



ALLAHABAD BANK HEALTH CARE PLUS **PROSPECTUS**

We, at USGI always endeavor to bring the best of Insurance products and services to our esteemed customers. In order to cater to the needs of the customers of Allahabad Bank, we have designed the “Allahabad Bank Health Care Plus” in association with Allahabad Bank.

The Allahabad Bank Health Care Plus Policy is a complete health Insurance Plan that covers you, your spouse and two dependent children and dependant parents and unlike any other regular policy, wherein a family has to take individual policies for each member, this unique family floater gives you the flexibility of taking one policy that covers the entire family under a single sum insured.

The Policy takes care of the hospitalization expenses, subject to maximum Sum Insured, in respect of the following eventualities:

- a. Sudden illness
- b. An accident
- c. Any surgery that is required in respect of any disease.

1. Who can take the Policy?

The scheme provides for Mediclaim Insurance cover, which is available to all the customers of Allahabad Bank maintaining a S.B. or C.D account with them including NRI customers. However, the cover is available for treatment in hospitals in India only.

2. Eligibility

All account holders of Allahabad Bank within the age band of 18 to 65 years are eligible to take the Policy.

- The enrollment age under the policy is from 5 years to 65 years. Persons above 65 years of age, can be covered, if there has been a continuous cover under any Health Insurance Policy taken from any Indian Insurance Company without any break in insurance
- An individual may cover **himself/ herself and his/ her spouse, dependent children under Plan A** of the Policy and **himself/herself, his/her spouse, dependent children and dependent parents under Plan B** of the policy.
- The maximum age under till which dependent male child can be covered is 21 years of age and dependent female child can be covered is 25 years or till she marries, whichever is earlier. Dependent children below 3 months can be covered with at least one parent under the Policy.
- The Company would require submission of Medical Reports for ECG and Blood Sugar (Fasting+ PP) when the Insured Person is above 50 years. This requirement will only be for fresh Proposals, when the Sum Insured is enhanced at the time of renewal or when there is break in insurance for more than 15 days. 50% of such medical examination costs shall be reimbursed by us, if the proposal is accepted.
- The Policy shall ordinarily be renewable for lifetime except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by any Insured Persons.

3. What is covered under the Policy?

1. Basic Coverage

The Policy covers reimbursement of Hospitalization expenses for illness / diseases contracted or injury sustained by the Insured Person. In the event of any claim becoming admissible under Policy, the company will pay to the Hospital / Nursing Home / Insured person but not exceeding Sum Insured selected for the family as stated in the Schedule and subject to terms and conditions of the Policy, during the Period of Insurance for the following expenses:

- A. Room, Boarding expenses as charged by the Hospital / Nursing Home
- B. Nursing expenses



- C. Fees paid to Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists
D. Anaesthetist, Blood, Oxygen, Operation Theatre charges, Surgical appliances, Medicines & Drugs, Diagnostic Material and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs. Expenses on hospitalization incurred anywhere in India are covered.

Expenses on hospitalization in Bhutan and Nepal are also covered but Cashless service is not available. Claim settlement will be only in Indian Currency.

2. Duration of Hospitalization

Expenses on hospitalization for a minimum period of 24 hours are admissible. However, this time limit is not applied to specific treatments, i.e. Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Lithotripsy (Kidney stone removal), D&C, Tonsillectomy taken in the Hospital / Nursing Home and where in the insured is discharged on the same day, such treatment will be considered to have been taken under hospitalization benefit. This condition will also not apply in case of stay in Hospital for less than 24 hours provided (a) the treatment is such that it necessitates hospitalization and the procedure involves specialized infrastructural facilities available in hospitals (b) due to technological advances hospitalization is required for less than 24 hours only.

3. Pre Hospitalization

Medical expenses incurred during period up to 30 days prior to hospitalization on disease/ illness/ injury sustained which forms part of illness for which there is valid claim under the Policy will be considered as part of the claim subject to availability of Sum Insured.

4. Post Hospitalization

Relevant medical expenses incurred during period up to 60 days after hospitalization on disease/ illness/ injury sustained which forms part of illness for which there is valid claim under the Policy will be considered as part of the claim subject to availability of Sum Insured.

5. Other Benefits under the Policy

A. Maternity Expenses

- This Benefit is admissible only if the expenses are incurred in a Hospital/ Nursing Home as an in-patient in India, arising from or traceable to pregnancy, childbirth including normal caesarean section.
- A waiting period of 9 months is applicable for payment of any claim relating to normal delivery or caesarean section or abdominal operation for extra uterine pregnancy. The waiting period may be relaxed only in case of delivery, miscarriage or abortion induced by accident or other medical emergency. Baby Care Expenses are payable, for treatment given to the new born child in the hospital as an inpatient for a maximum period of 90 days from the date of its birth and forms the part of Sum Insured.
- Claim in respect of delivery for only first two children and / or operations associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof. Those Insured Persons who are already having two or more living children will not be eligible for this benefit.
- Expenses incurred in connection with voluntary medical termination of pregnancy except natural or accidental termination of pregnancy during the first 12 weeks from the date of conception are not covered.
- Pre-natal and post natal expenses incurred only as an inpatient in a Hospital / Nursing Home only are covered.
- Expenses payable under Maternity Expenses benefit shall form part of Sum Insured under the Policy.
- The reimbursement under Maternity benefit is limited to actual expenses subject to a maximum of 5% of the Sum Insured.

B. Ambulance Charges

The charges incurred for emergency transport of the patient from place of accident / illness to the hospital where treatment is taken or incurred for transport of the patient by the hospital where the patient is taken to another hospital for treatment / diagnostic tests etc. The overall limit under the Policy shall be Rs.1000/- per Policy Period. This forms part of Sum Insured under the Policy.



C. Hospital Cash to Parents

In case of Hospitalization of Children up to Age 12 years Cash allowance of Rs.100/- per day subject to a maximum of Rs.1000/- will be given to account holder, in respect of valid claim is there under the Policy. The overall limit under the Policy shall be Rs.1000/- per Policy period and forms part of Sum Insured under the Policy.

D. Cost of Health check up

The insured shall be entitled for reimbursement of cost of health check-up once at the end of block of every three claim free renewals (under this scheme) provided there are no claims reported during the block. The cost so reimbursable shall not exceed 1% of the amount of average Sum Insured during the block of Four Claim Free Policies. This Provision is applicable only in respect of continuous Insurance without any break.

E. Funeral Expenses

In case of death of any of the insured persons following hospitalization with valid claim under the Policy, Funeral expenses of Rs.1000/- will be paid under the Policy. This amount will be over and above Sum Insured under the Policy.

6. Third Party Administrator (TPA).

Third Party Administrator who is duly licensed by the Insurance Regulatory and Development Authority, and is engaged for the provision of cashless Health Services at the hospitals on their network. The details of the engaged TPA, Network Providers and Diagnostic centres can be found at our website www.universalsampo.com

Extensions Under The Policy

Optional Extension Personal Accident Cover:

- On payment of additional Premium, Policy can be extended to cover the Account holder, spouse and two dependent children against Death due to Accident. This Cover is not available for Parents of account holders.
- Accident anywhere in the world is covered. However, claim settlement will be only in Indian currency
- The amount payable under the cover is as per the table below subject to maximum of Sum Insured selected for the family as stated in the Schedule during the Period of Insurance, which shall be same as Sum Insured for the Health cover.

Insured Person	% of Sum Insured	Insured Person	% of Sum Insured
In case of Death of account holder	100% of the SI	In case of Death of spouse	50% of SI
In case of Children above 12 years of age	20% of the SI	In case of Death of Children below 12 years of age	10% of SI

1. Additional Benefits under the Policy

- i. Tax benefit:** Only the Medical Premium Component (excluding Service Tax thereon) is eligible for rebate under Section 80D of the Income Tax Act.
- ii. Sum Insured:** Choice of Sum Insured ranges from Rs 50,000/- to Rs 5, 00,000/- in multiples of Rs 50,000.
- iii. Portability:**
If You were insured continuously and without a break, under another Indian similar health insurance Policy with any other Indian General Insurance company or from Us, it is understood and agreed that:
 - a) If You wish to exercise the Portability Benefit, We should have received Your application with complete documentation at least 45 days before the expiry of Your present period of insurance;
 - b) This benefit is available only at the time of Renewal of the existing health insurance Policy.
 - c) The Portability Benefit shall be applied subject to the following:



1. Your proposal shall be subject to Our medical underwriting
2. We reserve the right to modify or amend the terms and the applicability of the Portability Benefit in accordance with the provisions of the regulations and guidance issued by the Insurance Regulatory and Development Authority as amended from time to time.

iv. **Free Look Period:** (Not applicable on renewals)

We shall give You a Free Look Period at the inception of the Policy and

1. You will be allowed a period of at least 15 days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable.
2. If You have not made any claim during the Free Look period, You shall be entitled to
 - a) A refund of the premium paid less any expenses incurred by Us on Your medical examination and the stamp duty charges or;
 - b) where the risk has already commenced and the option of return of the Policy is exercised by You, a deduction towards the proportionate risk premium for period on cover or;
 - c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period

2. Conditions under the Policy

Co-payment: 20% co-pay shall be applicable on each and every claim of Insured above 55 years of age

Cancellation: We may cancel this Policy by sending 15 days notice in writing by recorded delivery to You at Your last known address, However this clause shall not be exercised except on grounds of fraud, moral hazard, misrepresentation, or suppression of any material fact either at the time of taking the Policy or any time during the currency of the Policy. You will then be entitled to a pro-rata refund of premium for the unexpired Period of this Policy from the date of cancellation, which We are liable to pay on demand.

You may cancel this Policy by sending a written notice to Us. We shall retain premium for the Period We were on risk which will be calculated based on following Short Period table and the balance will be refunded to You subject to the condition that no claim has been preferred on Us :

Expired Period	Premium Retained
Up to 1 month	25% of the Annual Premium
Above 1 month and up to 3 months	50% of the Annual Premium
Above 3 months and up to 6 months	75% of the Annual Premium
Above 6 months	100% of the Annual Premium

Renewal of the Policy

- a. Your Policy shall ordinarily be renewable till lifetime of age except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by You/ any of the Insured Person
- b. The Renewal of a Policy sought by You shall not be denied arbitrarily. If denied, We shall provide You with cogent reasons for such denial of Renewal.
- c. Company shall not deny the Renewal of the Policy on the ground that You had made a claim or claims in the previous or earlier years, except for the optional benefit covers where the coverage under the benefits viz. Personal Accident shall terminate following payment
- d. After the completion of maximum renewal age of dependent children, the policy would be renewed for lifetime, Subject to Separate proposal form to be submitted to us at the time of renewal with the insured member as proposer and subsequently the policy should be renewed with us annually and within the Grace period of 30 days from date of Expiry. Suitable credit of continuity/waiting periods for all the previous policy years would be extended
- e. We shall provide for a mechanism to condone a delay in Renewal up to 30 days from the due date of Renewal without deeming such condonation as a Break in Policy. However coverage shall not be available for such period.
- f. If You move into a higher age band, the premium will increase at the next Renewal. However, this Policy will not be subject to any alteration in premium rates generally introduced until the next Renewal.



- g. If the Policy is not renewed within the Grace Period then We may agree to issue a fresh Policy subject to Our underwriting criteria and no continuing benefits shall be available from the expired Policy.
- h. All premiums are payable in advance of any cover under this Policy being provided.
- i. The basic premium applicable under the Policy may be revised at a later stage subject to approval from IRDAI

Policy Term: The term of your policy shall be 12 months from the date of commencement of risk.

Policy premium: The premium under the Policy shall be payable in advance every year in a single installment.

Sum Insured Enhancement: The Sum Insured under the Policy can be enhanced only at renewal subject to Our underwriter's approval.

Substitute Product: In case We may decide to withdraw this product under which this Policy is issued to You or where the children have reached maximum eligibility age or where the maximum renewable age under the Policy has been reached, We shall provide You with an option to buy a substitute health insurance Policy from Us.

You will be given the Portability credit based on the number of years of continuous and uninterrupted insurance cover under this Policy towards the waiting periods in the new substitute health insurance Policy issued by Us.

Three Month Notice: We shall give You notice in the event We may decide to revise, modify or withdraw the product. Such notice shall be given to You at least three months prior the date when such modification or revision or withdrawal comes into effect. We also promise You that

- i. In case of modification or revision, the notice given to You shall detail the reasons for such revision or modification, in particular the reason for an increase in premium (if any) and the quantum of such increase.
- ii. The product shall be withdrawn only after due approval from the Insurance Regulatory and Development Authority. However, if You do not respond to Our intimation in case of such withdrawal, the Policy shall be withdrawn on the Renewal date and We shall provide You with an option to migrate to a substitute product offered by Us, subject to portability conditions.

3. What is not covered under the Policy? (Major Exclusions under the Policy)

1. 30 days Waiting Period

A waiting period of 30 days will apply to all claims unless:

- i. You have been insured under this Policy continuously and without any break in the previous Policy Year, or
- ii. You were insured continuously and without interruption for at least 1 year under any other Indian insurer's individual health insurance Policy for the reimbursement of medical costs for inpatient treatment in a Hospital, and You establish to Our satisfaction that You were unaware of and had not taken any advice or medication for such Illness or treatment.
- iii. If You renew with Us or transfer from any other insurer and increase the Sum Insured (other than as a result of the application of Cumulative Bonus upon Renewal with Us, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.

2. Pre-existing diseases

Pre-existing diseases will not be covered until 48 months of continuous coverage have elapsed, since inception of the first Policy with Us; but:

- 1. If You are presently covered and have been continuously covered without any break under:
 - i) an individual health insurance plan with an Indian insurer for the reimbursement of medical costs for inpatient treatment in a Hospital,
OR
 - ii) any other similar health insurance plan from Us, then, Pre-existing diseases exclusion of the Policy stands deleted and shall be replaced entirely with the following:
 - i) The waiting period for all Pre-existing diseases shall be reduced by the number of Your continuous preceding years of coverage under the previous health insurance Policy;



AND

- ii) If the proposed Sum Insured for You is more than the Sum Insured applicable under the previous health insurance Policy (other than as a result of the application of Cumulative Bonus), then the reduced waiting period shall only apply to the extent of the Sum Insured under the previous health insurance Policy.

3. Hospitalization expense incurred in the first year of operation of the insurance cover on treatment of the following Diseases:

- Cataract
- Benign Prostatic Hypertrophy
- Myomectomy, Hysterectomy
- Hernia, Hydrocele
- Fistula in anus, Piles
- Arthritis, Gout, Rheumatism
- Joint replacement unless due to accident
- Sinusitis and related disorders
- Stone in the urinary and biliary systems
- Dilatation and Curettage
- Skin and all internal tumors/cysts/nodules/polyps of any kind, including breast lumps unless malignant, adenoids and hemorrhoids
- Dialysis required for renal failure
- Surgery on tonsils and sinuses
- Gastric and duodenal ulcers

However, a waiting period of 1 year will not apply if You were insured continuously and without interruption for at least 1 year under any Our or other Indian insurer's individual health insurance Policy for the reimbursement of medical costs for inpatient treatment in a Hospital.

NB: The reduction in the waiting period specified above shall be applied subject to the following:

- i) We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian insurance Company (if applicable);
- ii) We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance Policy even if You have submitted to Us all documentation
- iii) We shall consider only completed years of coverage for waiver of waiting periods.

Other Exclusions:

1. Injury or Diseases directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operation (whether war be declared or not).
2. Circumcision unless necessary for the treatment of a Disease not otherwise excluded or required as a result of accidental bodily injury; vaccination, inoculation, cosmetic or aesthetic treatment of any description (including any complications arising thereof), plastic surgery except those relating to treatment of Injury or Disease .
3. Cost of spectacles and contact lens or hearing aids.
4. Dental treatment or surgery of any kind.
5. Convalescence, general debility, run down condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self-injury and use of intoxicating drugs/alcohols.



6. Any expense on treatment related to HIV, AIDS **Human T-Cell Lymphotropic Viruses** types III (III-LB-III) or **Lymphadenopathy Associated viruses (LAV)** or the **Mutant derivatives** or **Variations Deficiency Syndrome** and all related medical condition.
7. Expenses on Diagnostic, X-Ray, or Laboratory examinations unless related to the treatment of Disease or Injury falling within ambit of Hospitalisation or Domiciliary Hospitalisation claim.
8. Voluntary medical termination of pregnancy during first 12 weeks from the date of conception and expenses on treatment of any infertility, sub fertility or assisted conception treatment.
9. Injury or Diseases directly or indirectly caused by or contributed to by nuclear weapons/material.
10. Any expense on treatment of Insured Person as outpatient in a Hospital.
11. Any expense on Naturopathy, non-allopathic treatment and/or any treatments not approved by Indian Medical council Any expense related to Disease/Injury suffered whilst engaged in adventurous sports like hand gliding, mountaineering, rock climbing, sky diving, professional or amateur racing, parachuting, skiing, ice skating, ballooning, river rafting, polo playing, horse racing or sports of similar nature.
12. External medical equipment of any kind used at home as post hospitalisation care like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous peritoneal ambulatory dialysis (C.P.A.D) and oxygen concentrator for bronchial asthmatic condition, etc.
13. Any expense under Domiciliary Hospitalisation
14. Pre and post natal expenses are excluded unless incurred as inpatient in a hospital
15. War, riots, strike, terrorism acts, nuclear weapon induced treatment

4. Claims Procedure

A) Reimbursement Claims Process:

Upon happening of any injury / Disease which may give rise to a claim under this Policy

- You shall give Us a notice to Our call centre immediately and also intimate in writing to Our Policy issuing office but not later than 7 days from the date of Hospitalisation. A written statement of the claim will be required and a Claim Form will be completed and the claim must be filed within 30 days from the date of discharge from the Hospital or completion of treatment.
- You must give all original or copies of bills, receipts, certificates, post-mortem report in the event of death, information and evidences from the attending Medical Practitioner / Hospital / Chemist / Laboratory as required by Us. On receipt of intimation from You regarding a claim under the Policy, We are entitled to carry out examination and obtain information on any alleged Injury or Disease requiring Hospitalisation if and when We may reasonably require.

B) Cashless Claims:

Cashless Service: You can avail cashless hospitalisation facility at any hospital in the network of the TPA. We will provide a Cashless Service by making payment to the extent of Our liability direct to the Network

Hospital as long as We are given notice that the Insured Person wishes to avail Cashless Service accompanied by full particulars at least 48 hours before any planned treatment or Hospitalisation or within 24 hours after the treatment or Hospitalisation in the case of an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily alteration or occasion requiring immediate medical attention).

In case if You want to avail cashless facility in any of the network hospital you shall follow the process as mentioned below.



Universal Sampo General Insurance Co. Ltd.

Suraksha, Hamesha Aapke Saath
Toll free Fax No. 022-29211844 Email: contactus@universalsampo.com

- Carry the Health Card/ copy of E-cards.
- Obtain Pre Authorization form from the hospital counter.
- Fill up the form and submit it at the hospital counter.
- Ensure that hospital faxes the pre authorization form to TPA or you can fax the form to TPA yourself.
- Once the form has been faxed, TPA will send the authorization to the Hospital.
- Once cash less approval is received, patient need not pay the bill to the hospital for covered medical expenses

Claim Processing

1. We shall settle claim(s) as per Policy terms and conditions, including its rejection, within thirty days of the receipt of the last necessary claim document.
2. We shall have no liability under this Policy, once the Sum Insured (Maximum Limit of Indemnity) with respect to any of the Sections, is exhausted by You or Your Insured Family Member.
3. All admissible claims under this Policy shall be paid by Us within 7 working days from date of acceptance of such a claim. In case of delay in the payment, We shall be liable to pay interest at a rate which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Us.
4. We shall condone delay on merit for delayed claims where the delay is proved to be beyond Your control.

Claim Disclaimer

In the unfortunate event of any loss or damage to the insured property resulting into a claim on this policy, please intimate the mishap IMMEDIATELY to our Call Centre at Toll Free Numbers on 1800-200-5142 (other users) or on chargeable numbers at (022)-39635200. Please note that no delay should be allowed to occur in notifying a claim on the policy as the same may prejudice liability.

In case of any discrepancy, complaint or grievance, please feel free to contact us within 15 days of receipt of the Policy.

Premium

PLAN A - HEALTH SECTION COVERAGE FOR SELF, SPOUSE, 2 DEPENDENT CHILDREN								
Sum Insured	0-25	26-35	36-45	46-55	56-65	66-70	71-80	> 80
50,000	914	1005	1097	1188	1371	1645	1737	1911
1,00,000	1767	1944	2120	2297	2651	3181	3357	3693
1,50,000	2587	2846	3104	3363	3881	4657	4915	5407
2,00,000	3328	3661	3994	4326	4992	5990	6323	6955
2,50,000	3985	4384	4782	5181	5978	7173	7572	8329
3,00,000	4643	5107	5572	6036	6965	8357	8822	9704
3,50,000	5217	5739	6260	6782	7826	9391	9912	10903
4,00,000	5792	6371	6950	7530	8688	10426	11005	12106
4,50,000	6369	7006	7643	8280	9554	11464	12101	13311
5,00,000	6943	7637	8332	9026	10415	12497	13192	14511
PLAN B - HEALTH SECTION COVERAGE FOR SELF, SPOUSE, 2 DEPENDENT CHILDREN, 2 DEPENDENT PARENTS								
Sum Insured	0-25	26-35	36-45	46-55	56-65	66-70	71-80	> 80
50,000	1543	1697	1852	2006	2315	2777	2932	3225
1,00,000	2986	3285	3583	3882	4479	5375	5673	6240
1,50,000	4373	4810	5248	5685	6560	7871	8309	9140
2,00,000	5622	6184	6746	7309	8433	10120	10682	11750
2,50,000	6733	7406	8080	8753	10100	12119	12793	14072



Universal Sampo General Insurance Co. Ltd.

Suraksha, Hamesha Aapke Saath

Toll free Fax No. 022-29211844 Email: contactus@universalsompo.com

3,00,000	7844	8628	9413	10197	11766	14119	14904	16394
3,50,000	8816	9698	10579	11461	13224	15869	16750	18425
4,00,000	9786	10765	11743	12722	14679	17615	18593	20452
4,50,000	10761	11837	12913	13989	16142	19370	20446	22491
5,00,000	11731	12904	14077	15250	17597	21116	22289	24518

Note:

- a) Above Premium is calculated on basis of age of the Proposer
- b) Rates are excluding all taxes as applicable
- c) Premium paid is eligible for Tax deduction under 80 D of IT Tax Act, 1961 (Tax benefits are subject to change as per tax laws)
- d) All premium rates are annual rates in Rs.

PREMIUM FOR PA DEATH BENEFIT PLAN A AND PLAN B	
Sum Insured	Premium
50,000	23
1,00,000	46
1,50,000	69
2,00,000	93
2,50,000	116
3,00,000	139
3,50,000	162
4,00,000	185
4,50,000	208
5,00,000	231

Note:

- a) PA cover is not available for parents
- b) Rates are excluding all taxes as applicable
- c) All premium rates are annual rates in Rs.

**Tax Benefits are subject to change as per change in Tax Laws.

For all your service requests e-mail us at contactus@universalsompo.com

Statutory Warning:

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebates as may be allowed in accordance with the published prospectuses or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Ten Lakh Rupees

Please note: The prospectus contains only an indication of cover offered, for complete details on terms, conditions, coverages and exclusions please get in touch with us or our agent and read policy wordings carefully before concluding a sale.

Insurance is a subject matter of solicitation.

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