay that claim. Providing such information in case of indemnity covers under this policy is mandatory.

## **15. Reasonable Care**

You must take all reasonable care to prevent or minimize loss, damage, injury, illness or liability. Wilful neglect of any kind shall prejudice consideration of a claim.

## **16. Jurisdiction**

The construction, interpretation and meaning of the provisions of this policy shall be determined in accordance with Indian law. In the event of any dispute arising under this policy, both You and Us will have to submit to the exclusive jurisdiction of Courts under the Indian judicial system.

## **17. Arbitration**

The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy.

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

(This clause does not apply to Group policies where premium is paid by members)

## **G. Claims Procedure**

### **1. Policyholder's / Insured Person's Duties at the Time of Claim –**

On occurrence of an event which will lead to a Claim under this Policy, the Policyholder/ Insured Person shall:

- a) Forthwith intimate the Claim
- b) If so requested by Us, the Insured Person will have to submit himself / herself for a medical examination including any Pathological / Radiological examination by Independent Medical Practitioner as often as it is considered reasonable and necessary. The cost of such examination will be borne by Us.
- c) Allow the Medical Practitioner or any of Our representatives to inspect the medical and Hospitalization records, investigate the facts.
- d) Assist and not hinder or prevent Our representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.

### **2. Claim Intimation:**

Upon the occurrence of any event that may give rise to a claim under this Policy, the Policyholder/ Insured Person or Nominee, must notify Us immediately at the call center or in writing within seven (7) days of occurrence of such event.

The following details are to be provided to Us at the time of intimation of Claim:

- a) Policy Number
- b) Name of the Policy-holder
- c) Employee / Member Code, if any
- d) Name of the Insured person in whose relation the Claim is being lodged
- e) Nature of Event

- f) Name and Address of the attending Medical Practitioner and Hospital (if admission has taken place)
- g) Date of Event
- h) Any other information, documentation as requested by Us

### **3. Claims Documents**

In case of any Claim for the covered Benefit, the indicative list of documents as mentioned below shall be provided by the Policyholder/Insured Person, immediately.

We may consider the delay in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which the Insured Person was placed, it was not possible for him or any other person to give notice or file claim within the prescribed time limit. However, no proof will be accepted if furnished later than one (1) year from the time the loss occurred. Requirement of all or any of the following documents will depend on the nature of claim.

### **4. Documents required for Claims Processing:**

- a) Duly filled and signed claim form.
- b) Copy of FIR/ Panchnama /Police Inquest Report (if conducted) duly attested by the Police; Copy of Medico Legal Certificate duly attested by the concerned Hospital/ Police, Final police report attested by Police.
- c) Copy of Death Certificate (issued by the office of Registrar of Births and Deaths)
- d) Copy of Post-mortem report if conducted duly attested by the Police, Copy of viscera report wherever applicable duly attested by the Police.
- e) Copy of Hospital record, if applicable
- f) Valid driving license of the insured if he/she is driving the vehicle at the time of accident
- g) Original Passenger Ticket / Boarding Pass issued in the name of the Insured Person from the Public Transport (in case of death in a Public Transport). Wherever a named ticket is not available, onus of proof of travel will be upon the Insured Person.
- h) Identity proof of Nominee or Original Succession Certificate / Original Legal Heir Certificate or any other proof to Our satisfaction for the purpose of a valid discharge in case nomination is not filed by deceased.
- i) Disability certificate
- j) Leave/Absence Certificate from Employer (If Employed) Additional documents required under Copy of Birth Certificate and Copy of School ID Card
- k) Study Certificate from the school of the dependent child mentioning the parent's name
- l) Original bills, prescriptions, investigation reports, discharge card wherever applicable
- m) Loss of Employment/Termination Letter indicating the reason for termination, Salary Slip of last 3 months (for salaried persons).

- n) Photo Identity Proof - Voter ID, Passport, PAN Card, Driving License, Ration Card, Aadhar card, or any other proof accepted by the KYC norms as approved by Us and which is admissible in court of law.
- o) Cancelled cheque copy
- p) Duly Filled & Signed Bank Mandate Form & CKYC Form, by Payee / Nominee
- q) Pass Book Copy of Payee / Nominee.
- r) Any other documents pertaining to the claim as requested by us.

## **5. Claim Investigation**

We may investigate Claims at Our own discretion to determine the validity of Claim. Such investigation may be concluded within fifteen (15) days from the date of Submission of Claim. Verification carried out, if any, will be done by individuals or entities authorized by Us to carry out such verification/ investigation(s) and the costs for such verification/ investigation shall be borne by Us.

## **6. Settlement and Repudiation of a Claim**

- i The Company shall settle or reject a claim, as the case may be, within 15 days from the date of submission of the claim.
- ii In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt date of receipt of intimation to till the date of payment.
- iii However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 15 days from the date of submission of claim.
- iv In case of delay beyond stipulated 15 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of intimation to till the date of payment.

## **7. Payment Terms**

- a) All Claims will be payable in India and in Indian rupees.
- b) We will only make payment to the Insured Person/ Policyholder under this Policy. The receipt of payment by the Insured Person / Policyholder shall be considered as a complete discharge of our liability against any claim under this Policy. In the event of Your death, We will make payment to the Nominee / Assignee (as named in the Policy Schedule/ Certificate of Insurance).
- c) Our total liability in aggregate for all claims under the Policy for a specific Insured Person shall not exceed the respective Sum assured of that Insured Person as mentioned in Policy Schedule.
- d) In case of claims for accidental death of the Insured Person, where a Nominee(s)/Assignee has not been mentioned in the Proposal Form, the claim payment shall be made as per Indian succession law.



The contact details of the Insurance Ombudsman offices are as below-

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, Dadra & Nagar Haveli, Daman and Diu	<b>AHMEDABAD</b> Shri K.Vinayak Rao Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02 Email: oio.ahmedabad@cioins.co.in
Karnataka.	<b>BENGALURU</b> Ms Neerja Kapur 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, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: oio.bengaluru@cioins.co.in
Madhya Pradesh Chattisgarh.	<b>BHOPAL</b> Shri Ajay Kumar Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: oio.bhopal@cioins.co.in
Odisha	<b>BHUBANESHWAR</b> Shri Ajay Kumar Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455/2596429/2596003 Email: oio.bhubaneswar@cioins.co.in
Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh,	<b>CHANDIGARH</b> Ms Alka Jha Insurance Ombudsman

<p><b>Union Territories of Jammu &amp; Kashmir, Ladakh &amp; Chandigarh.</b></p>	<p>Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: oio.chandigarh@cioins.co.in</p>
<p><b>Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).</b></p>	<p><b>CHENNAI</b> Shri K. Vinayak Rao Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: oio.chennai@cioins.co.in</p>
<p><b>Delhi &amp; following Districts of Haryana - Gurugram, Faridabad, Sonapat &amp; Bahadurgarh.</b></p>	<p><b>DELHI</b> Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: oio.delhi@cioins.co.in</p>
<p><b>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura</b></p>	<p><b>GUWAHATI</b> Shri Ajay Kumar Sharma Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar , S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: oio.guwahati@cioins.co.in</p>
<p><b>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</b></p>	<p><b>HYDERABAD</b> Ms G Shobha Reddy Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom , A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: oio.hyderabad@cioins.co.in</p>

<p><b>Rajasthan.</b></p>	<p><b>JAIPUR</b> Shri Satyajeet Rajan Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: oio.jaipur@cioins.co.in</p>
<p><b>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry</b></p>	<p><b>KOCHI</b> Shri Pradeep Kumar Jain 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: oio.ernakulam@cioins.co.in</p>
<p><b>West Bengal, Sikkim, Andaman &amp; Nicobar Islands.</b></p>	<p><b>KOLKATA</b> Shri Ajay Kumar Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: oio.kolkata@cioins.co.in</p>
<p><b>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar</b></p>	<p><b>LUCKNOW</b> Shri Ajay Kumar Sharma 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: oio.lucknow@cioins.co.in</p>

<p><b>Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N , S and T covered under Office of Insurance Ombudsman Thane and excluding areas of Navi Mumbai.</b></p>	<p><b>MUMBAI</b>  Ms Sarojini S Dikhale  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: oio.mumbai@cioins.co.in</p>
<p><b>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.</b></p>	<p><b>NOIDA</b>  Ms Alka Jha  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: oio.noida@cioins.co.in</p>
<p><b>Bihar, Jharkhand.</b></p>	<p><b>PATNA</b>  Ms Neerja Kapur  Insurance Ombudsman  Office of the Insurance Ombudsman,  2nd Floor, Lalit Bhawan,  Bailey Road,  Patna 800 001.  Tel.: 0612-2547068  Email: oio.patna@cioins.co.in</p>
<p><b>State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district &amp; Mumbai Metropolitan Region</b></p>	<p><b>PUNE</b>  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: oio.pune@cioins.co.in</p>
<p><b>Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T."</b></p>	<p><b>THANE</b>  Shri Umesh Sinha  Insurance Ombudsman  Office of the Insurance Ombudsman,</p>

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