MANIPALCIGNA FLEXICARE GROUP INSURANCE POLICY

Policy Contract

B. Preamble

This Policy is a contract of insurance between You and Us and We will provide the insurance cover detailed in the Policy to the Insured Person/s up to the Sum Insured/ limits specified in the Policy Schedule/ Certificate of Insurance, subject to:

(i) the terms, conditions, exclusions and waiting periods applicable under this Policy,

(ii) the receipt of Premium against each benefit applicable, in full,

(iii) the Disclosure to Information norm (including by way of the Proposal or Information Summary Sheet) in respect of all insured persons and

(iv) the limits and conditions specified under Policy Schedule/Certificate of Insurance.

C. Definitions

C.I. Standard Definitions

Accident: Accident means sudden, unforeseen and involuntary event caused by external visible and violent means.

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

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

i. having qualified registered AYUSH Medical Practitioner(s) in charge;

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

iii. maintaining daily record of the patients and making them accessible to the insurance company's authorized representative.

AYUSH Hospital: An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising any of the following:

i) Central or State Government AYUSH Hospital;or

ii) Teaching hospitals attached to AYUSH College recognized by Central Government/Central Council of Indian Medicine and Central Council of Homeopathy; or

iii) AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

a) Having at least five in-patient beds;

b) Having qualified AYUSH Medical Practitioner in charge round the clock;

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

d) Maintaining daily record of the patients and making them accessible to the insurance company's authorized representative.

AYUSH Treatment: AYUSH treatment refers to the medical and/or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems

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

Condition Precedent: Condition Precedent means a policy term or condition upon which the Insurer's Liability under the Policy is conditional upon.

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

a) Internal Congenital Anomaly

Congenital anomaly which is not in the visible and accessible parts of the body.

b) External Congenital Anomaly

Congenital anomaly which is in the visible and accessible parts of the body

Co-pay/Co-Payment: Co-pay Co-Payment means a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

Cumulative Bonus: Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

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

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

In respect of US based admissions, this also includes Surgical Procedures carried out in the Medical Practitioner's surgery.

Day Care Treatment: Day care treatment means medical treatment, and/or surgical procedure which is:

i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and

ii. which would have otherwise required a hospitalization of more than 24 hours.

Note: Treatment normally taken on an out-patient basis is not included in the scope of this definition.

Deductible: Deductible means is a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified currency amount in case of indemnity policies and for a specified number of days/hours, which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

Dental Treatment: Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

Disclosure to information norm: The Policy shall be void and all premiums paid hereon shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Domiciliary Hospitalization: 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:

- the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- the patient takes treatment at home on account of non-availability of room in a hospital.

Emergency Care: Emergency care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

Grace Period: Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received. 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.

Group: Group - consists of persons who join 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

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

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

Note: For the purpose of this Policy, a Hospital situated outside India shall refer to any equivalent institution organisation established for in- patient care and day care and treatment of Injury or Illness and which has been registered or licensed as a medical or surgical hospital or clinic as per the applicable law, rules and/or regulations in the country in which it is located and where the patient is under the care or supervision of a Medical Practitioner or Qualified Nurse and does not include a nursing home.

Hospitalization: Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

ICU Charges: ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensive charges.

Illness: Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

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

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

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

Intensive Care Unit (ICU): 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.

Maternity expenses: Maternity expenses means:

- medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
- expenses towards lawful medical termination of pregnancy during the policy period.

Medical Advice: Medical Advice means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow-up prescription.

Medical Expenses: Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Medical Practitioner (In India)**:** Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license (Outside India)

A Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or appropriate authority of the country where Insured Person is availing treatment outside India/ Country of origin and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

Medically Necessary Treatment: Medically Necessary Treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

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

Migration: Migration means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

Network Provider: Network Provider means hospital enlisted by an insurer, a TPA or jointly by an insurer and a TPA to provide medical services to an insured by a cashless facility."

New Born Baby: New born baby means baby born during the Policy Period and is aged upto 90 days.

Non-Network Provider: Non-Network means any hospital, day care centre or other provider that is not part of the network.

OPD treatment: OPD treatment means the one in which the Insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

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

Post-hospitalization Medical Expenses: Post-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:

i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

Pre-Existing Disease: Pre-existing disease (PED)- means any condition, ailment, injury or disease:

a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

Pre-hospitalization Medical Expenses: Pre-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:

i. Such Medical Expenses are incurred for the

same condition for which the Insured Person's Hospitalization was required, and

ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

Qualified Nurse: Qualified nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India; or is registered or licensed as such under the laws of the country, state or other regulated area in which the treatment is provided when outside of India.

Reasonable and Customary Charges: Reasonable and Customary Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/injury involved.

Renewal: 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.

Senior Citizen: "Senior citizen" means any person being a citizen of India, who has attained the age of sixty years or above. (Reference: Maintenance and Welfare of Parents and Senior Citizens Act, 2007.)

Room Rent: Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

Surgery or Surgical Procedure: 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.

Specific waiting period: Specific waiting period means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.

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

C.II. Specific Definitions

Adventure Sports: Adventure Sports means and includes skydiving/ parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating, and any sporting activity based on bodily contact or which is hazardous or potentially dangerous.

Age: Age or Aged means the completed age as on the last birthday.

Aggregate Limit: Aggregate Limit means the Company's maximum, total and cumulative liability under the Benefit or the set of Benefits as specified in the Policy Schedule or Policy Certificate in respect of all claims by or on behalf of all Insured Persons under the Policy Schedule/ Certificate of Insurance If at any time the total value of unpaid claims, if paid, would result in this Aggregate Limit being exceeded, the pay outs under the individual Benefits attributable to those outstanding claims shall be reduced pro rata as necessary to ensure that this Aggregate Limit is not exceeded.

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

Ambulance: Ambulance means a vehicle carrier operated by a licenced/authorised service provider and equipped for the transport and paramedical Treatment of the person requiring medical attention.

Annexure: Annexure means a document attached as a part to this Policy and marked as Annexure.

Annual Renewal Date: Annual Renewal Date

means the anniversary of the Inception date each year or any other date which We agree with you in writing.

Area of Cover: Area of Cover means the geographic coverage area as defined under the Policy and as particularly specified for the Insured Person in the Policy Schedule/ Certificate of Insurance.

Associated Medical Expenses: Associated Medical Expenses shall include Room Rent, nursing charges, operation theatre charges, fees of Medical Practitioner/surgeon/anesthetist/Specialist, excluding cost of pharmacy and consumables, cost of implants and medical devices, cost of diagnostics conducted within the same Hospital where the Insured Person has been admitted. It shall not be applicable for Hospitalization in ICU.

Associated Medical Expenses shall be applicable for covered expenses, incurred in Hospitals which follow differential billing based on the room category.

Benefit: Benefit means any benefit under the Policy, as opted and available for the Insured Person and specified in the list of benefits in the Policy Schedule/Certificate of Insurance.

Burglary: Burglary means theft involving entry into or exit from the Insured Person's usual place of residence by forcible and violent means or following assault or violence or threat thereof, to the Insured Person or to any Immediate Family Member or any person residing lawfully in the Insured Person's residence, with intent to commit a felony therein and includes housebreaking.

Carcinoma-in-situ: Carcinoma in-situ shall mean a histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and/or actively destroying) the surrounding tissues or stroma in any one of the following covered organ groups, and subject to any classification stated:

a. breast, where the tumour is classified as Tis according to the TNM Staging method;
b. corpus uteri, vagina, vulva or fallopian tubes where the tumour is classified as This according to the TNM Staging method or FIGO* Stage 0;
c. cervix uteri, classified as cervical intraepithelial neoplasia grade III (CIN III) or as Tis according to the TNM Staging method or FIGO* Stage 0;
d. ovary - include borderline ovarian tumours with intact capsule, no tumour on the ovarian surface, classified as T1aN0M0, T1bN0M0 (TMN Staging) or FIGO 1A, FIGO 1B;
e. Colon and rectum;
f. Penis;
g. Testis;
h. Lung;
i. Liver;
j. Stomach and esophagus;
k. Urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary carcinoma is included;
l. Nasopharynx

For purposes of this Policy, Carcinoma-in-situ must be confirmed by a biopsy.

*FIGO refers to the staging method of the Federation Internationale de Gynecologie etd' Obstetrique.

Pre-malignant lesions and Carcinoma-in-situ of any organ, unless listed above, are excluded.

Catastrophe: Catastrophe means an unexpected natural or man-made event, such as an earthquake, tsunami, flood, civil unrest, mass bandh or riot which causes widespread loss, damage, or disruption in travel schedules.

Certificate of Insurance/Policy Certificate: Certificate of Insurance means the certificate We issue to the Insured Person confirming the Insured Person's cover under the Policy.

Checked-in Baggage: Checked-in Baggage means each suitcase or baggage handed over by the Insured Person and accepted by a Common Carrier for transportation in the same Common Carrier in which the Insured Person is or would be travelling, and for which the Common Carrier has issued a baggage receipt to the Insured Person. Checked-in Baggage excludes all items that are carried/ transported under any contract of affreightment.

Common Carrier: Common Carrier means transportation which is available as a public service and operated by an entity in the business of transporting goods or people for hire, as a public service.

Common Carrier (Specific to Covers under Travel Section): Common Carrier means any civilian land or water conveyance, or scheduled aircraft operating under a valid license in the respective jurisdiction for the transportation of authorised passengers.

Company/Insurer: Company/Insurer means ManipalCigna Health Insurance Company Limited.

Complementary treatment: Complementary treatment means:

- Physiotherapy

  Treatment of an Illness, Injury or deformity through physical methods such as massage, heat treatment, etc.
- Acupressure

  The application of pressure (as with the thumbs or fingertips) to the same discrete points on the body stimulated in acupuncture that is used for its therapeutic effects (such as the relief of tension or pain).
- Acupuncture

  Acupuncture is a form of alternative medicine in which thin needles are inserted into the body for treatment of various physical and mental conditions.
- Chiropody

  A specialty supplementary to medicine devoted to the care of the feet and the treatment of minor foot complaints such as ingrowing toenails, bunions, plantar warts, foot strain, flat feet and the care of the feet of diabetics.
- Chiropractic

  A system that, in theory, uses the recuperative powers of the body and the relationship between the musculoskeletal structures and functions of the body, particularly of the spinal column and the nervous system, in the restoration and maintenance of health.
- Osteopathy

  A system of medicine based onthe theory that disturbances in the musculoskeletal system affect other bodily parts, causing many disorders that can be corrected by various manipulative techniques in conjunction with conventional medical, surgical, pharmacological and other therapeutic procedures.
- Homeopathy

  A system of complementary medicine in which ailments are treated by minute doses of natural substances that in larger amounts would produce symptoms of the ailment.
- Ayurveda

  A science of life based on the Vedas, the Hindu books of knowledge and wisdom. It is the traditional Hindu system of medicine (incorporated in Vedas), which provides an integrated approach for prevention and treatment of illness trough lifestyle interventions and natural therapies.

Contents (Specific to Covers under Travel Section): Contents mean and include Appliances, furniture, fixture, fittings, linen, clothing, kitchen items, cutlery/crockery contained in the Insured Person's home belonging to the Insured Person or to any Immediate Family Members permanently residing with the Insured Person including items for which the Insured Person is responsible, and used for domestic use. However, Contents does not include any deeds, bonds, bills of exchange, promissory notes, cheques, traveller's cheques, and securities for money, documents of any kind, cash and currency notes.

Contribution: Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured Person to share the cost of an indemnity claim on a ratable proportion of the Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis. This clause shall not apply to any Benefit offered on fixed benefit basis.

Cosmetic Surgery: Cosmetic Surgery means Surgery or Medical Treatment that modifies, improves, restores or maintains normal appearance of a physical feature, irregularity, or defect.

Coverage Commencement Date: Coverage Commencement Date means the date specified in the Policy Schedule/Certificate of Insurance on which the Company's coverage under the Policy in respect of the Insured Person named in the Policy Schedule/Certificate of Insurance commences.

1. Cancer of specified severity	2. Aorta Graft Surgery	3. Apallic Syndrome
4. Myocardial Infarction (First Heart Attack- of Specific Severity)	5. Deafness (Loss of Hearing)	6. Parkinson's Disease
7. Open Chest CABG	8. Blindness (Loss of Sight)	9. Medullary Cystic Disease
9. Open Heart Replacement or Repair of Heart Valves	10. Aplastic Anaemia	11. Muscular Dystrophy
12. Coma of Specified Severity	13. Coronary Artery Disease	14. Loss of Speech
15. Kidney Failure Requiring Regular Dialysis	16. End Stage Lung Disease	17. Systemic Lupus Erythematous

18. Stroke Resulting in Permanent Symptoms	19. End Stage Liver Failure	20. Loss of Limbs
21. Major Organ/ Bone Marrow Transplant	22. Third Degree Burns (Major Burns)	23. Major Head Trauma
24. Permanent Paralysis of Limbs	25. Fulminant Hepatitis	26. Brain Surgery
27. Motor Neurone Disease with Permanent Symptoms	28. Alzheimer's Disease	29. Cardiomyopathy
30. Multiple Sclerosis with Persisting Symptoms	31. Bacterial Meningitis	32. Creutzfeldt-Jacob Disease (CJD)
33. Primary Pulmonary Hypertension	34. Benign Brain Tumour	35. Terminal Illness

Cruise: Cruise means a Trip involving a sea voyage of at least 2 hours of total duration (unless specified otherwise), where transportation and accommodation is primarily on an ocean going Common Carrier.

Dentist: Dentist - a dentist, dental surgeon or dental practitioner who is registered or licensed as such under the laws of the country, state or other regulated area in which the treatment is provided.

Dependent: Dependent means the member's spouse/partner or child or parent or in-laws or any relation who has been enrolled in the Policy.

Dependent Child: Dependent Child refers to a child (natural or legally adopted), who is under Age 25 years, either in full-time education or residing at the same residence as the member at the commencement of any treatment and is financially dependent on the member. For the purpose of coverage under this Policy, the Age limit for a Dependent child shall be 25 years, however with respect to coverage under specific sections separate Age limits shall be defined under the each Benefit.

Early Stage Cancer: Early Stage Cancer shall mean the presence of one of the following malignant conditions:

a. Tumour of the thyroid histologically classified as T1N0M0 according to the TNM classification;
b. Prostate tumour should be histologically described as TNM Classification T1a or T1b or T1c are of another equivalent or lesser classification.
c. Chronic lymphocytic leukaemia classified as RAI Stage I or II;
d. Basal cell and squamous skin cancer that has spread to distant organs beyond the skin,
e. Hodgkin's lymphoma Stage I by the Cotswolds classification staging system.

The Diagnosis must be based on histopathological features and confirmed by a Pathologist. Pre-malignant lesions and conditions, unless listed above, are excluded.

EASP: Emergency Assistance Service Provider or EASP means a Third Party Administrator or any organization or institution appointed by the Company, as an independent contractor, for providing services to the Insured Person for an Insured Event covered under this Policy. EASP shall also include any Medical Practitioners empanelled by the EASP for seeking Medical Advice or opinion.

Effective Date: Effective Date means the date shown on the Certificate of Insurance on which the Insured Person was first included under the Policy.

Eligibility: Eligibility means the provisions of the Policy that state the requirements to be complied with.

Emergency: Emergency shall mean a serious medical condition or symptom resulting from Injury or sickness which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person's health, until stabilisation at which time this medical condition or symptom is not considered an Emergency anymore.

Emergency Hospitalization: Emergency Hospitalization means admission of the Insured Person in a Hospital as an in-patient for a minimum period of 24 consecutive hours for an Illness contracted or Injury sustained by an Insured Person in an Accident, which occurs suddenly and unexpectedly, and requires immediate medical care to prevent death or serious long term impairment of the Insured Person's health, as prescribed by a Medical Practitioner.

Employee: Employee means any member of Your staff who is proposed and sponsored by You who becomes an Insured Person.

Exclusions: Exclusions mean specified coverage, hazards, services, conditions, and the like that are not provided for (covered) under a particular health insurance contract.

Expiry Date: Expiry Date means the date on which this Policy expires as specified in the Policy Schedule.

Felonious Assault: Felonious Assault means an act of violence against the Insured Person or a Travelling Companion requiring medical treatment.

Financial Emergency: Financial Emergency means a situation wherein the Insured Person loses all or a substantial amount of his/her travel funds due to theft, robbery, mugging or dacoity, which has detrimental effects on his/her travel plans.

Foreign Enemy: Foreign Enemy means any group of individuals, entity or country, who intend to cause Injury, or commission an act dangerous to human life or property in the location where the Insured Person is travelling to, by the use of hostile force or violence.

Fracture: Fracture means a break in continuity of the bone which is evidenced by an X-ray and certified by the attending Medical Practitioner.

HDU: HDU means the High Dependency Unit, an area in a Hospital, sually located closely to the ICU where patients can be cared for more extensively than a normal ward but not to the point of intensive care.

Hijack: Hijack means any unlawful seizure or exercise of control, by force or violence or threat of force or violence and with wrongful intent, of the Common Carrier in which the Insured Person is travelling.

Immediate Family Member: Immediate Family Member means legally wedded spouse, children (natural or legally adopted), parents, parent in laws of the Insured Person (or any relation as specified otherwise in the Policy).

Inception Date: Inception Date means the inception date of this Policy as specified in the Policy Schedule when the coverage under the Policy becomes effective for the Insured Persons and their dependents (if any).

Inclement Weather: Inclement Weather means any severe catastrophic weather conditions which delay the scheduled arrival or departure of a Common Carrier but not including normal, seasonal/climatic weather changes.

In-patient: In-patient means an Insured Person who is admitted to hospital and stays for at least 24 hours for the sole purpose of receiving treatment.

Insured Event: Insured Event means an event, loss or damage specifically described as covered and for which the Insured Person is entitled to benefit/s under this Policy.

Insured Person: Insured Person means the member or Dependents named in the Policy Schedule, who is/are covered under this Policy, for whom the insurance is proposed and the appropriate Premium paid.

Intended Destination(s): Intended Destination(s) means area(s) which appear on the scheduled travel itinerary of the Insured Person for stay during the Trip, is/are specified in his/her main travel booking.

IRDAI: IRDAI means the Insurance Regulatory and Development Authority of India.

Life Threatening Condition: Life Threatening Condition means a medical condition suffered by the Insured Person which has the following characteristics:

i. Markedly unstable vital parameters (blood pressure, pulse, temperature and respiratory rate).
ii. Acute impairment of one or more vital organ systems (involving brain, heart, lungs, Liver, Kidneys and pancreas) including ectopic pregnancy.
iii. Critical care being provided, which involves high complexity decision making to assess, manipulate and support vital system function(s) to treat single or multiple vital organ failure(s) and requires interpretation of multiple physiological parameters and application of advanced technology.

iv. Critical care being provided in critical care area such as coronary care unit, intensive care unit, respiratory care unit, or the emergency department.

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

The following are excluded -

a. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or noninvasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN -3.
b. Any skin cancer other than invasive malignant melanoma
c. 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.
d. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
e. Chronic lymphocyctic leukaemia less than RAI stage 3
f. All tumours of the urinary bladder histologically classified as T1N0M0 (TNM Classification) or below
g. All tumours in the presence of HIV infection

Medical Assistance Service: Medical Assistance Service is a service which provides medical advice, evacuation, assistance and repatriation. This service can be multi-lingual and assistance is available 24 hours per day.

Money: Money means cash, bank drafts, current coins, bank and currency notes, treasury notes, cheques, traveller's cheques, postal orders and current postage stamps not forming part of a collection.

Multi Trip: Multi Trip means two or more Trips to Intended Destinations during the Period of Insurance.

Multi Trip Cover: Multi Trip Cover means a cover under which the Insured Person can undertake one or more Trips during the Period of Insurance but not exceeding the maximum number of travel days specified in the Policy Certificate.

Nominee: Nominee means the person named in the Policy Schedule or Certificate of Insurance (as applicable) who is nominated to receive the Benefits in respect of an Insured Person or Dependent covered under the Policy in accordance with the terms and conditions of thePolicy, if such person is deceased when the Benefit becomes payable.

Operation: Operation means any procedure described as an operation in the schedule of Surgical Procedures.

Out-Patient: Out-Patient means a patient who undergoes OPD treatment.

Period of Insurance (Specific to Covers under Travel Section): Period of Insurance means the period specified in the Policy Certificate/ Certificate of Insurance that the insurance is effective for the Insured Person's Trip.

a. In respect of a Single Trip cover, the Period of Insurance is the period from the Coverage Commencement Date specified in the Policy Schedule/Certificate of Insurance, to the coverage expiry date specified in the Policy Certificate or end of the actual Trip Duration, whichever is earlier. A Single Trip cover shall not exceed 365 consecutive days, including departure from and return to the Insured Person's place of residence.
b. In respect of a Multi Trip cover, the Period of Insurance is the period from the Coverage Commencement Date specified in the Policy Schedule/Certificate of Insurance, to the coverage expiry date specified in the Policy Schedule/Certificate of Insurance or the end of actual Trip Duration or full utilization of the maximum number of travel days specified in the Policy Schedule/Certificate of Insurance, whichever is earlier.

Place of Origin: Place of Origin means any place in India from which the Trip commences and which is specified in the Policy Schedule/Certificate of Insurance.

Policy: Policy comprises of Policy wordings, Certificates of Insurance issued to the Insured Persons, group Proposal Form/Enrolment Form and Policy Schedule which form part of the Policy contract including endorsements, as amended from time to time which form part of the

Policy contract and shall be read together.

Policy Period: Policy Period means the period between the Inception Date and the expiry date of the Policy as specified in the Policy Schedule or the date of cancellation of this Policy, whichever is earlier.

Policy Schedule: Policy Schedule means Schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the available Sum Insured under a Benefit or a set of Benefits, the Policy Period and the Sub-limits to which Benefits under the Policy are subject to, including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.

Policy Year: Policy Year means a period of 12 consecutive months within the Policy Period commencing from the Inception Date or any subsequent Policy anniversary.

Port: Port means a scheduled point of departure or arrival of a Common Carrier in which an Insured Person is booked to travel.

Premium: Premium shall have to be paid in Indian Rupees and made in favour of ManipalCigna Health Insurance Company Ltd.

Professional Sportsperson: Professional Sportsperson means those sports persons who are in to full time sports and maintain their livelihood through earnings derived from their involvement in sports.

Reasonable Additional Expenses (Specific to Covers under Travel Section): Reasonable Additional Expenses means any expenses for meals, temporary accommodation, emergency communication and purchases of toiletries, medication and clothing necessarily incurred by the Insured Person and not provided by the Common Carrier, or any other individual/entity, free of charge.

Semi-Professional sportsperson: Semi-Professional sportsperson shall mean those sports persons who participate in sports and get remuneration for participating, but whose primary source of income is not from sports.

Service Partner: Service Partner is an assistance company utilised by Us to support You for facilitation of access to Network Providers and for providing Medical Assistance Services. In India such services will be provided by a TPA.

Single Trip Cover: Single Trip Cover means a cover under which the Insured Person can undertake only one Trip during the Period of Insurance.

Strike: Strike means stoppage of work announced, organized and sanctioned by a labour union, inclusive of work slowdowns, lockouts and sickouts, which interferes with the normal departure and arrival of a Common Carrier.

Specialist: Specialist is a Medical Practitioner who:

-- Has received advanced specialist training
-- Practices a particular branch of medicine or surgery
-- Holds or has held a consultant appointment in a Hospital or an appointment which We accepts as being of equivalent status.
-- A physiotherapist who is registered or licensed as such under the laws of the country, state or other regulated area in which the treatment is provided is only a specialist for the purpose of physiotherapy as described in the list of Benefits.

Spouse: Spouse means the member's legal husband or wife accepted for cover under the Policy.

Sub Limit: Sub Limit defines limitation on the amount of coverage available to cover a specific type of claim. A sublimit is part of, rather than in addition to, the limit that would otherwise apply to the admissible claim amount.

Sum Insured: Sum Insured means, subject to the terms, conditions and exclusions of this Policy, the amount representing Our maximum, total liability for any or all claims arising under this Policy for the respective Benefit(s) in respect of an Insured Person and is as specified in the Policy Schedule and/or Certificate of Insurance against the particular Benefit(s).

Surgical appliance and/or Medical Appliance: Surgical appliance and/or Medical Appliance:

-- An artificial limb, prosthesis or device which is required for the purpose of or in connection with surgery
-- An artificial device or prosthesis which is a

necessary part of the treatment immediately following Surgery for as long as required by medical necessity.

-- A prosthesis or appliance which is medically necessary and is part of the recuperation process on a short-term basis.'

Theft: Theft means an act of illegally, permanently and directly or indirectly depriving the Insured Person of his or her personal belongings or any property by violent or forceful means.

Third Party Administrator/TPA: Third Party Administrator (TPA) means a company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services as mentioned under these regulations."

Travelling Companion: Travelling Companion means an individual or individuals travelling with the Insured Person, provided that the Insured Person and such individual(s) are travelling to the same Intended Destination and on the same date and such individual(s) is/are also insured with the Company. For the purpose of this definition, any individual(s) forming part of a group travelling on a tour arranged by a travel agent or a tour operator shall not be considered as Travelling Companion, unless the individual(s) is/are Immediate Family Members of the Insured Person.

Treatment: Treatment means any relevant treatment controlled or administered by a Medical Practitioner to cure or substantially relieve Illness within the scope of the Policy.

Trip: Trip means a planned journey for which the Insured Person is covered under this Policy, and which commences when the Insured. Person reaches a Port in the Place of Origin to board a Common Carrier for the purpose of travelling to an Intended Destination within India on or after the Coverage Commencement Date, and terminates upon the return of the Insured Person back to the Place of Origin, or any other Port in Place of Origin before the coverage expiry date and as specified in the Policy Schedule/Certificate of Insurance.

Trip Duration: Trip Duration means the period of time within the Period of Insurance that the Insured Person is undertaking a Trip, for which insurance is effective under the Policy.

Valuables: Valuables mean and include photographic, audio, video, computer and any other electronic and electrical equipment, cellular phones, data, business goods, telecommunications and electrical equipment, motor vehicles, documents and any accessories, sculptures, manuscripts, rare books, plan, medals, moulds, designs, telescopes, binoculars, antiques, watches, jewellery, furs and articles made of precious stones and metals.

Waiting Period: Waiting Period means a time bound exclusion period related to condition(s) specified inthe Policy Schedule or Certificate of Insurance or Policy which shall be served before a claim related to such condition(s) becomes admissible.

We/Our/Us: We/Our/Us means the ManipalCigna Health Insurance Company Limited.

You/Your/Policyholder: You/Your/ Policyholder - the person named in the Policy Schedule/ Certificate Of Insurance who has concluded this Policy with Us.

D Benefits under the Policy

a. The Certificate of Insurance will specify which Benefits are in force for the Insured Person during the Period of Insurance. Claims made under any applicable Benefit, for the Period of Insurance will be subject to the terms, conditions, limits and exclusions of this Policy, the availability of the Sum Insured for that Benefit, any applicable Sub-Limits and subject always to the availability of the aggregate limit of the Policy (if applicable and specified in the Policy Schedule/Certificate of Insurance). Claims will be payable in excess of the applicable Deductible specified in the Policy Schedule/Certificate of Insurance, if any.

b. Where an event qualifies for an indemnity under more than one cover, with respect to the same risk/ insured event, the Insured Person will be eligible for reimbursement under any one of the covers.

c. All claims paid under the Policy will impact the Sum Insured available under the Policy for that cover or set of covers.

d. All claims on a Cashless Facility and reimbursement basis must be made in accordance with the procedure set out in in the Policy, unless specified otherwise.

e. A claim is payable subject to occurrence of a covered event during the Policy Period unless specified otherwise.

All claims paid under the Policy will impact the Sum Insured available under the Policy for that Benefit

or set of Benefits. All claims must be made in accordance with the procedure set out in the Policy, unless specified otherwise.

A claim is payable subject to occurrence of a covered event during the Policy Period unless specified otherwise.

Covers:

The Policy provides below covers (under Section A, B, C and D) as base under the Policy. One or a combination of any number of covers may be selected as Base Cover/s and one or a combination of other covers may be selected as Optional Cover/s under a Policy.

However, one or a combination of any number of covers available under Section E can be opted only as optional cover, provided at least one base cover is opted.

<<Applicable clause, waiting period and exclusions will be published in the Policy Wording shared with the Policyholder/ Insured Person>>

D.I. Accident

D.I.1. Accidental Hospitalization Cover

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/peril covered under the policy and that Injury solely and directly results in the Hospitalization of the Insured Person, We will pay the Reasonable and Customary Charges for the following Medical Expenses provided that the purpose of Hospitalization is to avail Medically Necessary Treatment of the Insured Person and admission date of Hospitalization is within the Policy Year.

i. Room charges up to the category/limit specified in the Policy Schedule/Certificate Of Insurance,
ii. Charges for accommodation in ICU/CCU/HDU,
iii. Operation theatre cost,
iv. Medical Practitioner's fees,
v. Specialist's fee,
vi. Surgeon's fee,
vii. Anaesthetist's fee,
viii. Radiologist's fee,
ix. Pathologist's fee,
x. Assistant Surgeon's fee,
xi. Qualified Nurses' fee,
xii. Medication,
xiii. Cost of diagnostic tests as an In-patient,
xiv. Surgical Appliance and/or Medical Appliance.

If the Insured Person is admitted in a room where the room category or the Room Rent incurred is higher than that which is specified in the Policy Schedule/ Certificate Of Insurance, then the Policyholder/ Insured Person shall bear a ratable proportion of the total Associated Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the Room Rent of the entitled room category/eligible Room Rent to the Room Rent actually incurred, unless specified otherwise.

Artificial life maintenance will be covered, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health under any circumstances, unless in a vegetative state as certified by the treating medical practitioner.

We will cover the Medical Expenses incurred towards a Medically Necessary Modern and Advanced Treatment of the Insured Person subject to Illness/ Injury being covered under Hospitalization Expenses and the necessity being certified by an authorised Medical Practitioner.

The following procedures will be covered (wherever medically indicated) either as In-patient or as part of day care treatment in a hospital up to the limit as per the plan and sum insured opted in a Policy Year.:

a. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
b. Balloon Sinuplasty
c. Deep Brain stimulation
d. Oral chemotherapy
e. Immunotherapy - Monoclonal Antibody to be given as injection
f. Intra vitreal injections
g. Robotic surgeries
h. Stereotactic radio surgeries
i. Bronchial Thermoplasty
j. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
k. IONM - (Intra Operative Neuro Monitoring)
l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

Medical Expenses incurred for the Medically Necessary Treatment of the Insured Person for Hospitalization arising from or associated with Human Immunodeficiency Virus (HIV) or HIV related Illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof, sexually transmitted diseases (STD) will be covered up to the Sum Insured opted in a Policy Year. This coverage is provided in accordance with

the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017 as amended from time to time. The necessity of the Hospitalization is to be certified by an authorised Medical Practitioner.

Medical Expenses incurred for the Medically Necessary treatment of the Insured Person for in-patient Hospitalization, arising from or associated with a Mental illness or a medical condition impacting mental health will be covered up to sum insured opted in a Policy Year. This coverage is provided in accordance with The Mental Health Care Act, 2017 as amended from time to time.

Day Care and/or Domiciliary Treatment will be covered under the Benefit if opted and specified under the Policy Schedule/Certificate of Insurance.

The benefit is payable up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

D.I.1.i. Accidental Pre Hospitalization

We will pay the Pre-hospitalization Medical Expenses of an Insured Person which are incurred immediately prior to the Insured Person's date of Hospitalization or Day Care Treatment (if opted) up to the limits as specified in the Policy Schedule/ Certificate of Insurance, provided that a claim is admissible under 'Accidental Hospitalization Cover' and the Pre-hospitalization Medical Expenses are related to the same Injury. The date of admission to the Hospital for the purpose of this Benefit shall be the date of the Insured Person's first admission to the Hospital in relation to any one Injury.

D.I.1.ii. Accidental Post Hospitalization

We will pay the Post-hospitalization Medical Expenses of an Insured Person which are incurred immediately post discharge of the Insured Person from the Hospital or Day Care Treatment (if opted) up to the limits as specified in the Policy Schedule/ Certificate of Insurance, provided that a claim is admissible under 'Hospitalization Cover' and the Post-hospitalization Medical Expenses are related to the same Injury.

The date of discharge from the Hospital for the purpose of this Benefit shall be the date of the Insured Person's last discharge from the Hospital in relation to any one Injury.

D.I.2. Accidental Hospitalization Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident caused by an event/ peril covered under the policy and that Injury solely and directly results in the Hospitalization of the Insured Person, We will pay the Sum Insured in case of In-patient Hospitalization, provided that the purpose of Hospitalization is to avail Medically Necessary treatment of the Insured Person and admission date of the Hospitalization is within the Policy Year.

D.I.3. Accidental Hospital Cash

If during the Policy Year, the Insured Person suffers an Injury due to an Accident caused by an event/ peril covered under the policy and that Injury solely and directly results in the Hospitalization of the Insured Person, We will pay the cash benefit, up to the limit as specified in the Policy Schedule/ Certificate of Insurance for each continuous and completed period of Hospitalization as specified in the Policy Schedule/Certificate of Insurance, provided that the purpose of Hospitalization is to avail Medically Necessary Treatment of the Insured Person and admission date of Hospitalization is within the Policy Year.

D.I.4. Accidental Death Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident caused by an event/peril covered under the policy and that Injury solely and directly results in the death of the Insured Person within 365 days from the date of the Accident, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance.

Once a claim has been accepted and paid under this Benefit, then this cover will automatically terminate in respect of that Insured Person.

D.I.5. Accident Air Ambulance Cover

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy, We will pay the Reasonable and Customary Charges incurred during the Policy Year towards transportation of the Insured Person to the nearest Hospital by an air ambulance or to move the Insured Person to and from healthcare facilities during an Emergency, within India, unless specified otherwise. The benefit shall be payable up to the limit as specified in the Policy Schedule/ Certificate of Insurance, provided that the transportation is arranged by a medically equipped aircraft which can offer medical care in flight and should have medical equipment/s for monitoring of vital organs and treating the Insured Person suffering from an Injury.

D.I.6. Accident Air Ambulance Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/peril covered under the policy and results in transportation of the Insured Person to the nearest Hospital by an air ambulance or to move the Insured Person to and from healthcare facilities during an Emergency, within India, unless specified otherwise, We will pay the Sum Insured as specified in the Policy Schedule/Certificate Of Insurance, provided that the transportation is arranged by a medically equipped aircraft which can offer medical care in flight and should have medical equipment's vital to monitoring and treating the Insured Person suffering from an Injury.

D.I.7. Accidental AYUSH Hospitalization Cover

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/peril covered under the policy and that Injury solely and directly results in the Hospitalization of the Insured Person for availing AYUSH Treatment, We will pay the Medical Expenses, provided that:

1. Admission date of the Hospitalization is within the Policy Year.
2. The Insured Person has undergone AYUSH Treatment in a;
   i. Central or State Government AYUSH Hospital; or
   ii. Teaching hospitals attached to AYUSH College recognized by Central Government/Central Council of Indian Medicine and Central Council of Homeopathy; or
   iii. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
      a. Having at least five in-patient beds;
      b. Having qualified AYUSH Medical Practitioner in charge round the clock;
      c. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
      d. Maintaining daily record of the patients and making them accessible to the insurance company's authorized representative.

The benefit is payable up to the limit as specified in the Policy Schedule/Certificate of Insurance.

The following exclusions will be applicable in addition to the other Policy exclusions:

- Facilities and services availed for pleasure or rejuvenation or as a preventive aid, like beauty treatments, Panchakarma, purification, detoxification and rejuvenation etc.

D.I.8. Broken Bones Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/peril covered under the policy and as a result of the Injury, solely and directly, the Insured Person sustains Broken Bones/ fracture/bone dislocation, We will pay the Sum Insured as specified in the Policy Schedule/Certificate Of Insurance.

D.I.9. Broken Bones Cash

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/peril covered under the policy and as a result of the Injury, solely and directly, the Insured Person sustains Broken Bones/fracture/bone dislocation, We will pay the cash benefit up to the limit as specified in the Policy Schedule/Certificate of Insurance or recovery of the Insured Person including the removal of plaster if any, whichever is earlier.

D.I.10. Broken Bones Cover

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/peril covered under the policy and as a result of the Injury, solely and directly, the Insured Person sustains Broken Bones/ fracture/bone dislocation, We will pay the Reasonable and Customary Charges incurred towards the Medically Necessary Treatment of the broken bone of the Insured Person, up to the limit as specified in the Policy Schedule/Certificate of Insurance.

D.I.11. Accidental Care at Home Services

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/peril covered under the policy and as a result of the Injury, solely and directly, the Insured Person is required to avail home care services as mentioned below and opted under the policy, We will pay the Reasonable and Customary Charges incurred towards availing these care facilities at home, by the Insured Person, up to the limit as specified in the Policy Schedule/Certificate Of Insurance.

Home care services (as opted and specified in Policy Schedule/Certificate of Insurance):

- Physiotherapy at home, as prescribed by the treating Medical Practitioner,
- Nursing attendant at home, as prescribed by the treating Medical Practitioner,
- Stroma care, colostomy, tube feeding at home, as prescribed by the treating Medical Practitioner
- Doctor visits at home
- Delivery of Medically prescribed medicine at home
- Health Check at home
- Vaccination at home, prescribed by the treating Medical Practitioner
- Custodial or personal care (like bathing, dressing, or using the bathroom)

D.I.12. Accidental Coma Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and as a result of the Injury, solely and directly, the Insured Person suffers from Coma, We will pay the Sum Insured as specified in the Policy Schedule, provided that:

a. This diagnosis of Coma by a Medical Practitioner is supported by all of the following:
   i. no response to external stimuli continuously for at least 96 hours;
   ii. life support measures are necessary to sustain life; and
   iii. permanent neurological deficit which is assessed at least 30 days after the onset of the Coma.
b. The condition of Coma is confirmed by a specialist Medical Practitioner in writing.
c. The Coma does not result from alcohol/drug abuse or due to an Illness.

For the purpose of this Benefit, Coma means a state of unconsciousness with no reaction or response to external stimuli or internal needs.

D.I.13. Accidental Coma Cash

If during the Policy Year, the Insured Person suffers an Injury, solely and directly due to an Accident, caused by an event/peril covered under the policy and as a result of the Injury, solely and directly, the Insured Person suffers from Coma, We will pay cash benefit up to the limit as specified in the Policy Schedule/Certificate of Insurance or recovery of the Insured Person, whichever is earlier, provided that:

a. This diagnosis of Coma by a Medical Practitioner is supported by all of the following:
   i. no response to external stimuli continuously for at least 96 hours;
   ii. life support measures are necessary to sustain life; and
   iii. permanent neurological deficit which is assessed at least 30 days after the onset of the Coma.
b. The condition of Coma is confirmed by a specialist Medical Practitioner in writing.
c. The Coma does not result from alcohol/drug abuse or due to an Illness.

For the purpose of this Benefit, Coma means a state of unconsciousness with no reaction or response to external stimuli or internal needs.

D.I.14. Accidental Complimentary Treatment Cover

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and as a solo and direct impact of that Injury the Insured Person undergoes Medically Necessary Treatment of the following line of treatments, We will pay the Reasonable and Customary Charges for the Medically Necessary Treatment, if prescribed by a Medical Practitioner and opted under the Policy.

The benefit is payable up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

Complimentary Treatments (as opted and specified in Policy Schedule/ Certificate Of Insurance):

i. Physiotherapy,
ii. Acupuncture and Acupressure
iii. Chiropody and Chiropractic
iv. Osteopathy,
v. Homeopathy,
vi. Ayurveda.

D.I.15. Accidental Support Items Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and as a solo and direct impact of that Injury the Insured Person requires support items, prescribed by a Medical Practitioner, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance towards:

- The purchase of support items artificial limbs, crutches, stretcher, tricycle, wheelchairs, intra-ocular lenses, spectacles which in the opinion of a Medical Practitioner is/are necessary for the Insured Person due to the Injury sustained in the Accident;
- Additional lifesaving expenses incurred for special or imported medicines or for blood transfusion for treatment or Surgery for the Injury sustained, provided that the treatment is availed in a Hospital or Day Care Centre in India including on an out-

patient basis or for Day Care Treatment.

D.I.16. Accidental Support Items Cover

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and as a solo and direct impact of that Injury the Insured Person requires support items, prescribed by a Medical Practitioner, We will pay the expenses up to the limit as specified in the Policy Schedule/Certificate of Insurance towards:

- Reasonable and Customary Charges for the purchase of support items; artificial limbs, crutches, stretcher, tricycle, wheelchairs, intra-ocular lenses, spectacles which in the opinion of a Medical Practitioner is/ are necessary for the Insured Person due to the Injury sustained in the Accident;
- Reasonable and Customary Charges for additional lifesaving expenses incurred for special or imported medicines or for blood transfusion for treatment or Surgery for the Injury sustained, provided that the treatment is availed in a Hospital or Day Care Centre in India including on an out-patient basis or for Day Care Treatment.

D.I.17. Accident Dependent Children Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in the Permanent Total Disablement, Permanent Partial Disablement or death of the Insured Person within 365 days from the date of the Accident, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance, in respect of Dependent Child (children) under the age of 25 years as on the date of occurrence (unless specified otherwise), irrespective of whether the child (children) is an Insured Person under this Policy.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured as specified under this benefit shall be paid fully to the child. If more than one child, the Sum Insured as specified under this benefit shall be divided equally among all eligible children.

D.I.18. Accident Dependent Children Cash

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in the Permanent Total Disablement, Permanent Partial Disablement or death of the Insured Person within 365 days from the date of the Accident, We will pay the cash benefit up to the limit as specified in the Policy Schedule/ Certificate of Insurance, in respect of Dependent Child (children) under the age of 25 years as on the date of occurrence (unless specified otherwise), irrespective of whether the child (children) is an Insured Person under this Policy.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured as specified under this benefit shall be paid fully to the child. If more than one child, the Sum Insured as specified under this benefit shall be divided equally among all eligible children.

D.I.19. Disappearance Benefit

If an Insured Person disappears during the Policy Period and is legally declared dead (declared death in absentia or legal presumption of death), We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance to the Nominee provided that:

- It may reasonably be assumed that the disappearance of the Insured Person is due to an Accident followed by a forced landing, stranding, sinking or wrecking of a conveyance during the Policy Period;
- A period of at least 7 years has been completed since the date of the Insured Person's disappearance; and
- The legal representatives of the Insured Person's estate provide Us with a signed agreement stating that if it later transpires that the Insured Person did not die, or did not die due to an Accident during the Policy Period, the amount paid under this Cover will be reimbursed to Us immediately and without any deductions.

The Insured Persons legal representative must intimate such disappearance to Us immediately upon happening of the event. Insurer shall provide full benefit as per Sum Insured opted upon completion of such 7 years' period.

D.I.20. Disappearance Cash

If an Insured Person disappears during the Policy Period and is legally declared dead (declared death in absentia or legal presumption of death), We will pay the cash benefit up to the limit as specified in the Policy Schedule to the Nominee provided that:

- It may reasonably be assumed that the

disappearance of the Insured Person is due to an Accident followed by a forced landing, stranding, sinking or wrecking of a conveyance during the Policy Period;

- A period of at least 7 years has been completed since the date of the Insured Person's disappearance; and
- The legal representatives of the Insured Person's estate provide Us with a signed agreement stating that if it later transpires that the Insured Person did not die, or did not die due to an Accident during the Policy Period, the amount paid under this Cover will be reimbursed to Us immediately and without any deductions.

The Insured Persons legal representative must intimate such disappearance to Us immediately upon happening of the event. Insurer shall provide benefit as per Sum Insured opted upon completion of such 7 years' period.

D.I.21. Accident Education Fund Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in the Permanent Total Disablement or death of the Insured Person within 365 days from the date of the Accident, or as otherwise specified in the Policy, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, in respect of the tuition fees paid towards the Dependent Child's education for the Policy Period, irrespective of whether the child (children) is an Insured Person under this Policy.

This benefit shall be payable subject to the dependent child being up to 25 years of age as on date of occurrence of the event (unless specified otherwise) and provided that the dependent child is pursuing an educational course as a full time student at an accredited educational institution and does not have any independent source of income.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured as specified under this benefit shall be paid fully to the child. If more than one child, the Sum Insured as specified under this benefit shall be divided equally among all eligible children.

D.I.22. Accident Education Fund Cash

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/peril covered under the policy and that Injury solely and directly results in the Permanent Total Disablement or death of the Insured Person within 365 days from the date of the Accident, or as otherwise specified in the Policy, We will pay the cash benefit up to the limit as specified in the Policy Schedule/Certificate of Insurance, in respect of the tuition fees paid towards the Dependent Child's education for the Policy Period, irrespective of whether the child (children) is an Insured Person under this Policy.

This benefit shall be payable subject to the dependent child being up to 25 years of age as on date of occurrence of the event (unless specified otherwise) and provided that the dependent child is pursuing an educational course as a full time student at an accredited educational institution and does not have any independent source of income.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured as specified under this benefit shall be paid fully to the child. If more than one child, the Sum Insured as specified under this benefit shall be divided equally among all eligible children.

D.I.23. Accidental Emergency Evacuation Benefit

If the Insured Person suffers an Injury, solely and directly due to an Accident, caused by an event/ peril covered under the policy, that occurs during the Policy Year and if adequate medical facilities are not available locally, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance towards the arrangement for an Emergency evacuation of the Insured Person to the nearest facility, within India, capable of providing adequate care provided that:

- The medical evacuation must be determined by Our medical team to be Medically Necessary to prevent the immediate and significant effects of Injury or conditions which if left untreated could result in a significant deterioration of health and it has been determined that the treatment is not available locally.
- In making Our determinations, We will consider the nature of emergency, Your medical condition and ability to travel.
- The Insured Person's medical condition must require the accompaniment of a qualified healthcare professional during the entire course of the evacuation to be considered an emergency and requiring emergency evacuation.

D.I.24. Accidental Emergency Evacuation Cover

If the Insured Person suffers an Injury, solely and directly due to an Accident, caused by an event/ peril covered under the policy, that occurs during the Policy Year and if adequate medical facilities are not available locally, We will pay the expenses up to the limit as specified in the Policy Schedule towards the arrangement for an Emergency evacuation of the Insured Person to the nearest facility, within India, capable of providing adequate care provided that:

- Our Medical Assistance Service will arrange for the transport of the Insured Person to the nearest Hospital offering the necessary treatment, under proper medical supervision.
- The Emergency medical evacuation is pre-authorised by the Our medical team. If it is not possible for pre-authorisation to be sought before the evacuation takes place, authorisation must be sought as soon as possible thereafter. We will only authorise medical evacuations after the evacuation has occurred where it was not reasonably possible for authorisation to be sought before the evacuation took place.
- The medical evacuations must be determined by Our medical team to be Medically Necessary to prevent the immediate and significant effects of Injury or conditions which if left untreated could result in a significant deterioration of health and it has been determined that the treatment is not available locally.
- In making Our determinations, We will consider the nature of emergency, Your medical condition and ability to travel, as well as other relevant circumstances including airport availability, weather conditions and distance to be covered.
- The Insured Person's medical condition must require the accompaniment of a qualified healthcare professional during the entire course of the evacuation to be considered an emergency and requiring emergency evacuation.
- Transportation will be provided by medically equipped specialty aircraft, commercial airline, train or ambulance depending upon the medical needs and available transportation specific to each case.

D.I.25. EMI Protection

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in death, Permanent Total Disablement, Permanent Partial Disablement, Temporary Total Disablement, Hospitalization or coma of the Insured Person and the event completely prevents the Insured Person from performing each and every duty that pertains to his/her employment or engaging in occupation for a minimum period of one month. In such an event, We will pay the cash benefit in commensuration with the Insured Person's contribution in EMI of the existing insurance linked loan account, up to the limit as specified in the Policy Schedule/Certificate of Insurance.

Under this Benefit the liability of the Company shall cease once the Insured Person engages in the same or any alternative occupation.

We will not be liable to pay for any penalty or arrears which may have accumulated due to delayed or missed EMI's prior to the date of accident.

D.I.26. Accident Family Counselling Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in death, Permanent Total Disablement or Permanent Partial Disablement of the Insured Person and such death or disablement causing mental trauma to any or all Immediate Family Members of the Insured Person, then We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance towards the psychiatric counselling of the Immediate Family Members of such Insured Person provided the family members receive such counselling on an out-patient basis in a Hospital.

D.I.27. Accident Family Counselling Cover

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in death, Permanent Total Disablement or Permanent Partial Disablement of the Insured Person and such death or disablement causing mental trauma to any or all Immediate Family Members of the Insured Person, then We will pay the expenses up to the limit as specified in the Policy Schedule towards the psychiatric counselling of the Immediate Family Members of such Insured Person provided the family members receive such counselling on an out-patient basis in a Hospital.

D.I.28. Accident Family Transportation Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in Hospitalization of the Insured Person in a Hospital which is situated at a distance of at least 100 kilometer from his actual

place of residence and the attending Medical Practitioner recommends the personal attendance of an Immediate Family Member, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, towards transportation of any one Immediate Family Member of the Insured Person to the place of Hospitalization of the Insured Person.

D.I.29. Accident Family Transportation Cover

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in Hospitalization of the Insured Person in a Hospital which is situated at a distance of at least 100 kilometer from his actual place of residence and the attending Medical Practitioner recommends the personal attendance of an Immediate Family Member, We will pay up to the limit as specified in the Policy Schedule/Certificate of Insurance, for the expenses incurred in respect of any one Immediate Family Member of the Insured Person for transportation by one way airfare or one way first class railway ticket in a licensed common carrier to the place of Hospitalization of the Insured Person.

D.I.30. Accident Follow up Trip Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/peril covered under the policy and that Injury solely and directly results in severe trauma and/or advised amputation that requires follow up treatment to be taken outside the territorial limits of the city of residence, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance towards travelling, boarding & lodging of the Insured Person.

D.I.31. Accident Follow up Medical Trip Cover

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in

severe trauma and/or advised amputation that requires follow up treatment to be taken outside the territorial limits of the city of residence within the territorial boundaries of India, We will pay towards the cost of travelling (return trip) and cost pertaining to boarding & lodging during the duration of such treatment.

The Company shall further pay the travel and boarding expenses of one Immediate family member of the Insured person who will accompany him during the period of such treatment.

The benefit is payable up to the limit as specified in the Policy Schedule / Certificate of Insurance.

Specific Exclusion

- Cost of Medical treatment shall not be covered under this section.
- Treatment that is not medically necessary.
- Trips taken for leisure/business purposes.
- Charges related to separate room cost in case an immediate family member is accompanying the Insured Person.

D.I.32. Funeral Expenses Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in death of the Insured Person, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance towards:

a. expenses incurred for preparing the body of that Insured Person for burial or cremation and transportation to the address mentioned in the Policy Schedule/home;

b. funeral/cremation expenses in respect of that Insured Person

D.I.33. Funeral Expenses Cover

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in death of the Insured Person, We will pay the expenses incurred up to limit as specified in the Policy Schedule/Certificate of Insurance towards:

a. expenses incurred for preparing the body of that Insured Person for burial or cremation and transportation to the address mentioned in the Policy Schedule/home;

b. funeral/cremation expenses in respect of that Insured Person

D.I.34. Accident Home Nursing Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in inability to perform 'activities of daily living', We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance, towards a Qualified Nurse arranged by the Hospital to visit the Insured Person's home to give expert nursing services provided that:

- The Insured Person must have significant difficulty

in coping with therequired activities of daily living and specialist Medical Practitioner who treated the Insured Person must have recommended these services in writing.

- The Benefit will cover visits by a Qualified Nurse for as long as it is required for a Medically Necessary Treatment which would normally have been provided in a Hospital subject to a maximum limit as specified in the policy, if any.
- The condition must result in the inability of the Insured Person to perform at least 3 out 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 (unless specified otherwise in the Policy Schedule/Certificate of Insurance.
- This Benefit is not related to any Domiciliary Hospitalization.

For the purpose of this Section, “activities of daily living” means:

- 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.
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other Surgical Appliances.
- 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.
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- Mobility: the ability to move indoors from room to room on level surfaces at the normal place of residence.

D.I.35. Home Nursing Cash

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in inability to perform ‘activities of daily living’, We will pay the cash benefit towards a Qualified Nurse arranged by the Hospital to visit the Insured Person’s home to give expert nursing services as per the limits as specified in Policy Schedule/Certificate of Insurance, provided that:

- The Insured Person must have significant difficulty coping with the required activities of daily living and specialist Medical Practitioner who treated the Insured Person must have recommended these services in writing.
- The Benefit will cover visits by a Qualified Nurse for as long as it is required for a Medically Necessary Treatment which would normally have been provided in a Hospital subject to a maximum limit as specified in the policy, if any.
- The condition must result in the inability of the Insured Person to perform at least 3 out 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 (unless specified otherwise in the Policy Schedule/Certificate of Insurance.
- This Benefit is not related to any Domiciliary Hospitalization.

For the purpose of this Section, “activities of daily living” means:

- Washing: the ability to wash in the bath or shower (including getting intoand out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene.
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other Surgical Appliances.
- 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.
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- Mobility: the ability to move indoors from room to room on level surfaces at the normal place of residence.

D.I.36. Accident Home Nursing Cover

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in inability to perform ‘activities of daily living’, We will pay towards a Qualified Nurse arranged by the Hospital to visit the Insured Person’s home to give expert nursing services, up to the Sum Insured as specified in Policy Schedule/ Certificate of Insurance, provided that:

- The Insured Person must have significant difficulty coping with the required activities of daily living and specialist Medical Practitioner who treated the

Insured Person must have recommended these services in writing.

- The Benefit will cover visits by a Qualified Nurse for as long as it is required for a Medically Necessary Treatment which would normally have been provided in a Hospital subject to a maximum limit as specified in the policy, if any.
- 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 (unless specified otherwise in the Policy Schedule/Certificate of Insurance.
- This Benefit is not related to any Domiciliary Hospitalization.

For the purpose of this Section, "activities of daily living" means:

- 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.
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other Surgical Appliances.
- 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.
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- Mobility: the ability to move indoors from room to room on level surfaces at the normal place of residence.

D.I.37. Ligament Tear Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and as a result of the Injury the Insured Person sustains ligament tear which requires Medically Necessary Treatment, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance.

For the purpose of this benefit, Ligament Tear means severe sprain with a complete tear of the ligament which results in instability of the joint and loss of use.

D.I.38. Ligament Tear Cover

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/peril covered under the policy and as a result of the Injury the Insured Person sustains ligament tear, We will pay Reasonable and Customary Charges incurred towards the Medically Necessary Treatment of the Insured Person, up to the limit as specified in the Policy Schedule/Certificate of Insurance.

For the purpose of this benefit, Ligament Tear means severe sprain with a complete tear of the ligament which results in instability of the joint and loss of use.

D.I.39. Accidental Loss of Earning Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in Hospitalization, Permanent Total Disablement, Permanent Partial Disablement, Temporary Total Disablement or coma, as an effect the Insured Person is disabled from engaging in his/ her primary occupation and loses his/her source of income generation as a consequence thereof, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance.

D.I.40. Accidental Loss of Earning Cash

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in Hospitalization, Permanent Total Disablement, Permanent Partial Disablement, Temporary Total Disablement or coma, as an effect the Insured Person is disabled from engaging in his/ her primary occupation and loses his/her source of income generation, We will pay the cash benefit up to the limit as specified in the Policy Schedule/ Certificate Of Insurance.

D.I.41. Accidental Loss of Family Earning

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in Hospitalization, Permanent Total Disablement, Permanent Partial Disablement, Temporary Total Disablement or coma, as an effect the Insured Person is disabled from engaging in his/ her primary occupation and loses his/her source of income generation, We will pay the cash benefit up to limit as specified in the Policy Schedule/ Certificate Of Insurance in respect of Dependent Child (children) under the age of 25 years as on

the date of occurrence (unless specified otherwise), dependent spouse, dependent parent irrespective of whether they are Insured Person/s under this Policy.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If more than one dependent, the Sum Insured as specified under this benefit shall be divided equally among all eligible dependents.

D.I.42. Accident Marriage Benefit for Dependent Children

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/peril covered under the policy and that Injury solely and directly results in the Permanent Total Disablement or death of the Insured Person within 365 days from the date of the Accident, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance, in respect of the Insured Person's Dependent Child (children) under the age of 25 years and unmarried as on the date of occurrence (unless specified otherwise), irrespective of whether the child (children) is an Insured Person under this Policy.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured as specified under this benefit shall be paid fully to the child. If more than one child, the Sum Insured as specified under this benefit shall be divided equally among all eligible children.

D.I.43. Accident Medical Appliances Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/peril covered under the policy and as a solo and direct impact of the injury, the Insured Person is advised by the treating medical practitioner to use asthma pumps, blood glucose monitors, surgical stockings, CPAP devices, hearing aids, spinal supports, knee braces, walker, walking stick, nebulizer, catheter, thermometer, BP monitor, infusion pump, digital foetal monitor, wheelchair/crutches or to conduct the daily activities through artificial limb/prosthetic device, We will pay the Sum Insured as specified in the Policy Schedule/Certificate Of Insurance.

D.I.44. Accident Medical Appliances Cover

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/peril covered under the policy and as a solo and direct impact of the injury, the Insured Person is advised by the treating medical practitioner to use asthma pumps, blood glucose monitors, surgical stockings, CPAP devices, hearing aids, spinal supports, knee braces, crutches, wheel chair, walker, walking stick, nebulizer, catheter, thermometer, BP monitor, infusion pump, digital foetal monitor or to conduct the daily activities through artificial limb/prosthetic device, We will pay the actual cost of such External Aids and appliances up to the limit as specified in the Policy Schedule/Certificate Of Insurance.

D.I.45. Accident Medical Second Opinion Cover

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/peril covered under the policy and is advised a Medical Treatment/Surgery for the Injury as an effect that Injury solely and directly results in the Permanent Total Disablement, Permanent Partial Disablement, Temporary Total Disablement of the Insured Person within 365 days from the date of the Accident, then the Insured Person may choose to secure a medical second opinion from a Specialist for such treatment. We will pay the consultation fees of the specialist, up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

The Insured Person understands and agrees that he/she can exercise the option to secure an expert opinion, provided that:

a. We have received a written request from the Insured Person to exercise this option.
b. The expert opinion will be based only on the information and documentation provided by the Insured Person.
c. This Benefit can be availed only once, by each Insured Person during the lifetime of the Policy for a particular Permanent Total disablement, Permanent Partial Disablement or Temporary Total Disablement.
d. This Benefit is only a value added service provided by Us and does not deem to substitute the Insured Person's visit or consultation to an independent Medical Practitioner.
e. The Insured Person is free to choose whether or not to obtain the expert opinion, and if obtained then whether or not to act on it.
f. We shall not, in any event be responsible for any actual or alleged errors or representations made by any Medical Practitioner or in any expert opinion or for any consequence of actions taken or not taken in reliance thereon.
g. The expert opinion under this cover shall be limited

to covered disablements and shall not be valid for any medico legal purposes.

h. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

D.I.46. Accident Medical Second Opinion Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/peril covered under the policy and is advised a Medical Treatment/Surgery for the Injury, as an effect that Injury solely and directly results in the Permanent Total Disablement, Permanent Partial Disablement, Temporary Total Disablement of the Insured Person within 365 days from the date of the Accident then the Insured Person may choose to secure a medical second opinion from Our network of Medical Practitioners for such treatment. Such opinion from Our network of Medical Practitioners shall be directly sent to the Insured Person.

The Insured Person understands and agrees that he/she can exercise the option to secure an expert opinion, provided that:

a. We have received a written request from the Insured Person to exercise this option.

b. The expert opinion will be based only on the information and documentation provided by the Insured Person.

c. This Benefit can be availed only once, by each Insured Person during the lifetime of the Policy for a particular Permanent Total disablement, Permanent Partial Disablement or Temporary Total Disablement.

d. This Benefit is only a value added service provided by Us and does not deem to substitute the Insured Person's visit or consultation to an independent Medical Practitioner.

e. The Insured Person is free to choose whether or not to obtain the expert opinion, and if obtained then whether or not to act on it.

f. We shall not, in any event be responsible for any actual or alleged errors or representations made by any Medical Practitioner or in any expert opinion or for any consequence of actions taken or not taken in reliance thereon.

g. The expert opinion under this cover shall be limited to covered disablements and shall not be valid for any medico legal purposes.

h. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

D.I.47. Accident Modification Allowance Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident caused by an event/ peril covered under the policy and that Injury solely and directly results in the Permanent Total Disablement or Permanent Partial Disablement of the Insured Person within 365 days from the date of the Accident, also if the Insured Person is disabled to an extent which necessarily requires to modify his/her vehicle or make modifications in his/her house to adjust to the disablement, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance.

D.I.48. Accident Modification Allowance Cover

If during the Policy Year, the Insured Person suffers an Injury due to an Accident caused by an event/ peril covered under the policy and that Injury solely and directly results in the Permanent Total Disablement or Permanent Partial Disablement of the Insured Person within 365 days from the date of the Accident, also if the Insured Person is disabled to an extent which necessarily requires to modify his/her vehicle or make modifications in his/her house to adjust to the disablement, We will pay the cost incurred towards the modification, up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

D.I.49. Accidental Out-Patient Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and the Insured Person incurs any one or more of following Medical Expenses, solely and directly for the Injury, on an Out-Patient basis, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance.

i. Consultations with Medical Practitioners and Specialists;

ii. Prescribed medicines, drugs and dressings; expenses towards over the counter (OTC) medicines shall be payable if opted and specified under the Policy Schedule/Certificate of Insurance.

iii. Diagnostic tests such as laboratory tests, radiology and pathology, MRI, CAT scan, PET scan.

D.I.50. Accidental Out-Patient Cover

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/peril covered under the policy, We will pay the Reasonable and Customary Charges incurred towards following Medical expenses incurred by the Insured Person, solely and directly for the Injury, on an Out-patient basis, up to the limit as specified in the Policy Schedule/Certificate of Insurance.

i. Consultations with Medical Practitioners and Specialists;

ii. Prescribed medicines, drugs and dressings; expenses towards over the counter (OTC) medicines shall be payable if opted and specified under the Policy Schedule/Certificate of Insurance.

iii. Diagnostic tests such as laboratory tests, radiology and pathology, MRI, CAT scan, PET scan.

D.I.51. Accident Parent Benefit

If during the Policy Year, the Insured Person suffers an Injury, due to an Accident, caused by an event/peril covered under the policy and that Injury solely and directly results in the Permanent Total Disablement, Permanent Partial Disablement or death of the Insured Person within 365 days from the date of the Accident, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance, in respect of the surviving Dependent Parent (single or both parents) of the Insured Person, irrespective of whether the parent is an Insured Person under this Policy. In case of both the parents eligible for the benefit, the Sum Insured will be divided equally amongst both.

D.I.52. Accident Parent Cash

If during the Policy Year, the Insured Person suffers an Injury, due to an Accident, caused by an event/peril covered under the policy and that Injury solely and directly results in the Permanent Total Disablement, Permanent Partial Disablement or death of the Insured Person within 365 days from the date of the Accident, We will pay the cash benefit as per the limit as specified in the Policy Schedule/Certificate of Insurance, in respect of the surviving Dependent Parent (single or both parents) of the Insured Person, irrespective of whether the parent is an Insured Person under this Policy. In case of both the parents eligible for the benefit, the Sum Insured will be divided equally amongst both.

D.I.53. Accidental Permanent Partial Disablement Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/peril covered under the policy and that Injury solely and directly results in the Permanent Partial Disablement of the Insured Person which is of the nature specified in the table below within 365 days from the date of the Accident, We will pay the percentage of Sum Insured as specified in the table below, maximum up to the Sum Insured specified in the Policy Schedule/Certificate of Insurance :

Nature of Permanent Partial Disablement	Percentage of the Sum Insured payable unless specified otherwise
i. Total and irrecoverable loss of sight in one eye	50%
ii. Loss of one hand or one foot	50%
iii. Loss of all toes - any one foot	10%
iv. Loss of toe great - any one foot	5%
v. Loss of toes other than great, if more than one toe lost, each	2%
vi. Total and irrecoverable loss of hearing in both ears	50%
vii. Total and irrecoverable loss of hearing in one ear	15%
viii. Total and irrecoverable loss of speech	50%
ix. Loss of four fingers and thumb of one hand	40%
x. Loss of four fingers	35%
xi. Loss of thumb- both phalanges	25%
xii. Loss of thumb- one phalanx	10%
xiii. Loss of index finger-three phalanges	10%
xiv. Loss of index finger-two phalanges	8%
xv. Loss of index finger-one phalanx	4%
xvi. Loss of middle/ring/little finger-three phalanges	6%
xviii. Loss of middle/ring/little finger-two phalanges	4%
xviii. Loss of middle/ring/little finger-one phalanx	2%

The Benefit specified above will be payable provided that:

a. The Permanent Partial Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to Us;

b. For disablement other than physical separation of limb/s, digit/s, the Permanent Partial Disablement continues for a period of at least 180 days from the commencement of the Permanent Partial Disablement and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period;

c. If the Insured Person dies 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 in lieu of this benefit, if opted.

d. If the Insured Person suffers a loss that is not of the nature of Permanent Partial Disablement specified in the table above, then a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board will determine the degree of disablement and the amount payable, if any.

D.I.54. Accidental Permanent Partial Disablement Cash

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in the Permanent Partial Disablement of the Insured Person which is of the nature specified in the table below within 365 days from the date of the Accident, We will pay the cash benefit as per the limit in the table below and as specified in the Policy Schedule/ Certificate of Insurance.

Nature of Permanent Partial Disablement	**Percentage of the Sum Insured payable unless specified otherwise**
i. Total and irrecoverable loss of sight in one eye	50%
ii. Loss of one hand or one foot	50%
iii. Loss of all toes - any one foot	10%
iv. Loss of toe great - any one foot	5%
v. Loss of toes other than great, if more than one toe lost, each	2%
vi. Total and irrecoverable loss of hearing in both ears	50%
vii. Total and irrecoverable loss of hearing in one ear	15%
viii. Total and irrecoverable loss of speech	50%
ix. Loss of four fingers and thumb of one hand	40%
x. Loss of four fingers	35%
xi. Loss of thumb- both phalanges	25%
xii. Loss of thumb- one phalanx	10%
xiii. Loss of index finger-three phalanges	10%
xiv. Loss of index finger-two phalanges	8%
xv. Loss of index finger-one phalanx	4%
xvi. Loss of middle/ring/little finger-three phalanges	6%
xviii.Loss of middle/ring/little finger-two phalanges	4%
xviii.Loss of middle/ring/little finger-one phalanx	2%

The Benefit specified above will be payable provided that:

a. The Permanent Partial Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to Us;

b. For disablement other than physical separation of limb/s, digit/s, the Permanent Partial Disablement continues for a period of at least 180 days from the commencement of the Permanent Partial Disablement and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period;

c. If the Insured Person dies 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 in lieu of this benefit, if opted.

d. If the Insured Person suffers a loss that is not of the nature of Permanent Partial Disablement specified in the table above, then a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board will determine the degree of disablement and the amount payable, if any.

D.I.55. Accidental Permanent Total Disablement Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in the Permanent Total Disablement of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance.

Nature of Permanent Total Disablement
Total and irrecoverable loss of sight in both eyes
Loss by physical separation or total and permanent loss of use of both hands or both feet
Loss by physical separation or total and permanent loss of use of one hand and one foot
Total and irrecoverable loss of sight in one eye and loss of a Limb
Total and irrecoverable loss of hearing in both ears and loss of one Limb/ loss of sight in one eye
Total and irrecoverable loss of hearing in both ears and loss of speech
Total and irrecoverable loss of speech and loss of one Limb/ loss of sight in one eye
Permanent, total and absolute disablement (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living

For the purpose of this Benefit,

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

Physical separation of one hand or foot means separation at or above wrist and/or at or above ankle, respectively.

The Benefit as specified above will be payable provided that:

a. The Permanent Total Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to us;
b. For disablement other than physical separation of limb/s, digit/s, the Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement, and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period;
c. If the Insured Person dies 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 in lieu of this benefit, if opted.
d. Once a claim has been accepted and paid under this Benefit then the Insured Person's insurance cover under this section will lapse.

D.I.56. Accidental Permanent Total Disablement Cash

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in the Permanent Total Disablement of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the cash benefit as per the limit as specified in the Policy Schedule/Certificate of Insurance.

Nature of Permanent Total Disablement
Total and irrecoverable loss of sight in both eyes
Loss by physical separation or total and permanent loss of use of both hands or both feet
Loss by physical separation or total and permanent loss of use of one hand and one foot
Total and irrecoverable loss of sight in one eye and loss of a Limb
Total and irrecoverable loss of hearing in both ears and loss of one Limb/ loss of sight in one eye
Total and irrecoverable loss of hearing in both ears and loss of speech
Total and irrecoverable loss of speech and loss of one Limb/ loss of sight in one eye
Permanent, total and absolute disablement (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living

For the purpose of this Benefit,

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

Physical separation of one hand or foot means separation at or above wrist and/or at or above ankle, respectively.

The Benefit as specified above will be payable provided that:

a. The Permanent Total Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to us;
b. For disablement other than physical separation of limb/s, digit/s, the Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement, and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period;
c. If the Insured Person dies 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 in lieu of this benefit, if opted.

d. Once a claim has been accepted and paid under this Benefit then the Insured Person's insurance cover under this section will lapse.

D.I.57. Personal Belonging Cover

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/peril covered under the policy and that Injury solely and directly results in damage of one or more Personal belongings, We will pay the cost of replacement of such personal belongings up to the limit as specified in the Policy Schedule/Certificate of Insurance.

Personal belongings for the purpose of this section means items such as clothes and other articles of personal nature likely to be worn or carried and includes mobile phones, credit or debit cards, jewellery, lens, glasses, watches, laptops. It does not include any goods or samples carried in connections with any trade or business, theft or burglary of the personal belonging, money as physical cash.

D.I.58. Personal Protective Equipment (PPE) Damage Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/peril covered under the policy and that Injury solely and directly results in damage of one or more Personal Protective Equipment of the Insured Person, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance towards the costs of Personal Protective Equipment damaged in the Accident.

For the purpose of this Benefit, Personal Protective Equipment means any equipment that controls or mitigates a risk to a person's health and safety. Personal Protective Equipment includes safety goggles, high visibility vests, work kneepads, tool vests to replace tool belts, safety boots, ear plugs or earmuffs, face masks, respirators, lead aprons and over the shoulder tool belts.

D.I.59. Personal Protective Equipment (PPE) Damage Cover

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/peril covered under the policy and that Injury solely and directly results in damage of Personal Protective Equipment of the Insured Person, We will pay the expenses up to limit as specified in the Policy Schedule/Certificate of Insurance, incurred towards the costs of replacement of the Personal Protective Equipment damaged in the Accident.

For the purpose of this Benefit, Personal Protective Equipment means any equipment that controls or mitigates a risk to a person's health and safety. Personal Protective Equipment includes safety goggles, high visibility vests, work kneepads, tool vests to replace tool belts, safety boots, ear plugs or earmuffs, face masks, respirators, lead aprons and over the shoulder tool belts.

D.I.60. Accidental Rehabilitation Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident caused by an event/peril covered under the policy and as a solo and direct impact of the injury, the Insured Person is necessarily required to avail specialist consultation, counselling, extended physiotherapy at a recognised rehabilitation unit, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance, for such medical expenses towards rehabilitation.

The benefit is payable subject to being Medically Necessary and recommended by the treating Medical Practitioner.

D.I.61. Accidental Rehabilitation Cover

If during the Policy Year, the Insured Person suffers an Injury due to an Accident caused by an event/peril covered under the policy and as a solo and direct impact of the injury, the Insured Person is necessarily required to avail consultation and/or counselling at a recognised rehabilitation unit, We will pay the medical expenses up to the limit as specified in the Policy Schedule/Certificate of Insurance, towards the Reasonable and Customary Charges for counseling fees, specialist consultation and extended physiotherapy for rehabilitation.

The benefit is payable subject to being medically necessary and recommended by the treating Medical Practitioner.

D.I.62. Repatriation of Mortal Remains Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/peril covered under the policy and that Injury solely and directly results in death of the Insured Person, at a place away from home location, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance towards the transportation of mortal remains from the place of death to the

home location.

In addition, assistance will be provided by Us or the Medical Assistance Service Provider for organizing or obtaining the necessary clearances for the repatriation of mortal remains.

D.I.63. Repatriation of Mortal Remains Cover

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in death of the Insured Person, at a place away from home location, We will pay the expenses up to the limit as specified in the Policy Schedule/Certificate of Insurance, towards the cost associated with the transportation of mortal remains from the place of death to the home location.

In addition, assistance will be provided by Us or the Medical Assistance Service Provider for organizing or obtaining the necessary clearances for the repatriation of mortal remains.

D.I.64. Accident Re-Training Expenses Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in Permanent Total Disablement, Permanent Partial Disablement or mental disability of the Insured Person, however the Insured Person is capable to take up an alternate occupation which requires training, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance, towards the expenses incurred to re-train the Insured Person for an alternative occupation either in the business of the Policyholder or elsewhere.

D.I.65. Accident Re-Training Expenses Cover

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in Permanent Total Disablement, Permanent Partial Disablement or mental disability of the Insured Person, however the Insured Person is capable to take up an alternate occupation which requires training, We will pay the expenses up to the limit as specified in the Policy Schedule/Certificate of Insurance, towards the reasonable costs actually incurred to re-train the Insured Person for an alternative occupation either in the business of the Policyholder or elsewhere.

D.I.66. Accident Road Ambulance Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and the Insured Person is transported by a registered healthcare or Ambulance service provider to a Hospital for treatment in case of an Emergency, necessitating his/her admission to the Hospital, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate Of Insurance, provided the necessity of use of an Ambulance must be certified by the treating Medical Practitioner.

D.I.67. Accident Road Ambulance Cover

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy, We will pay the Reasonable and Customary Charges incurred towards transportation of the Insured Person by a registered healthcare or Ambulance service provider to a Hospital for treatment in case of an Emergency, necessitating the Insured Person's admission to the Hospital.

The necessity of use of an Ambulance must be certified by the treating Medical Practitioner.

The benefit will be paid up to the limits as specified in the Policy Schedule/ Certificate of Insurance.

D.I.68. Accident Spouse Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/ peril covered under the policy and that Injury solely and directly results in the Permanent Total Disablement, Permanent Partial Disablement or death of the Insured Person within 365 days from the date of the Accident, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance, in respect of the widowed Spouse of the Insured Person, irrespective of whether the Spouse is an Insured Person under this Policy.

D.I.69. Accident Spouse Cash

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/peril covered under the policy and that Injury solely and directly results in the Permanent Total Disablement, Permanent Partial Disablement or death of the Insured Person within 365 days from the date of the Accident, We will pay the cash benefit up to the limit as specified in the Policy Schedule/Certificate of Insurance, in respect of the widowed Spouse of the Insured Person, irrespective of whether the Spouse is an Insured Person under this Policy.

D.I.70. Accidental Temporary Total Disablement Benefit

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/peril covered under the policy and that Injury solely and directly results in the Temporary Total Disablement (as defined below) of the Insured Person within 365 days from the date of the Accident, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance.

For the purpose of this Benefit, Temporary Total Disablement means a disablement of an Insured Person such that he/she is totally disabled from engaging in any employment or occupation or business for remuneration or profit of any description whatsoever on a temporary basis and a disability certificate is issued by a civil surgeon or the equivalent appointed by the District, State or Government Board.

D.I.71. Accidental Temporary Total Disablement Cash

If during the Policy Year, the Insured Person suffers an Injury due to an Accident, caused by an event/peril covered under the policy and that Injury solely and directly results in the Temporary Total Disablement (as defined below) of the Insured Person within 365 days from the date of the Accident, We will pay the cash benefit up to the limit as specified in the Policy Schedule/Certificate of Insurance or recovery of the Insured Person whichever is earlier, provided that the Insured Person remains absent from his occupation for at least 7 consecutive days (in which case benefit will be payable from day 1) or as specified otherwise in the Policy Schedule/ Certificate of Insurance, post which if the Insured Person is disabled for a part of the week, then only a proportionate part of the weekly Benefit will be payable.

For the purpose of this Benefit, Temporary Total Disablement means a disablement of an Insured Person such that he/she is totally disabled from engaging in any employment or occupation or business for remuneration or profit of any description whatsoever on a temporary basis and a disability certificate is issued by a civil surgeon or the equivalent appointed by the District, State or Government Board.

D.II. Mediclaim

D.II.1. Hospitalization Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person, We will pay the Reasonable and Customary Charges for the following Medical Expenses provided that the purpose of Hospitalization is to avail Medically Necessary Treatment of the Insured Person and admission date of Hospitalization is within the Policy Year.

Policy Year:

i. Room charges up to the category/limit specified in the Policy Schedule/ Certificate Of Insurance,
ii. Charges for accommodation in ICU/CCU/HDU,
iii. Operation theatre cost,
iv. Medical Practitioner fees,
v. Specialist fee,
vi. Surgeon's fee,
vii. Anaesthetist fee,
viii. Radiologist fee,
ix. Pathologist fee,
x. Assistant Surgeon fee,
xi. Qualified Nurses fee,
xii. Medication,
xiii. Cost of diagnostic tests as an In-patient,
xiv. Surgical Appliance and/or Medical Appliance.

If the Insured Person is admitted in a room where the room category or the Room Rent incurred is higher than that which is specified in the Policy Schedule/ Certificate Of Insurance, then the Policyholder/ Insured Person shall bear a ratable proportion of the total Associated Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the Room Rent of the entitled room category/eligible Room Rent to the Room Rent actually incurred, unless specified otherwise.

Artificial life maintenance will be covered, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health under any circumstances, unless in a vegetative state as certified by the treating medical practitioner.

The following procedures will be covered (wherever medically indicated) either as In-patient or as part of day care treatment in a hospital up to the limit as per the plan and sum insured opted in a Policy Year.:

a. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
b. Balloon Sinuplasty
c. Deep Brain stimulation
d. Oral chemotherapy
e. Immunotherapy - Monoclonal Antibody to be given as injection

f. Intra vitreal injections
g. Robotic surgeries
h. Stereotactic radio surgeries
i. Bronchial Thermoplasty
j. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
k. IONM - (Intra Operative Neuro Monitoring)
l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

Medical Expenses incurred for the Medically Necessary Treatment of the Insured Person for Hospitalization arising from or associated with Human Immunodeficiency Virus (HIV) or HIV related Illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof, sexually transmitted diseases (STD) will be covered up to the Sum Insured opted in a Policy Year. This coverage is provided in accordance with the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017 as amended from time to time. The necessity of the Hospitalization is to be certified by an authorised Medical Practitioner.

Medical Expenses incurred for the Medically Necessary treatment of the Insured Person for in-patient Hospitalization, arising from or associated with a Mental illness or a medical condition impacting mental health will be covered up to sum insured opted in a Policy Year. This coverage is provided in accordance with The Mental Health Care Act, 2017 as amended from time to time.

Day Care and/or Domiciliary Treatment will be covered under the Benefit if opted and as specified under the Policy Schedule/Certificate of Insurance.

This benefit is payable up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

D.II.1.i. Pre Hospitalization

We will pay the Pre-hospitalization Medical Expenses of an Insured Person which are incurred immediately prior to the Insured Person's date of Hospitalization or Day Care Treatment (if opted) up to the limits as specified in the Policy Schedule/ Certificate Of Insurance, provided that the claim is admissible under 'Hospitalization Cover' and the Pre-hospitalization Medical Expenses are related to the same Illness/ Injury.

The date of admission to the Hospital for the purpose of this Benefit shall be the date of the Insured Person's first admission to the Hospital in relation to Any one illness/injury.

D.II.1.ii. Post Hospitalization

We will pay the Post-Hospitalization Medical Expenses of an Insured Person which are incurred immediately post discharge of the Insured Person from the Hospital or Day Care Treatment (if opted) up to the limits as specified in the Policy Schedule/ Certificate of Insurance, provided that the claim is admissible under 'Hospitalization Cover' and the Post-Hospitalization Medical Expenses are related to the same Illness/Injury.

The date of discharge from the Hospital for the purpose of this Benefit shall be the date of the Insured Person's last discharge from the Hospital in relation to Any one illness/injury.

D.II.2. Hospitalization Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/ Injury solely and directly results in the Hospitalization of the Insured Person, We will pay the Sum Insured in case of In-patient Hospitalization, provided that the purpose of Hospitalization is to avail Medically Necessary treatment of the Insured Person and admission date of the Hospitalization is within the Policy Year.

D.II.3. Hospital Cash

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person, We will pay the cash benefit for each continuous and completed period of Hospitalization as specified in the Policy Schedule/ Certificate of Insurance, provided that the purpose of Hospitalization is to avail Medically Necessary Treatment of the Insured Person and admission date of Hospitalization is within the Policy Year.

D.II.4. Air Ambulance benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and results in transportation of the Insured Person to the nearest Hospital by an air ambulance or to move the Insured Person to and from healthcare facilities during an Emergency, within India, unless specified otherwise, We will pay the Sum Insured as specified in the Policy Schedule/Certificate Of Insurance, provided that the transportation is arranged by a medically equipped aircraft which can offer medical

care in flight and should have medical equipment's vital to monitoring and treating the Insured Person suffering from an Illness/Injury.

D.II.5. Air Ambulance Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy, We will pay the Reasonable and Customary Charges incurred during the Policy Year towards transportation of the Insured Person to the nearest Hospital by an air ambulance or to move the Insured Person to and from healthcare facilities during an Emergency, within India, unless specified otherwise, up to the limit as specified in the Policy Schedule/Certificate Of Insurance, provided that the transportation is arranged by a medically equipped aircraft which can offer medical care in flight and should have medical equipment's vital to monitoring and treating the Insured Person suffering from an Illness/ Injury.

D.II.6. AYUSH In-patient Hospitalization Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/ Injury solely and directly results in the Hospitalization of the Insured Person for availing AYUSH Treatment, We will pay the Medical Expenses, provided that:

1. Admission date of the Hospitalization is within the Policy Year.
2. The Insured Person has undergone AYUSH Treatment in a;
   - i) Central or State Government AYUSH Hospital; or
   - ii) Teaching hospitals attached to AYUSH College recognized by Central Government/Central Council of Indian Medicine and Central Council of Homeopathy; or
   - iii) AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

   a) Having at least five in-patient beds;

   b) Having qualified AYUSH Medical Practitioner in charge round the clock;

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

   d) Maintaining daily record of the patients and making them accessible to the insurance company's authorized representative.

The following exclusions will be applicable in addition to the other Policy exclusions:

- Facilities and services availed for pleasure or rejuvenation or as a preventive aid, like beauty treatments, Panchakarma, purification, detoxification and rejuvenation etc.

This benefit is payable up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

D.II.7. Benefit on diagnosis

If an Insured Person is diagnosed to be suffering from an Illness opted under the Policy, while the Policy is in force, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance provided that:

a. The Illness, which the Insured Person is suffering from, occurs or first manifests itself during the Policy Period as a first incidence; and
b. The Insured Person survives for at least the survival period, specified under the Policy, from the date of diagnosis of the Illness; and
c. Upon Our admission of the first claim under this Section in respect of an Insured Person in any Policy Period, the cover under this Section shall automatically terminate in respect of that Insured Person, unless specified otherwise; and
d. Our total and cumulative liability for an Insured Person under this Benefit will be limited to the Sum Insured.

For the purpose of this Policy, Illness means any Illness, medical event or Surgical Procedure as specifically defined under the Policy, whose first diagnosis and/or manifestation first commence/ occurs after commencement of the Policy Period, post completion of the diagnosis waiting period, specified under the Policy.

D.II.8. Care at Home Services

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident caused by an event/peril covered under the policy and as a result of the Illness/Injury, solely and directly, the Insured Person is required to avail home care services as mentioned below and opted under the policy, We will pay the Reasonable and Customary Charges incurred towards availing these care facilities at home, by the Insured Person, up to the limit as specified in the Policy Schedule/Certificate Of Insurance.

Home care services (as opted and specified in

Policy Schedule/Certificate of Insurance):

- Physiotherapy at home, as prescribed by the treating Medical Practitioner,
- Nursing attendant at home, as prescribed by the treating Medical Practitioner,
- Stroma care, colostomy, tube feeding at home, as prescribed by the treating Medical Practitioner
- Doctor visits at home
- Delivery of Medically prescribed medicine at home
- Health Check at home
- Vaccination at home, prescribed by the treating Medical Practitioner
- Custodial or personal care (like bathing, dressing, or using the bathroom)

D.II.9. Coma Benefit

If during the Policy Year, the Insured Person/s suffers an Illness/ Injury due to an Accident, caused by an event/peril covered under the policy and as a result of the Illness/Injury, solely and directly, the Insured Person suffers Coma, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, provided that:

a. This diagnosis of Coma by a Medical Practitioner is supported by all of the following:
   i. no response to external stimuli continuously for at least 96 hours;
   ii. life support measures are necessary to sustain life; and
   iii. permanent neurological deficit which is assessed at least 30 days after the onset of the Coma.
b. The condition of Coma is confirmed by a specialist Medical Practitioner in writing.
c. The Coma does not result from alcohol/ drug abuse.

For the purpose of this Benefit, Coma means a state of unconsciousness with no reaction or response to external stimuli or internal needs.

D.II.10. Coma Cash

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and as a result of the Illness/Injury, solely and directly, the Insured Person suffers Coma, We will pay cash benefit up to the limit as specified in the Policy Schedule/ Certificate of Insurance or recovery of the Insured Person, whichever is earlier, provided that:

a. This diagnosis of Coma by a Medical Practitioner is supported by all of the following:
   i. no response to external stimuli continuously for at least 96 hours;
   ii. life support measures are necessary to sustain life; and
   iii. permanent neurological deficit which is assessed at least 30 days after the onset of the Coma.
b. The condition of Coma is confirmed by a specialist Medical Practitioner in writing.
c. The Coma does not result from alcohol/drug abuse.

For the purpose of this Benefit, Coma means a state of unconsciousness with no reaction or response to external stimuli or internal needs.

D.II.11. Complementary Treatment Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and as a solo and direct impact of that Illness/Injury the Insured Person undergoes Medically Necessary Treatment of the following line of treatments, We will pay the Reasonable and Customary Charges for the Medically Necessary Treatment, if prescribed by a Medical Practitioner and opted under the Policy.

This benefit is payable up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

Complementary Treatments (as opted and specified in Policy Schedule/ Certificate of Insurance):

i. Physiotherapy,
ii. Acupuncture and Acupressure
iii. Chiropody and Chiropractic
iv. Osteopathy,
v. Homeopathy
vi. Ayurveda.

D.II.12. Cost of Support Items Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and as a solo and direct impact of that Illness/Injury the Insured Person requires support items, prescribed by a Medical Practitioner, We will pay the Sum Insured as specified in the Policy Schedule towards:

- The purchase of support items; artificial limbs, crutches, stretcher, tricycle, wheelchairs, intra-ocular lenses, spectacles which in the opinion of a Medical Practitioner is/are necessary for the Insured Person due to the Illness/Injury;
- Additional lifesaving expenses incurred for special or imported medicines or for blood transfusion for treatment or Surgery due to the Illness/Injury, provided that the treatment is availed in a Hospital or Day Care Centre in India including on an out-

patient basis or for Day Care Treatment.

D.II.13. Cost of Support Items Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and as a solo and direct impact of that Illness/Injury the Insured Person requires support items, prescribed by a Medical Practitioner, We will pay up to the limit as specified in the Policy Schedule/Certificate of Insurance towards:

- Reasonable and Customary Charges for the purchase of support items artificial limbs, crutches, stretcher, tricycle, wheelchairs, intra-ocular lenses, spectacles which in the opinion of a Medical Practitioner is/are necessary for the Insured Person due to the Illness/Injury;
- Reasonable and Customary Charges for additional lifesaving expenses incurred for special or imported medicines or for blood transfusion for treatment or Surgery for the Illness/Injury sustained, provided that the treatment is availed in a Hospital or Day Care Centre in India including on an out-patient basis or for Day Care Treatment

D.II.14. Dependent Children Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/Injury (within 365 days from the date of the Accident) solely and directly results in the Permanent Total Disablement or Permanent Partial Disablement of the Insured Person, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, in respect of Dependent Child (children) under the age of 25 years as on the date of occurrence (unless specified otherwise), irrespective of whether the child (children) is an Insured Person under this Policy.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured specified under this benefit shall be paid fully to the child. If more than one child, the Sum Insured specified under this benefit shall be divided equally among all eligible children.

D.II.15. Dependent Children Cash

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/Injury (within 365 days from the date of the Accident) solely and directly results in the Permanent Total Disablement or Permanent Partial Disablement of the Insured Person, We will pay the cash benefit up to the limit as specified in the Policy Schedule/ Certificate of Insurance, in respect of Dependent Child (children) under the age of 25 years as on the date of occurrence (unless specified otherwise), irrespective of whether the child (children) is an Insured Person under this Policy.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured specified under this benefit shall be paid fully to the child. If more than one child, the Sum Insured specified under this benefit shall be divided equally among all eligible children.

D.II.16. Education Fund Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/Injury solely and directly results in the Permanent Total Disablement of the Insured Person, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance, in respect of the tuition fees paid towards the Dependent Child's education for the Policy Period, irrespective of whether the child (children) is an Insured Person under this Policy.

This benefit shall be payable subject to the dependent child being up to 25 years of age as on date of occurrence of the event (unless specified otherwise) and provided that the dependent child is pursuing an educational course as a full time student at an accredited educational institution and does not have any independent source of income.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured specified under this benefit shall be paid fully to the child. If more than one child, the Sum Insured specified under this benefit shall be divided equally among all eligible children.

D.II.17. Education Fund Cash

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/Injury solely and directly results in the Permanent Total Disablement of the Insured Person, We will pay the cash benefit up to the limit as specified in the

Policy Schedule/Certificate of Insurance, in respect of the tuition fees paid towards the Dependent Child's education for the Policy Period, irrespective of whether the child (children) is an Insured Person under this Policy.

This benefit shall be payable subject to the dependent child being up to 25 years of age as on date of occurrence of the event (unless specified otherwise) and provided that the dependent child is pursuing an educational course as a full time student at an accredited educational institution and does not have any independent source of income.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured specified under this benefit shall be paid fully to the child. If more than one child, the Sum Insured specified under this benefit shall be divided equally among all eligible children.

D.II.18. Emergency Evacuation Benefit

If the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy, that occurs during the Policy Year and if adequate medical facilities are not available locally, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance towards the arrangement for an Emergency evacuation of the Insured Person to the nearest facility, within India, (unless specified otherwise)capable of providing adequate care provided that:

- The medical evacuation must be determined by Our medical team to be Medically Necessary to prevent the immediate and significant effects of Illness/Injury or conditions which if left untreated could result in a significant deterioration of health and it has been determined that the treatment is not available locally.
- In making Our determinations, We will consider the nature of emergency, Your medical condition and ability to travel.
- The Insured Person's medical condition must require the accompaniment of a qualified healthcare professional during the entire course of the evacuation to be considered an emergency and requiring emergency evacuation.

D.II.19. Emergency Evacuation Cover

If the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/peril covered under the policy, that occurs during the Policy Year and if adequate medical facilities are not available locally, We will pay the expenses incurred up to the limit as specified in the Policy Schedule towards the arrangement for an Emergency evacuation of the Insured Person to the nearest facility capable, within India, (unless specified otherwise) of providing adequate care provided that:

- Our Medical Assistance Service will arrange for the transport of the Insured Person to the nearest Hospital offering the necessary treatment, under proper medical supervision.
- The Emergency medical evacuations is pre-authorised by the Our medical team. If it is not possible for pre-authorisation to be sought before the evacuation takes place, authorisation must be sought as soon as possible thereafter. We will only authorise medical evacuations after the evacuation has occurred where it was not reasonably possible for authorisation to be sought before the evacuation took place.
- The medical evacuations must be determined by Our medical team to be Medically Necessary to prevent the immediate and significant effects of Illness/Injury or conditions which if left untreated could result in a significant deterioration of health and it has been determined that the treatment is not available locally.
- In making Our determinations, We will consider the nature of emergency, Your medical condition and ability to travel, as well as other relevant circumstances including airport availability, weather conditions and distance to be covered.
- The Insured Person's medical condition must require the accompaniment of a qualified healthcare professional during the entire course of the evacuation to be considered an emergency and requiring emergency evacuation.
- Transportation will be provided by medically equipped specialty aircraft, commercial airline, train or ambulance depending upon the medical needs and available transportation specific to each case.

D.II.20. EMI Protection

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/ Injury solely and directly results in Permanent Total Disablement, Permanent Partial Disablement, Temporary Total Disablement, coma or Hospitalization of the Insured Person and the event completely prevents the Insured Person from performing each and every duty that pertains to his/ her employment or engaging in occupation for a minimum period of one month. In such an event, We will pay the cash benefit in commensuration with the Insured Person's

contribution in EMI of the existing insurance linked loan account, up to the limit as specified in the Policy Schedule/Certificate of Insurance.

Under this Benefit the liability of the Company shall cease once the Insured Person engages in the same or any alternative occupation.

We will not be liable to pay for any penalty or arrears which may have accumulated due to delayed or missed EMI's prior to the date of accident.

D.II.21. Family Counselling Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/ Injury solely and directly results in Permanent Total Disablement or Permanent Partial Disablement of the Insured Person or the Insured Person is diagnosed with a Critical Illness or a Terminal illness causing mental trauma to any or all Immediate Family Members of the Insured Person, We will pay the Sum Insured as specified in the Policy Schedule towards the psychiatric counselling of the Immediate Family Members of such Insured Person provided the family members receive such counselling on an out-patient basis in a Hospital.

D.II.22. Family Counselling Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/ Injury solely and directly results in Permanent Total Disablement or Permanent Partial Disablement of the Insured Person or the Insured Person is diagnosed with a Critical Illness or a Terminal Illness causing mental trauma to any or all Immediate Family Members of the Insured Person, We will pay the expenses up to the limit as specified in the Policy Schedule/Certificate of Insurance towards the psychiatric counselling of the Immediate Family Members of such Insured Person provided the family members receive such counselling on an out-patient basis in a Hospital.

D.II.23. Family Transportation Allowance Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/ Injury solely and directly results in emergency Hospitalization of the Insured Person in a Hospital which is situated at a distance of at least 100 kilometre from his actual place of residence and the attending Medical Practitioner recommends the personal attendance of an Immediate Family Member, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, towards transportation of any one Immediate Family Member of the Insured Person to the place of Hospitalization of the Insured Person.

D.II.24. Family Transportation Allowance Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/ Injury solely and directly results in emergency Hospitalization of the Insured Person in a Hospital which is situated at a distance of at least 100 kilometre from his actual place of residence and the attending Medical Practitioner recommends the personal attendance of an Immediate Family Member, We will pay up to the limit specified in the Policy Schedule/ Certificate of Insurance, for expenses incurred in respect of any one Immediate Family Member of the Insured Person for transportation by one way airfare or one way first class railway ticket in a licensed common carrier to the place of Hospitalization of the Insured Person.

D.II.25. Follow up Medical Trip Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/ Injury solely and directly results in severe trauma and/or advised amputation that requires follow up treatment to be taken outside the territorial limits of the city of residence, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance towards travelling, boarding & lodging of the Insured Person.

D.II.26. Follow up Medical Trip Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/ Injury solely and directly results in severe trauma and/or advised amputation that requires follow up treatment to be taken outside the territorial limits of the city of residence within the territorial boundaries of India (unless specified otherwise), We will pay towards the cost of travelling (return trip) and cost pertaining to boarding & lodging during the duration of such treatment.

In case of Overseas treatment (if covered under the Policy), We shall further pay the travel and boarding expenses of one Immediate family member of the Insured person who will accompany him during the period of such treatment.

The benefit is payable up to the limit as specified in the Policy Schedule/Certificate of Insurance.

Specific Exclusion

- Cost of Medical treatment shall not be covered under this section.
- Treatment that is not medically necessary.
- Trips taken for leisure/business purposes.
- Charges related to separate room cost in case an immediate family member is accompanying the Insured Person.

D.II.27. Home Nursing Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/Injury solely and directly results in inability to perform 'activities of daily living', We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance towards a Qualified Nurse arranged by the Hospital to visit the Insured Person's home to give expert nursing services, provided that:

- The Insured Person must have significant difficulty coping with the required activities of daily living and specialist Medical Practitioner who treated the Insured Person must have recommended these services in writing.
- The Benefit will cover visits by a Qualified Nurse for as long as it is required for a Medically Necessary Treatment which would normally have been provided in a Hospital subject to a maximum limit specified in the policy, if any.
- The condition must result in the inability of the Insured Person to perform at least 3 out 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 (unless specified otherwise in the Policy Schedule/Certificate of Insurance.
- This Benefit is not related to any Domiciliary Hospitalization.

For the purpose of this Section, "activities of daily living" means:

- 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.
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other Surgical Appliances.
- 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.
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- Mobility: the ability to move indoors from room to room on level surfaces at the normal place of residence.

D.II.28. Home Nursing Cash

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/Injury solely and directly results in inability to perform 'activities of daily living', We will pay the cash benefit, towards a Qualified Nurse arranged by the Hospital to visit the Insured Person's home to give expert nursing services as per limits specified in Policy Schedule/Certificate Of Insurance, provided that:

- The Insured Person must have significant difficulty coping with the required activities of daily living and specialist Medical Practitioner who treated the Insured Person must have recommended these services in writing.
- The Benefit will cover visits by a Qualified Nurse for as long as it is required for a Medically Necessary Treatment which would normally have been provided in a Hospital subject to a maximum limit specified in the policy, if any.
- The condition must result in the inability of the Insured Person to perform at least 3 out 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 (unless specified otherwise in the Policy Schedule/Certificate of Insurance.
- This Benefit is not related to any Domiciliary Hospitalization.

For the purpose of this Section, "activities of daily living" means:

- 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.
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other Surgical Appliances.
- 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.

- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- Mobility: the ability to move indoors from room to room on level surfaces at the normal place of residence.

D.II.29. Home Nursing Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/Injury solely and directly results in inability to perform 'activities of daily living', We will pay towards a Qualified Nurse arranged by the Hospital to visit the Insured Person's home to give expert nursing services limited to the Sum Insured as specified in Policy Schedule/Certificate Of Insurance, provided that:

- The Insured Person must have significant difficulty coping with the required activities of daily living and specialist Medical Practitioner who treated the Insured Person must have recommended these services in writing.
- The Benefit will cover visits by a Qualified Nurse for as long as it is required for a Medically Necessary Treatment which would normally have been provided in a Hospital subject to a maximum limit specified in the policy, if any.
- 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 (unless specified otherwise in the Policy Schedule/Certificate of Insurance.
- This Benefit is not related to any Domiciliary Hospitalization.

For the purpose of this Section, "activities of daily living" means:

- 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.
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other Surgical Appliances.
- 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.
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- Mobility: the ability to move indoors from room to room on level surfaces at the normal place of residence.

D.II.30. Hospice & Palliative Care Benefit

If during the Policy Year, the Insured Person suffers a terminal Illness, covered under the policy, with a life expectancy of less than six (6) months from the date of such diagnosis, and medical treatment can no longer be expected to cure the condition provided the same is certified by the treating Medical Practitioner, We will pay the Sum Insured, as specified under the Policy Schedule/Certificate of Insurance, towards palliative care or hospice care for Hospitalization, Day Care Treatment or OPD treatment of the Insured Person and any associated reasonable costs for accommodation, nursing care, prescribed medicines and physical and psychological care.

D.II.31. Hospice & Palliative Care Cash

If during the Policy Year, the Insured Person suffers a terminal Illness, covered under the policy, with a life expectancy of less than six (6) months from the date of such diagnosis and medical treatment can no longer be expected to cure the condition provided the same is certified by the treating Medical Practitioner, We will pay the cash benefit, towards palliative care or hospice care for Hospitalization, Day Care Treatment or OPD treatment of the Insured Person and any associated reasonable costs for accommodation, nursing care, prescribed medicines, physical and psychological care, up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

D.II.32. Hospice & Palliative Care Cover

If during the Policy Year, the Insured Person suffers a terminal Illness, covered under the policy, with a life expectancy of less than six (6) months from the date of such diagnosis and medical treatment can no longer be expected to cure the condition provided the same is certified by the treating Medical Practitioner, We will pay the Reasonable and Customary Charges for costs associated with the palliative care or hospice care for Hospitalization, Day Care Treatment or OPD treatment of the Insured Person and any associated reasonable

costs for accommodation, nursing care, prescribed medicines, physical and psychological care

The cover is available up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

D.II.33. Loss of Earning Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/ Injury solely and directly results in Hospitalization, Permanent Total Disablement, Permanent Partial Disablement, Temporary Total Disablement or Coma, as an effect, the Insured Person is disabled from engaging in his/her primary occupation and loses his/ her source of income generation as a consequence thereof, We will pay the Sum Insured as per the limit as specified in the Policy Schedule/Certificate of Insurance.

D.II.34. Loss of Earning Cash

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/ Injury solely and directly results in Hospitalization, Permanent Total Disablement, Permanent Partial Disablement, Temporary Total Disablement or Coma, as an effect, the Insured Person is disabled from engaging in his/her primary occupation and loses his/her source of income generation, We will pay the cash benefit up to the limit as specified in the Policy Schedule/Certificate Of Insurance.

D.II.35. Loss of Family earning

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/ Injury solely and directly results in Hospitalization, Permanent Total Disablement, Permanent Partial Disablement, Temporary Total Disablement or Coma, as an effect, the Insured Person is disabled from engaging in his/her primary occupation and loses his/her source of income generation, We will pay the cash benefit up to the limit as specified in the Policy Schedule/Certificate Of Insurance in respect of Dependent Child (children) under the age of 25 years as on the date of occurrence (unless specified otherwise), dependent spouse, dependent parent irrespective of whether they are Insured Person/s under this Policy.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If more than one dependent, the Sum Insured specified under this benefit shall be divided equally among all eligible dependents.

D.II.36. Marriage Benefit for Dependent Children

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/ Injury solely and directly results in the Permanent Total Disablement of the Insured Person within 365 days from the date of the Accident, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance, in respect of the Insured Person's Dependent Child (children) under the age of 25 years and unmarried as on the date of occurrence (unless specified otherwise), irrespective of whether the child (children) is an Insured Person under this Policy.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured specified under this benefit shall be paid fully to the child. If more than one child, the Sum Insured specified under this benefit shall be divided equally among all eligible children.

D.II.37. Medical Appliances Benefit

If during the Policy Year, the Insured Person suffers an Illness/ Injury due to an Accident, caused by an event/peril covered under the policy and as a solo and direct impact of the Illness/Injury, the Insured Person is advised by the treating medical practitioner to use asthma pumps, blood glucose monitors, surgical stockings, CPAP devices, hearing aids, spinal supports, knee braces, crutches, wheel chair, walker, walking stick, nebulizer, catheter, thermometer, BP monitor, infusion pump, digital foetal monitor or to conduct the daily activities through artificial limb/ prosthetic device, We will pay the Sum Insured as specified in the Policy Schedule/Certificate Of Insurance.

D.II.38. Medical Appliances Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and as a solo and direct impact of the Illness/Injury, the Insured Person is advised by the treating medical practitioner to use asthma pumps, blood glucose monitors, surgical stockings, CPAP devices, hearing aids, spinal supports, knee braces, crutches, wheel chair, walker, walking stick, nebulizer, catheter, thermometer, BP monitor, infusion pump, digital foetal monitor or to

conduct the daily activities through artificial limb/ prosthetic device, We will pay the actual cost of such external aids and appliances up to the limit as specified in the Policy Schedule/Certificate Of Insurance.

D.II.39. Medical Second Opinion Cover

If during the Policy Year, the Insured Person suffers a Critical Illness, Permanent Total Disablement, Permanent Partial Disablement, Temporary Total Disablement or Terminal illness and is advised a Medical Treatment for the same, then the Insured Person may choose to secure a second opinion from a Specialist for such treatment. We will pay the consultation fees of the specialist, up to the limit as specified in the Policy Schedule/ Certificate Of Insurance.

D.II.40. Medical Second Opinion Benefit

If during the Policy Year, the Insured Person suffers a Critical Illness, Terminal Illness or Permanent Total Disablement, Permanent Partial Disablement, Temporary Total Disablement (within 365 of the accident, if caused due to Injury) and is advised a Medical Treatment for the same, then the Insured Person may choose to secure a second opinion from Our network of Medical Practitioners for such treatment. Such opinion from Our network of Medical Practitioners shall be directly sent to the Insured Person.

The Insured Person understands and agrees that he/she can exercise the option to secure an expert opinion, provided that:

a. We have received a written request from the Insured Person to exercise this option.
b. The expert opinion will be based only on the information and documentation provided by the Insured Person.
c. This Benefit can be availed only once, by each Insured Person during the lifetime of the Policy for a particular Critical Illness, Terminal Illness, Permanent Total disablement, Permanent Partial Disablement or Temporary Total Disablement.
d. This Benefit is only a value added service provided by Us and does not deem to substitute the Insured Person's visit or consultation to an independent Medical Practitioner.
e. The Insured Person is free to choose whether or not to obtain the expert opinion, and if obtained then whether or not to act on it.
f. We shall not, in any event be responsible for any actual or alleged errors or representations made by any Medical Practitioner or in any expert opinion or for any consequence of actions taken or not taken in reliance thereon.
g. The expert opinion under this cover shall be limited to covered conditions and shall not be valid for any medico legal purposes.

We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

D.II.41. Modification Allowance Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/Injury solely and directly results in Permanent Total Disablement, Permanent Partial Disablement, Critical illness or Terminal illness, also if the Insured Person is disabled to an extent which necessarily requires to modify his/her vehicle or make modifications in his/her house to adjust to the disablement, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance.

D.II.42. Modification Allowance Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/Injury solely and directly results in Permanent Total Disablement, Permanent Partial Disablement, Critical illness or Terminal illness, also if the Insured Person is disabled to an extent which necessarily requires to modify his/her vehicle or make modifications in his/her house to adjust to the disablement, We will pay the cost incurred towards the modification, up to the limit as specified in the Policy Schedule/Certificate of Insurance.

D.II.43. Out-Patient Treatment Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and the Insured Person incurs any one or more of following Medical Expenses, solely and directly for the Illness/Injury, on an Out-Patient basis, We will pay the Sum Insured as specified in the Policy Schedule/Certificate Of Insurance.

i. Consultations with Medical Practitioners and Specialists;
ii. Prescribed medicines, drugs and dressings; expenses towards over the counter (OTC) medicines shall be payable if opted and specified under the

Policy Schedule/Certificate of Insurance.

iii. Diagnostic tests such as laboratory tests, radiology and pathology, MRI, CAT scan, PET scan.

D.II.44. Out-Patient Treatment Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy, We will pay the Reasonable and Customary Charges towards following Medical Expenses incurred by the Insured Person, solely and directly for the Illness/ Injury, on an Out-patient basis, up to the limit as specified in the Policy Schedule/Certificate Of Insurance.

i. Consultations with Medical Practitioners and Specialists;

ii. Prescribed medicines, drugs and dressings; expenses towards over the counter (OTC) medicines shall be payable if opted and specified under the Policy Schedule/Certificate of Insurance.

iii. Diagnostic tests such as laboratory tests, radiology and pathology, MRI, CAT scan, PET scan.

D.II.45. Parent Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/Injury solely and directly results in the Permanent Total Disablement or Permanent Partial Disablement (within 365 days from the date of the Injury, if caused due to Accident), We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, in respect of the surviving Dependent Parent (single or both parents) of the Insured Person, irrespective of whether the parent is an Insured Person under this Policy.

In case of both the parents eligible for the benefit, the Sum Insured will be divided equally amongst both.

D.II.46. Parent Cash

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/Injury solely and directly results in the Permanent Total Disablement or Permanent Partial Disablement of the Insured Person (within 365 days from the date of the Injury, if caused due to Accident), We will pay the cash benefit as specified in the Policy Schedule/Certificate of Insurance, in respect of the surviving Dependent Parent (single or both parents) of the Insured Person, irrespective of whether the parent is an Insured Person under this Policy.

In case of both the parents eligible for the benefit, the Sum Insured will be divided equally amongst both

D.II.47. Permanent Partial Disablement Benefit

If during the Policy Year, the Insured Person s suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/Injury solely and directly results in the Permanent Partial Disablement of the Insured Person which is of the nature specified in the table below (within 365 days from the date of the Injury, if caused due to an Accident), We will pay the percentage of the Sum Insured as specified in the table below, maximum up to the Sum Insured, as specified in the Policy Schedule/Certificate of Insurance:

Nature of Permanent Partial Disablement	Percentage of the Sum Insured payable unless specified otherwise
i. Total and irrecoverable loss of sight in one eye	50%
ii. Loss of one hand or one foot	50%
iii. Loss of all toes - any one foot	10%
iv. Loss of toe great - any one foot	5%
v. Loss of toes other than great, if more than one toe lost, each	2%
vi. Total and irrecoverable loss of hearing in both ears	50%
vii. Total and irrecoverable loss of hearing in one ear	15%
viii. Total and irrecoverable loss of speech	50%
ix. Loss of four fingers and thumb of one hand	40%
x. Loss of four fingers	35%
xi. Loss of thumb- both phalanges	25%
xii. Loss of thumb- one phalanx	10%
xiii. Loss of index finger-three phalanges	10%
xiv. Loss of index finger-two phalanges	8%
xv. Loss of index finger-one phalanx	4%
xvi. Loss of middle/ring/little finger-three phalanges	6%
xviii. Loss of middle/ring/little finger-two phalanges	4%
xviii. Loss of middle/ring/little finger-one phalanx	2%

The Benefit specified above will be payable provided that:

e. The Permanent Partial Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to Us;

f. For disablement other than physical separation of limb/s, digit/s, the Permanent Partial Disablement continues for a period of at least 180 days from the commencement of the Permanent Partial Disablement and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period;

g. If the Insured Person dies 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 in lieu of this benefit, if opted.

h. If the Insured Person suffers a loss that is not of the nature of Permanent Partial Disablement specified in the table above, then a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board will determine the degree of disablement and the amount payable, if any.

D.II.48. Permanent Partial Disablement Cash

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/Injury solely and directly results in the Permanent Partial Disablement of the Insured Person which is of the nature specified in the table below (within 365 days from the date of the Injury, if caused due to an Accident), We will pay the cash benefit, as per the limit in the table below and as specified in the Policy Schedule/Certificate of InsuranceNature of Permanent Partial Disablement	**Percentage of the Sum Insured payable unless specified otherwise**
i. Total and irrecoverable loss of sight in one eye	50%
ii. Loss of one hand or one foot	50%
iii. Loss of all toes - any one foot	10%
iv. Loss of toe great - any one foot	5%
v. Loss of toes other than great, if more than one toe lost, each	2%
vi. Total and irrecoverable loss of hearing in both ears	50%
vii. Total and irrecoverable loss of hearing in one ear	15%
viii. Total and irrecoverable loss of speech	50%
ix. Loss of four fingers and thumb of one hand	40%
x. Loss of four fingers	35%
xi. Loss of thumb- both phalanges	25%
xii. Loss of thumb- one phalanx	10%
xiii. Loss of index finger-three phalanges	10%
xiv. Loss of index finger-two phalanges	8%
xv. Loss of index finger-one phalanx	4%
xvi. Loss of middle/ring/little finger-three phalanges	6%
xviii. Loss of middle/ring/little finger-two phalanges	4%
xviii. Loss of middle/ring/little finger-one phalanx	2%

The Benefit specified above will be payable provided that:

e. The Permanent Partial Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to Us;

f. For disablement other than physical separation of limb/s, digit/s, the Permanent Partial Disablement continues for a period of at least 180 days from the commencement of the Permanent Partial Disablement and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period;

g. If the Insured Person dies 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 in lieu of this benefit, if opted.

h. If the Insured Person suffers a loss that is not of the nature of Permanent Partial Disablement specified in the table above, then a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board will determine the degree of disablement and the amount payable, if any.

D.II.49. Permanent Total Disablement Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/ Injury solely and directly results in the Permanent

Total Disablement of the Insured Person which is of the nature specified in the table below (within 365 days from the date of the Injury, if caused due to Accident), We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance.

Nature of Permanent Total Disablement
Total and irrecoverable loss of sight in both eyes
Loss by physical separation or total and permanent loss of use of both hands or both feet
Loss by physical separation or total and permanent loss of use of one hand and one foot
Total and irrecoverable loss of sight in one eye and loss of a Limb
Total and irrecoverable loss of hearing in both ears and loss of one Limb/ loss of sight in one eye
Total and irrecoverable loss of hearing in both ears and loss of speech
Total and irrecoverable loss of speech and loss of one Limb/ loss of sight in one eye
Permanent, total and absolute disablement (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living

For the purpose of this Benefit,

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

Physical separation of one hand or foot means separation at or above wrist and/or at or above ankle, respectively.

The Benefit as specified above will be payable provided that:

e. The Permanent Total Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to us;

f. For disablement other than physical separation of limb/s, digit/s, the Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement, and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period;

g. If the Insured Person dies 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 in lieu of this benefit, if opted.

h. Once a claim has been accepted and paid under this Benefit then the Insured Person's insurance cover under this section will lapse.

D.II.50. Permanent Total Disablement Cash

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/ Injury solely and directly results in the Permanent Total Disablement of the Insured Person which is of the nature specified in the table below (within 365 days from the date of the Injury, if caused due to an Accident), We will pay the cash benefit as per the limit as specified against this cover in the Policy Schedule/Certificate of Insurance.

Nature of Permanent Total Disablement
Total and irrecoverable loss of sight in both eyes
Loss by physical separation or total and permanent loss of use of both hands or both feet
Loss by physical separation or total and permanent loss of use of one hand and one foot
Total and irrecoverable loss of sight in one eye and loss of a Limb
Total and irrecoverable loss of hearing in both ears and loss of one Limb/loss of sight in one eye
Total and irrecoverable loss of hearing in both ears and loss of speech
Total and irrecoverable loss of speech and loss of one Limb/ loss of sight in one eye
Permanent, total and absolute disablement (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living

For the purpose of this Benefit,

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

Physical separation of one hand or foot means separation at or above wrist and/or at or above ankle, respectively.

The Benefit as specified above will be payable provided that:

e. The Permanent Total Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to us;

f. For disablement other than physical separation of limb/s, digit/s, the Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement, and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period;

g. If the Insured Person dies 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 in lieu of this benefit, if opted.

h. Once a claim has been accepted and paid under this Benefit then the Insured Person's insurance cover under this section will lapse.

D.II.51. Rehabilitation Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and as a solo and direct impact of the Illness/Injury, the Insured Person is necessarily required to avail specialist consultation, counselling, extended physiotherapy at a recognised rehabilitation unit, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, for such Medical Expenses towards rehabilitation.

The benefit is payable subject to being Medically Necessary and recommended by the treating Medical Practitioner.

D.II.52. Rehabilitation Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and as a solo and direct impact of the Illness/Injury, the Insured Person is necessarily required to avail consultation and/or counselling at a recognised rehabilitation unit, We will pay the Medical Expenses up to the limit as specified in the Policy Schedule/Certificate of Insurance towards the Reasonable and Customary Charges for counselling fees, specialist consultation and extended physiotherapy for rehabilitation .

The benefit is payable subject to being Medically Necessary and recommended by the treating Medical Practitioner.

D.II.53. Re-training Expenses Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/ Injury solely and directly results in Permanent Total Disablement, Permanent Partial Disablement or mental disability of the Insured Person, however the Insured Person is capable to take up an alternate occupation which requires training, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance towards the expenses incurred to re-train the Insured Person for an alternative occupation either in the business of the Policyholder or elsewhere.

D.II.54. Re-training Expenses Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/ Injury solely and directly results in Permanent Total Disablement, Permanent Partial Disablement or mental disability of the Insured Person, however the Insured Person is capable to take up an alternate occupation which requires training, We will pay the expenses up to the limit as specified in the Policy Schedule/Certificate of Insurance towards the reasonable costs actually incurred to re-train the Insured Person for an alternative occupation either in the business of the Policyholder or elsewhere.

D.II.55. Road Ambulance Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and the Insured Person is transported by a registered healthcare or Ambulance service provider to a Hospital for treatment in case of an Emergency, necessitating his/her admission to the Hospital.

We will pay the Sum Insured specified in the Policy Schedule/Certificate Of Insurance, provided the necessity of use of an Ambulance must be certified by the treating Medical Practitioner.

D.II.56. Road Ambulance Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy We will pay the Reasonable and Customary Charges incurred towards transportation of the Insured Person by a registered healthcare or Ambulance service provider to a Hospital for treatment in case of an Emergency, necessitating the Insured Person's admission to the Hospital.

The necessity of use of an Ambulance must be certified by the treating Medical Practitioner.

The benefit will be paid up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

D.II.57. Spouse Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/ Injury solely and directly results in the Permanent Total Disablement or Permanent Partial Disablement of the Insured Person (within 365 days from the

date of the Accident, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance, in respect of the widowed Spouse of the Insured Person, irrespective of whether the Spouse is an Insured Person under this Policy.

D.II.58. Spouse Cash

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/Injury solely and directly results in the Permanent Total Disablement or Permanent Partial Disablement of the Insured Person (within 365 days from the date of the Accident, **if caused due to Accident),** We will pay the cash benefit up to the limit as specified against this cover in the Policy Schedule/Certificate of Insurance, in respect of the widowed Spouse of the Insured Person, irrespective of whether the Spouse is an Insured Person under this Policy.

D.II.59. Temporary Total Disablement Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/ peril covered under the policy and that Illness/Injury solely and directly results in the Temporary Total Disablement (as defined below) of the Insured Person (within 365 days from the date of the Accident, if caused due to Accident), We will pay the Sum Insured as specified in the Policy Schedule/Certificate Of Insurance.

For the purpose of this Benefit, Temporary Total Disablement means a disablement of an Insured Person such that he/she is totally disabled from engaging in any employment or occupation or business for remuneration or profit of any description whatsoever on a temporary basis and a disability certificate is issued by a civil surgeon or the equivalent appointed by the District, State or Government Board.

D.II.60. Temporary Total Disablement Cash

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident, caused by an event/peril covered under the policy and that Illness/Injury solely and directly results in the Temporary Total Disablement (as defined below) of the Insured Person (within 365 days from the date of the Accident, if caused due to Accident, We will pay the cash benefit up to the limit as specified in the Policy Schedule/Certificate of Insurance or recovery of the Insured Person whichever is earlier, provided that the Insured Person shall be absent from his occupation for at least 7 consecutive days (in which case benefit will be payable from day 1) or as specified otherwise in the Policy Schedule/ Certificate of Insurance, post which if the Insured Person is disabled for a part of the week, then only a proportionate part of the weekly Benefit will be payable.

For the purpose of this Benefit, Temporary Total Disablement means a disablement of an Insured Person such that he/she is totally disabled from engaging in any employment or occupation or business for remuneration or profit, of any description whatsoever on a temporary basis and a disability certificate is issued by a civil surgeon or the equivalent appointed by the District, State or Government Board.

D.III. Surgery

D.III.1. Surgical Hospitalization Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the policy, We will pay the Reasonable and Customary Charges for the following Medical Expenses provided that the purpose of Hospitalization is to avail Medically Necessary Treatment of the Insured Person and admission date of Hospitalization is within the Policy Year.

i. Room charges up to the category/limit specified in the Policy Schedule/Certificate Of Insurance,
ii. Charges for accommodation in ICU/CCU/HDU,
iii. Operation theatre cost,
iv. Medical Practitioner fees,
v. Specialist fee,
vi. Surgeon's fee,
vii. Anaesthetist fee,
viii. Radiologist fee,
ix. Pathologist fee,
x. Assistant Surgeon fee,
xi. Qualified Nurses fee,
xii. Medication,
xiii. Cost of diagnostic tests as an In-patient,
xiv. Surgical Appliance and/or Medical Appliance.

If the Insured Person is admitted in a room where the room category or the Room Rent incurred is higher than that which is as specified in the Policy Schedule/Certificate Of Insurance, then the Policyholder/Insured Person shall bear a rateable proportion of the total Associated Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the Room Rent

of the entitled room category/eligible Room Rent to the Room Rent actually incurred, unless specified otherwise.

Artificial life maintenance will be covered, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health under any circumstances, unless in a vegetative state as certified by the treating medical practitioner.

We will cover the Medical Expenses incurred towards a Medically Necessary Modern and Advanced Treatment of the Insured Person subject to Illness/ Injury being covered under Hospitalization Expenses and the necessity being certified by an authorised Medical Practitioner.

The following procedures will be covered (wherever medically indicated) either as In-patient or as part of day care treatment in a hospital up to the limit as per the plan and sum insured opted in a Policy Year.:

a. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
b. Balloon Sinuplasty
c. Deep Brain stimulation
d. Oral chemotherapy
e. Immunotherapy - Monoclonal Antibody to be given as injection
f. Intra vitreal injections
g. Robotic surgeries
h. Stereotactic radio surgeries
i. Bronchial Thermoplasty
j. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
k. IONM - (Intra Operative Neuro Monitoring)
l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

Medical Expenses incurred for the Medically Necessary Treatment of the Insured Person for Hospitalization arising from or associated with Human Immunodeficiency Virus (HIV) or HIV related Illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof, sexually transmitted diseases (STD) will be covered up to the Sum Insured opted in a Policy Year. This coverage is provided in accordance with the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017 as amended from time to time. The necessity of the Hospitalization is to be certified by an authorised Medical Practitioner.

Medical Expenses incurred for the Medically Necessary treatment of the Insured Person for in-patient Hospitalization, arising from or associated with a Mental illness or a medical condition impacting mental health will be covered up to sum insured opted in a Policy Year. This coverage is provided in accordance with The Mental Health Care Act, 2017 as amended from time to time.

Day Care will be covered under the Benefit if opted and as specified under the Policy Schedule/ Certificate of Insurance.

The benefit is payable up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

D.III.1.i. Pre Hospitalization

We will pay the Pre-Hospitalization Medical Expenses of an Insured Person which are incurred immediately prior to the Insured Person's date of Hospitalization or Day Care Treatment (if opted) up to the limit as specified in the Policy Schedule/ Certificate Of Insurance, provided that a claim is admissible under 'Surgical Hospitalization Cover' and the Pre-Hospitalization Medical Expenses are related to the same Illness/Injury.

The date of admission to the Hospital for the purpose of this Benefit shall be the date of the Insured Person's first admission to the Hospital in relation to Any one illness/injury.

D.III.1.ii.Post Hospitalization

We will pay the Post-Hospitalization Medical Expenses of an Insured Person which are incurred immediately post discharge of the Insured Person from the Hospital or Day Care Treatment (if opted) up to the limits as specified in the Policy Schedule/ Certificate Of Insurance, provided that a claim is admissible under 'Surgical Hospitalization Cover' and the Post-Hospitalization Medical Expenses are related to the same Illness/Injury.

The date of discharge from the Hospital for the purpose of this Benefit shall be the date of the Insured Person's last discharge from the Hospital in relation to Any one illness/injury.

D.III.2. Surgical Cash

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/ Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the policy, We will pay the cash benefit, up to the limit for each continuous and completed period of Hospitalization as specified in the Policy Schedule/Certificate of Insurance, provided that the purpose of Hospitalization is to

avail Medically Necessary Treatment of the Insured Person and admission date of Hospitalization is within the Policy Year.

D.III.3. Surgery Care at Home Services

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the policy, and subsequently the Insured Person is required to avail home care services as mentioned below and opted under the policy, We will pay the Reasonable and Customary Charges incurred towards availing these care facilities at home, by the Insured Person, up to the limit as specified in the Policy Schedule/ Certificate Of Insurance.

Home care services (as opted and as specified in Policy Schedule/ Certificate Of Insurance):

- Physiotherapy at home, as prescribed by the treating Medical Practitioner,
- Nursing attendant at home, as prescribed by the treating Medical Practitioner,
- Stroma care, colostomy, tube feeding at home, as prescribed by the treating Medical Practitioner
- Doctor visits at home
- Delivery of Medically prescribed medicine at home
- Health Check at home
- Vaccination at home, prescribed by the treating Medical Practitioner
- Custodial or personal care (like bathing, dressing, or using the bathroom)

D.III.4. Surgery Cost of Support Items Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the policy, and post-surgery requires support items, prescribed by a Medical Practitioner, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance towards:

- The purchase of support items; artificial limbs, crutches, stretcher, tricycle, wheelchairs, intra-ocular lenses, spectacles which in the opinion of a Medical Practitioner is/are necessary for the Insured Person due to the Illness/Injury sustained in the accident;
- Additional lifesaving expenses incurred for special or imported medicines or for blood transfusion for treatment or Surgery for the Illness/Injury, provided that the treatment is availed in a Hospital or Day Care Centre in India including on an out-patient basis or for Day Care Treatment.

D.III.5. Surgery Cost of Support Items Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the policy, and post-surgery requires support items, prescribed by a Medical Practitioner, We will pay the expenses up to the limit as specified in the Policy Schedule/ Certificate of Insurance towards:

- Reasonable and Customary Charges for the purchase of support items; artificial limbs, crutches, stretcher, tricycle, wheelchairs, intra-ocular lenses, spectacles which in the opinion of a Medical Practitioner is/are necessary for the Insured Person due to the Illness/Injury;
- Reasonable and Customary Charges for additional lifesaving expenses incurred for special or imported medicines or for blood transfusion for treatment or Surgery for the Illness/Injury sustained, provided that the treatment is availed in a Hospital or Day Care Centre in India including on an out-patient basis or for Day Care Treatment.

D.III.6. Surgery Dependent Children Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the policy, and that Illness/Injury (within 365 days from the date of the Accident) solely and directly results in the Permanent Total Disablement or Permanent Partial Disablement of the Insured Person, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, in respect of Dependent Child (children) under the age of 25 years as on the date of occurrence (unless specified otherwise), irrespective of whether the child (children) is an Insured Person under this Policy.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured as specified under this benefit shall be paid fully to the child. If more than one child, the Sum Insured as specified under this benefit shall be divided equally among all eligible children.

D.III.7. Surgery Dependent Children Cash

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the policy, and that Illness/Injury (within 365 days from the date of the Accident)solely and directly results in the Permanent Total Disablement or Permanent Partial Disablement of the Insured Person, We will pay the cash benefit, up to the limit as specified in the Policy Schedule/ Certificate of Insurance, in respect of Dependent Child (children) under the age of 25 years as on the date of occurrence (unless specified otherwise), irrespective of whether the child (children) is an Insured Person under this Policy.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured as specified under this benefit shall be paid fully to the child. If more than one child, the Sum Insured as specified under this benefit shall be divided equally among all eligible children.

D.III.8. Surgery Education Fund Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the policy, and that Illness/Injury solely and directly results in the Permanent Total Disablement of the Insured Person, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance, in respect of the tuition fees paid towards the Dependent Child's education for the Policy Period, irrespective of whether the child (children) is an Insured Person under this Policy.

This benefit shall be payable subject to the dependent child being up to 25 years of age as on date of occurrence of the event (unless specified otherwise) and provided that the dependent child is pursuing an educational course as a full time student at an accredited educational institution and does not have any independent source of income.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured as specified under this benefit shall be paid fully to the child. If more than one child, the Sum Insured as specified under this benefit shall be divided equally among all eligible children.

D.III.9. Surgery Education Fund Cash

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the policy, and that Illness/Injury solely and directly results in the Permanent Total Disablement of the Insured Person, We will pay the cash benefit as specified in the Policy Schedule/Certificate of Insurance, in respect of the tuition fees paid towards the Dependent Child's education for the Policy Period, irrespective of whether the child (children) is an Insured Person under this Policy.

This benefit shall be payable subject to the dependent child being up to 25 years of age as on date of occurrence of the event (unless specified otherwise) and provided that the dependent child is pursuing an educational course as a full time student at an accredited educational institution and does not have any independent source of income.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If one child, the Sum Insured as specified under this benefit shall be paid fully to the child. If more than one child, the Sum Insured as specified under this benefit shall be divided equally among all eligible children.

D.III.10. Surgery EMI Protection

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the policy, and that Illness/Injury solely and directly results in the Permanent Total Disablement, Permanent Partial Disablement, or coma Post Surgery of the Insured Person and the event completely prevents the Insured Person from performing each and every duty that pertains to his/ her employment or engaging in occupation for a minimum period of one month. In such an event, We will pay the amount in commensuration with the Insured Person's contribution in EMI of the existing insurance linked loan account, up to the limit as specified in the Policy Schedule/Certificate of Insurance.

Under this Benefit the liability of the Company shall cease once the Insured Person engages in the same or any alternative occupation.

We will not be liable to pay for any penalty or arrears which may have accumulated due to delayed or missed EMI's prior to the date of accident.

D.III.11. Surgery Family Counselling Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the policy, which results in Permanent Total Disablement, Permanent Partial Disablement causing mental trauma to any or all Immediate Family Members of the Insured Person, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance towards the psychiatric counselling of the Immediate Family Members of such Insured Person provided the family members receive such counselling on an out-patient basis in a Hospital.

D.III.12. Surgery Family Counselling Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the policy, which results in Permanent Total Disablement, Permanent Partial Disablement causing mental trauma to any or all Immediate Family Members of the Insured Person, We will pay the expenses up to the limit as specified in the Policy Schedule/Certificate of Insurance towards the psychiatric counselling of the Immediate Family Members of such Insured Person provided the family members receive such counselling on an out-patient basis in a Hospital.

D.III.13 Surgery Family Transportation Allowance Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the policy, in a Hospital which is situated at a distance of at least 100 kilometre from his actual place of residence and the attending Medical Practitioner recommends the personal attendance of an Immediate Family Member, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance, towards transportation of any one Immediate Family Member of the Insured Person to the place of Hospitalization of the Insured Person.

D.III.14. Surgery Family Transportation Allowance Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the policy, in a Hospital which is situated at a distance of at least 100 kilometre from his actual place of residence and the attending Medical Practitioner recommends the personal attendance of an Immediate Family Member, We will pay the expenses up to the limit as specified in the Policy Schedule/Certificate of Insurance, incurred in respect of any one Immediate Family Member of the Insured Person for transportation by one way airfare or one way first class railway ticket in a licensed common carrier to the place of Hospitalization of the Insured Person.

D.III.15. Surgery Follow up Medical Trip Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the policy, and that Illness solely and directly results in severe trauma and/or advised amputation that requires follow up treatment to be taken outside the territorial limits of the city of residence, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance towards travelling, boarding & lodging of the Insured Person.

D.III.16. Surgery Follow up Medical Trip Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the policy, and that Illness/Injury solely and directly results in severe trauma and/or advised amputation that requires follow up treatment to be taken outside the territorial limits of the city of residence within the territorial boundaries of India, We will pay the cost of travelling (return trip) and cost pertaining to boarding & lodging during the duration of such treatment.

The Company shall further pay the travel and boarding expenses of one Immediate family member of the Insured person who will accompany him during the period of such treatment.

The benefit is payable up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

Specific Exclusion

- Cost of Medical treatment shall not be covered under this section.
- Treatment that is not medically necessary.
- Trips taken for leisure/business purposes.
- Charges related to separate room cost in case an immediate family member is accompanying the Insured Person.

D.III.17. Surgery Home Nursing Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the policy, and as a result of which the Insured Person is unable to perform 'activities of daily living', We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance towards a Qualified Nurse arranged by the Hospital to visit the Insured Person's home to give expert nursing services, provided that:

- The Insured Person must have significant difficulty coping with the required activities of daily living and specialist Medical Practitioner whotreated the Insured Person must have recommended these services in writing.
- The Benefit will cover visits by a Qualified Nurse for as long as it is required for a Medically Necessary Treatment which would normally have been provided in a Hospital subject to a maximum limit as specified in the policy, if any.
- 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 (unless specified otherwise in the Policy Schedule/Certificate of Insurance.
- This Benefit is not related to any Domiciliary Hospitalization.

For the purpose of this Section, "activities of daily living" means:

- 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.
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other Surgical Appliances.
- 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.
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- Mobility: the ability to move indoors from room to room on level surfaces at the normal place of residence.

D.III.18. Surgery Home Nursing Cash

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the policy, and as a result of which the Insured Person is unable to perform 'activities of daily living', We will pay the cash benefit towards a Qualified Nurse arranged by the Hospital to visit the Insured Person's home to give expert nursing services as per the limit as specified in Policy Schedule/Certificate Of Insurance, provided that:

- The Insured Person must have significant difficulty coping with the required activities of daily living and specialist Medical Practitioner who treated the Insured Person must have recommended these services in writing.
- The Benefit will cover visits by a Qualified Nurse for as long as it is required for a Medically Necessary Treatment which would normally have been provided in a Hospital subject to a maximum limit as specified in the policy, if any.
- 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 (unless specified otherwise in the Policy Schedule/Certificate of Insurance.
- This Benefit is not related to any Domiciliary Hospitalization.

For the purpose of this Section, "activities of daily living" means:

- 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.
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other Surgical Appliances.
- 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.

- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- Mobility: the ability to move indoors from room to room on level surfaces at the normal place of residence.

D.III.19. Surgery Home Nursing Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the policy, and as a result of which the Insured Person is unable to perform 'activities of daily living', We will pay towards a Qualified Nurse arranged by the Hospital to visit the Insured Person's home to give expert nursing services, up to the limit as specified in Policy Schedule/ Certificate Of Insurance, provided that:

- The Insured Person must have significant difficulty coping with the required activities of daily living and specialist Medical Practitioner who treated the Insured Person must have recommended these services in writing.
- The Benefit will cover visits by a Qualified Nurse for as long as it is required for a Medically Necessary Treatment which would normally have been provided in a Hospital subject to a maximum limit as specified in the policy, if any.
- 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 (unless specified otherwise in the Policy Schedule/Certificate of Insurance.
- This Benefit is not related to any Domiciliary Hospitalization.

For the purpose of this Section, "activities of daily living" means:

- 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.
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other Surgical Appliances.
- 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.

- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- Mobility: the ability to move indoors from room to room on level surfaces at the normal place of residence.

D.III.20. Surgery Hospice & Palliative Care Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the Policy and he/she is subsequently declared as terminally ill with a life expectancy of less than six (6) months from the date of such diagnosis, and medical treatment can no longer be expected to cure the condition provided the same is certified by the treating Medical Practitioner, We will pay the Sum Insured, as specified under the Policy Schedule/Certificate of Insurance, towards palliative care or hospice care for Hospitalization, Day Care Treatment or OPD treatment of the Insured Person and any associated reasonable costs for accommodation, nursing care, prescribed medicines and physical and psychological care.

D.III.21. Surgery Hospice & Palliative Care Cash

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the Policy and he/she is subsequently declared as terminally ill with a life expectancy of less than six (6) months from the date of such diagnosis, and medical treatment can no longer be expected to cure the condition provided the same is certified by the treating Medical Practitioner, We will pay the cash benefit towards palliative care or hospice care for Hospitalization, Day Care Treatment or OPD treatment of the Insured Person and any associated reasonable costs for accommodation, nursing care, prescribed medicines, physical and psychological care.

The benefit is payable up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

D.III.22. Surgery Hospice & Palliative Care Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and

that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure covered under the Policy and he/she is subsequently declared as terminally ill with a life expectancy of less than six (6) months from the date of such diagnosis and medical treatment can no longer be expected to cure the condition provided the same is certified by the treating Medical Practitioner, We will pay the Reasonable and Customary Charges for costs associated with the palliative care or hospice care for Hospitalization, Day Care Treatment or OPD treatment of the Insured Person and any associated reasonable costs for accommodation, nursing care, prescribed medicines, physical and psychological care.

The benefit is payable up to limit as specified under the Policy Schedule/ Certificate of Insurance.

D.III.23. Surgery Loss of Earning Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the Policy and Post Surgery the Insured Person suffers Permanent Total Disablement, Permanent Partial Disablement, Temporary Total Disablement or coma, as an effect the Insured Person is disabled from engaging in his/her primary occupation and loses his/her source of income generation, We will pay the Sum Insured as per limit as specified in the Policy Schedule/ Certificate of Insurance.

D.III.24. Surgery Loss of Earning Cash

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the Policy and Post Surgery the Insured Person suffers Permanent Total Disablement, Permanent Partial Disablement, Temporary Total Disablement or coma, as and effect he/she is disabled from engaging in his/her primary occupation and loses his/her source of income generation, We will pay the cash benefit up to the limit as specified in the Policy Schedule/Certificate Of Insurance.

D.III.25. Surgery Loss of Family earning

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the Policy and Post Surgery the Insured Person suffers Permanent Total Disablement, Permanent Partial Disablement, Temporary Total Disablement or coma, as an effect he/she is disabled from engaging in his/her primary occupation and loses his/her source of income generation, We will pay the cash benefit up to limit as specified in the Policy Schedule/ Certificate Of Insurance in respect of Dependent Child (children) under the age of 25 years as on the date of occurrence (unless specified otherwise), dependent spouse, dependent parent irrespective of whether they are Insured Person/s under this Policy.

Any Claim towards this benefit that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

If more than one dependent, the Sum Insured as specified under this benefit shall be divided equally among all eligible dependents.

D.III.26. Surgery Medical Appliances Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the Policy and Post Surgery the Insured Person is advised by the treating medical practitioner to use asthma pumps, blood glucose monitors, surgical stockings, CPAP devices, hearing aids, spinal supports, knee braces, crutches, wheel chair, walker, walking stick, nebulizer, catheter, thermometer, BP monitor, infusion pump, digital foetal monitor or conduct the daily activities through artificial limb/prosthetic device, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate Of Insurance.

D.III.27. Surgery Medical Appliances Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the Policy and Post Surgery the Insured Person is advised by the treating medical practitioner to use asthma pumps, blood glucose monitors, surgical stockings, CPAP devices, hearing aids, spinal supports, knee braces, crutches, wheel chair, walker, walking stick, nebulizer, catheter, thermometer, BP monitor, infusion pump, digital foetal monitor or conduct the daily activities through artificial limb/prosthetic device, We will pay the actual cost of such external aids and appliances up to the limit as specified in the Policy Schedule/Certificate Of Insurance.

D.III.28. Surgery Medical Second Opinion Cover

If during the Policy Year, the Insured Person is diagnosed with a Critical Illness, Permanent Total Disablement, Permanent Partial Disablement or Temporary Total Disablement and advised a Surgery by a Medical Practitioner, then the Insured Person may choose to secure a second opinion from a Specialist for such treatment. We will pay the consultation fees of the specialist, up to the limit as specified under the Policy Schedule/Certificate of Insurance.

The Insured Person understands and agrees that he/she can exercise the option to secure an expert opinion, provided that:

h. We have received a written request from the Insured Person to exercise this option.

i. The expert opinion will be based only on the information and documentation provided by the Insured Person.

j. This Benefit can be availed only once, by each Insured Person during the lifetime of the Policy for a particular Critical Illness, Permanent Total Disablement, Permanent Partial Disablement or Temporary Total Disablement.

k. This Benefit is only a value added service provided by Us and does not deem to substitute the Insured Person's visit or consultation to an independent Medical Practitioner.

l. The Insured Person is free to choose whether or not to obtain the expert opinion, and if obtained then whether or not to act on it.

m. We shall not, in any event be responsible for any actual or alleged errors or representations made by any Medical Practitioner or in any expert opinion or for any consequence of actions taken or not taken in reliance thereon.

n. The expert opinion under this cover shall be limited to covered conditions and shall not be valid for any medico legal purposes.

o. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

D.III.29. Surgery Medical Second Opinion Benefit

If during the Policy Year, the Insured Person is diagnosed with a Critical Illness, Permanent Total Disablement, Permanent Partial Disablement or Temporary Total Disablement and advised a Surgery by a Medical Practitioner, then the Insured Person may choose to secure a second opinion from a Specialist for such treatment, from Our network of Medical Practitioners for such treatment. Such opinion from Our network of Medical Practitioners shall be directly sent to the Insured Person.

The Insured Person understands and agrees that he/she can exercise the option to secure an expert opinion, provided that:

a. We have received a written request from the Insured Person to exercise this option.

b. The expert opinion will be based only on the information and documentation provided by the Insured Person.

c. This Benefit can be availed only once, by each Insured Person during the lifetime of the Policy for a particular Critical Illness, Permanent Total Disablement, Permanent Partial Disablement or Temporary Total Disablement.

d. This Benefit is only a value added service provided by Us and does not deem to substitute the Insured Person's visit or consultation to an independent Medical Practitioner.

e. The Insured Person is free to choose whether or not to obtain the expert opinion, and if obtained then whether or not to act on it.

f. We shall not, in any event be responsible for any actual or alleged errors or representations made by any Medical Practitioner or in any expert opinion or for any consequence of actions taken or not taken in reliance thereon.

g. The expert opinion under this cover shall be limited to covered conditions and shall not be valid for any medico legal purposes.

h. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

D.III.30. Surgery Modification Allowance Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the Policy and suffers Permanent Total Disablement, Permanent Partial Disablement, Critical Illness or Terminal Illness, also if Post Surgery, the Insured Person is disabled to an extent which necessarily requires to modify his/her vehicle or make modifications in his/her house to adjust to the disablement, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance.

D.III.31. Surgery Modification Allowance Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/ Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the Policy and suffers Permanent Total Disablement, Permanent Partial Disablement, Critical Illness or Terminal Illness and also if Post Surgery, the Insured Person is disabled to an extent which necessarily requires to modify his/ her vehicle or make modifications in his/her house to adjust to the disablement, We will pay the cost incurred towards the modification, up to the limit as specified in the Policy Schedule/Certificate of Insurance.

D.III.32. Surgery Permanent Partial Disablement Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the Policy and suffers Permanent Partial Disablement which is of the nature specified in the table below (within 365 days from the date of the Injury, if caused due to an Accident), We will pay the percentage of the Sum Insured as specified in the table below, maximum up to the Sum Insured specified in the Policy Schedule/ Certificate of Insurance:

Nature of Permanent Partial Disablement	**Percentage of the Sum Insured payable unless specified otherwise**
i. Total and irrecoverable loss of sight in one eye	50%
ii. Loss of one hand or one foot	50%
iii. Loss of all toes - any one foot	10%
iv. Loss of toe great - any one foot	5%
v. Loss of toes other than great, if more than one toe lost, each	2%
vi. Total and irrecoverable loss of hearing in both ears	50%
vii. Total and irrecoverable loss of hearing in one ear	15%
viii. Total and irrecoverable loss of speech	50%
ix. Loss of four fingers and thumb of one hand	40%
x. Loss of four fingers	35%
xi. Loss of thumb- both phalanges	25%
xii. Loss of thumb- one phalanx	10%
xiii. Loss of index finger-three phalanges	10%
xiv. Loss of index finger-two phalanges	8%
xv. Loss of index finger-one phalanx	4%
xvi. Loss of middle/ring/little finger-three phalanges	6%
xviii. Loss of middle/ring/little finger-two phalanges	4%
xviii. Loss of middle/ring/little finger-one phalanx	2%

The Benefit specified above will be payable provided that:

i. The Permanent Partial Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to Us;

j. For disablement other than physical separation of limb/s, digit/s, the Permanent Partial Disablement continues for a period of at least 180 days from the commencement of the Permanent Partial Disablement and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period;

k. If the Insured Person dies 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 in lieu of this benefit, if opted.

If the Insured Person suffers a loss that is not of the nature of Permanent Partial Disablement specified in the table above, then a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board will determine the degree of disablement and the amount payable, if any.

D.III.33. Surgery Permanent Partial Disablement Cash

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the Policy and suffers Permanent Partial Disablement which is of the nature specified in the table below (within 365 days from the date of the Injury, if caused due to an Accident), We will pay the cash benefit as per the limit in the table below and as specified in the Policy Schedule/ Certificate of Insurance.

Nature of Permanent Partial Disablement	Percentage of the Sum Insured payable unless specified otherwise
i. Total and irrecoverable loss of sight in one eye	50%
ii. Loss of one hand or one foot	50%
iii. Loss of all toes - any one foot	10%
iv. Loss of toe great - any one foot	5%
v. Loss of toes other than great, if more than one toe lost, each	2%
vi. Total and irrecoverable loss of hearing in both ears	50%
vii. Total and irrecoverable loss of hearing in one ear	15%
viii. Total and irrecoverable loss of speech	50%
ix. Loss of four fingers and thumb of one hand	40%
x. Loss of four fingers	35%
xi. Loss of thumb- both phalanges	25%
xii. Loss of thumb- one phalanx	10%
xiii. Loss of index finger-three phalanges	10%
xiv. Loss of index finger-two phalanges	8%
xv. Loss of index finger-one phalanx	4%
xvi. Loss of middle/ring/little finger-three phalanges	6%
xviii. Loss of middle/ring/little finger-two phalanges	4%
xviii. Loss of middle/ring/little finger-one phalanx	2%

The Benefit specified above will be payable provided that:

i. The Permanent Partial Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to Us;

j. For disablement other than physical separation of limb/s, digit/s, the Permanent Partial Disablement continues for a period of at least 180 days from the commencement of the Permanent Partial Disablement and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period;

k. If the Insured Person dies 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 in lieu of this benefit, if opted.

l. If the Insured Person suffers a loss that is not of the nature of Permanent Partial Disablement specified in the table above, then a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board will determine the degree of disablement and the amount payable, if any.

D.III.34. Surgery Permanent Total Disablement Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the Policy and suffers Permanent Total Disablement which is of the nature specified in the table below,(within 365 days from the date of the Injury, if caused due to Accident), We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance.

Nature of Permanent Total Disablement
Total and irrecoverable loss of sight in both eyes
Loss by physical separation or total and permanent loss of use of both hands or both feet
Loss by physical separation or total and permanent loss of use of one hand and one foot
Total and irrecoverable loss of sight in one eye and loss of a Limb
Total and irrecoverable loss of hearing in both ears and loss of one Limb/ loss of sight in one eye
Total and irrecoverable loss of hearing in both ears and loss of speech
Total and irrecoverable loss of speech and loss of one Limb/loss of sight in one eye
Permanent, total and absolute disablement (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living

For the purpose of this Benefit,

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

Physical separation of one hand or foot means separation at or above wrist and/or at or above ankle, respectively.

The Benefit as specified above will be payable provided that:

i. The Permanent Total Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or

Government Board is given to us;

j. For disablement other than physical separation of limb/s, digit/s, the Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement, and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period;

k. If the Insured Person dies 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 in lieu of this benefit, if opted.

l. Once a claim has been accepted and paid under this Benefit then the Insured Person's insurance cover under this section will lapse.

D.III.35. Surgery Permanent Total Disablement Cash

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the Policy and suffers Permanent Total Disablement which is of the nature specified in the table below (within 365 days from the date of the Injury, if caused due to an Accident), We will pay the cash benefit as per the limit as specified in the Policy Schedule/Certificate of Insurance.

Nature of Permanent Total Disablement
Total and irrecoverable loss of sight in both eyes
Loss by physical separation or total and permanent loss of use of both hands or both feet
Loss by physical separation or total and permanent loss of use of one hand and one foot
Total and irrecoverable loss of sight in one eye and loss of a Limb
Total and irrecoverable loss of hearing in both ears and loss of one Limb/ loss of sight in one eye
Total and irrecoverable loss of hearing in both ears and loss of speech
Total and irrecoverable loss of speech and loss of one Limb/ loss of sight in one eye
Permanent, total and absolute disablement (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living

For the purpose of this Benefit,

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

Physical separation of one hand or foot means separation at or above wrist and/or at or above ankle, respectively.

The Benefit as specified above will be payable provided that:

i. The Permanent Total Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to us;

j. For disablement other than physical separation of limb/s, digit/s, the Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement, and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period;

k. If the Insured Person dies 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 in lieu of this benefit, if opted.

l. Once a claim has been accepted and paid under this Benefit then the Insured Person's insurance cover under this section will lapse.

D.III.36. Surgery Rehabilitation Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the Policy and Post Surgery the Insured Person is necessarily required to avail specialist consultation, counselling, extended physiotherapy at a recognised rehabilitation unit, We will pay the Sum Insured as per the limit as specified in the Policy Schedule/Certificate of Insurance, for such Medical Expenses towards rehabilitation.

The benefit is payable subject to being Medically Necessary and recommended by the treating Medical Practitioner.

D.III.37. Surgery Rehabilitation Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the Policy and Post Surgery the Insured Person is necessarily required to avail specialist consultation, counselling, extended physiotherapy at a recognised rehabilitation unit, We will pay the Medical Expenses up to the limit

as specified in the Policy Schedule/Certificate of Insurance towards the Reasonable and Customary Charges for counselling fees, specialist consultation and extended physiotherapy for rehabilitation.

The benefit is payable subject to being Medically Necessary and recommended by the treating Medical Practitioner.

D.III.38. Surgery Re-Training Expenses Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the Policy and suffers Permanent Total Disablement, Permanent Partial Disablement or mental disability, however the Insured Person is capable to take up an alternate occupation which requires training, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance towards the expenses incurred to re-train the Insured Person for an alternative occupation either in the business of the Policyholder or elsewhere.

D.III.39. Surgery Re-Training Expenses Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly results in the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the Policy and suffers Permanent Total Disablement, Permanent Partial Disablement or mental disability, however the Insured Person is capable to take up an alternate occupation which requires training, We will pay the expenses up to the limit as specified in the Policy Schedule/ Certificate of Insurance towards the reasonable costs actually incurred to re-train the Insured Person for an alternative occupation either in the business of the Policyholder or elsewhere.

D.III.40. Surgery Road Ambulance Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly requires the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the Policy and the Insured Person is transported by a registered healthcare or Ambulance service provider to a Hospital for Emergency Surgery, necessitating his/her admission to the Hospital.

We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance, provided the necessity of use of an Ambulance must be certified by the treating Medical Practitioner.

D.III.41. Surgery Road Ambulance Cover

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly requires the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the Policy, We will pay the Reasonable and Customary Charges incurred towards transportation of the Insured Person by a registered healthcare or Ambulance service provider to a Hospital for an Emergency Surgery, necessitating the Insured Person's admission to the Hospital.

The necessity of use of an Ambulance must be certified by the treating Medical Practitioner.

The benefit will be paid up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

D.III.42. Surgery Spouse Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly requires the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the Policy and suffers Permanent Total Disablement or Permanent Partial Disablement, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance, in respect of the widowed Spouse of the Insured Person, irrespective of whether the Spouse is an Insured Person under this Policy.

D.III.43. Surgery Spouse Cash

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly requires the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the Policy and suffers Permanent Total Disablement or Permanent Partial Disablement, We will pay the cash benefit up to the limit as specified against this cover in the Policy Schedule/Certificate of Insurance, in respect of the widowed Spouse of the Insured Person, irrespective of whether the Spouse is an Insured Person under this Policy.

D.III.44. Surgery Temporary Total Disablement Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly requires the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the Policy and suffers Temporary Total Disablement (as defined below), We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance.

For the purpose of this Benefit, Temporary Total Disablement means a disablement of an Insured Person such that he/she is totally disabled from engaging in any employment or occupation or business for remuneration or profit of any description whatsoever on a temporary basis and a disability certificate is issued by a civil surgeon or the equivalent appointed by the District, State or Government Board.

D.III.45. Surgery Temporary Total Disablement Cash

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly requires the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the Policy and suffers Temporary Total Disablement (as defined below), We will pay the cash benefit up to the limit as specified in the Policy Schedule/Certificate of Insurance or recovery of the Insured Person whichever is earlier, provided that the Insured Person shall be absent from his occupation for at least 7 consecutive days (in which case benefit will be payable from day 1) or as specified otherwise in the Policy Schedule/Certificate of Insurance, post which if the Insured Person is disabled for a part of the week, then only a proportionate part of the weekly Benefit will be payable.

For the purpose of this Benefit, Temporary Total Disablement means a disablement of an Insured Person such that he/she is totally disabled from engaging in any employment or occupation or business for remuneration or profit, of any description whatsoever on a temporary basis and a disability certificate is issued by a civil surgeon or the equivalent appointed by the District, State or Government Board.

D.III.46. Surgical Benefit

If during the Policy Year, the Insured Person suffers an Illness/Injury due to an Accident and that Illness/Injury solely and directly requires the Hospitalization of the Insured Person to undergo a Surgical Procedure, covered under the Policy, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance, in case of In-patient Hospitalization, provided that the Surgery is Medically Necessary and admission date of the Hospitalization is within the Policy Year.

D.IV. Travel

D.IV.1. Travel Accidental Death

If an Insured Person suffers an Injury due to an Accident whilst on a Trip, and that Injury solely and directly results in the Insured Person's death within 365 days from the date of the Accident, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance.

This Benefit shall be payable subject to the following:

i. The Sum Insured shall be payable to the Insured Person's nominee or the legal representative, as the case may be.
ii. On the acceptance of a claim and payment being made under this Benefit, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person.

D.IV.2. Accidental Death-Only Adventure Sports

If during the Policy Year, the Insured Person suffers an Injury due to an Accident whilst on a Trip, caused by his/her participation in an adventure sport, covered under the policy and that Injury solely and directly results in the Insured Person's death within 365 days from the date of the Accident, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance.

This Benefit shall be payable subject to the following:

i. The Sum Insured shall be payable to the Insured Person's nominee or the legal representative, as the case may be.
ii. On the acceptance of a claim and payment being made under this Benefit, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person.
iii. The Injury causing death is due to an Accident arising out of the Insured Person's engagement in any Adventure Sport which is carried out in accordance with the guidelines, codes of good practice and any recommendations for safe practices as laid down by the applicable governing body or sports authority.

D.IV.3. Accidental Death-Professional/Semi Professional Sports

If during the Policy Year, the Insured Person suffers an Injury due to an Accident whilst on a Trip, caused by his/her participation in a Professional/ Semi Professional sport, covered under the policy and that Injury solely and directly results in the Insured Person's death within 365 days from the date of the Accident, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance.

This Benefit shall be payable subject to the following:

i. The Sum Insured shall be payable to the Insured Person's nominee or the legal representative, as the case may be.
ii. On the acceptance of a claim and payment being made under this Benefit, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person.
iii. The Injury causing death is due to an Accident arising out of the Insured Person' engagment in any Professional/or Semi Professional sport which is carried out in accordance with the guidelines, codes of good practice and any recommendations for safe practices as laid down by the applicable governing body or sports authority.

D.IV.4. Travel Accidental Death - Common Carrier Coverage

If an Insured Person suffers an Injury due to an Accident whilst on a Trip while the Insured Person is travelling as a passenger on a Common Carrier, and that Injury solely and directly results in the Insured Person's death within 365 days from the date of the Accident, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance.

This Benefit shall be payable subject to the following:

1. The Sum Insured shall be payable to the Insured Person's nominee or the legal representative, as the case may be.
2. On the acceptance of a claim and payment being made under this Benefit, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person.

D.IV.5. Travel Accidental Hospitalization Cover

If an Insured Person during a Trip suffers an Injury due to an Accident while engaging in an Adventure Sport covered under the policy and that Injury solely and directly results in the Hospitalization of the Insured Person, We will pay the Reasonable and Customary charges for the following Medical Expenses provided that the purpose of Hospitalization is to avail Medically Necessary Treatment of the Insured Person and admission date of Hospitalization is within the Policy year. and requires Hospitalization, then the Company shall cover/indemnify the Medical Expenses incurred, on the recommendation of a Medical Practitioner, up to limit as specified in the Policy Certificate.

i. Room charges up to the category/limit specified in the Policy Schedule/Certificate Of Insurance,
ii. Charges for accommodation in ICU/CCU/HDU,
iii. Operation theatre cost,
iv. Medical Practitioner fees,
v. Specialist fee,
vi. Surgeon's fee,
vii. Anaesthetist fee,
viii. Radiologist fee,
ix. Pathologist fee,
x. Assistant Surgeon fee,
xi. Qualified Nurses fee,
xii. Medication,
xiii. Cost of diagnostic tests as an In-patient,
xiv. Surgical Appliance and/or Medical Appliance.

If the Insured Person is admitted in a room where the room category or the Room Rent incurred is higher than that which is specified in the Policy Schedule/ Certificate Of Insurance, then the Policyholder/ Insured Person shall bear a ratable proportion of the total Associated Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the Room Rent of the entitled room category/eligible Room Rent to the Room Rent actually incurred, unless specified otherwise.

Artificial life maintenance will be covered, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health under any circumstances, unless in a vegetative state as certified by the treating medical practitioner.

We will cover the Medical Expenses incurred towards a Medically Necessary Modern and Advanced Treatment of the Insured Person subject to Illness/ Injury being covered under Hospitalization Expenses and the necessity being certified by an authorised Medical Practitioner.

The following procedures will be covered (wherever medically indicated) either as In-patient or as part of day care treatment in a hospital up to the limit as per the plan and sum insured opted in a Policy Year.:

a. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
b. Balloon Sinuplasty
c. Deep Brain stimulation
d. Oral chemotherapy
e. Immunotherapy - Monoclonal Antibody to be given as injection
f. Intra vitreal injections
g. Robotic surgeries
h. Stereotactic radio surgeries
i. Bronchial Thermoplasty
j. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)

k. IONM - (Intra Operative Neuro Monitoring)

l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

Medical Expenses incurred for the Medically Necessary Treatment of the Insured Person for Hospitalization arising from or associated with Human Immunodeficiency Virus (HIV) or HIV related Illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof, sexually transmitted diseases (STD) will be covered up to the Sum Insured opted in a Policy Year. This coverage is provided in accordance with the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017 as amended from time to time. The necessity of the Hospitalization is to be certified by an authorised Medical Practitioner.

Medical Expenses incurred for the Medically Necessary treatment of the Insured Person for in-patient Hospitalization, arising from or associated with a Mental illness or a medical condition impacting mental health will be covered up to sum insured opted in a Policy Year. This coverage is provided in accordance with The Mental Health Care Act, 2017 as amended from time to time.

Day Care and/or Domiciliary Treatment will be covered under the Benefit if opted and specified under the Policy Schedule/Certificate of Insurance.

D.IV.6. Travel Accidental Out-Patient Cover

If an Insured Person during a Trip suffers an Injury due to an Accident while engaging in an Adventure Sport covered under the policy, We will pay the Reasonable and Customary charges incurred towards following Medically Necessary Treatment, taken by the e Insured Person, solely for the Injury, on an Out-patient basis, up to the specified in the Policy Schedule/Certificate of Insurance.

i. Consultations with Medical practitioners and specialist;

ii. Prescribed medicines, drugs and dressings;

iii. Diagnostics tests such as laboratory test, radiology and pathology, MRI, CAT scan and PET scan.

D.IV.7. Travel Accidental Hospitalization Benefit

If an Insured Person during a Trip suffers an Injury due to an Accident while engaging in an Adventure Sport covered under the policy and that Injury solely and directly results in the Hospitalization of the Insured Person, We will pay the Sum Insured in case of In-patient Hospitalization, provided that the purpose of Hospitalization is to avail Medically Necessary Treatment of the Insured Person and admission date of the Hospitalization is within the Policy Year.

D.IV.8. Travel Accidental Out-Patient Benefit

If an Insured Person during a Trip suffers an Injury due to an Accident while engaging in an Adventure Sport covered under the policy, and the Insured Person avails any one or more of the following Medically Necessary Treatment, solely and directly for the Injury, on an Out-patient basis, We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance.

i. Consultations with Medical practitioners and specialist;

ii. Prescribed medicines, drugs and dressings;

iii. Diagnostics tests such as laboratory test, radiology and pathology, MRI, CAT scan and PET scan.

D.IV.9. Travel Accidental Hospitalization Cash

If an Insured Person during a Trip suffers an Injury due to an Accident while engaging in an Adventure Sport covered under the policy and that Injury solely and directly results in the Hospitalization of the Insured Person, We will pay the Cash Benefit for each continuous and completed period of Hospitalization as specified in the Policy Schedule/ Certificate of Insurance, provided that the purpose of Hospitalization is to avail Medically Necessary Treatment of the Insured Person and admission date of Hospitalization is within the Policy Year.

D.IV.10. Alternate Employee/Substitute Employee Expenses Cover

If the Company has accepted a claim (with respect to Travel benefits) towards the Injury, Illness of an Insured Person where that Illness or Injury (if applicable) has resulted in the Insured Person's return to Place of Origin or death before the completion of work assignment as per the travel itinerary stated in his/ her main travel booking, We will pay the Reasonable and Customary charges towards Emergency Medical Evacuation or Repatriation of Mortal Remains, in case of death of the Insured Person and economy tier airfare necessarily incurred by the Policyholder for sending an employee with similar qualifications and experience to complete the business assignment that would otherwise have been completed by the Insured Person on the Trip, up to the limits specified in the Policy Schedule/Certificate of Insurance.

This Benefit shall be payable subject to the following:

i. In the event of PPD and PTD, the Insured Person will be under the following obligations:
   a. To have himself/herself examined by the empanelled Medical Practitioners appointed by the Company/EASP. Any costs incurred thereof shall be borne by the Company.
   b. To authorize the attending Medical Practitioners providing treatment or giving expert opinion, and any other concerned Medical Practitioner, organization or entity to supply the Company any information that may be deemed necessary by the Company to assess the condition of the Insured Person.
   c. If the above obligations are not met with by the Insured Person due to whatsoever reason, the Company shall be relieved of its liability to compensate under this benefit.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Section in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any existing physical disablement.
2. Any damage to health caused by curative measures, radiation, infection, poisoning except insofar as the same arise from an Accident.
3. Any breach of law by the Insured Person with criminal intent or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.
4. Any claim resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by childbirth, maternity or pregnancy or any complication thereof, venereal disease or infirmity.

D.IV.11. Alternate Employee/Substitute Employee Expenses Benefit

If the Company has accepted a claim (with respect to Travel benefits) towards the Injury, Illness of an Insured Person where that Illness or Injury (if applicable) has resulted in the Insured Person's return to Place of Origin or death before the completion of work assignment as per the travel itinerary stated in his/her main travel booking, We will pay the Sum Insured, as specified in the Policy Schedule/ Certificate of Insurance, towards Emergency Medical Evacuation or Repatriation of Mortal Remains, in case of death of the Insured Person and expenses necessarily incurred by the Policyholder for sending an employee with similar qualifications and experience to complete the business assignment that would otherwise have been completed by the Insured Person on the Trip.

This Benefit shall be payable subject to the following:

i. In the event of PPD and PTD, the Insured Person will be under the following obligations:
   a. To have himself/herself examined by the empanelled Medical Practitioners appointed by the Company/EASP. Any costs incurred thereof shall be borne by the Company.
   b. To authorize the attending Medical Practitioners providing treatment or giving expert opinion, and any other concerned Medical Practitioner, organization or entity to supply the Company any information that may be deemed necessary by the Company to assess the condition of the Insured Person.
   c. If the above obligations are not met with by the Insured Person due to whatsoever reason, the Company shall be relieved of its liability to compensate under this benefit.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Section in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any existing physical disablement.
2. Any damage to health caused by curative measures, radiation, infection, poisoning except insofar as the same arise from an Accident.
3. Any breach of law by the Insured Person with criminal intent or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.
4. Any claim resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by childbirth, maternity or pregnancy or any complication thereof, venereal disease or infirmity.

D.IV.12. Bounced Hotel Booking Cover

If the Insured Person is denied a confirmed accommodation booking at the Intended Destination, whilst on a Trip, at the sole instance of the accommodation provider due to over-booking, We will cover the below stated expenses, up to the limit as specified in the Policy Schedule/ Certificate of Insurance:

a) Reasonable expenses incurred towards transportation of the Insured Person to an

alternative place of accommodation.

b) Reasonable and necessary costs of upgradation of accommodation booking to a superior class of accommodation, wherever an alternate accommodation booking is not available on the price of the original accommodation booking, provided the Company is provided with proof that the alternate accommodation was not available at the price of the original accommodation booking in the form of a certificate issued by the provider of such alternate accommodation.

D.IV.13. Bounced Hotel Booking Benefit

If the Insured Person is denied a confirmed accommodation booking at the Intended Destination, whilst on a Trip, at the sole instance of the accommodation provider due to over-booking, We will pay the Sum Insured, as specified in the Policy Schedule/Certificate of Insurance.

The benefit is payable subject to below conditions:

a) Expenses incurred towards transportation of the Insured Person to an alternative place of accommodation.

b) Expenses incurred towards upgradation of accommodation booking to a superior class of accommodation, wherever an alternate accommodation booking is not available on the price of the original accommodation booking, provided the Company is provided with proof that the alternate accommodation was not available at the price of the original accommodation booking in the form of a certificate issued by the provider of such alternate accommodation.

D.IV.14. Bounced Hotel Booking Cash

If the Insured Person is denied a confirmed accommodation booking at the Intended Destination, whilst on a Trip, at the sole instance of the accommodation provider due to over-booking, We will pay the cash benefit towards below stated expenses, up to the limit, as specified in the Policy Schedule/Certificate of Insurance.

The benefit is payable subject to below conditions:

a) Expenses incurred towards transportation of the Insured Person to an alternative place of accommodation.

b) Expenses incurred towards upgradation of accommodation booking to a superior class of accommodation, wherever an alternate accommodation booking is not available on the price of the original accommodation booking, provided the Company is provided with proof that the alternate accommodation was not available at the price of the original accommodation booking in the form of a certificate issued by the provider of such alternate accommodation.

D.IV.15. Travel Compassionate Visit Cover

A. If the Insured Person is Hospitalized for more than seven (7) consecutive days in a Place of Visit whilst on a Trip, and no adult Immediate Family Member is present, We will pay the amount incurred by any one Immediate Family Member for obtaining return tickets in economy class on a Common Carrier to visit the Insured Person, and expenses for the duration of the stay in the Hospital up to the limit as specified in the Policy Schedule/Certificate of Insurance, provided that the attending Medical Practitioner certifies in writing that it is not advisable that the Insured Person travel back to Place of Origin based on the medical condition, and that he/she would benefit from the visit of an Immediate Family Member.

B. If an Immediate Family Member of the Insured Person is Hospitalized in Place of Origin for more than seven (7) consecutive days or in the event of their death, whilst the Insured Person is in a Place of Visit on a Trip, We will pay the amount incurred by the Insured Person for obtaining return tickets in economy class on a Common Carrier to his usual place of residence to visit the Immediate Family Member up to the limit as specified in the Policy Schedule/Certificate of Insurance, provided that the attending Medical Practitioner certifies in writing that such Immediate Family Member would benefit from the Insured Person's visit.

D.IV.16. Travel Compassionate Visit Benefit

A. If the Insured Person is Hospitalized for more than seven (7) consecutive days in a Place of Visit whilst on a Trip, and no adult Immediate Family Member is present, We will pay the Sum Insured, as specified in the Policy Schedule/Certificate of Insurance, towards any one Immediate Family Member for obtaining return tickets in economy class on a Common Carrier to visit the Insured Person, and expenses for the duration of the stay in the Hospital, provided that the attending Medical Practitioner certifies in writing that it is not advisable that the Insured Person travel back to Place of Origin based on the medical condition, and that he/she would benefit from the visit of an Immediate Family Member.

B. If an Immediate Family Member of the Insured Person is Hospitalized in Place of Origin for more than seven (7) consecutive days or in the event of their death, whilst the Insured Person is in a Place

of Visit on a Trip, We will pay the Sum Insured, as specified in the Policy Schedule/Certificate of Insurance, towards the Insured Person for obtaining return tickets in economy class on a Common Carrier to his usual place of residence to visit the Immediate Family Member, provided that the attending Medical Practitioner certifies in writing that such Immediate Family Member would benefit from the Insured Person's visit.

D.IV.17. Missed Port Departure Cover

In the event of the Insured Person's failure to arrive at the first Port of departure in time to board the Common Carrier on which he/she has booked to travel on a Cruise, caused as a result of any of the below events occurring whilst the Insured Person is travelling to the Common Carrier's first Port of departure, We will pay the reasonable cost necessarily incurred towards any alternate accommodation booking and travel booking in reaching the next Port at which the Common Carrier shall dock for the same Cruise. The benefit is payable up to the limit specified in the Policy Schedule/Certificate of Insurance:

a) The breakdown of a scheduled Common Carrier on which the Insured Person is travelling;
b) An Accident or breakdown of the vehicle in which the Insured Person is travelling;
c) An Accident or breakdown on a motorway or thoroughfare, occurring ahead of the Common Carrier or any vehicle on which the Insured Person is travelling, which causes an unexpected delay in arriving at the first Port of departure of the Common Carrier on which he/she has booked to travel on a Cruise;
d) Any strike, industrial action or Inclement Weather conditions affecting the scheduled Common Carrier or any vehicle on which the Insured Person is travelling, which causes an unexpected delay in arriving at the first Port of departure of the Common Carrier on which he/she has booked to travel on a Cruise.

D.IV.18. Missed Port Departure Benefit

In the event of the Insured Person's failure to arrive at the first Port of departure in time to board the Common Carrier on which he/she has booked to travel on a Cruise, caused as a result of any of the below events occurring whilst the Insured Person is travelling to the Common Carrier's first Port of departure, We will pay the Sum Insured towards cost incurred towards any alternate accommodation booking and travel booking in reaching the next Port at which the Common Carrier shall dock for the same Cruise. The benefit payable is the Sum Insured as specified in the Policy Schedule/Certificate of Insurance:

a) The breakdown of a scheduled Common Carrier on which the Insured Person is travelling;
b) An Accident or breakdown of the vehicle in which the Insured Person is travelling;
c) An Accident or breakdown on a motorway or thoroughfare, occurring ahead of the Common Carrier or any vehicle on which the Insured Person is travelling, which causes an unexpected delay in arriving at the first Port of departure of the Common Carrier on which he/she has booked to travel on a Cruise;
d) Any strike, industrial action or Inclement Weather conditions affecting the scheduled Common Carrier or any vehicle on which the Insured Person is travelling, which causes an unexpected delay in arriving at the first Port of departure of the Common Carrier on which he/she has booked to travel on a Cruise.

D.IV.19. Unused Excursion Cover

On the occurrence of any Illness or Injury to an Insured Person, whilst on a Cruise, which causes the Insured Person to be confined/quarantined by a Medical Practitioner to his/her own cabin/medical ward on board the Common Carrier, We will pay the cost of any on-shore excursions booked in advance forming a part of the Trip, which such Insured Person was unable to utilize and which are not recoverable from any other source. The benefit is payable up to the limit specified in the Policy Schedule/Certificate of Insurance:

D.IV.20. Unused Excursion Benefit

On the occurrence of any Illness or Injury to an Insured Person, whilst on a Cruise, which causes the Insured Person to be confined/quarantined by a Medical Practitioner to his/her own cabin/medical ward on board the Common Carrier, We will pay the Sum Insured towards cost of on-shore excursions booked in advance forming a part of the Trip, which such Insured Person was unable to utilize and which are not recoverable from any other source. The benefit is payable up to the Sum Insured as specified in the Policy Schedule/Certificate of Insurance.

D.IV.21. Cruise Interruption Cover

In the event of the Insured person requiring Hospitalization on dry land due to any unexpected Injury or Illness of a temporary nature, We will pay the reasonable costs necessarily incurred towards any alternate travel bookings in reaching the next

Port at which the Common Carrier shall dock for the same Cruise. The benefit is payable up to the limit specified in the Policy Schedule/Certificate of Insurance, provided a certificate from the attending Medical Practitioner confirming the Insured Person's Injury or Illness is submitted to Us.

D.IV.22. Cruise Interruption Benefit

In the event of the Insured person requiring Hospitalization on dry land due to any unexpected Injury or Illness of a temporary nature, We will pay the Sum Insured towards cost incurred against any alternate travel bookings in reaching the next Port at which the Common Carrier shall dock for the same Cruise. The benefit payable is Sum Insured as specified in the Policy Schedule/Certificate of Insurance, provided a certificate from the attending Medical Practitioner confirming the Insured Person's Injury or Illness is submitted to Us.

Conditions applicable to Missed Port Departure Cover/Benefit, Unused Excursion Cover/Benefit and Cruise Interruption Cover/Benefit are mentioned below.

The benefit shall be payable subject to the following:

1. In the event of a claim arising from a delay due to an Accident or breakdown on the motorway or thoroughfare, a written confirmation from the police or any applicable emergency breakdown services of the reasons for such congestion, duration of delay and the affected location.
2. The Insured Person having allowed sufficient time for the scheduled Common Carrier or any vehicle in which the Insured Person was travelling, to arrive at the first Port of departure of the Cruise in time.

Specific Exclusions applicable to Missed Port Departure Cover/Benefit, Unused Excursion Cover/ Benefit and Cruise Interruption Cover/ Benefit:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy, and all applicable covers, in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

a) Any claims arising with less than 25% of the Trip's duration remaining.

b) Any claim arising, directly or indirectly, from an Illness or Injury known prior to the scheduled departure of the Common Carrier (on which the Insured Person is booked to travel on a Cruise).

D.IV.23. Baggage Delay Cover

In the event of delay in scheduled arrival of the Checked-in Baggage whilst on a Trip and whilst it is in the custody of the Common Carrier, We will pay the reasonable cost necessarily incurred towards emergency purchases of toiletries, medication and clothing up to the limit as specified in the Policy Schedule/Certificate of Insurance OR the expenses incurred by the Insured Person towards transportation for recovering the Checked-in Baggage from the Common Carrier.

The cover is applicable only at the Intended Destinations, and is limited to the period commencing from the time the Checked-in Baggage is entrusted to the Common Carrier and return of the Insured Person back to the Place of Origin, or any other Port in India along with all halts and via destinations included in the travel booking.

This Benefit shall be payable subject to the following:

1. For each and every claim made under this Benefit, a Deductible of the number of hours specified in the Policy Schedule/Certificate of Insurance shall be separately applicable in terms of delay in arrival of the Checked-in Baggage from the actual arrival time of the Common Carrier at the Insured Person's Intended Destination.
2. The Company is provided with a proof of such delay in writing from the Common Carrier.
3. The Company is provided with the receipts of the purchase of toiletries, medication and clothing that the Insured Person needed to buy in the duration of such delay.
4. If the Company makes any payment under this benefit, it is agreed that any recovery from any Common Carrier by the Insured Person shall become the property of the Company.
5. In the event of simultaneous claims under this Benefit as well as under Loss of Baggage Cover, the higher of the claims shall be payable by the Company in respect of the same item(s) of Checked-in Baggage during any one Period Of Insurance.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Valuables, Money, any kind of securities and tickets/ passes or any other item not declared and/or agreed by the Company.
2. Loss of any Checked-in Baggage unless a Property Irregularity Report or other report usually issued by

the Common Carrier in the event of loss of Checked-in Baggage has been procured and submitted to the Company.

3. Any partial loss of the items contained within the Checked-in Baggage.
4. Losses arising from any delay, detention, confiscation by the customs officials or other public authorities.
5. Any delay while the Insured Person is in Place of origin.
6. Loss due to complete/partial damage of the Checked-in Baggage.

D.IV.24. Baggage Delay Benefit

In the event of delay in scheduled arrival of the Checked-in Baggage whilst on a Trip and whilst it is in the custody of the Common Carrier, We will pay the Sum Insured towards cost incurred towards emergency purchases of toiletries, medication and clothing up to the limit as specified in the Policy Schedule/Certificate of Insurance OR the expenses incurred by the Insured Person towards transportation for recovering the Checked-in Baggage from the Common Carrier.

The cover is applicable only at the Intended Destinations, and is limited to the period commencing from the time the Checked-in Baggage is entrusted to the Common Carrier and return of the Insured Person back to the Place of origin, or any other Port in India along with all halts and via destinations included in the travel booking.

This Benefit shall be payable subject to the following:

1. For each and every claim made under this Benefit, the cover eligibility starts after the number of hours specified in the Policy Schedule/ Certificate of Insurance and shall be separately applicable in terms of delay in arrival of the Checked-in Baggage from the actual arrival time of the Common Carrier at the Insured Person's Intended Destination.
2. The Company is provided with a proof of such delay in writing from the Common Carrier.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Loss of any Checked-in Baggage unless a Property Irregularity Report or other report usually issued by the Common Carrier in the event of loss of Checked-in Baggage has been procured and submitted to the Company.
2. Any partial loss of the items contained within the Checked-in Baggage.
3. Losses arising from any delay, detention, confiscation by the customs officials or other public authorities.
4. Any delay while the Insured Person is in Place of origin.
5. Loss due to complete/partial damage of the Checked-in Baggage.

D.IV.25. Baggage Delay Cash

In the event of delay in scheduled arrival of the Checked-in Baggage whilst on a Trip and whilst it is in the custody of the Common Carrier, We will pay the cash benefit, as per the limit specified in the Policy Schedule/Certificate of Insurance, towards cost incurred against emergency purchases of toiletries, medication and clothing OR the expenses incurred by the Insured Person towards transportation for recovering the Checked-in Baggage from the Common Carrier.

The cover is applicable only at the Intended Destinations, and is limited to the period commencing from the time the Checked-in Baggage is entrusted to the Common Carrier and return of the Insured Person back to the Place of origin, or any other Port in India along with all halts and via destinations included in the travel booking.

This Benefit shall be payable subject to the following:

1. For each and every claim made under this Benefit, the cover eligibility starts after the number of hours specified in the Policy Schedule/ Certificate of Insurance and shall be separately applicable in terms of delay in arrival of the Checked-in Baggage from the actual arrival time of the Common Carrier at the Insured Person's Intended Destination.
2. The Company is provided with a proof of such delay in writing from the Common Carrier.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Loss of any Checked-in Baggage unless a Property Irregularity Report or other report usually issued by the Common Carrier in the event of loss of Checked-in Baggage has been procured and submitted to the Company.
2. Any partial loss of the items contained within the Checked-in Baggage.

3. Losses arising from any delay, detention, confiscation by the customs officials or other public authorities.
4. Any delay while the Insured Person is in Place of Origin.
5. Loss due to complete/partial damage of the Checked-in Baggage.

D.IV.26. Travel Dental Treatment Expenses Cover

On the occurrence of any Illness contracted or Injury sustained by an Insured Person whilst on a Trip, We will pay the expenses incurred in respect of any anaesthetic treatment of a natural tooth or teeth, of the Insured Person, necessitated due to such Injury/Illness undergone during the Trip Duration. The benefit is payable up to the limit specified in the Policy Schedule/Certificate of Insurance:

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any Pre-existing Condition and/or any complications arising from it.
2. Cementing or fixation of tooth or teeth bridge/s.
3. Root Canal Treatment, Crowning and Dental Filling.
4. Treatment of orthopaedic, degenerative or oncological diseases.
5. Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
6. Treatment which could be reasonably delayed until the Insured Person's return to Place of Origin. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Medical Practitioner, the EASP and the Company and shall be in accordance with accepted standards of medical care.
7. Any charges in excess of Reasonable and Customary Charges incurred on account of any dental treatment as determined by the EASP.
8. Treatment relating to the removal of physical flaws or anomalies (cosmetic treatment or plastic surgery in any form or manner unless medically necessary as a part of any covered treatment).

D.IV.27. Travel Dental Treatment Expenses Benefit

On the occurrence of any Illness contracted or Injury sustained by an Insured Person whilst on a Trip, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance, towards expenses incurred in respect of any anaesthetic treatment of a natural tooth or teeth, of the Insured Person, necessitated due to such Injury/Illness undergone during the Trip Duration.

The Company shall not be liable to make any payment for any claim under this Benefit in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any Pre-existing Condition and/or any complications arising from it.
2. Cementing or fixation of tooth or teeth bridge/s.
3. Root Canal Treatment, Crowning and Dental Filling.
4. Treatment of orthopaedic, degenerative or oncological diseases.
5. Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
6. Treatment which could be reasonably delayed until the Insured Person's return to Place of Origin. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Medical Practitioner, the EASP and the Company and shall be in accordance with accepted standards of medical care.
7. Treatment relating to the removal of physical flaws or anomalies (cosmetic treatment or plastic surgery in any form or manner unless medically necessary as a part of any covered treatment).

D.IV.28. Travel Emergency Accommodation Cover

If an Insured Person's intended place of accommodation, in the Place of visit, is rendered uninhabitable due to fire, flood, earthquake, storm, hurricane, explosion, or outbreak of major infectious Illnesses, We will pay the difference in costs towards any alternate accommodation booking made by the Insured Person, up to the limit, specified in the Policy Schedule/ Certificate of Insurance.

The alternate accommodation booked by the Insured Person under this Benefit should be of a similar and comparable class or costs.

D.IV.29. Travel Emergency Accommodation Cash

If an Insured Person's intended place of accommodation is rendered uninhabitable due to fire, flood, earthquake, storm, hurricane, explosion, or outbreak of major infectious Illnesses, We will pay the cash benefit as specified in the Policy Schedule/Certificate of Insurance, towards any alternate accommodation booking made by the Insured Person.

D.IV.30. Emergency Accommodation (Corporate) Cover

In the event of a Trip Interruption, We will cover the following expenses incurred towards the Insured Person, up to the limit specified under the Policy Schedule/Certificate of Insurance.

1. Expenses incurred towards any travel bookings for travel in a Common Carrier and accommodation bookings made in advance by the Insured Person in the Place of Visit, which are not recoverable from any other source.
2. Any reasonable and necessary expenses incurred by the Insured Person for any alternate travel booking and accommodation expenses for
   a. Returning to Place of Origin, or
   b. Continuing the Trip immediately after the events causing the Trip Interruption have ceased to be operative.

For the purpose of this Benefit, “Trip Interruption” means any cancellation or delay of the Insured Person’s journey on a Common Carrier after commencement of the Trip, if his/her Close Business Associate, Immediate Family Member or Travelling companion with whom the insured person is travelling suffers an Illness or Injury that results in death or requires Emergency care.

D.IV.31. Emergency Accommodation (Corporate) Cash

In the event of a Trip Interruption, We will pay the cash benefit as specified under the Policy Schedule/ Certificate of Insurance.

For the purpose of this Benefit, “Trip Interruption” means any cancellation or delay of the Insured Person’s journey on a Common Carrier after commencement of the Trip, if his/her Close Business Associate, Immediate Family Member or Travelling companion with whom the insured person is travelling suffers an Illness or Injury that results in death or requires Emergency care.

D.IV.32. Emergency Hotel Extension Cover

If the Insured Person is Hospitalised due to an Illness or Accident, whilst on a Trip, We will pay the reasonable expenses incurred towards the cost of Hotel accommodation of the Insured person and his family members, subject to the following conditions and only from the date of discharge from the hospital of the Insured person until the revised date of departure or the expiry of seven days from the date of discharge of the Insured person from the hospital whichever is earlier.

The benefit is available up to the limit specified under the Policy Schedule/ Certificate of Insurance.

Conditions applicable:

1. The Insured Person and his family members are unable to travel on the Scheduled Date of Departure due to confinement of the Insured Person to the Hospital and therefore would be required to post pone their date of departure to another date and
2. The Insured Person and his family members would be required to stay in a Hotel from the date of discharge from the hospital of the Insured person until the revised Date of Departure.

For this purpose, family member shall mean spouse, parent, children or in-law of the insured.

D.IV.33. Emergency Hotel Extension Cash

If the Insured Person is Hospitalised due to an Illness or Accident, whilst on a Trip, We will pay the cash benefit towards the cost of Hotel accommodation of the Insured person and his family members, subject to the following conditions and only from the date of discharge from the hospital of the Insured person until the revised date of departure or the expiry of seven days from the date of discharge of the Insured person from the hospital whichever is earlier.

The benefit is available up to the limit specified under the Policy Schedule/ Certificate of Insurance.

Conditions applicable:

1. The Insured Person and his family members are unable to travel on the Scheduled Date of Departure due to confinement of the Insured Person to the Hospital and therefore would be required to post pone their date of departure to another date and
2. The Insured Person and his family members would be required to stay in a Hotel from the date of discharge from the hospital of the Insured person until the revised Date of Departure.

For this purpose, family member shall mean spouse, parent, children or in-law of the insured.

D.IV.34. Travel Emergency Medical Evacuation Cover

On the occurrence of any Illness contracted or Injury sustained by an Insured Person due to an Accident in a Place of Visit whilst on a Trip, We will pay the reasonable costs necessarily incurred on the prescribed transportation of the Insured Person, by air or surface, for Medically Necessary Treatment to a place of treatment in the Place of Visit/Place of Origin or return to his/her place of residence, up to the limit as specified in Policy Schedule/Certificate of Insurance.

This Benefit shall be payable subject to the following:

1. The transportation is provided by either a Common Carrier or an Ambulance.
2. The Insured Person is certified in writing to be capable of being transported.
3. Any additional costs incurred in the course of such transportation directly arise as a consequence of the Insured Event.
4. Costs incurred towards any attending Medical Practitioner, nurse, or/and any one of relative, friend, Immediate Family Member or colleague accompanying the Insured Person would be payable, if it is certified in writing as being medically necessary by an empanelled Medical Practitioner of the Company/EASP.

D.IV.35. Travel Emergency Medical Evacuation Benefit

On the occurrence of any Illness contracted or Injury sustained by an Insured Person due to an Accident in a Place of visit whilst on a Trip, We will pay the Sum Insured, as specified in Policy Schedule/ Certificate of Insurance, towards the cost incurred on the prescribed transportation of the Insured Person, by air or surface, for Medically Necessary Treatment to a place of treatment in the Place of visit/ Place of Origin or return to his/her place of residence.

This Benefit shall be payable subject to the following:

1. The transportation is provided by either a Common Carrier or an Ambulance.
2. The Insured Person is certified in writing to be capable of being transported.

D.IV.36. Travel Emergency Medical Cover

On the occurrence of any Illness contracted or Injury sustained by an Insured Person due to an Accident in a Place of visit, whilst on a Trip, which requires Emergency Care, We will pay the following Medical Expenses incurred, as per the limit specified in the Policy Schedule/Certificate of Insurance.

Medical Expenses covered:

1. In-patient treatment and/or Day Care treatment in a local Hospital at the place the Insured Person is staying at the time of occurrence of an Insured Event.
2. Medically Necessary charges towards Hospital Room and Boarding, Intensive Care Unit, Surgery (Includes Operation room charges, Surgical Appliance, Surgeon fee and Implant charges), Anaesthetist services, Medical Practitioner's visit fees, Specialist fees, Miscellaneous expenses towards In-patient treatment.
3. Diagnostic tests and all Reasonable and Customary Charges towards diagnostic methods necessary for the treatment of the Insured Person, provided these pertain to the Illness/ Injury due to which the In-patient Treatment was deemed medically necessary.
4. Reasonable costs incurred on transportation by a surface Ambulance, immediately following the Accident, including costs incurred for medically necessary care carried out in the course of such transportation, to the nearest Hospital, or to the nearest Medical Practitioner, or to any special clinic if prescribed as such by a Medical Practitioner.
5. Miscellaneous expenses: Includes but not limited to cost of medicines/Pharmacy/Drugs/Supplies, nursing charges, External medical appliances as prescribed by a registered Medical Practitioner as necessary and essential as part of the treatment on actual, Blood storage & processing charges, other services which are not part of any other above given heads.

D.IV.37. Travel Emergency Medical Benefit

On the occurrence of any Illness contracted or Injury sustained by an Insured Person due to an Accident in a Place of visit, whilst on a Trip, which requires Emergency Hospitalization of the Insured Person, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance. The benefit is payable subject to Hospitalization for Emergency Care only.

D.IV.38. Travel Emergency Medical Cash

On the occurrence of any Illness contracted or Injury sustained by an Insured Person due to an Accident in a Place of visit, whilst on a Trip, which requires Emergency Hospitalization of the Insured Person, We will pay the cash benefit as per the limit specified in the Policy Schedule/Certificate of Insurance. The

benefit is payable subject to Hospitalization for Emergency Care only.

D.IV.39. Financial Emergency Assistance

In the event of a financial emergency arising in relation to the permanent and total loss of the Insured Person's Money whilst on a Trip, due to any Theft, mugging, robbery, dacoit, or pilferage of Money of the Insured Person in the Place of visit, We will co-ordinate with Insured Person's relative/s in India/Place of Origin to provide emergency cash assistance to the Insured as per his/her requirement, up to the limit of Sum Insured as specified in the Policy Schedule/Certificate of Insurance.

This Benefit shall be payable subject to the following:

1. Such loss of Money is required to be reported to the Police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident, and a written report being obtained for the same.
2. In case of loss of traveller's cheques, such loss needs to be immediately reported to the local branches or agents of the applicable issuing authority.
3. It is a Condition Precedent to the Company's liability under this Benefit that in the event of any such loss of Money, the Insured Person must notify the same to the Company as soon as practicable, with complete details of the occurrence, as are available, Policy number, Member ID/Policy Certificate no, date of issuance, in addition to applicable Police Report/ Issuing Authority's notification by the Insured Person.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. A shortage in or loss of Money due to currency fluctuation, errors, omissions, exchange loss or depreciation in value.
2. Any loss not reported to the police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident and a written report being obtained for the same.
3. Any claim in respect of a loss of traveller's cheques not immediately reported to the local branches or agents of the issuing authority.
4. Loss of Money not kept in the personal custody of the Insured Person.
5. Any claim made on or after return of the Insured Person back to Place of Origin.
6. Any loss of Valuables, any kinds of securities or tickets;
7. Any loss of Money contained in Checked-in Baggage.

D.IV.40. Flight Cancellation Cover

In the event of the flight cancellation, We will pay the Insured Person, the expenses incurred towards alternate travel bookings in a Common Carrier in the same class as of the cancelled flight.

1. For the purpose of this benefit flight cancellation means Cancellation of flight due to inclement weather in the Place of Origin or at intended destination.
2. Any strike, civil unrest or catastrophe in the Place of Origin or intended destination of the Insured Person where the respective Government authority issues a travel advisory or imposes curfew.
3. The Port of travel is shut down forcing the Common Carrier to be cancelled or delayed by more than 24 hours.
4. Any strike, riots, Industrial action at the port or relating to the Common Carrier.

D.IV.41. Flight Cancellation Benefit

In the event of the flight cancellation, We will pay the Sum Insured to the Insured Person, towards alternate travel bookings in a Common Carrier.

1. For the purpose of this benefit flight cancellation means Cancellation of flight due to inclement weather in the Place of Origin or at intended destination.
2. Any strike, civil unrest or catastrophe in the Place of Origin or intended destination of the Insured Person where the respective Government authority issues a travel advisory or imposes curfew.
3. The Port of travel is shut down forcing the Common Carrier to be cancelled or delayed by more than 24 hours.
4. Any strike, riots, Industrial action at the port or relating to the Common Carrier.

D.IV.42. Flight Delay Cover

In the event of any delay of the Common Carrier, whilst on a Trip, at any Port specified in the Insured Person's main travel booking except in Place of Origin, We will pay the reasonable and necessary expenses incurred on any alternate travel booking under any mode of transport, for travelling to the next Intended Destination as per the Insured Person's

main travel booking. The benefit is payable up to the limit specified in the Policy Schedule/Certificate of Insurance provided such delay is caused due to any of the following reasons:

1. Inclement Weather
2. Any Strike, riots, industrial action at the Port or relating to the Common Carrier.

This Benefit shall be payable subject to the following:

1. The Insured Person shall submit to the Company sufficient proof to substantiate the reason for such delay of the Common Carrier, unless this proof is available to the Company directly from a reliable source in the public domain;
2. The delay of the Common Carrier is in excess of 3 hours or the number of hours specified in the Policy Certificate from the scheduled time of the Common Carrier at the Port.
3. The Company shall be liable under this Benefit for only one/multiple delay/s, as specified in the Policy Certificate, encountered by the Insured Person during the Period of Insurance, irrespective of whether the Policy is Single Trip or Multi Trip Policy.

Specific Exclusions

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Delayed arrival of the Insured Person or Travelling Companion
2. Any delayed departure caused by a Strike or industrial action known to exist or capable of being anticipated at the time the Trip was booked.
3. If the Common Carrier is taken out of service on the instruction of the Civil Aviation Authority, or any other governmental authority.

D.IV.43. Flight Delay Benefit

In the event of any delay of the Common Carrier, whilst on a Trip, at any Port specified in the Insured Person's main travel booking except in Place of Origin, We will pay the Sum Insured towards alternate travel booking under any mode of transport, for travelling to the next Intended Destination as per the Insured Person's main travel booking. The benefit is payable is Sum Insured as specified in the Policy Schedule/ Certificate of Insurance provided such delay is caused due to any of the following reasons:

1. Inclement Weather
2. Any Strike, riots, industrial action at the Port or relating to the Common Carrier

This Benefit shall be payable subject to the following:

1. The Insured Person shall submit to the Company sufficient proof to substantiate the reason for such delay of the Common Carrier, unless this proof is available to the Company directly from a reliable source in the public domain;
2. The delay of the Common Carrier is in excess of 3 hours or the number of hours specified in the Policy Certificate from the scheduled time of the Common Carrier at the Port.
3. The Company shall be liable under this Benefit for only one delay for a single/multi trip Policy encountered by the Insured Person during the Period of Insurance, for a Multi Trip Policy.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Delayed arrival of the Insured Person or Travelling Companion
2. Any delayed departure caused by a Strike or industrial action known to exist or capable of being anticipated at the time the Trip was booked.
3. If the Common Carrier is taken out of service on the instruction of the Civil Aviation Authority, or any other governmental authority.

D.IV.44. Flight Delay Cash

In the event of any delay of the Common Carrier, whilst on a Trip, at any Port specified in the Insured Person's main travel booking except in Place of Origin, We will pay the cash benefit towards alternate travel booking under any mode of transport, for travelling to the next Intended Destination as per the Insured Person's main travel booking. The benefit payable is as per the limit specified in the Policy Schedule/Certificate of Insurance, provided such delay is caused due to any of the following reasons:

1. Inclement Weather
2. Any Strike, riots, industrial action at the Port or relating to the Common Carrier.

This Benefit shall be payable subject to the following:

1. The Insured Person shall submit to the Company sufficient proof to substantiate the reason for such delay of the Common Carrier, unless this proof is available to the Company directly from a reliable source in the public domain;
2. The delay of the Common Carrier is in excess of 3 hours or the number of hours specified in the Policy Certificate from the scheduled time of the

Common Carrier at the Port.

3. The Company shall be liable under this Benefit for one/multiple delay/s, as specified in the Policy Schedule/Certificate of Insurance, encountered by the Insured Person during the Period of Insurance, for a Single trip/Multi Trip Policy.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Delayed arrival of the Insured Person or Travelling Companion
2. Any delayed departure caused by a Strike or industrial action known to exist or capable of being anticipated at the time the Trip was booked.
3. If the Common Carrier is taken out of service on the instruction of the Civil Aviation Authority, or any other governmental authority.

D.IV.45. Hijack Distress Benefit

In the event that a Common Carrier in which the Insured Person is traveling, whilst on a Trip, is hijacked for more than the number of hours specified as eligibility in the Policy Schedule/Certificate of Insurance, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance towards the Insured Person.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. The Insured Person and/or his Immediate Family Member being suspected to be an accomplice or an accessory in such hijack.
2. Any claim as a consequence of a change in the regular routes of travel/journey of the Common Carrier due to traffic, weather, fuel shortage and technical snag or security reasons.

D.IV.46. Hijack Distress Cash

In the event that a Common Carrier in which the Insured Person is traveling whilst on a Trip is hijacked for more than the number of hours specified as eligibility in the Policy Schedule/Certificate of Insurance, We will pay the cash benefit, as specified in the Policy Schedule/Certificate of Insurance, for each continuous period for which the Insured Person is detained by hijackers. The benefit is payable up to the limit specified in the Policy Schedule/Certificate of Insurance.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. The Insured Person and/or his Immediate Family Member being suspected to be an accomplice or an accessory in such hijack.
2. Any claim as a consequence of a change in the regular routes of travel/journey of the Common Carrier due to traffic, weather, fuel shortage and technical snag or security reasons.

D.IV.47. Home to Home cover

If the Insured suffers an Injury due to an Accident during the Period of Insurance, whilst on the way from his/her place of residence to the Port in Place of Origin to board a Common Carrier for the purpose of commencement of a Trip, or whilst on the way back to his/her place of residence from the Port in Place of Origin upon arrival from the Place of visit, and that Injury solely and directly results in death or disablement of the Insured Person which is of the nature specified in the table of benefits below within 90 days from the date of such Accident, the Company shall pay the percentage of the Sum Insured as is specified in the table of benefits.

Condition/Nature of Disablement	Percentage of Sum Insured
Death	100%
Total and irrecoverable loss of sight in both eyes	100%
Loss by physical separation or total and permanent loss of use of both hands or both feet	100%
Loss by physical separation or total and permanent loss of use of one hand and one foot	100%
Total and irrecoverable loss of sight in one eye and loss of a Limb	100%
Total and irrecoverable loss of hearing in both ears and loss of speech	100%
Total and irrecoverable loss of hearing only - both ears	60%
Total and irrecoverable loss of speech only	60%
Loss of thumb - both phalanges	25%
Loss of index finger -three phalanges or two phalanges or one phalanx	10%

Loss of sight of one eye	50%
Loss of one hand	50%
Loss of one foot	50%

This Benefit shall be payable subject to the following:

1. In case of any disablement not listed in the table above, the Company shall pay a proportion of the Sum Insured according to the degree to which the Insured Person's normal functional physical capacity, as it existed previously, has been impaired, as determined by the empanelled Medical Practitioner of the Company/EASP.
2. In the event of death of a minor Insured Person who is less than age 18 as of the commencement of the Trip, the maximum liability of the Company shall be 50% of the Sum Insured as specified in the Policy Certificate.
3. If more than one Injury of the nature specified in the table above results from any one Accident, only the amount for any one Injury, whichever is the largest, will be payable.
4. The maximum period of the cover under this Benefit shall be the actual period of such one-way local journey, but in no event exceeding 48 hours each for onward/return journey and in any case not exceeding four days in total. The Insured Person shall be required to furnish adequate proof evidencing the duration of such local journey.
5. The Sum Insured shall be payable to the Insured Person or his/her nominee or legal representative, as the case may be.
6. The disablement continues for a period of at least 180 days from the commencement of the disablement and the Company is satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any existing physical disablement.
2. Any damage to health caused by curative measures, radiation, infection, poisoning except insofar as the same arise from an Accident.
3. Any breach of law by the Insured Person with criminal intent or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.
4. Any consequential loss or damage cost or expense of whatsoever nature.
5. Any claim resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by childbirth, maternity or pregnancy or any complication thereof, venereal disease or infirmity.

D.IV.48. Life Threatening Pre-Existing Condition Cover

We will pay the Medical Expenses incurred due to any complication arising out of a Pre-Existing Disease or Condition, incurred by an insured person in a Place of visit whilst on a Trip, which requires Emergency Care, up to the limit as specified in the Policy Schedule/Certificate of Insurance.

The treatment for these emergency measures would be paid till the Insured Person becomes medically stable, as ascertained by the empanelled Medical Practitioner of the Company/EASP. All further medical costs to maintain such medically stable state would have to be borne by the Insured Person.

D.IV.49. Loss of Electronic items

In the event of Theft of the Insured Person's Electronic items/equipment/ gadget in the Place of visit whilst on a Trip, We will pay the Market Value of such Electronic items/equipment/gadget, up to the limit specified in the Policy Schedule/Certificate of Insurance.

For the purpose of this Benefit, "Electronic item/ equipment/gadget" shall mean camera, tablet, music player, e-readers, GPS devices, iron, smart suitcase, pocket sized washing machine, portable Wi-Fi, hotspot or power bank, travel drone, smart phone gimbal, travel vacuum, Bluetooth speaker, flash light, video recording sun glasses, hi-tech foot warmers, smart phone breathalyser, compact air pollution monitor, germ eliminating travel wand, owned and declared by the Insured person.

For the purpose of this Benefit, "Market Value" refers to the amount required to purchase a new item of the same kind and quality as the item in relation to which a claim is made under this Benefit, less applicable depreciation @15% per annum from the date of purchase of such item, calculated as at the time of the loss. Maximum depreciation applicable under this Benefit shall not exceed 70% in any event.

This Benefit shall be payable subject to the following:

- Such Theft is required to be reported to the Police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident, and a

written report being obtained for the same.

- The Company is provided with the original invoice/receipt evidencing the proof of purchase and ownership of such item, or document evidencing the authorized custody of the same, if such item is provided by his/her employer/ business organization.
- The Company is satisfied that the Insured Person took reasonable care to protect his/her item and did not in any way exposed it to the Theft due to negligence on his/her account, or on account of any Immediate Family Member or Travelling Companion.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

- Any Theft after 5 years from the date of its original purchase from a retailer/wholesaler/ original equipment manufacturer.
- Item being left unattended by the Insured Person.
- Item packed in any Checked-In Baggage
- Any Lost accessories or attachments
- Any internal or external damage caused to the item, either due to mishandling or otherwise on account of either the Insured Person or any other party involved in any Theft.

D.IV.50. Loss of Laptop Cover

In the event of Theft of the Insured Person's Laptop in the Place of visit whilst on a Trip, We will pay the Market Value of such Laptop, up to the limit as specified in the Policy Schedule/Certificate of Insurance.

For the purpose of this Benefit, "Laptop" shall mean a laptop computer, or any handheld tablet computers excluding any accessories or attachments that come as standard equipment with such devices.

For the purpose of this Benefit, "Market Value" refers to the amount required to purchase a new Laptop of the same kind and quality as the Laptop in relation to which a claim is made under this Benefit, less applicable depreciation @15% per annum from the date of purchase of such Laptop, calculated as at the time of the loss. Maximum depreciation applicable under this Benefit shall not exceed 70% in any event.

This Benefit shall be payable subject to the following:

1. Such Theft is required to be reported to the Police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident, and a written report being obtained for the same.
2. The Company is provided with the original invoice/receipt evidencing the proof of purchase and ownership of such Laptop, or document evidencing the authorized custody of the same, if such Laptop is provided by his/her employer/ business organization.
3. The Company is satisfied that the Insured Person took reasonable care to protect his/her Laptop and did not in any way expose the Laptop to the Theft due to negligence on his/her account, or on account of any Immediate Family Member or Travelling Companion.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any Theft of Laptop after 5 years from the date of its original purchase from a retailer/wholesaler/ original equipment manufacturer.
2. Laptop being left unattended by the Insured Person.
3. Laptop packed in any Checked-In Baggage.
4. Any Lost accessories or attachments.
5. Any internal or external damage caused to the Laptop, either due to mishandling of such Laptop or otherwise on account of either the Insured Person or any other party involved in any Theft.

D.IV.51. Loss of Mobile

In the event of Theft of the Insured Person's Mobile Phone in the Place of visit whilst on a Trip, We will pay the Market Value of such Mobile Phone, up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

For the purpose of this Benefit, "Mobile Phone" shall mean any handheld mobile phone excluding any accessories or attachments that come as standard equipment with such devices.

For the purpose of this Benefit, "Market Value" refers to the amount required to purchase a new Mobile Phone of the same kind and quality as the Mobile Phone in relation to which a claim is made under this Benefit, less applicable depreciation @15% per annum from the date of purchase of such Mobile Phone, calculated as at the time of the loss. Maximum depreciation applicable under this Benefit shall not exceed 70% in any event.

This Benefit shall be payable subject to the following:

- Such Theft is required to be reported to the Police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident, and a written report being obtained for the same.
- The Company is provided with the original invoice/ receipt evidencing the proof of purchase and ownership of such Mobile Phone, or document evidencing the authorized custody of the same, if such Mobile Phone is provided by his/her employer/ business organization.
- The Company is satisfied that the Insured Person took reasonable care to protect his/her Mobile Phone and did not in any way expose the Mobile Phone to the Theft due to negligence on his/her account, or on account of any Immediate Family Member or Travelling Companion.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

- Any Theft of Mobile Phone after 5 years from the date of its original purchase from a retailer/ wholesaler/original equipment manufacturer.
- Mobile Phone being left unattended by the Insured Person.
- Mobile Phone packed in any Checked-In Baggage
- Any Lost accessories or attachments
- Any internal or external damage caused to the Mobile Phone, either due to mishandling of such Mobile Phone or otherwise on account of either the Insured Person or any other party involved in any Theft

D.IV.52. Loss of Personal Document

In the event of loss of Insured Person's Driving License (DL), PAN card, Passport, Aadhaar, Voter ID card, whilst on a Trip, in the Place of visit, We will pay the cost incurred by the Insured Person for obtaining a duplicate or new document within 30 days upon the return to Place of Origin.

This Benefit shall be payable subject to the following:

a. Any Theft is required to be reported to the Police having jurisdiction atthe place of loss within 24 hours of the occurrence of the incident, and a written report being obtained for the same.

b. As a condition precedent to the Company's liability under this Benefit, the Insured Person shall immediately, or as soon as practicable, provide immediate notice of such loss to the applicable authority.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

a) Any loss not reported to the police having jurisdiction at the place of loss within 24 hours of the incident or a written report not being obtained from the police.

b) Any loss arising from any delay, detention or confiscation by customs officials, police or other public authorities.

c) Any loss arising from due to document being left unattended or forgotten by the Insured Person in the public place or public transport, hotel or apartment.

D.IV.53. Loss of Personal effects/belongings

If an Insured Person suffers any act of Mugging whilst on a Trip in the Place of visit and any property or valuable is stolen by way of mugging, We will pay the Market value of such item up to the limit as specified in the Policy Schedule/Certificate of Insurance, provided that the Mugging is reported to the police in the applicable jurisdiction within 24 hours of Mugging, and a written police report is furnished to the Company.

For the purpose of this Benefit, "Mugging" means a violent, unprovoked attack by a third party individual who is not an Immediate Family Member, relative, Travelling Companion or colleague of the Insured Person and is evidenced as such in a police report.

For the purpose of this Benefit, "Market Value" refers to the amount required to purchase a new item of the same kind and quality as the item in relation to which a claim is made under this Benefit, less applicable depreciation @15% per annum from the date of purchase of such item, calculated as at the time of the loss. Maximum depreciation applicable under this Benefit shall not exceed 70% in any event.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any loss not reported to the police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident and a written

report being obtained for the same.

2. Any claim made on or after return of the Insured Person back to Place of Origin.

D.IV.54. Loss of wearable devices

In the event of Theft of the Insured Person's wearable devices in the Place of visit whilst on a Trip, We will pay the Market Value of such wearable device, up to the limit specified in the Policy Schedule/Certificate of Insurance.

For the purpose of this Benefit, "wearable device" shall mean health device, smart watch, GPS wrist phones, wearable charging cable, fitness trackers, e-alarm, owned and declared by the Insured person.

For the purpose of this Benefit, "Market Value" refers to the amount required to purchase a new item of the same kind and quality as the item in relation to which a claim is made under this Benefit, less applicable depreciation @15% per annum from the date of purchase of such item, calculated as at the time of the loss. Maximum depreciation applicable under this Benefit shall not exceed 70% in any event.

This Benefit shall be payable subject to the following:

- Such Theft is required to be reported to the Police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident, and a written report being obtained for the same.
- The Company is provided with the original invoice/receipt evidencing the proof of purchase and ownership of such item, or document evidencing the authorized custody of the same, if such item is provided by his/her employer/ business organization.
- The Company is satisfied that the Insured Person took reasonable care to protect his/her item and did not in any way exposed it to the Theft due to negligence on his/her account, or on account of any Immediate Family Member or Travelling Companion.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

- Any Theft after 5 years from the date of its original purchase from a retailer/wholesaler/ original equipment manufacturer.
- Item being left unattended by the Insured Person.
- Item packed in any Checked-In Baggage
- Any Lost accessories or attachments
- Any internal or external damage caused to the item, either due to mishandling or otherwise on account of either the Insured Person or any other party involved in any Theft.

D.IV.55. Missed Connection Cover

In the event of an Insured Person failing to board any Common Carrier to an Intended Destination due to a delay or cancellation of a prior connecting Common Carrier, including any change of route, non-landing/docking, or offloading of passengers due to overbooking, and provided that any such delay or cancellation is not caused due to, arising out of or in consequence of any acts or omissions of the Insured Person, We will pay towards following expenses and subject to the limit, as specified in the Policy Schedule/Certificate of Insurance.

a. Reasonable expenses towards alternate travel bookings made up to such Intended Destination as may be absolutely necessary by any other Common Carrier.

b. Reasonable and necessary costs of upgradation of travel booking to a superior class in the same form of Common Carrier.

c. Necessary expenses incurred towards Reasonable Additional Expenses.

d. Reasonable and necessary costs of upgradation of accommodation arrangements provided in cases where only partial services are provided by the concerned travel provider.

e. Any expenses incurred towards bookings made for any missed Event, including any sightseeing or entertainment programmes, sports matches and any organized games.

For the purpose of this Benefit, "Event" means any official sporting occasion, music concert, exhibition, educational/cultural tour, cinema, theatre, theme park or military display, or a visit to any other tourist attraction where admission is only by way of tickets sold in advance.

D.IV.56. Missed Connection Benefit

In the event of an Insured Person failing to board any Common Carrier to an Intended Destination due to a delay or cancellation of a prior connecting Common Carrier, including any change of route, non-landing/docking, or offloading of passengers due to overbooking, and provided that any such delay or cancellation is not caused due to, arising out of or in consequence of any acts or omissions of the Insured Person, We will pay the Sum Insured, as specified in the Policy Schedule/Certificate of Insurance.

D.IV.57. Overbooked Flight Cover

If the Insured Person is denied boarding of commercial scheduled Common Carrier for which he/she had confirmed travel booking, at the sole instance of the Common Carrier or travel provider due to over-booking, and no alternative mode of travel is made available within 12 hours of the scheduled departure time of such Common Carrier, We will pay the following expenses towards the Insured Person:

i. expenses incurred, as evidenced by way of bills/ receipts in respect of alternate accommodation booking, if the same is not provided by the Common Carrier or any other third party, and

ii. purchase of an alternate travel booking, less refund, if any, obtained from the Common Carrier.

The benefit is payable up to the limit specified in the Policy Schedule/ Certificate of Insurance.

The details and confirmation of such denied boarding must be obtained and verified in writing by the Common Carrier or travel provider, or concerned agents.

D.IV.58. Overbooked Flight Benefit

If the Insured Person is denied boarding of commercial scheduled Common Carrier for which he/she had confirmed travel booking, at the sole instance of the Common Carrier or travel provider due to over-booking, and no alternative mode of travel is made available within 12 hours of the scheduled departure time of such Common Carrier, We will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance.

The details and confirmation of such denied boarding must be obtained and verified in writing by the Common Carrier or travel provider, or concerned agents.

D.IV.59. Travel Permanent Partial Disablement - Common Carrier Coverage

If an Insured Person suffers an Injury due to an Accident whilst on a Trip while the Insured Person is travelling as an authorised passenger on a Common Carrier, and that Injury solely and directly results in Permanent Partial Disablement of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident, the Company shall pay the percentage of the Sum Insured as is specified in such table of benefits.

Nature of Permanent Partial Disablement	Percentage of the Sum Insured payable unless specified otherwise
i. Total and irrecoverable loss of sight in one eye	50%
ii. Loss of one hand or one foot	50%
iii. Loss of all toes - any one foot	10%
iv. Loss of toe great - any one foot	5%
v. Loss of toes other than great, if more than one toe lost, each	2%
vi. Total and irrecoverable loss of hearing in both ears	50%
vii. Total and irrecoverable loss of hearing in one ear	15%
viii. Total and irrecoverable loss of speech	50%
ix. Loss of four fingers and thumb of one hand	40%
x. Loss of four fingers	35%
xi. Loss of thumb- both phalanges	25%
xii. Loss of thumb- one phalanx	10%
xiii. Loss of index finger-three phalanges	10%
xiv. Loss of index finger-two phalanges	8%
xv. Loss of index finger-one phalanx	4%
xvi. Loss of middle/ring/little finger-three phalanges	6%
xviii. Loss of middle/ring/little finger-two phalanges	4%
xviii. Loss of middle/ring/little finger-one phalanx	2%

The Benefit specified above will be payable provided that:

1. The Permanent Partial Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to Us;
2. For disablement other than physical separation of limb/s, digit/s, the Permanent Partial Disablement continues for a period of at least 180 days from the commencement of the Permanent Partial Disablement and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period;
3. If the Insured Person dies 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 in lieu of this benefit, if opted.

4. If the Insured Person suffers a loss that is not of the nature of Permanent Partial Disablement specified in the table above, then a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board will determine the degree of disablement and the amount payable, if any.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any existing physical disablement.
2. Any damage to health caused by curative measures, radiation, infection, poisoning except insofar as the same arise from an Accident.
3. Any breach of law by the Insured Person with criminal intent or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.
4. Any claim which arises out of an accident connected with the operation of an aircraft or which occurs during parachuting except when the Insured/Insured Person is flying as a Fare Paying passenger in a multi-engine, commercial aircraft.
5. Any consequential loss or damage cost or expense of whatsoever nature.
6. Any claim resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by childbirth, maternity or pregnancy or any complication thereof, venereal disease or infirmity.

D.IV.60. Travel Permanent Partial Disablement (PPD)

If an Insured Person suffers an Injury due to an Accident whilst on a Trip, and that Injury solely and directly results in Permanent Partial Disablement of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident, the Company shall pay the percentage of the Sum Insured as is specified in such table of benefits.

Nature of Permanent Partial Disablement	Percentage of the Sum Insured payable unless specified otherwise
i. Total and irrecoverable loss of sight in one eye	50%
ii. Loss of one hand or one foot	50%
iii. Loss of all toes - any one foot	10%
iv. Loss of toe great - any one foot	5%
v. Loss of toes other than great, if more than one toe lost, each	2%
vi. Total and irrecoverable loss of hearing in both ears	50%
vii. Total and irrecoverable loss of hearing in one ear	15%
viii. Total and irrecoverable loss of speech	50%
ix. Loss of four fingers and thumb of one hand	40%
x. Loss of four fingers	35%
xi. Loss of thumb- both phalanges	25%
xii. Loss of thumb- one phalanx	10%
xiii. Loss of index finger-three phalanges	10%
xiv. Loss of index finger-two phalanges	8%
xv. Loss of index finger-one phalanx	4%
xvi. Loss of middle/ring/little finger-three phalanges	6%
xviii. Loss of middle/ring/little finger-two phalanges	4%
xviii. Loss of middle/ring/little finger-one phalanx	2%

The Benefit specified above will be payable provided that:

1. The Permanent Partial Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to Us;
2. For disablement other than physical separation of limb/s, digit/s, the Permanent Partial Disablement continues for a period of at least 180 days from the commencement of the Permanent Partial Disablement and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period;
3. If the Insured Person dies 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 in lieu of this benefit, if opted.

4. If the Insured Person suffers a loss that is not of the nature of Permanent Partial Disablement specified in the table above, then a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board will determine the degree of disablement and the amount payable, if any.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any existing physical disablement.
2. Any damage to health caused by curative measures, radiation, infection, poisoning except insofar as the same arise from an Accident.
3. Any breach of law by the Insured Person with criminal intent or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.
4. Any claim which arises out of an accident connected with the operation of an aircraft or which occurs during parachuting except when the Insured/Insured Person is flying as a Fare Paying passenger in a multi-engine, commercial aircraft.
5. Any consequential loss or damage cost or expense of whatsoever nature.
6. Any claim resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by childbirth, maternity or pregnancy or any complication thereof, venereal disease or infirmity.

D.IV.61. Travel Permanent Total Disablement - Common Carrier Coverage

If an Insured Person suffers an Injury due to an Accident whilst on a Trip while the Insured Person is travelling as an authorised passenger on a Common Carrier, and that Injury solely and directly results in the Permanent Total Disablement of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the Sum Insured, as specified in the Policy Schedule/Certificate of Insurance.

Nature of Permanent Total Disablement	**Percentage of the Sum Insured payable**
Total and irrecoverable loss of sight in both eyes	100%
Loss by physical separation or total and permanent loss of use of both hands or both feet	100%
Loss by physical separation or total and permanent loss of use of one hand and one foot	100%
Total and irrecoverable loss of sight in one eye and loss of a Limb	100%
Total and irrecoverable loss of hearing in both ears and loss of one Limb/loss of sight in one eye	100%
Total and irrecoverable loss of hearing in both ears and loss of speech	100%
Total and irrecoverable loss of speech and loss of one Limb/ loss of sight in one eye	100%
Permanent, total and absolute disablement (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living	100%

For the purpose of this Benefit:

1. **"Limb"** means a hand at or above the wrist or a foot above the ankle;
2. **"Physical separation" of one "hand"** or **"foot"** means separation at or above wrist and/or at or above ankle, respectively.

The Benefit as specified above will be payable provided that:

a. The Permanent Total Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to us;

b. For disablement other than physical separation of limb/s, digit/s, the Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement, and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period;

c. If the Insured Person dies 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 in

lieu of this benefit, if opted.

d. Once a claim has been accepted and paid under this Benefit then the Insured Person's insurance cover under this section will lapse.

D.IV.62. Travel Permanent Total Disablement (PTD)

If an Insured Person suffers an Injury due to an Accident whilst on a Trip and that Injury solely and directly results in the Permanent Total Disablement of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the Sum Insured, as specified in the Policy Schedule/Certificate of Insurance.

Nature of Permanent Total Disablement	Percentage of the Sum Insured payable
Total and irrecoverable loss of sight in both eyes	100
Loss by physical separation or total and permanent loss of use of both hands or both feet	100
Loss by physical separation or total and permanent loss of use of one hand and one foot	100
Total and irrecoverable loss of sight in one eye and loss of a Limb	100
Total and irrecoverable loss of hearing in both ears and loss of one Limb/ loss of sight in one eye	100
Total and irrecoverable loss of hearing in both ears and loss of speech	100
Total and irrecoverable loss of speech and loss of one Limb/ loss of sight in one eye	100
Permanent, total and absolute disablement (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever	100

For the purpose of this Benefit:

1. **"Limb"** means a hand at or above the wrist or a foot above the ankle;
2. **"Physical separation" of one "hand"** or **"foot"** means separation at or above wrist and/or at or above ankle, respectively.

The Benefit as specified above will be payable provided that:

a. The Permanent Total Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to us;

b. For disablement other than physical separation of limb/s, digit/s, the Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement, and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period;

c. If the Insured Person dies 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 in lieu of this benefit, if opted.

d. Once a claim has been accepted and paid under this Benefit then the Insured Person's insurance cover under this section will lapse

D.IV.63. Travel Pre-existing Condition Cover for Emergency Care

On the occurrence of any Illness contracted or Injury sustained by an Insured Person due to an Illness/Injury due to accident, whilst on a Trip, which requires Emergency Care in the Place of visit, We will pay the Medical Expenses incurred up to the limit, as specified in the Policy Schedule/ Certificate of Insurance, provided that:

- Such Emergency Care is related, directly or indirectly, to any Pre-Existing Diseases or Condition, or any complications thereof.
- Such Emergency Care cannot be postponed till the Insured Person's return to Place of Origin.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

a) Any Pre-Existing Disease or condition for which the Insured Person has taken any medical treatment preceding the Coverage Commencement Date.

b) Any complication arising out of any Surgery, treatment for any Injury or any similar treatment taken prior to the Coverage Commencement Date.

c) Expenses incurred towards any Illness or Surgical Procedure which was diagnosed prior to the Trip, or for which any Medical Practitioner has recommended due treatment/Surgery prior to the Trip.

d) Expenses incurred towards removal or

upgradation of any prosthetics/implants already placed inside/outside of the Insured Person's body.

e) Dental problem of any kind.

f) Stone removal from any site.

g) Hernia, Piles, Cataract, Hydrocele, Fistula in Anus, Tonsillitis

h) Expenses incurred towards any treatment initiated in the Place of visit which is to be continued on the Insured Person's return to Place of Origin.

D.IV.64. Travel Repatriation of Mortal Remains Cover

In the event of death of the Insured Person due to any Insured Event under this Policy in a Place of visit whilst on a Trip, We will the pay the costs of transporting the mortal remains of the Insured Person back to Place of Origin or the costs incurred towards a local burial or cremation in the place where the death occurred, up to the limit, as specified in the Policy Schedule/Certificate of Insurance.

D.IV.65. Travel Repatriation of Mortal Remains Benefit

In the event of death of the Insured Person due to any Insured Event under this Policy in a Place of visit whilst on a Trip, We will the pay the Sum Insured, as specified in the Policy Schedule/Certificate of Insurance, towards transporting the mortal remains of the Insured Person back to Place of Origin or the costs incurred towards a local burial or cremation in the place where the death occurred.

D.IV.66. Travel Return of minor children Cover

If an Insured Person contracts an Illness or suffers an Injury due to an Accident in a Place of visit whilst on a Trip, and that Injury solely and directly results in death of the Insured Person whilst on a Trip, We will pay the following expenses in relation to a Minor Dependent Child covered under this Policy, provided they are not accompanied by any other adult Immediate Family Member. The benefit is payable, up to the Sum Insured as specified in the Policy Schedule/Certificate of Insurance, based on the option of his/her legally appointed guardian, as specified in the Policy Certificate:

1. Expenses incurred on travel bookings for return of the Minor Dependent Child to any Port in Place of Origin,
2. Expenses incurred on travel bookings for transportation of an Immediate Family Member, relative or any other attendant reasonably deemed to be required for the safety and welfare of the Minor Dependent Child, to the Place of visit and return to Place of Origin.

"Minor Dependent Child" means a child of the Insured Person whether natural or legally adopted, who is (i) less than age 18 years (or as specified in Policy Schedule/Certificate of Insurance) as of the commencement of the Trip, and (ii) does not have his/her independent source of income and is financially dependent on the Insured Person.

This Benefit shall be payable subject to the following:

1. Any amount payable for expenses incurred on travel booking, shall not exceed the cost of an economy tier airfare by the most direct route per booking.

The Company's liability under this Benefit, in respect of any one claim or all claims made under this Benefit during the Period Of Insurance, shall be restricted only for two Minor Dependent Child(ren), and shall always be subject to the Sum Insured as specified in the Policy Schedule/Certificate of Insurance.

D.IV.67. Travel Return of minor children Benefit

If an Insured Person contracts an Illness or suffers an Injury due to an Accident in a Place of visit whilst on a Trip, and that Injury solely and directly results in death of the Insured Person whilst on a Trip, We will pay the Sum Insured towards return of Minor Dependent Child to the Place of Origin. The benefit payable is the Sum Insured, as specified in the Policy Schedule/ Certificate of Insurance.

"Minor Dependent Child" means a child of the Insured Person whether natural or legally adopted, who is (i) less than age 18 years (or as specified in Policy Certificate) as of the commencement of the Trip, and (ii) does not have his/her independent source of income and is financially dependent on the Insured Person.

This Benefit shall be payable subject to the following:

In case of more than one dependent child covered under the Policy, the benefit amount will be divided equally among all.

D.IV.68. Loss of Baggage Cover

In the event of total and complete loss of Checked-in Baggage whilst on a Trip and whilst it is in the custody of the Common Carrier, We will pay the Insured Person, the Market Value of such Checked-in Baggage up to the limit, as specified in the Policy Schedule/Certificate of Insurance.

For the purpose of this Benefit, "Market Value"

refers to the sum required to purchase new items of the same kind and quality as those contained in the Checked-in Baggage, less an amount representing wear and tear, depreciation and usage at the time of the loss.

The cover is applicable only at the Intended Destinations, and is limited to the period commencing from the time the Checked-in Baggage is entrusted to the Common Carrier and return of the Insured Person back to the Place of Origin along with all halts and via destinations included in the travel booking.

This Benefit shall be payable subject to the following:

1. In the event of such a total and complete loss of Checked-in Baggage whilst in the custody of the Common Carrier, a Property Irregularity Report (PIR) must be obtained from the Common Carrier immediately upon discovery of the loss which must be submitted along with the claim.
2. Our maximum liability under this Benefit in respect of any one Checked-in Baggage, in case more than one bag has been checked-in, is 50% of the applicable Sum Insured. In case of only one bag being checked-in, the maximum liability is up to 100% of the applicable Sum Insured.
3. The Company has been provided with all the documents, reports and other details from the Common Carrier confirming the loss of Checked-in Baggage in its custody.
4. If the Company makes any payment under this benefit, it is agreed that any recovery from any Common Carrier by the Insured Person shall become the property of the Company.
5. Any partial loss of the items contained within the Checked-in Baggage, not amounting to a total and complete loss of such Checked-in Baggage, shall not be payable.
1. In the event of simultaneous claims under this Benefit as well as Baggage Delay Cover, the higher of the claims shall be payable by the Company in respect of the same item(s) of Checked-in Baggage during any one Period Of Insurance.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Valuables, Money, any kind of securities and tickets/passes or any other item not declared and/or agreed by the Company.
2. Loss of any Checked-in Baggage unless a Property Irregularity Report or other report usually issued by the Common Carrier in the event of loss of Checked-in Baggage has been procured and submitted to the Company.
3. Any partial loss of the items contained within the Checked-in Baggage.
4. Losses arising from any delay, detention, confiscation by the customs officials or other public authorities.
5. Any Checked-in Baggage loss while the Insured Person is in Place of Origin.

D.IV.69. Total Loss of Checked-in Baggage Benefit

In the event of total and complete loss of Checked-in Baggage whilst on a Trip and whilst it is in the custody of the Common Carrier, We will pay the Sum Insured towards the lost baggage.

The cover is applicable only at the Intended Destinations, and is limited to the period commencing from the time the Checked-in Baggage is entrusted to the Common Carrier and return of the Insured Person back to the Place of Origin along with all halts and via destinations included in the travel booking.

This Benefit shall be payable subject to the following:

1. In the event of such a total and complete loss of Checked-in Baggage whilst in the custody of the Common Carrier, a Property Irregularity Report (PIR) must be obtained from the Common Carrier immediately upon discovery of the loss which must be submitted along with the claim.
2. In case more than one bag has been checked-in, the Sum Insured will be paid proportionately, irrespective of the value of the baggage lost. In case of any one bag being checked-in, the 100% of the Sum Insured will be paid.
3. The Company has been provided with all the documents, reports and other details from the Common Carrier confirming the loss of Checked-in Baggage in its custody.
4. In case of any partial loss of the items contained within the Checked-in Baggage, not amounting to a total loss of baggage no benefit shall be payable.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Loss of any Checked-in Baggage unless a Property Irregularity Report or other report

usually issued by the Common Carrier in the event of loss of Checked-in Baggage has been procured and submitted to the Company.

2. Any partial loss of the items contained within the Checked-in Baggage.
3. Losses arising from any delay, detention, confiscation by the customs officials or other public authorities.
4. Any Checked-in Baggage loss while the Insured Person is in Place of Origin.

D.IV.70. Trip Cancellation and Interruption Cover

In the event of a Trip Cancellation/Interruption, We will pay the Insured Person, up to the limit, as specified in the Policy Schedule/Certificate of Insurance, for any of the following expenses:

1. Expenses incurred towards any travel bookings for travel in a Common Carrier, accommodation bookings, any sightseeing bookings, events and Cruise bookings made in advance by the Insured Person in the Place of visit, which are not recoverable from any other source.
2. Any reasonable and necessary expenses incurred by the Insured Person for any alternate travel booking and accommodation expenses for
   a. Returning to Place of Origin within 3 days of the Trip Cancellation/Interruption, or
   b. Continuing the Trip within 3 days after the events causing the Trip Cancellation/ Interruption have ceased to be operative.

For the purpose of this Benefit, "Trip Cancellation/ Interruption" means any cancellation or delay of the Insured Person's journey on a Common Carrier due to any of the following reasons or perils:

1. The Insured Person's place of residence, or place of business or intended accommodation in the Place of visit being rendered uninhabitable due to fire, Catastrophe or any act of vandalism.
2. Inclement Weather in the Place of Origin and/or at Intended Destination.
3. The Insured Person and/or his Immediate Family Member falling victim to a Felonious Assault within 10 days of the commencement of Trip, provided that he/she or any Immediate Family Member is not an accomplice or an accessory in such Felonious Assault.
4. If an Insured Person and/or his Immediate Family Member suffers an Illness or Injury, not more than 3 days prior to the commencement of the trip and that Illness or Injury solely and directly results in Hospitalization of the Insured Person and/or death or Hospitalization of his Immediate Family Member in India/Place of Origin for more than 24 Hours or is declared as 'Not fit to Travel', by a Medical Practitioner. However, We shall not be liable to make any payment under this Benefit, if such illness or injury occur or are first diagnosed prior to the travel bookings.
5. Any Strike, civil unrest or Catastrophe in the Place of Origin or Intended Destination of the Insured Person where
   a) The respective government authority issues a travel advisory or imposes curfew.
   b) The Port of travel is shut down forcing the Common Carrier to be cancelled or delayed by more than 24 hours
6. Any terrorist attack in the Place of Origin or Intended Destination of the Insured Person within 3 days of the commencement of Trip due to which the Insured Person's free movement is impaired.

This Benefit shall be payable subject to the following:

1. Only the portion of the travel bookings which is cancelled, is non-refundable and which is not recoverable from any source shall be reimbursable under this Benefit.
2. Any reimbursement payable for expenses incurred on accommodation, either booked in advance or booked as part of an alternate arrange, shall be restricted to limits specified in the Policy Schedule/Certificate of Insurance.
3. Any reimbursement payable for expenses incurred on travel bookings, shall not exceed the cost of an economy tier airfare by the most direct route per booking, and shall be reduced by any refunds paid or payable.
4. It is a Condition Precedent to the Company's liability under this Benefit that in the event of any occurrence likely to cause the Trip Cancellation/ Interruption, the Insured Person must notify the same to the Company as soon as practicable, with complete details of the occurrence, as are available, Policy number, Member ID/Policy Certificate no, and date of issuance.
5. The Company shall not be liable under this Benefit for the extent of loss or expenses caused or attributable to the failure of the Insured Person to take appropriate action to avoid or minimize any potential claim under policy.
6. In any event, the Company's total, maximum and aggregate liability under this Benefit shall be restricted to the Sum Insured as specified in the Policy Certificate or the sum of total non-refundable expenses incurred by the Insured Person, whichever is less.

7. In case of any partial Trip Cancellation/ Interruption, i.e. if only one or two Insured Persons' journey is cancelled or delayed, the Company's shall not be liable for expenses incurred on accommodation bookings, unless exclusive booking was made for each Insured Person. No partial charges of expenses incurred on accommodation bookings will be payable.
8. If the situation in the Place of Origin and/or at the Intended Destination becomes normal against the travel advisory or curfew imposed earlier by the respective government authority, or if the same is withdrawn by government authority before the commencement of the Trip, and this information is available from a reliable source in the public domain through any form of communication, the Company shall not be liable for any claim in respect of such Trip Cancellation/ Interruption.

Specific Exclusion:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any event which happened or advisory for which was notified by the relevant government authorities prior to the time of booking the Trip.
2. Any Trip Cancellation/Interruption due to any event which was foreseeable at the time of booking the Trip
3. Any Trip Cancellation/Interruption due to any event which the Insured Person could have reasonably avoided or planned for ahead in time.
4. Any Trip Cancellation/Interruption at the travel provider or Port operator's instance due to any reasons or perils not covered under the Trip Cancellation/Interruption definition.
5. Any voluntary change in travel plans by the Insured Person
6. Any business or contractual obligations of the Insured Person and/or any Immediate Family Member except for termination or lay off of employment as defined above provided insured is not the Owner, proprietor, Majority Shareholder and Director of the said company.
7. Termination of employment due to any unlawful act of the insured.
8. Default/insolvency by and of the person, agency or tour operator from whom the Insured had bought his Travel arrangements.
9. Any governmental regulations or prohibition imposed by any Administrative Authority at the time or before booking of Insured Person's travel arrangement.
10. Booking of the trip is undertaken ignoring the adverse situation as published by the Mass Media, Union Government, State Government and/or any Administrative Authority for travel to particular country or part of the country which may give rise to a claim.

D.IV.71. Trip Cancellation and Interruption Benefit

In the event of a Trip Cancellation/Interruption, We will pay the Sum Insured, as specified in the Policy Schedule/Certificate of Insurance.

For the purpose of this Benefit, "Trip Cancellation/ Interruption" means any cancellation or delay of the Insured Person's journey on a Common Carrier due to any of the following reasons or perils:

1. The Insured Person's place of residence, or place of business or intended accommodation in the Place of visit being rendered uninhabitable due to fire, Catastrophe or any act of vandalism.
2. Inclement Weather in the Place of Origin and/or at Intended Destination.
3. The Insured Person and/or his Immediate Family Member falling victim to a Felonious Assault within 10 days of the commencement of Trip, provided that he/she or any Immediate Family Member is not an accomplice or an accessory in such Felonious Assault.
4. If an Insured Person and/or his Immediate Family Member suffers an Illness or Injury, not more than 3 days prior to the commencement of the trip and that Illness or Injury solely and directly results in Hospitalization of the Insured Person and/or death or Hospitalization of his Immediate Family Member in India/Place of Origin for more than 24 Hours or is declared as 'Not fit to Travel', by a Medical Practitioner. However, We shall not be liable to make any payment under this Benefit, if such illness or injury occur or are first diagnosed prior to the travel bookings.
5. Any Strike, civil unrest or Catastrophe in the Place of Origin or Intended Destination of the Insured Person where
   a) The respective government authority issues a travel advisory or imposes curfew.
   b) The Port of travel is shut down forcing the Common Carrier to be cancelled or delayed by more than 24 hours
6. Any terrorist attack in the Place of Origin or Intended Destination of the Insured Person within 3 days of the commencement of Trip due to which the Insured Person's free movement is

impaired.

This Benefit shall be payable subject to the following:

1. It is a Condition Precedent to the Company's liability under this Benefit that in the event of any occurrence likely to cause the Trip Cancellation/ Interruption, the Insured Person must notify the same to the Company as soon as practicable, with complete details of the occurrence, as are available, Policy number, Member ID/Policy Certificate no, and date of issuance.
2. The Company shall not be liable under this Benefit for the extent of loss or expenses caused or attributable to the failure of the Insured Person to take appropriate action to avoid or minimize any potential claim under policy.
3. In case of any partial Trip Cancellation/Interruption, i.e. if only one or two Insured Persons' journey is cancelled or delayed no partial charges of expenses incurred on accommodation bookings will be payable.
4. If the situation in the Place of Origin and/or at the Intended Destination becomes normal against the travel advisory or curfew imposed earlier by the respective government authority, or if the same is withdrawn by government authority before the commencement of the Trip, and this information is available from a reliable source in the public domain through any form of communication, the Company shall not be liable for any claim in respect of such Trip Cancellation/ Interruption.

Specific Exclusion:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any event which happened or advisory for which was notified by the relevant government authorities prior to the time of booking the Trip.
2. Any Trip Cancellation/Interruption due to any event which was foreseeable at the time of booking the Trip
3. Any Trip Cancellation/Interruption due to any event which the Insured Person could have reasonably avoided or planned for ahead in time.
4. Any Trip Cancellation/Interruption at the travel provider or Port operator's instance due to any reasons or perils not covered under the Trip Cancellation/Interruption definition.
5. Any voluntary change in travel plans by the Insured Person
6. Any business or contractual obligations of the Insured Person and/or any Immediate Family Member except for termination or lay off of employment as defined above provided insured is not the Owner, proprietor, Majority Shareholder and Director of the said company.
7. Termination of employment due to any unlawful act of the insured.
8. Default/insolvency by and of the person, agency or tour operator from whom the Insured had bought his Travel arrangements.
9. Any governmental regulations or prohibition imposed by any Administrative Authority at the time or before booking of Insured Person's travel arrangement.
10. Booking of the trip is undertaken ignoring the adverse situation as published by the Mass Media, Union Government, State Government and/or any Administrative Authority for travel to particular place or part of the place which may give rise to a claim.

D.IV.72. Travel Loan Secure (applicable only to loan/ credit linked policies)

If the Insured Person has procured a Loan Amount from any Financial Institution for the purpose of the Trip, and the same is declared to the Company and specified in the Policy Schedule/Certificate of Insurance, We will pay the Outstanding Loan Amount of the Loan Amount specified in the Policy Schedule/Certificate of Insurance, upon Accidental Death or Permanent Total Disablement of the Insured Person.

Notwithstanding anything to the contrary contained under this Policy, in case of loan/credit linked policies where this Benefit is opted, the Company will make any amounts payable under this Benefit to the Financial Institution specified in the Policy Certificate, to the extent of the Outstanding Loan Amount, as the case may be or as agreed per the applicable loan agreement, provided that a valid deed of assignment under Section 38 of the Insurance Act 1938 is provided to the Company in favour of such Financial Institution.

For the purpose of this Benefit, "Financial Institution" shall have the meaning assigned to the term under Section 45-I of the Reserve Bank of India Act, 1934, and shall include a Non-Banking Financial Company as defined under Section 45-I of the Reserve Bank of India Act, 1934.

For the purpose of this Benefit, "Loan Amount" means the sum of money lent at interest or otherwise to the Insured Person by any Financial Institution, which is identified by the Loan Account Number referred to in the Policy Certificate.

For the purpose of this Benefit, "Outstanding Loan Amount" means the principal amount of the Loan Amount which is outstanding as on the date of any occurrence or event which gives rise to a claim under the Policy, less the component of such principal amount which was already payable at the date of such occurrence or event, but not paid by the Insured Person, and less any other amount failing due as a penalty or by way of a default in repayment.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

a. Any component of the amounts that is overdue and unpaid to the Financial Institution prior to such occurrence or event.

b. Any additional amounts imposed by a Financial Institution, or otherwise falling due as a penalty or by way of a default in repayment will not be considered for the purpose of this Policy and shall be payable by the Insured Person.

c. Any Loan Amount due to any individual or entity which is not a Financial Institution.

D.IV.73. Trip Curtailment Cover

In the event of any unavoidable curtailment of the Insured Person's booked and confirmed Trip, We will pay towards the loss of any bookings made in advance towards travel, accommodation, sightseeing, and Cruise, which is either paid by the Insured Person or contracted to be paid by the Insured Person, which are not recoverable from any other source. The benefit is payable up to the limit as specified in the Policy Schedule/Certificate of Insurance, due to one of the circumstances specified below:

a. Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of the Insured Person or his/her Immediate Family Member, leading to Emergency Hospitalization for minimum period of 48 hours, whilst the Insured Person is on a Trip;

b. The hijack of a Common Carrier in which the Insured Person is traveling whilst on a Trip, for more than 12 hours.

D.IV.74. Trip Curtailment Benefit

In the event of any unavoidable curtailment of the Insured Person's booked and confirmed Trip, We will pay the Sum Insured towards the loss of any bookings made in advance towards travel, accommodation, sightseeing, and Cruise, which is either paid by the Insured Person or contracted to be paid by the Insured Person. The benefit is payable if claim arises due to one of the circumstances specified below:

a. Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of the Insured Person or his/her Immediate Family Member, leading to Emergency Hospitalization for minimum period of 48 hours, whilst the Insured Person is on a Trip;

b. The hijack of a Common Carrier in which the Insured Person is traveling whilst on a Trip, for more than 12 hours

D.IV.75. Trip Delay Cover

In the event of any delay of the Common Carrier, whilst on a Trip, at any Port specified in the Insured Person's main travel booking, We will pay the Reasonable Additional Expenses incurred on temporary accommodation and emergency purchases of toiletries, medication and clothing, up to the limit as specified in the Policy Schedule/ Certificate of Insurance. The benefit is payable, if such delay is caused due to any of the following reasons:

1. Inclement Weather
2. Air traffic congestion.
3. Any Strike, riots, industrial action at the Port or relating to the Common Carrier
4. Accidental or mechanical failure, or any technical problem in the Common Carrier

This Benefit shall be payable subject to the following:

1. The Insured Person shall submit to the Company sufficient proof to substantiate the reason for such delay of the Common Carrier, unless this proof is available to the Company directly from a reliable source in the public domain;
2. The delay of the Common Carrier is in excess of 3 hours or the number of hours specified in the Policy Schedule/Certificate of Insurance from the scheduled time of the Common Carrier at the Port.
3. The Company shall be liable under this Benefit for only one/multiple delay/s, as specified in the Policy Schedule/Certificate of Insurance, encountered by the Insured Person during the

Period of Insurance, irrespective of whether the Policy is Single Trip or Multi Trip Policy.

4. A Deductible of the number of hours and an amount specified in the Policy Schedule/ Certificate of Insurance shall be separately applicable for each and every claim made under this Benefit.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Delayed arrival of the Insured Person or Travelling Companion
2. Any delayed departure caused by a Strike or industrial action known to exist or capable of being anticipated at the time the Trip was booked.
3. If the Common Carrier is taken out of service on the instruction of the Civil Aviation Authority, or any other governmental authority.

D.IV.76. Trip Delay Benefit

In the event of any delay of the Common Carrier, whilst on a Trip, at any Port specified in the Insured Person's main travel booking, We will pay the Sum Insured, as specified in the Policy Schedule/ Certificate of Insurance, towards temporary accommodation and emergency purchases of toiletries, medication and clothing. The benefit is payable, if such delay is caused due to any of the following reasons:

1. Inclement Weather
2. Air traffic congestion.
3. Any Strike, riots, industrial action at the Port or relating to the Common Carrier
4. Accidental or mechanical failure, or any technical problem in the Common Carrier

This Benefit shall be payable subject to the following:

1. The Insured Person shall submit to the Company sufficient proof to substantiate the reason for such delay of the Common Carrier, unless this proof is available to the Company directly from a reliable source in the public domain;
2. The delay of the Common Carrier is in excess of 3 hours or the number of hours specified in the Policy Schedule/Certificate of Insurance from the scheduled time of the Common Carrier at the Port.
3. The Company shall be liable under this Benefit for only one/multiple delay/s, as specified in the Policy Schedule/Certificate of Insurance, encountered by the Insured Person during the Period of Insurance, irrespective of whether the Policy is Single Trip or Multi Trip Policy.
4. The benefit is payable after the number of hours specified as eligibility in the Policy Schedule/ Certificate of Insurance.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Delayed arrival of the Insured Person or Travelling Companion
2. Any delayed departure caused by a Strike or industrial action known to exist or capable of being anticipated at the time the Trip was booked.
3. If the Common Carrier is taken out of service on the instruction of the Civil Aviation Authority, or any other governmental authority.

D.IV.77. Trip Delay Cash

In the event of any delay of the Common Carrier, whilst on a Trip, at any Port specified in the Insured Person's main travel booking, We will pay the cash benefit up to the limit, as specified in the Policy Schedule/Certificate of Insurance, towards temporary accommodation and emergency purchases of toiletries, medication and clothing. The benefit is payable, if such delay is caused due to any of the following reasons:

1. Inclement Weather
2. Air traffic congestion.
3. Any Strike, riots, industrial action at the Port or relating to the Common Carrier
4. Accidental or mechanical failure, or any technical problem in the Common Carrier

This Benefit shall be payable subject to the following:

1. The Insured Person shall submit to the Company sufficient proof to substantiate the reason for such delay of the Common Carrier, unless this proof is available to the Company directly from a reliable source in the public domain;
2. The delay of the Common Carrier is in excess of 3 hours or the number of hours specified in the Policy Schedule/Certificate of Insurance from the scheduled time of the Common Carrier at the Port.
3. The Company shall be liable under this Benefit for only one/multiple delay/s, as specified in the Policy Schedule/Certificate of Insurance, encountered by the Insured Person during the

Period of Insurance, irrespective of whether the Policy is Single Trip or Multi Trip Policy.

4. The benefit is payable after the number of hours specified as eligibility in the Policy Schedule/ Certificate of Insurance.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Delayed arrival of the Insured Person or Travelling Companion
2. Any delayed departure caused by a Strike or industrial action known to exist or capable of being anticipated at the time the Trip was booked.

If the Common Carrier is taken out of service on the instruction of the Civil Aviation Authority, or any other governmental authority

D.IV.78. Golf Equipment Cover

In the event of Theft of or damage to the Insured Person's own or hired Golf Equipment in a Place of visit whilst on a Trip, We will pay the Market Value of such Golf Equipment, up to the limit, as specified in the Policy Schedule/ Certificate of Insurance.

For the purpose of this Benefit, "Market Value" refers to the amount required to purchase new Golf Equipment of the same kind and quality as those damaged or stolen due to Theft, less an amount representing wear and tear and depreciation as per the age of such Golf Equipment, and usage at the time of the loss.

For the purpose of this Benefit, "Golf Equipment" means any golf clubs or golf bags, including any accessories or attachments.

This Benefit shall be payable subject to the following:

a. Any loss due to Theft or damage to the Insured Person's Golf Equipment by a Common Carrier shall be reported to the Common Carrier or travel provider immediately on the occurrence of the incident.
b. Any Theft is required to be reported to the Police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident, and a written report being obtained for the same.
c. The Insured Person must keep the damaged Golf Equipment for the Company's inspection (or its authorized representative) at any time after the loss is reported.
d. The Insured Person shall be required to surrender the said damaged Golf Equipment to the Company on demand by them at the time of final settlement of a claim under this Benefit, or an appropriate salvage value shall be deducted from the claim amount payable, at the Company's sole discretion.
e. If the claim involves a part of a set of such Golf Equipment, the Company's liability shall be limited to the value of that part which has been damaged or lost during the Trip.
f. Receipts for items lost, stolen or damaged or proof of ownership should be preserved properly by the Insured Person so as to substantiate his/ her claim.
g. The Insured Person shall preserve all his/her recovery rights against any third party involved, and shall subrogate the same to the Company at the time of settlement of claim.

Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

a. Any loss due to Theft or damage to the Insured Person's Golf Equipment by a Common Carrier, if no written PIR (Property Irregularity Report) is issued by the airline or obtained by the Insured Person.
b. Theft of Golf Equipment which is not reported to the Police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident, or for which no written police report is obtained.
c. Loss or damage caused by delay, wear and tear, moths, vermin, weather and atmospheric conditions or mechanical failure.
d. Loss or damage to Golf Equipment left unattended at any place.
e. Any loss or damage to the Golf Equipment due to confiscation or detention by any authority other than airline.
f. Any amount of loss which is refundable from any other source whatsoever it may be.

D.IV.79. Golf Hole in One

In the event of an Insured Person being declared winner for a "hole-in-one" at any nationally recognized 18-hole golf course in a Place of visit whilst on a Trip, We will pay the expenses incurred in celebration of achieving the "hole-in-one" by the Insured Person, up to the limit, as specified in the Policy Schedule/Certificate of Insurance.

This Benefit shall be payable subject to the following:

Insured Person must provide the Company with a written confirmation from the golf course supervisor that the hole-in-one was achieved along with the receipts for the cost of such celebrations on the date of accomplishment at the golf course.

Specific Conditions applicable to Medical Expenses Cover & Emergency Medical Evacuation Cover (under Travel):

Extension of insured Trip: If any Illness/Injury contracted or sustained in a Place of visit during the Trip necessitates Medically Necessary Treatment beyond the Period of Insurance, the Company's liability to pay benefits within the scope of this Policy shall extend automatically for a further period of 45 days provided that:

1. It is certified in writing by the attending Medical Practitioner that transportation of the Insured Person to Place of Origin for such treatment is not possible.
2. The EASP is notified immediately as soon as it is first known by the Insured Person, claimant, Immediate Family Member or any person accompanying the Insured Person that the Insured Person is unfit to return to Place of Origin during the Period of Insurance.
3. If any distinct and unrelated Illness/Injury is contracted or suffered after the coverage expiry date of the Period of Insurance, any costs incurred in relation to treatment for the same will not be covered under the Policy.
4. In case the Insured Person is transported to Place of Origin on the advice of the EASP, applicable treatment in Place of Origin for the same Illness/Injury will be covered up to a maximum of 45 days beyond the Period of Insurance automatically. The transportation of the Insured Person back to Place of Origin shall be facilitated only upon receiving agreement and confirmation from the attending Medical Practitioner/empanelled Medical Practitioner of the Company/EASP that the Insured Person is capable of being transported to Place of Origin.
5. In case the EASP recommends that continued treatment in Hospital in Place of Origin is appropriate, such Medical Expenses as specified in Medical Expenses Cover, incurred in such Hospital shall be covered, at the usual and customary levels, up to a maximum of 45 days from the date that the Injury or Illness was sustained or first contracted.
6. Notwithstanding anything to the contrary contained in this condition, if transportation of the Insured Person to Place of Origin is not possible during the Period of Insurance due to a delay of the Common Carrier beyond the control of the Insured Person, the Company's liability shall extend automatically for a period not exceeding 7 days, without any extra charge.

Additional Terms and Condition (for Travel Covers)

The master policyholder shall adhere to the extant applicable laws including but not limited to IRDAI rules, circulars and regulations as amended from time to time. We shall have provision to cancel the group policy arrangement if the master policyholder does not adhere to the norms specified under 'Circular on Travel Insurance Products and operational matters' issued by the IRDAI, Ref: IRDAI/HLT/CIR/MISC/174/09/2019, dated 27 September, 2019.

D.V. Wellness (available as optional cover only)

D.V.1. Dental Wellness

We will pay the Reasonable and Customary Charges incurred towards fees of a Dentist and Associated Medical Expenses for carrying out the following routine procedures in relation to Dental Treatment of an Insured Person. The benefit will be payable up to the limits as specified in the Policy Schedule/ Certificate Of Insurance.

a) Class 1 (Investigative and Preventative Treatment)

Procedures covered:

- Clinical oral examinations
- Palliative Treatment for dental pain
- Minor procedures (non-anaesthetic treatment)
- Tooth cleaning (Tooth/Teeth/Scaling)
- Compound fillings
- Non-surgical extractions

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

b) Class 2 (Basic Restorative, Periodontal Treatment)

Procedures covered:

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

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

c) Class 3 (Major Restorative and Orthodontic Treatment)

Procedures covered:

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

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

We will not be liable to make any payment in respect of dental implants.

We will not be liable to make any payment in respect of the following Treatments under this Benefit:

i. Replacing any dental appliance which is lost or stolen.

ii. Replacing a bridge, crown or denture which is or can be made useable according to a standard acceptable to a Dentist of ordinary competence and skill.

iii. Replacing a bridge, crown or denture within five years of original fitting unless:

   a. The replacement is needed because of the placement of an original opposing full denture or extraction of natural teeth is needed; or

   b. The bridge, crown or denture, while in the mouth, has been damaged beyond repair because of an Injury the Employee/Member or their Dependant receives while being covered under the Policy.

iv. Porcelain or acrylic veneers on the upper and lower first, second and third molars and premolars.

v. Crowns or pontics on or replacing the upper and lower first, second and third molars unless they are constructed of either porcelain bonded-to-metal or metal alone, e.g. gold alloy crown; or a temporary crown or pontic is required as part of routine or Emergency Dental Treatment.

vi. Surgical implants of any type including any attaching prosthetic device.

vii. Procedures and materials which are experimental or which do not meet accepted dental standards.

viii. Instruction for plaque control, oral hygiene and diet.

ix. Procedures, services and supplies which are deemed by Us to be medical procedures, services and supplies including mouthwashes and also including services and supplies provided in a Hospital (except where Dental Treatment is neither wholly nor partly the reason for the stay in Hospital).

x. Bite registration, precision or semi-precision attachments.

xi. Procedures, appliances or restorations (except full dentures) whose main purpose is to:

- Change vertical dimensions; or
- Diagnose or treat conditions or dysfunction of the temporo-mandibular joint; or
- Stabilise periodontally involved teeth; or
- Restore occlusion; or
- Major Treatment on deciduous or baby teeth for Dependent Children;

D.V.2. Vision Wellness

We will pay the Reasonable and Customary Charges incurred towards vision tests and Medical Expenses listed below, in respect of the Insured Person. The benefit will be payable up to limits as specified under the Policy Schedule/Certificate of Insurance.

Expenses covered:

i. A single examination of the eyes by an optometrist or ophthalmologist per Policy Year

ii. Expenses for lens, eyeglass frames, prescription sunglasses to correct vision.

This Benefit will exclude:

- sunglasses, unless medically prescribed by a Medical Practitioner;
- Medical Treatment or Surgical Treatment of the eye/s;
- Lenses which are not a medical necessity and are not prescribed by an optometrist or ophthalmologist or frames for such lenses.

D.V.3. Alternative Care

We will pay the Reasonable and Customary Charges towards Outpatient consultation and Treatment for alternative line of medicine. The cover will be available up to the limit specified in the Policy

Schedule/Certificate of Insurance.

Alternative Treatments (as opted and specified in Policy Schedule/ Certificate Of Insurance):

i. Physiotherapy,
ii. Acupuncture and Acupressure
iii. Chiropody and Chiropractic
iv. Osteopathy,
v. Homeopathy
vi. Ayurveda.

D.V.4. Impaired Life Care

If the Insured Person is diagnosed with Cancer, HIV/AIDS, Chronic Kidney failure, Tuberculosis, Disability or suffers Stroke, Paralytic attack, Menopause, post partum psychosis, We will pay the Reasonable and Customary charges towards psychological counselling of the Insured Person with a specialist, on an Out-patient basis, at a Hospital or a recognised unit.

D.V.5. Out-patient Care

We will pay the Reasonable and Customary Charges incurred towards following care taken by the Insured Person on an Out-patient basis up to the limit specified in the Policy Schedule/ Certificate Of Insurance.

Out-patient Care:

i. Consultations with Medical Practitioners and Specialists,
ii. Prescribed medicines, drugs and dressings; expenses towards over the counter (OTC) medicines shall be payable if opted and specified under the Policy Schedule/Certificate of Insurance,
iii. Diagnostic tests such as laboratory tests, radiology and pathology, MRI, CAT scan, PET scan.

D.V.6. Expert Medical Second opinion

We will provide the Insured person the choice to avail a medical second opinion for an Insured person who is diagnosed with a Critical illness, Terminal illness or suffers Permanent Total Disablement, Permanent Partial Disablement, Temporary Total Disablement, life-threatening and life altering diagnosis during the policy year.

The benefit will be payable up to the limits as specified in the Policy Schedule/Certificate of Insurance.

D.V.7. Mental Care

If the Insured Person is diagnosed with a Mental illness, Stress, Anxiety, Depression or a medical condition impacting mental health, We will pay the Reasonable and Customary Charges for expenses incurred towards Medically Necessary out-patient treatment/program, including Specialist consultations that are prescribed by a Medical Practitioner, where the intention of the treatment/ program is to offer care to the Insured Person towards mental Illness.

D.V.8. Health Coaching

We will pay the Reasonable and Customary charges for expenses incurred towards specialist consultations for Diet and Nutrition management, Physical and Mental health management.

The benefit will be payable up to the limits as specified in the Policy Schedule/Certificate of Insurance.

D.V.9. Fitness Program and Tracking

We will track the fitness program or/and activities of the Insured Person through fitness tracking devices and/or applications.

Fitness Rewards may be rewarded on completion of each level (as specified under the Policy Schedule/ Certificate of Insurance).

Each earned reward point will be valued at 1 Rupee. Accumulated reward points can be redeemed in the following ways –

- A discount in premium from 1st Renewal of the Policy.
- Equivalent value of OPD, if opted for, anytime during the policy.
- Equivalent value of non-payables, co-pay, deductible limit, if opted for, anytime during the policy.
- Purchasing fitness devices/ gadgets.

D.V.10. Fitness Care -

If the Insured Person enrols into any of the fitness activities mentioned below, We will pay the membership fees, program fees, enrolment fees, registration fees, trainer fees, fitness instrument and gadgets & associated costs, with respect to the Insured person.

Fitness activities:

- Yoga
- Zumba
- Dance

- Aerobics
- Fitness group (Cycling group, Running group)
- Fitness club eg. Swimming club, Tennis club, Badminton club etc.
- Meditation
- Spiritual therapy

The benefit is payable provided the Insured Person enrols in a recognised centre, registered with appropriate authority and the activity is not done in professional capacity.

The cover will be available up to the limits as specified in the Policy Schedule/Certificate of Insurance.

D.V.11. Discount on network

The Insured person will be eligible for discount on below mentioned items purchased or services availed through our Network Provider.

List of items/services:

- Pharmacy
- Vitamins and Supplements
- Gym and gym equipment
- Yoga registration
- Zumba, Dance/Aerobics registration
- Fitness group registration
- Fitness club registration
- Diagnostic tests
- Consultations with Medical Practitioners or Specialists
- Fitness devices and equipments

The benefit will be available up to the limits as specified in the Policy Schedule/Certificate of Insurance.

Our liability will be limited up to the discounts on maximum retail price of the product/service.

D.V.12. Weight and Disease Management

We will pay the Reasonable and Customary Charges for expenses incurred towards Medically Necessary treatment/program, including Specialist consultation, that are prescribed by Medical Practitioners with an intention to manage weight or any specific illness of the Insured Person.

D.V.13. Child Immunizations

We will pay the Reasonable and Customary Charges incurred for the vaccinations, inoculations and administration, which is prescribed by Medical Practitioner and approved by World Health Organisation (WHO) from time to time, in respect of a Dependent Child or Dependent Child of Age as specified otherwise in the Policy Schedule/Certificate of Insurance.

D.V.14. Tuberculosis and Lead testing

We will pay the Reasonable and Customary Charges incurred towards diagnostic services with respect to tuberculosis and lead testing of the Insured Person.

D.V.15. Wellness tests for children

We will pay the Reasonable and Customary Charges for tests towards a Dependent Child of Age as specified otherwise in the Policy Schedule/ Certificate of Insurance, for any costs incurred for the purpose of preventive care undergone, consisting of the following services delivered or supervised by a Medical Practitioner:

- Evaluating medical history;
- Physical examination;
- Development assessment; and
- Anticipatory guidance;

The benefit will be available up to the limits as specified in the Policy Schedule/Certificate of Insurance.

D.V.16. Stress Management

We will pay the Reasonable and Customary Charges for expenses incurred towards Medically Necessary treatment/program, including Specialist consultations, which is prescribed by a Medical Practitioner with an intention to manage stress of the Insured Person.

The benefit will be available up to the limits as specified in the Policy Schedule/Certificate of Insurance.

D.V.17. Adult Vaccinations

We will pay the Reasonable and Customary Charges incurred towards the vaccinations and immunizations, which is prescribed by Medical Practitioner and approved by World Health Organisation (WHO) from time to time and that are clinically appropriate in respect of an Insured Person of Age 18 years and above.

The benefit will be available up to the limits as specified in the Policy Schedule/Certificate of Insurance.

D.V.18. Routine Physical Examinations

We will pay the Reasonable and Customary Charges in respect of an Insured Person for routine check-ups/tests for blood and cholesterol, height/ weight body mass index, resting blood pressure, urine analysis, cardiac examination, exercise electrocardiogram (ECG), other vital organ function tests and chest x-ray.

The benefit will be available up to the limits as specified in the Policy Schedule/Certificate of Insurance.

D.V.19. Smoke, Tobacco, Drugs, Alcohol Management

We will pay the Reasonable and Customary Charges for expenses incurred towards Medically Necessary treatment/program, including Specialist consultations which is prescribed by a Medical Practitioner with an intention to manage Smoke, Tobacco, Drugs, Alcohol addiction of the Insured Person.

The benefit will be available up to the limits as specified in the Policy Schedule/Certificate of Insurance.

D.V.20. Pap Smear

We will pay the Reasonable and Customary Charges incurred towards an annual papanicolaou screening, commonly known as a pap smear, for female Insured Persons of Age 30 years and above (unless specified otherwise).

The benefit will be available up to the limits as specified in the Policy Schedule/Certificate of Insurance.

D.V.21. PSA Test

We will pay the Reasonable and Customary Charges incurred towards annual prostate screening, commonly known as a prostate specific antigen (PSA) test for male Insured Persons of Age 45 years and above (unless specified otherwise).

The benefit will be available up to the limits as specified in the Policy Schedule/Certificate of Insurance.

D.V.22. Gynaecological Examinations/Tests

We will pay the Reasonable and Customary Charges incurred towards annual gynaecological examinations/tests for female Insured Persons of Age 30 years and above (unless specified otherwise).

The benefit will be available up to the limits as specified in the Policy Schedule/Certificate of Insurance.

D.V.23. Mammograms for Breast Cancer Screening for Diagnostic Purposes

We will pay the Reasonable and Customary Charges incurred towards mammograms for breast cancer screening or diagnostic purposes in respect of female Insured Persons not exceeding:

a. one baseline mammogram for asymptomatic female Insured Persons between 35 to 39 years of Age;

b. a mammogram for asymptomatic female Insured Persons between 40 to 49 years of Age, every two years or more, if it is Medically Necessary;

c. a mammogram every year for female Insured Persons of Age 50 years and above.

The benefit will be available up to the limits as specified in the Policy Schedule/Certificate of Insurance.

D.V.24. Colorectal Screening/Colonoscopy or/and Digital Rectal Screening

We will pay the Reasonable and Customary Charges in respect of an Insured Person for annual colorectal screening and/or digital rectal screening.

The benefit will be available up to the limits as specified in the Policy Schedule/Certificate of Insurance.

D.V.25. Comprehensive Wellness cover

We will pay the Reasonable and Customary Charges in respect of an Insured Person for preventive consultations/investigations/treatments/ immunizations/preventive medical care, which is not related to any prevailing physical or mental illness.

The benefit will be available up to the limits as specified in the Policy Schedule/Certificate of Insurance.

D.V.26. Healthy Living Reward Program

Our Healthy Living Reward Program encourages the Insured Persons to regularly assess their health status and engage in activities which aid in improving their overall well-being. Any one or a combination of the following activities specified in the Policy Schedule/Certificate Of Insurance will be offered under this program:

- Enrolment into a Wellness Program
- Health Risk Assessment (HRA)
- Targeted Risk Assessment (TRA)

- Lifestyle Management Program (LMP)
- Chronic Condition Management Programs
- Participating in Programs sponsored by Us and worksite or online/offline health initiatives
- Health Check Up

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

Earning of Healthy Rewards Points under this Benefit

Healthy Living Reward Points may be awarded on enrolment in the Policy or upon completing various activities listed in the Policy Schedule/Certificate Of Insurance. Healthy Reward points will be rewarded as specified in the Policy Schedule and shall not be linked to any dynamic factor

Utilisation of Healthy Reward Points

Each earned reward point will be valued at 1 Rupee. Accumulated reward points can be redeemed in the following ways -

- A discount in premium from 1st Renewal of the Policy.
- Equivalent value of OPD, if opted for, anytime during the policy.
- Equivalent value for non-payable/co-pay/ deductible limit, if opted for, anytime during the policy.

The Insured Person can approach Us for redemption of earned Healthy Reward Points as per modes defined in the Policy Schedule/Certificate Of Insurance. Any unutilized Healthy Reward Points at the end of a Policy Year will be carried forward to the next Policy Year at renewal and will lapse at the end of the Grace Period if the coverage is not Renewed with Us.

If the Insured Person wishes to know the present amount of the Healthy Reward Points earned hereunder, then he/she may contact Us at Our toll free number. In any event, We will send the Insured Person an updated statement of the Healthy Reward Points as a part of the Policy Schedule/ Certificate Of Insurance at the time of Renewal on his/her registered email ID or residential address.

Details of the Program will be updated on Our Website

The benefit will be available up to the limits as specified in the Policy Schedule/Certificate of Insurance.

D.V.27. Condition Management Reward Program

We will offer Reward Points under this Benefit based on certain health parameters or activities related to an Illness. The Reward Points may be awarded on adherence to health check-up schedule, maintenance of health i.e. if test results are within the limits as specified by Us, and upon competition of health activities defined under the program, provided that:

i. The Insured Person can redeem the Reward Points as per the modes defined in the Policy Schedule/Certificate Of Insurance.
ii. For the list of tests, Reward Points against the values for tests conducted, and conversion to discount in premium, please refer Annexure to the Policy Schedule/Certificate Of Insurance.
iii. We will inform You/Insured Person regarding the programs/services proposed to be provided as specified in the Policy Schedule/Certificate Of Insurance at the time of Policy issuance or any other notification/communication required to be sent hereunder on Your/Insured Person's registered email ID or address specified in the Policy Schedule Certificate Of Insurance.
iv. If the Insured Person wishes to know the present amount of the Reward Points earned hereunder, then he/she may contact Us at Our toll free number or through Our website. In any event, We will send the Insured Person an updated statement of the Reward Points as a part of the Policy Schedule/Certificate Of Insurance at the time of Renewal on his/her registered email ID or residential address.
v. Reward Points earned in a Policy Year will not be carried forward to the next Policy Year and will lapse if not utilized at renewal.
vi. This Optional cover will be offered for policy coverage on Individual basis only.
vii. Reward points will be rewarded as specified in the Policy Schedule and shall not be linked to any dynamic factor

Details of the Program will be updated on Our Website.

D.V.28. Wellness Services Program

We will provide the various wellness benefits/ services under this Benefit. Any one or a combination of the following programs specified in the Policy Schedule/Certificate Of Insurance can be offered under this program:

Wellness Management Services:

1) Track your Health
2) Medical Concierge services
3) Health check up
4) Medical Practitioner's consultations
5) Health tips or newsletters

We will inform you/Insured Person regarding the wellness services proposed to be provided as specified in the Policy Schedule/Certificate Of Insurance at the time of Policy issuance or any other notification/communication required to be sent hereunder on Your/Insured Person's registered email ID or address specified in the Policy Schedule/ Certificate Of Insurance.

The benefit will be available up to the limits as specified in the Policy Schedule/Certificate of Insurance.

D.V.29. Premium Waiver benefit in case of Accidental Death

If during the Policy Year, the Policyholder who is also an Insured Person, suffers an Injury due to an Accident caused by an event/peril covered under the policy and that Injury solely and directly results in the death of the Insured Person within 365 days from the date of the Accident, We will pay the next Renewal Premium of the Policy, for a tenure of 1 year, towards remaining Insured Person's covered under the same policy.

The benefit will be offered subject to below conditions:

- The Insured Person is not added in to the Policy mid-term and has attained 18 years of age at the inception of the Policy Year in which the event occurred.
- There is no change in covers, Sum Insured, benefit structure, limits and conditions applicable under the Policy.
- No new member is being added under the renewed Policy.

Once a claim has been accepted and paid under this Benefit, then this cover will automatically terminate in respect of that Insured Person.

D.V.30. Premium Waiver benefit in case of Permanent Total Disablement

If during the Policy Year, the Policyholder who is also an Insured Person, suffers an Injury due to an Accident, caused by an event/peril covered under the policy and that Injury solely and directly results in the Permanent Total Disablement of the Insured Person which is of the nature specified in the table below within 365 days from the date of the Accident, We will pay the next Renewal Premium of the Policy, for a tenure of 1 year, towards remaining Insured Person's covered under the same policy.

The benefit will be offered subject to below conditions:

- The Insured Person is not added in to the Policy mid-term and has attained 18 years of age at the inception of the Policy Year in which the event occurred.
- There is no change in covers, Sum Insured, benefit structure, limits & conditions applicable under the Policy.
- No new member is being added under the renewed Policy.

Nature of Permanent Total Disablement
Total and irrecoverable loss of sight in both eyes
Loss by physical separation or total and permanent loss of use of both hands or both feet
Loss by physical separation or total and permanent loss of use of one hand and one foot
Total and irrecoverable loss of sight in one eye and loss of a Limb
Total and irrecoverable loss of hearing in both ears and loss of one Limb/loss of sight in one eye
Total and irrecoverable loss of hearing in both ears and loss of speech
Total and irrecoverable loss of speech and loss of one Limb/loss of sight in one eye
Permanent, total and absolute disablement (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living

For the purpose of this Benefit,

3. Limb means a hand at or above the wrist or a foot above the ankle;
4. Physical separation of one hand or foot means separation at or above wrist and/or at or above ankle, respectively.

The Benefit as specified above will be payable provided that:

a. The Permanent Total Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to us;
b. For disablement other than physical separation of limb/s, digit/s, the Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total

Disablement, and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period;

c. If the Insured Person dies 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 in lieu of this benefit, if opted.

d. Once a claim has been accepted and paid under this Benefit, then this cover will automatically terminate in respect of that Insured Person.

D.V.31. Premium Waiver benefit in case of Permanent Partial Disablement

If during the Policy Year, the Policyholder who is also an Insured Person suffers an Injury due to an Accident, caused by an event/peril covered under the policy and that Injury solely and directly results in the Permanent Partial Disablement of the Insured Person which is of the nature specified in the table below within 365 days from the date of the Accident,

We will pay the next Renewal Premium of the Policy for a tenure of 1 year towards remaining Insured Person's covered under the same policy.

The benefit will be offered subject to below conditions:

- The Insured Person is not added in to the Policy mid-term and has attained 18 years of age at the inception of the Policy Year in which the event occurred.
- There is no change in covers, Sum Insured, benefit structure, limits, terms & conditions applicable under the Policy.
- No new member is being added under the renewed Policy.

Nature of Permanent Partial Disablement	**Percentage of the Sum Insured payable unless specified otherwise**
i. Total and irrecoverable loss of sight in one eye	50%
ii. Loss of one hand or one foot	50%
iii. Loss of all toes - any one foot	10%
iv. Loss of toe great - any one foot	5%
v. Loss of toes other than great, if more than one toe lost, each	2%
vi. Total and irrecoverable loss of hearing in both ears	50%
vii. Total and irrecoverable loss of hearing in one ear	15%
viii. Total and irrecoverable loss of speech	50%
ix. Loss of four fingers and thumb of one hand	40%
x. Loss of four fingers	35%
xi. Loss of thumb- both phalanges	25%
xii. Loss of thumb- one phalanx	10%
xiii. Loss of index finger-three phalanges	10%
xiv. Loss of index finger-two phalanges	8%
xv. Loss of index finger-one phalanx	4%
xvi. Loss of middle/ring/little finger-three phalanges	6%
xviii. Loss of middle/ring/little finger - two phalanges	4%
xviii. Loss of middle/ring/little finger - one phalanx	2%

The Benefit specified above will be payable provided that:

m. The Permanent Partial Disablement is proved; and a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board is given to Us;

n. For disablement other than physical separation of limb/s, digit/s, the Permanent Partial Disablement continues for a period of at least 180 days from the commencement of the Permanent Partial Disablement and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period;

o. If the Insured Person suffers a loss that is not of the nature of Permanent Partial Disablement specified in the table above, then a disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board will determine the degree of disablement.

p. Once a claim has been accepted and paid under this Benefit, then this cover will automatically terminate in respect of that Insured Person.

D.V.32. Premium Waiver benefit in case of Critical Illness

If during the Policy Year, the Policyholder who is also an Insured Person is diagnosed with any of the Critical Illnesses specified under the Policy Schedule/Certificate of Insurance, We will pay the next Renewal Premium of the Policy, for a tenure of 1 year, towards remaining Insured Person's covered

under the same policy.

The benefit will be offered subject to below conditions:

- The Insured Person is not added in to the Policy mid-term and has attained 18 years of age at the inception of the Policy Year in which the event occurred.
- There is no change in covers, Sum Insured, benefit structure, limits & conditions applicable under the Policy.
- No new member is being added under the renewed Policy.

Once a claim has been accepted and paid under this Benefit, then this cover will automatically terminate in respect of that Insured Person.

D.V.33. Corporate Buffer

We will provide a Corporate Buffer of the amount or percentage of the Base Sum Insured as specified in the Policy Schedule during the Policy Year, provided that:

i. All other terms, exclusions and conditions contained in the Policy or endorsed thereon remain unchanged.

ii. This Benefit will be available for those Insured Persons who have already exhausted their Sum Insured limit subject to per Insured Person/family limit as mentioned in the Policy Schedule.

iii. This Benefit will be restricted to Individual/ family/ Illness/amount specified in the Policy Schedule in respect of each and every Insured Person/ family, as opted.

iv. If the Policy is issued on a Family Floater basis, the enhanced Sum Insured on account of the Corporate Buffer applicable will also be available on a Family Floater basis.

v. Any Benefit accrued under this cover cannot be carried forward to the subsequent Policy Year.

vi. The Benefit payable will be over and above the Base Sum Insured.

D.V.34. Corporate Buffer for Critical Illness

We will provide a Corporate Buffer of the amount or percentage of the Base Sum Insured as specified in the Policy Schedule during the Policy Year for Critical Illnesses listed under the Section on" Critical Illness", provided that:

i. All other terms, exclusions and conditions contained in the Policy or endorsed thereon remain unchanged.

ii. This Benefit will be available for those Insured Persons who have already exhausted their Sum Insured limit subject to per Insured Person/family limit as mentioned in the Policy Schedule/Certificate of Insurance.

iii. This Benefit will be restricted to Individual/ family/ Illness/ amount specified in the Policy Schedule/ Certificate of Insurance in respect of each and every Insured Person/ family, as opted.

iv. If the Policy is issued on a Family Floater basis, the enhanced Sum Insured on account of the Corporate Buffer applicable will also be available on a Family Floater basis.

v. Any Benefit accrued under this cover cannot be carried forward to the subsequent Policy Year.

vi. The Benefit payable will be over and above the Base Sum Insured.

D.V.35. Restoration

We will provide for a 100% restoration of the Base Sum Insured once or as per the number of times in a Policy Year as per the option selected and specified in the Policy Schedule/Certificate Of Insurance, provided that:

i. The Sum Insured inclusive of earned Cumulative Bonus (if any) is insufficient as a result of previous claims in that Policy Year.

ii. The Restored Sum Insured will not be considered while calculating the Cumulative Bonus (if opted).

iii. If the Policy is issued on an Individual basis, the Restored Sum Insured will be available to each Insured Person.

iv. If the Policy is issued on a Family Floater basis, the Restored Sum Insured will be available on a Family Floater basis and can be utilised by the Insured Persons who are covered under the Policy before the Sum Insured was exhausted.

The benefit will be payable as per the limits as specified in the Policy Schedule/Certificate of Insurance.

D.V.36. Cumulative Bonus

We will add a Cumulative Bonus as a percentage (specified in the Policy Schedule/Certificate Of Insurance) of the Base Sum Insured at the end of the Policy Year if the Policy is Renewed with Us, provided that:

a) No Cumulative Bonus will be added if the Policy is not renewed with Us by the end of the Grace Period.

b) The Cumulative Bonus will be accumulated up to percentage of the Base Sum Insured selected under the Policy and specified in the Policy Schedule/ Certificate of Insurance.

c) Any Cumulative Bonus that has accrued for a Policy Year will be credited at the end of that Policy Year

if the policy is renewed with us within grace period and will be available for any claims made in the subsequent Policy Year.

d) Merging of policies: If the Insured Persons in the expiring Policy are covered under multiple policies and such expiring Policy has been Renewed with Us on a Family Floater basis then the Cumulative Bonus to be carried forward for credit in such Renewed Policy shall be the lowest percentage of Cumulative Bonus applicable on the lowest Sum Insured of the last policy year amongst all the expiring polices being merged.

e) Splitting of policies: If the Insured Persons in the expiring Policy are covered on a Family Floater basis and such Insured Persons Renew their expiring Policy with Us by splitting the Sum Insured in to two or more Family Floater/Individual policies then the Cumulative Bonus shall be continued with the base Policy and no Cumulative Bonus will be carried forward to the split policies.

f) Reduction in Sum Insured: If the Sum Insured has been reduced at the time of Renewal, the applicable Cumulative Bonus shall be calculated on the revised Sum Insured on pro-rata basis.

g) Increase in Sum Insured: If the Sum Insured under the Policy has been increased at the time of Renewal the Cumulative Bonus shall be calculated on the Sum Insured of the last completed Policy Year.

D.V.37. Corporate Deductible

The Corporate Deductible amount, as specified in the Policy Schedule, shall be applicable in each Year on the aggregate of all admissible claims for the group during the Policy Year, provided that:

i. Any claim above the Corporate Deductible limit will be payable once the Corporate Deductible is exhausted through one or all the claims made during the Policy Year.

ii. Corporate Deductible will be applied on all claims under the Base Cover and all In-patient Hospitalization claims under indemnity based Options on the admissible claim amount.

iii. For the purpose of calculating the Deductible and assessment of admissibility, all claims must be submitted in accordance with Terms and Conditions, as applicable.

iv. The consumption of the Deductible amount will be on the basis of the admissible claim amount after applying the Sub Limits of the Policy.

D.V.38. Non-payable items

We will cover cost of Non Payable Items, listed under List 1 of Annexure I of the Policy, incurred towards Medically Necessary Hospitalization of the insured person, arising out of Disease/Illness or Injury covered under the Policy.

The cover is available subject to claim being admissible under any cover/ benefit opted under the Policy or/ and as specified under Policy Schedule/ Certificate of Insurance.

E. Exclusions

We shall not be liable to make any payment under this Policy directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following unless otherwise covered or specified under the Policy or any Cover opted under the Policy.

Note: A cover against any one or more exclusions may be offered to a Group by waiving the exclusion/s or a part of the exclusion/s, on payment of applicable premium and as specified in the Policy Schedule/ Certificate of Insurance.

E.I. Standard Exclusions

E.I.1. Pre-Existing Diseases - Code- Excl 01

a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of opted months of continuous coverage after the date of inception of the first policy with us.

b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.

d. Coverage under the policy after the expiry of Pre-existing disease waiting for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

E.I.2. Specified disease/procedure waiting period- Code- Excl 02

a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of opted months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.

b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum

insured increase.

c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.

d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

f. List of specific diseases/procedures provided under 'Specified disease/procedure Waiting period'

   a. Cataract,

   b. Hysterectomy for Menorrhagia or Fibromyoma or prolapse of Uterus unless necessitated by malignancy myomectomy for fibroids,

   c. Knee Replacement Surgery (other than caused by an Accident), Non-infectious Arthritis, Gout, Rheumatism, Oestoarthritis and Osteoposrosis, Joint Replacement Surgery (other than caused by Accident), Prolapse of Intervertibral discs (other than caused by Accident), all Vertibrae Disorders, including but not limited to Spondylitis, Spondylosis, Spondylolisthesis, Congenital Internal,

   d. Varicose Veins and Varicose Ulcers,

   e. Stones in the urinary uro-genital and biliary systems including calculus diseases,

   f. Benign Prostate Hypertrophy, all types of Hydrocele,

   g. Fissure, Fistula in anus, Piles, all types of Hernia, Pilonidal sinus, Hemorrhoids and any abscess related to the anal region.

   h. Chronic Suppurative Otitis Media (CSOM), Deviated Nasal Septum, Sinusitis and related disorders, Surgery on tonsils/Adenoids, Tympanoplasty and any other benign ear, nose and throat disorder or surgery.

   i. Gastric and duodenal ulcer, any type of Cysts/ Nodules/Polyps/internal tumors/skin tumors, and any type of Breast lumps (unless malignant), Polycystic Ovarian Diseases,

   j. Any Surgery of the genito-urinary system unless necessitated by malignancy.

   If these diseases are Pre-Existing Diseases at the time of proposal or subsequently found to be Pre-Existing Diseases, the Pre-Existing Disease Waiting Periods as mentioned in the Policy Schedule/ Certificate of Insurance shall apply.

E.I.3. 30-day waiting period- Code- Excl03

a. Expenses related to the treatment of any illness within opted period of continuous coverage from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

   Initial waiting period applicable under the policy will be specified in the Policy Schedule/Certificate of Insurance

E.I.4. Investigation & Evaluation- Code- Excl 04

a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

E.I.5. Rest Cure, rehabilitation and respite care- Code- Excl 05

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

E.I.6. Obesity/Weight Control: Code- Excl 06

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

1. Surgery to be conducted is upon the advice of the Doctor
2. The surgery/Procedure conducted should be supported by clinical protocols
3. The member has to be 18 years of age or older and
4. Body Mass Index (BMI);
   a. greater than or equal to 40 or
   b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following

failure of less invasive methods of weight loss:

i. Obesity-related cardiomyopathy
ii. Coronary heart disease
iii. Severe Sleep Apnea
iv. Uncontrolled Type2 Diabetes

E.I.7. Change-of-Gender treatments: Code- Excl 07

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex are excluded, except for sex reassignment surgery for transgender persons.

E.I.8. Cosmetic or plastic Surgery: Code- Excl 08

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

E.I.9. Hazardous or Adventure sports: Code- Excl 09

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

E.I.10. Breach of law: Code- Excl 10

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. (e.g. Intentional self-Injury, suicide or attempted suicide (whether sane or insane).

E.I.11. Excluded Providers: Code- Excl 11

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

(Explanation: Details of excluded providers shall be provided with the policy document. Insurers to use various means of communication to notify the policyholders, such as e-mail, SMS about the updated list being uploaded in the website.)

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

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

E.I.14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or day care procedure. **Code- Excl 14**

E.I.15. Refractive Error: Code- Excl 15

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

E.I.16. Unproven Treatments: Code- Excl 16

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

E.I.17. Sterility and Infertility: Code- Excl 17

Expenses related to sterility and infertility. This includes:

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

E.I.18. Maternity: Code Excl 18

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

E.II. Specific Exclusions

E.II.1. Dental Treatment, orthodontic treatment, dentures or Surgery of any kind unless necessitated due to an Accident and requiring minimum 24 hours Hospitalization. Treatment related to gum disease or

tooth disease or damage unless related to irreversible bone disease involving the jaw which cannot be treated in any other way, unless opted under the Policy.

E.II.2. Circumcision unless necessary for Treatment of an Illness or Injury not excluded hereunder or due to an Accident.

E.II.3. Acquired Immune Deficiency Syndrome (AIDS) whether or not arising out of HIV, AIDS related complex syndrome (ARCS) and all Illness/ Injury caused by and/ or related to HIV.

E.II.4. Prostheses, corrective devices and and/or Medical Appliances, which are not required intra-operatively for the Illness/Injury for which the Insured Person was Hospitalised, unless opted.

E.II.5. Treatment received outside India, unless specified in the Policy.

E.II.6. Any form of Non-Allopathic treatment (except AYUSH Treatment) or alternative treatment such as Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or any other form of indigenous system of medicine, unless opted under the policy.

E.II.7. All Illness/expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel nuclear, chemical or biological attack or in any other sequence to the loss.

E.II.8. All expenses directly or indirectly, caused by or arising from 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), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power, active participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.

E.II.9. For complete list of non-medical items, please refer to the Annexure II "Non-Payable Items" and also on Our website.

E.II.10. Specifically, applicable to Section A - Accident related covers:

i. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Policy Schedule/ Certificate of Insurance.
ii. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities.

E.II.11. Specifically, applicable to Section D - Travel related covers:

i. Any claim if the Insured Person –
   a. Is travelling against the advice of a Medical Practitioner;
   b. Is receiving, or is on any waiting list to receive, specified medical treatment declared in a Medical Practitioner's report or certificate;
   c. Has received terminal prognosis for a medical condition;
ii. Any Congenital Anomalies or any consequence thereof.
iii. Any claim arising out of sporting activities in so far as they involve in Adventure Sports, the training or participation in competitions of Professional or Semi-Professional Sportspersons.
iv. Treatment which could be reasonably delayed until the Insured Person's return to Place of Origin. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Medical Practitioner, EASP and the Company, and shall be in accordance with accepted standards of medical care.
v. Any charges in excess of any Reasonable and Customary Charges incurred for an emergency treatment on account of an Insured Event.
vi. Medical Expenses incurred towards the Insured Person when he/she is outside the Area of Cover specified under the Policy Schedule/Certificate of Insurance.
vii. Issue of medical certificates and examinations as to suitability for employment or travel

E.II.12. Existing diseases disclosed by the Insured Person (in line with Chapter IV, Guidelines on Standardization of Exclusions in Health Insurance Contracts, 2019), provided the same is applied at the underwriting and consented by You/Insured Person.

F. General Terms and Clauses

F.I. Standard General Terms and Clauses

F.I.1. Disclosure of Information

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder. ("Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

F.I.2. Condition Precedent to Admission of Liability

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

F.I.3. Claim Settlement (provision for Penal Interest)

i. The Company shall settle or reject the claim, as the case may be, within 15 days (other than cashless) from date of submission of necessary claim documents.

ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from date of submission of necessary claim documents to the date of payment of claim at a rate 2% above the bank rate.

F.I.4. Complete Discharge

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

F.I.5. Multiple Policies

I. Where an Insured Person has policies from more than one Insurer to cover the same risk on an indemnity basis, the Insured Person shall only be indemnified for the treatment costs in accordance with the terms and conditions of the chosen policy.

II. In case of multiple indemnity policies taken by an Insured Person during a period from one or more Insurers, the Insured Person shall have the right to require settlement of his/her claim under any of his/her policies, subject to proper disclosure of information about their multiple indemnity policies to chosen Insurer, either at policy inception, at renewal, or at the time of claim intimation.

III. Upon a claim, the Insurer chosen by the Insured for claim settlement shall be treated as the Primary Insurer and shall be obligated to settle the claim within the limits and terms of the chosen policy. If the available coverage under the chosen policy is less than the admissible claim amount, the Primary Insurer shall co-ordinate with other Insurer to ensure settlement of the balance amount as per the policy contract.

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F.I.6. Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any Benefit under this Policy, all benefits under this Policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;

b) the active concealment of a fact by the insured person having knowledge or belief of the fact;

c) any other act fitted to deceive; and

d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and/or forfeit the policy benefits on the ground of Fraud, if the insured person/beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

F.I.7. Cancellation

i. In case You are not satisfied with the policy or our services, You can request for a cancellation of the policy by giving 7 days' notice in writing. We shall refund the premium for the unexpired policy period as mentioned below:

A. Policy Tenure of 1 Year:

1. If no claim has been made during the policy period,

a proportionate refund of the premium will be issued based on the number of unexpired days. The date of the cancellation request will be considered as the expiry date of coverage.

2. If a claim has been made during the Policy period, no refund will be given to the Policyholder.

Illustration:

1. Where Policyholder has not made any claim during the Policy Year.

Policy Start Date	01-07-2023
Policy End Date	30-06-2024
Tenure	1
Latest Claim Date	NA
Cancellation Request Date	19-09-2023
Premium Collected	100.00
Unexpired Period (in Days)	285
Premium Refund	77.87 (100*285/365)

2. Where the Policyholder has made a **claim** during the Policy Year

Policy Start Date	01-07-2023
Policy End Date	30-06-2024
Tenure	1
Latest Claim Date	11-05-2024
Cancellation Request Date	11-06-2024
Premium Collected	100.00
Unexpired Period (in Days)	19
Premium Refund	-

No refund would be given to Policyholder as he had made a claim during the Policy Period.

B. If Policy Tenure is more than 1 years:

1. If no claim has been made in the policy year, a proportionate refund of the premium on cancellation will be issued based on the number of unexpired days. The date of the cancellation will be considered as the expiry date of coverage.
2. If a claim has been made in the current policy year, the premium for the remaining complete policy year(s) will be refunded on cancellation.
3. If a claim has been made in active policy but in previous policy year, a proportionate refund of the premium on cancellation will be issued based on the number of unexpired days. The date of the cancellation will be considered as the expiry date of coverage.

Illustration:

1. Where Policyholder has not made any claim during the Policy Year.

Policy Start Date	01-07-2023
Policy End Date	30-06-2025
Tenure	2
Latest Claim Date	NA
Cancellation Request Date	19-09-2023
Premium Collected	100.00
Unexpired Period (in Days)	650
Premium Refund	88.92 (100*650/731)

2. Where the Policyholder has made a **claim** during the Policy Period.

Policy Start Date	01-07-2023
Policy End Date	30-06-2025
Tenure	2
Latest Claim Date	11-05-2024
Cancellation Request Date	11-06-2025
Premium Collected	100.00
Unexpired Period (in Days)	19
Premium Refund	2.60 (100*19/731)

**(Term more than 1 year is available only for Credit Linked Policy)

The above grid is applicable for single premium policy. For installment premium, the premium will be refunded on pro rata basis after deducting our expenses.

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

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

i. For Travel covers

In case of Multi Trip:

i. The Insured Person may at any time, prior to the coverage expiry date, give notice in writing to the Company for the cancellation of this Policy, in which case the Company shall, from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been inforce at the Company's short period scales, as per the table

given below. No refund of premium shall be made if any claim has been made under this Policy by or on behalf of the Insured Person. The Company shall also retain a sum ₹300/- from the premium refundable to the Insured towards cancellation charges of the Policy (unless waived by Us).

In case of Single Trip Covers:

ii. Before Commencement of Trip: If the Insured Person, prior to the Coverage Commencement Date, gives notice in writing to the Company for the cancellation of this Policy, in which case the Company shall, from the date of receipt of notice, cancel the Policy and retain a sum of ₹300/- towards cancellation charges (unless waived by Us).

iii. After Commencement of Trip: The Insured Person may at any time, after the Coverage Commencement Date, give notice in writing to theCompany for the cancellation of this Policy, in which case the Company shall, from the date of receipt of notice cancel the Policy and retain the premium for the period between Coverage Commencement Date and date of return of the insured person from Trip or date of notice of cancellation as applicable, at the Company's short period scales, as per the table given below. In case of early return of the Insured Person, from the Trip, refund of premium shall only be given if the same is at least a minimum of 10 days prior to the coverage expiry date.

The following grid is applicable for Travel Section

Policy in force up to	Premium Refund %
Up to 15% of policy period	75%
Up to 25% of policy period	50%
Up to 50% of policy period	25%
Exceeding 50% of policy period	00%

F.I.8. Migration

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

For Detailed Guidelines on Migration, kindly refer link: https://irdai.gov.in/document-detail?documentId=393128 Note: Migration is not applicable to the coverages provided under Personal Accident and Travel.

F.I.9 Portability

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/ Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

F.I.10. Renewal of Policy

The policy shall ordinarily be renewable except on grounds of established fraud, non-disclosure or misrepresentation by the insured person.

i. The Company shall to give notice for renewal at least 30 days in advance from the Policy due date.

ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.

iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30, as applicable, days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

v. No loading shall apply on renewals based on individual claims experience

F.I.11. Withdrawal of Policy

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

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

F.I.12. Moratorium Period

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on

grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

F.I.13. Premium Payment in Instalments (Wherever applicable)

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

1. Grace Period of 15 days would be given for Half-yearly, Quarterly and monthly mode of payment to pay the instalment premium due for the Policy.
2. If the premium is paid in instalments during the Policy Period, coverage will be available during such Grace Period .
3. Instalment facility shall not be available for the Policy Tenure more than 1 year.
4. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
5. No interest will be charged If the instalment premium is not paid on due date.
6. In case of instalment premium due not received within the grace period, the policy will get cancelled.
7. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
8. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

F.I.14. Possibility of Revision of Terms of the Policy Including the Premium Rates

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

F.I.15. Free Look Period

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

The insured person shall be allowed a free look period of 30 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 a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.

Free look cancellation & refund will be made within 7 days from the date of receipt of request.

In case of any delay in refund, the insurer shall refund such amounts along with interest at the bank rate plus 2 percent on the refundable amount, from the date of receipt of the request for free look cancellation till the date of refund.

F.I.16. Redressal of Grievance

If you have a grievance that you wish us to redress, you may contact us with the details of the grievance through Our website: www.manipalcigna.com

Email:
servicesupport@manipalcigna.com,

Senior Citizens may write to us at: seniorcitizensupport@manipalcigna.com

Toll Free: 1800-102-4462

Contact No.: + 91 22 71781300

Courier: Any of Our Branch office or corporate office during business hours. Insured Person may also approach the grievance cell at any of company's branches with the details of the grievance.

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at,

'The Grievance Cell,

ManipalCigna Health Insurance Company Limited,

Techweb center 2nd Floor New Link Rd,

Anand Nagar, Jogeshwari West, Mumbai, Maharashtra 400102, India

or

Email - headcustomercare@manipalcigna.com.

For updated details of grievance officer, kindly refer link - https://www.manipalcigna.com/grievance-redressal

If Insured person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/ region for redressal of grievance as per Insurance Ombudsman Rules 2017. The contact details of

Ombudsman offices attached as Annexure I to this Policy document.

Grievance may also be lodged at IRDAI complaints management system - https://bimabharosa.irdai.gov.in/

You may also approach the Insurance Ombudsman if your complaint is open for more than 30 days from the date of filing the complaint.

The office Name and address details applicable for your state can be obtained from - https:/ www.cioins.co.in/ Ombudsman.

F.I.17. Nomination

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

F.II. Specific Terms and Clauses

F.II.1. Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by Us. All endorsement requests will be made by the Group Policy Holder only.

F.II.2. Material Information for Administration

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

b. We reserve the right to apply additional options, exclusions or to reflect any circumstances that You or Insured Person advises in their application form or declares to Us as a material fact.

c. Material information to be disclosed includes every matter that the Insured Person and/or You are aware of, or could reasonably be expected to know, that relates to questions in the proposal form and which is relevant to Us in order to accept the risk of insurance and if so on what terms. The Insured Person/Policyholder must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement or reinstatement of the Policy

F.II.3. Material Change

It is Condition Precedent to Our liability under the Policy that You shall at Your own expense immediately notify Us in writing of any material change in the risk on account of change in nature of occupation, business, Trip Duration, Intended Destinations, correction in age, etc., of any Insured Person, at his own expense. We may, in Our discretion, adjust the scope of cover and/or the premium paid or payable, accordingly. The liability of Company shall continue only if there is a written acceptance on the part of the Company through a valid endorsement.

F.II.4. Eligibility

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

a. A group member/Employee of the Policyholder or non-employer group enrolled member.

b. There is no minimum or maximum Age for entry in to the Policy, however it can be specified for a group.

c. The relationships which may be covered under the Policy are - The Employee's/member's Spouse, parents, children, sibling, parent-in-laws, sibling-in-laws, grandparents, grandchildren, son in law, daughter in law, uncle, aunt, niece and nephew, etc. (with insurable interest).

d. Mid-term acceptance of New Born Babies as Insured Persons is subject to written notification within 30 days of birth and receipt of the agreed premium within a further 30 days following notification.

e. Renewals will be available for lifetime, provided the Insured Person is still employed with/continues to be a member of the group/Employee of the Policyholder.

f. It is clarified that for the purpose of availing this Policy, the Policyholder shall ensure that the minimum number of Employees/members who will form a group to avail the Benefits under this Policy shall be 7.

g. Travel benefits shall be offered on Single Trip/Multi Trip (Annual) Basis.

h. Number of days per Trip for Multi Trip Option can be

opted from 30 to 90 Days.

i. Premium Payment Frequency available under the policy is: Monthly/Quarterly/Half yearly/ Yearly/ Single/ Daily/ Weekly/ Fortnightly, Limited premium paying Term (1 month to 11 months).

j. The Policy provides cover on an individual and/ or floater basis.

F.II.5. Geography

The geographical scope of this Policy applies to events limited to India except Accidental Death or unless specified under this Policy in a particular Benefit or definition. However, all admitted or payable claims shall be settled in India in Indian rupees.

F.II.6. Dispute Resolution & Applicable Law

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law without reference to any principle which would result in the application of the law of any other jurisdiction.

F.II.7. Premium

The premium payable under this Policy shall be paid in accordance with the schedule of payments agreed between the Policyholder and Us in writing. No receipt for premium shall be valid except on Our official form signed by Our duly authorised official. The due payment of premium and the observance and fulfilment of the terms, provisions, conditions and endorsements of this Policy by the Policyholder in so far as they relate to anything to be done or complied with by the Policyholder shall be a Condition Precedent to Our liability to make any payment under this Policy. Premium payments under this Policy will be allowed Monthly/Quarterly/Half yearly/ Yearly/ Single/ Weekly/ Fortnightly, Limited premium paying Term (1 month to 11 months) payments. If the premium is paid in instalments during the Policy Period, coverage will be available during such Grace Period. Instalment facility shall not be available for the Policy Tenure more than 1 year.

Premium will be subject to revision at the time of renewal of the Policy and as approved by the IRDAI. Further, premium shall be paid in Indian Rupees and in favor of ManipalCigna Health Insurance Company Limited.

Wherever premium is not received within the grace period of the policy, the policy will be terminated from the date on which such grace period is over to pay the premium and all claims that fall beyond such grace period shall not be covered as part of the policy. However, we will be liable to pay in respect of all claims where the treatment / admission/ accident has commenced / occurred before the expiry of such grace period for the payment of instalment premium.

F.II.8. Parties to the Policy

The only parties to this Policy are the Policyholder and Us

F.II.9. Currency

The monetary limits applicable to this Policy will be in INR

F.II.10. Addition & Deletion of a Member

a. We shall include/exclude a group member/ Employee of the Policyholder or non-employer group enrolled member or Dependent as an Insured Person under the Policy in accordance with the following procedure:

i. Additions

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

ii. Deletions

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

b. Throughout the Policy Period, You will notify Us of all and any changes in the membership of the Policy in the same month in which the change occurs. However, We may commence or terminate cover retrospectively for Insured Persons for a period not exceeding 2 months from the date when You advise Us in writing.

c. All addition and deletions that lead to either additional Premium being applied will be generated at the time of addition of such employees/members and/or Dependents and the same will be paid before the actual start date of the cover in respect of those employees/ members. In case of refund of Premium being generated on the policy due to deletions the same will be refunded or adjusted against future Premium instalments due on the policy.

F.II.11. No Constructive Notice

Any knowledge or information of any circumstance or condition in relation to You/Insured Person which is in Our possession and not specifically informed by You/Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any Premium.

F.II.12. Endorsements

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

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

F.II.13. Special Provisions

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

F.II.14. Records to be Maintained

The Insured Person shall maintain all records and books of accounts reasonably required in an accurate manner.

F.II.15. Grace Period & Renewal

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

The Company shall endeavor to give notice for renewal at least 30 days in advance from the Policy due date.

Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.

Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days, to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

No loading shall apply on renewals based on individual claims experience.

Renewal Terms

Alterations like increase/ decrease in Sum Insured or change in optional covers can be requested at the time of Renewal of the Policy. We reserve Our right to carry out assessment of the group and provide the Renewal quote in respect of the revised Policy.

We may in Our sole discretion, revise the premiums payable under the Policy or the terms of the cover, provided that all such changes are approved by the IRDAI and are in accordance with the IRDAI rules and regulations as applicable from time to time.

For Contributory Policy

We shall not be bound to give notice that such Renewal premium is due. A Policy shall be ordinarily Renewable except on grounds of established fraud, misrepresentation or non-disclosure of material facts by the Insured Person or on his behalf.

Where such behaviour has been noticed on the part of an Employee/ Member, we will terminate the cover for the specific Employee/ Member and his/ her Dependants including further Renewals and continue the cover for the remaining group members while bringing such instances to the knowledge of the Policyholder. Where it is found that the Policyholder is involved in such above situations, the complete Policy will be terminated.

Renewal of Policy

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

vi. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

vii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.

viii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

ix. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30/15, as applicable, days to maintain continuity of benefits without break in policy. Coverage is not

available during the grace period.

x. No loading shall apply on renewals based on individual claims experience

Renewal Terms

Alterations like increase/decrease in Sum Insured or change in optional covers can be requested at the time of Renewal of the Policy. We reserve Our right to carry out assessment of the group and provide the Renewal quote in respect of the revised Policy.

We may in Our sole discretion, revise the premiums payable under the Policy or the terms of the cover, provided that all such changes are approved by the IRDAI and are in accordance with the IRDAI rules and regulations as applicable from time to time.

Alterations like increase/decrease in Sum Insured or addition/deletion of Covers, can be requested at the time of Renewal of the Policy. We reserve Our right to carry out assessment of the group and provide the Renewal quote in respect of the revised Policy.

F.II.16. Our Right of Termination

a. Prior to the termination of the Policy at the expiry of the Policy Period shown in the Policy Schedule, cover will end immediately for all Insured Persons, if:
   i. if You do not pay the Premiums owed under the Policy within the Grace Period
   ii. For Non-Indian Nationals returning to their country of domicile
   iii. there is misrepresentation, fraud, non-disclosure of material fact by You/Insured Person without any refund of Premium, by giving 15 days' notice in writing by Registered Post Acknowledgment Due/recorded delivery to Your last known address.
   iv. there is non-cooperation by You/Insured Person, with refund of Premium on pro rata basis after deducting Our expenses, by giving 15 days' notice in writing by Registered Post Acknowledgment Due/recorded delivery to Your last known address.

b. Upon termination, cover and services under the Policy shall end immediately. Treatment and costs incurred after the date of termination shall not be paid. If treatment has been authorised or a cashless approval has been issued, We will not be held responsible for any treatment costs if the Policy ends or an employee/member or Dependent leaves group or if the policy is no longer in force, before treatment has taken place. However, We will be liable to pay in respect of all claims where the treatment/admission has commenced before date of termination of such policy.

c. Termination for Insured Person's cover

On Immediate basis

1. Cover will end for an Employee/ member
   a. If the Insured Person dies. You may agree to continue cover for his/her Dependents up to the next Annual Renewal Date when their cover under this Benefit will end
   b. If the Insured Person ceases to be a member of the group.
   c. If We stop receiving Premiums for Insured Person and his/her Dependents (if any)
   d. When this Policy terminates at the expiry of the Policy Period shown in the Policy Schedule
2. Cover will end for a Dependent
   a. If he or she dies
   b. When he or she ceases to be a Dependent;
   c. If the Insured Person ceases to be a member of the group.

At the next Annual Renewal Date

3. Cover will end for spouse or any unmarried partners

- If an employee/member gets divorced or the unmarried partners no longer live together or a civil/ contractual partnership is dissolved, then the spouse or unmarried, civil/contractual partner will no longer be considered as a Dependent for the purposes of this Policy.

4. Cover will end for the spouse or unmarried, civil/ contractual partner

- Cover for the spouse or unmarried, civil/contractual partner ends as soon as the final decree/final dissolution order has been granted.

F.II.17. Limitation to Liability

If a claim is rejected or partially settled and is not the subject of any pending suit or other proceeding or arbitration, as the case may be, within twelve months from the date of such rejection or settlement, the claim shall be deemed to have been abandoned and Our liability shall be extinguished and shall not be recoverable thereafter.

F.II.18. Underwriting Loadings & Discounts

On change of the Insured Person's risk profile or the parameters on which Premium is derived the coverage under this Policy may cease, unless specifically agreed by Us. However, in such cases, We may underwrite the case in line with the underwriting policy of the product.

F.II.19. Operation of Policy & Certificate of Insurance

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

F.II.20. Electronic Transactions

a. The Insured Person agrees to adhere to the terms and conditions and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, Electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of Us for and in respect of the Policy or its terms, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time.

b. These terms and conditions shall be within the approved Policy Terms and Conditions.

c. However, the terms of this condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDAI (Protection of Policyholders Interests) Regulations 2017, as may be amended from time to time. All conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form, all necessary disclosures on terms, conditions and major exclusions shall be made known to the Insured Person.

F.II.21. Communication & Notices

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

i. You/Insured Person, at the address as specified in Policy Schedule/ Certificate of Insurance.

ii. To Us, at Our address specified in the Policy Schedule/Certificate of Insurance.

iii. No insurance agents, brokers, other person or entity is authorised to receive any notice on the behalf of Us unless explicitly stated in writing by Us.

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.

F.II.22. Insured Person

Only those persons named as an Insured Person in the Policy Schedule/ Certificate of Insurance shall be covered under this Policy. Any person may be added as an Insured Person during the Policy Period after his application has been accepted by Us, additional Premium to be paid and We have issued an endorsement confirming the addition of such person as an Insured Person under this Policy.

F.II.23 Waiting Period

All claims payable with respect to a Pre-Existing Illness or any conditions declared and/or accepted at the time of proposal/application will be subject to a Waiting Period as specified in the Policy Certificate

F.II.24. Notice of Charge

a. The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien or other dealing with or relating to this Policy, but the payment by the Company to the Insured Person or his/her nominees or the legal representative, as the case may be, of any compensation or benefit under the Policy shall in all cases be an effectual discharge to the Company.

b. In the cases of delay in payment of any claim that has been admitted as payable by the Company under this Policy, beyond the time period as prescribed under IRDAI (Protection of Policyholders Interests) Regulations, 2017, the Company shall pay interest at a rate which is 2% above the bank rate where “bank rate” shall mean the bank rate fixed by the Reserve Bank of India at the beginning of the financial year in which claim has fallen due.

F.II.25. Duties of Insured Person on Occurrence of Loss

a. On the occurrence of any loss, within the scope of this Policy the Insured Person shall:

i. Forthwith inform the Company and file/submit a Claim Form in accordance with the attached 'Claim Procedure'.

ii. Allow the Company/EASP appointed Medical Practitioner, or any surveyor or agent of the Company to inspect the lost/damaged properties/ premises/goods as well as examine the Insured Person, as deemed reasonably necessary by

the Company/EASP.

iii. Assist and not hinder or prevent the Company or any of its agents in pursuance of their duties.

iv. Not to abandon the insured property/items in the premises, nor take any steps to rectify/remedy the damage (unless reasonably necessary to directly avoid or minimize the quantum of such damage or loss) before the same has been approved by the Company or any of its agents or appointed surveyor.

b. If the Insured Person does not comply with this provision of this Clause, all benefits under this Policy are liable to be forfeited, at the sole option of the Company

F.II.26. Contribution (for non-medical covers)

a. If at the time when any claim arises under this Policy, there is any other insurance which covers (or would have covered but for the existence of this Policy), the same claim (in whole or in part), then We shall not be liable to pay or contribute more than its rateable proportion of any Claim. This clause does not apply to Benefit sections. Details of applicability towards Contribution are detailed below.

b. If the Insured Person is covered under two of more policies during the same period from one or more insurers to indemnify treatment costs and the amount of claim is within the Sum Insured limit of any of the policies, the Insured Person will have the right to opt for a full settlement of their claim in terms of any of the policies under which the Insured Person is covered.

c. Where the amount to be claimed exceeds the Sum Insured under a single policy after considering Deductibles, Co-pays (if applicable), the Insured Person can choose the insurer with which they would like to settle the claim.

d. Wherever We receive such claims We will have the right to apply the Contribution clause while settling the claim

F.II.27. Subrogation (for non-medical covers)

You and/or any Insured Person will do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are/or would become entitled upon Us making any payment of a Claim under this Policy, whether such acts or things shall be or become necessary or required before or after its payment. Neither You nor any Insured Person shall prejudice these subrogation rights in any manner and provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery that We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and any costs and expenses incurred by Us for effecting a recovery, where after We shall pay any balance remaining to the Insured Person. This Section does not apply to Benefit sections.

F.II.28. Extension (For Travel covers)

The Company may in its sole and absolute discretion extend the Period of Insurance of the Policy once during the Trip Duration, provided that: 1) The Company has received the request for extension of the Policy and the applicable premium before the coverage expiry date of the Period of Insurance. 2) The Company has received a good health and no claim declaration during the Trip Duration. 3) The Insured Person does not make a claim before the request for extension of the Policy. The Company is under no obligation to extend the Policy or to extend the Policy on the same terms and conditions, whether as to premium or otherwise.

F.II.29. Short-period Cover

a. For Accident Section only, Policy can be issued for a term less than one year to provide coverage to specific events or specified period. The Premium charged for such policies will be as below.

b. The Short Period Cover shall work in conjunction with Grace Period Clause defined under the policy.

Policy in force up to	Premium %
7 days	10%
15 days	12.5%
25 days	20%
1 Month	25%
3 months	50%
6 months	75%
More than 6 months	100%

c. Cancellation Clause of Policy is not applicable to such policies.

F.II.30. On-duty Cover

For Group Personal Accident Section only, Policy can be issued for restricted time period of the day e.g. Work duty hours only etc.

G. Other terms and conditions

G.I. Claims procedure

Processing of claims for Cashless facility and/or for reimbursement and providing access to the Network Provider will be through Our TPA/ Service Provider.

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

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

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

G.I.1. Condition Precedent

The fulfilment of the terms and conditions of this Policy (including the realization of premium by their respective due dates) in so far as they relate to anything to be done or complied with by You or any Insured Person, including complying with the following steps, shall be the condition precedent to the admissibility of the claim.

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

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

Cashless and Reimbursement Claim processing and access to network hospitals is through our service partner/TPA, details of the same will be available on the Health Card issued by Us as well as on our website: https://www. manipalcigna.com/our-tpas. For the latest list of network hospitals you can log on to our website. Wherever a TPA is used, the TPA will only work to facilitate claim processing.

All customer contact points will be with Us including claim intimation, submission, settlement and dispute resolutions.

G.I.2. Policyholder's/Insured Person's Duty at the time of Claim

On occurrence of an event which may lead to a claim under this Policy, the Insured Person shall:

a. Forthwith intimate, file and submit the claim form and documents as prescribed in accordance with the procedure set out below.
b. Follow the directions, Medical Advice or guidance provided by a Medical Practitioner.
c. If so requested by Us, the Insured Person must submit himself/ herself for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such examination will be borne by Us.
d. Allow the Medical Practitioner or any of Our representatives to inspect the medical and Hospitalization records, investigate the facts and examine the Insured Person.
e. Assist and not hinder or prevent Our representatives in pursuance of their duties for ascertaining the admissibility of the claim, its circumstances and its quantum under the provisions of the Policy.

G.I.3. Claim Intimation

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

- In the case of Planned Hospitalization - The Insured Person will intimate such admission at least 48 Hrs prior to the planned date of admission.
- In the case of Emergency Hospitalization - The Insured Person will intimate such admission within 24 Hrs of such admission but not later than discharge from the Hospital.
- Notify Us either at the call centre or in writing, within 10 days from the date of occurrence of the Accident/diagnosis of a Critical Illness/ Illness covered under 'Benefit on diagnosis' cover.

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

i) Policy Number
ii) Name of the Policyholder

iii) Name of the Insured Person in whose relation the claim is being lodged

iv) Nature of Illness/Injury/Accident/Critical Illness

v) Name and address of the attending Medical Practitioner and Hospital

vi) Date of admission

vii)Date of Death/disablement, if applicable

viii) Any other information as requested by Us

G.I.4. Cashless Process

Cashless facility is available only at our Network Hospital or Common empanelment of hospital/ healthcare providers as specified by Insurance Council. The Insured Person can avail Cashless facility at the time of admission into any Network Hospital or Common empanelment of hospital/ healthcare providers as specified by Insurance Council.

(a) Pre-Authorisation Process

The Insured Person shall at least 48 Hrs prior to admission to the Hospital approach the Network Provider for Hospitalisation for undergoing medical Treatment.

The Network Provider or Common empanelment of hospital/healthcare providers shall electronically send the pre-authorization form along with all the relevant details to the 24 (twenty four) hour authorization/cashless department along with contact details of the treating Medical Practitioner and the Insured Person.

Upon receiving the pre-authorization form and all related medical information from the Network Provider or common empanelment of hospital/ healthcare providers, we will verify the eligibility of cover under the Policy.

Wherever the information provided in the request is sufficient to ascertain the authorization We shall issue the authorization Letter to the Network Provider or common empanelment of hospital/healthcare providers. Wherever additional information or documents are required We will call for the same from the Network provider or common empanelment of hospital/healthcare providers and upon satisfactory receipt of last necessary documents the authorization will be issued. All authorizations will be issued within a period of 1 hours from the receipt of last complete documents.

The Authorization letter will include details of sanctioned amount, any specific limitation on the claim, any co-pays or deductibles and non-payable items if applicable.

The authorization letter shall be valid only for a period of 15 days from the date of issuance of authorization.

In the event that the cost of Hospitalization exceeds the authorized limit as mentioned in the authorization letter:

The Network Provider shall request Us for an enhancement of authorization limit as described under Section G.I.4 (a) including details of the specific circumstances which have led to the need for increase in the previously authorized limit. We will verify the eligibility and evaluate the request for enhancement on the availability of further limits.

We shall accept or decline such additional expenses within 1 (One) hour of receiving the request for enhancement from You.

In the event of a change in the treatment during Hospitalization to the Insured Person, the Network Provider shall obtain a fresh authorization letter from Us in accordance with the process described under G.I.4 (a) above.

At the time of discharge:

The Network Provider or common empanelment of hospital/healthcare providers may forward a final request for authorization for any residual amount to us along with the discharge summary and the billing format in accordance with the process described at G.I.4.(a) above.

We shall accept or decline such additional expenses within 3 (Three) hours of receiving the complete documents for final discharge from Network provider or Common empanelment of hospital/healthcare providers.

Upon receipt of the final authorization letter from us, You may be discharged by the Network Provider.

(b) In case of Emergency Hospitalization

The Insured Person may approach the Network Provider or common empanelment of hospital/ healthcare providers for Hospitalization for medical treatment.

The Network Provider or common empanelment of hospital/healthcare providers shall forward the request for authorization within 24 hours of admission to the Hospital as per the process under Section G.I.4 (a).

It is agreed and understood that we may continue to discuss the Insured Person's condition with the treating Medical Practitioner till Our recommendations on eligibility of coverage for the Insured Person are finalized.

In the interim, the Network Provider or common empanelment of hospital/healthcare providers may

either consider treating the Insured Person by taking a token deposit or treating him as per their norms in the event of any lifesaving, limb saving, sight saving, Emergency medical attention requiring situation.

The Network Provider or common empanelment of hospital/healthcare providers shall refund the deposit amount to You barring a token amount to take care of non-covered expenses once the pre-authorization is issued.

Note: Cashless facility for Hospitalization Expenses shall be limited exclusively to Medical Expenses incurred for treatment undertaken in a Network Hospital or common empanelment of hospital/ healthcare providers for Illness or Injury which are covered under the Policy and shall not be available to the Insured Person for coverage under Daily Cash for Shared Accommodation (Section D.1.10), For all Cashless authorizations, You will, in any event, be required to settle all non-admissible expenses, Co-payment and / or Deductibles (if applicable), directly with the Hospital.

The Network Provider or common empanelment of hospital/healthcare providers will send the claim documents along with the invoice and discharge voucher, duly signed by the Insured Person directly to us. The following claim documents should be submitted to Us within 15 days from the date of discharge from Hospital –

Claim Form Duly Filled and Signed

Original pre-authorization request

Copy of pre-authorization approval letter (s)

Copy of Photo ID of Patient Verified by the Hospital

Original Discharge/Death Summary

Operation Theatre Notes(if any)

Original Hospital Main Bill and break up Bill

Original Investigation Reports, X Ray, MRI, CT Films, HPE

Doctors Reference Slips for Investigations/ Pharmacy

Original Pharmacy Bills

MLC/FIR Report/Post Mortem Report (if applicable and conducted)

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

There can be instances where We may deny Cashless facility for Hospitalization due to insufficient Sum Insured or insufficient information to determine admissibility in which case You/Insured Person may be required to pay for the treatment and submit the claim for reimbursement to Us which will be considered subject to the Policy Terms &Conditions.

We in our sole discretion, reserves the right to modify, add or restrict any Network Hospital for Cashless services available under the Policy. Before availing the Cashless service, the Policyholder / Insured Person is required to check the applicable/latest list of Network Hospital on the Company's website or by calling our call centre.

Enhancement to Pre-Authorised Amount:

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

a. The Network Provider shall request Us for an enhancement of authorisation limit as described above, including details of the specific circumstances which have led to the need for increase in the previously authorised limit.

b. We will verify the eligibility and evaluate the request for enhancement on the availability of further limits.

c. We shall accept or decline such request for enhancement of pre-authorised limit for enhancement.

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

Discharge Process:

At the time of discharge:

i. The Network Provider or hospital/healthcare providers of common empanelment may forward a final request for authorization for any residual amount to us along with the discharge summary and the billing format in accordance with the process described at G.I.4.(a) above.

ii. We shall accept or decline such additional expenses within 3 (Three) hours of receiving the complete documents for final discharge from Network provider or Common empanelment of hospital/healthcare providers.

iii. Upon receipt of the final authorization letter from us, You may be discharged by the Network Provider.

Note: Cashless facility for Hospitalization expenses shall be limited exclusively to Medical Expenses incurred for Treatment undertaken in a Network Provider for Illness or Injury/Accident/Critical Illness as the case may be which are covered under the Policy. For all cashless authorisations, the Insured Person will, in any event, be required to settle all non-admissible expenses, expenses above

specified Sub Limits (if applicable), Co-Payments and/or opted Deductible (Per claim/Aggregate/ Corporate) (if applicable), directly with the Hospital.

Submission of Claim Documents:

The Network Provider will send the claim documentsalong with the invoice and discharge voucher, duly signed by the Insured Person directly to Us. The following claim documents (as applicable) should be submitted to Us within 30 days from the date of discharge of the Insured Person from the Hospital -

- Claim Form duly filled and signed
- Original pre-authorisation request
- Copy of pre-authorisation approval letter (s)
- Copy of photo ID of Insured Person verified by the Hospital
- Original copy of consultations
- Original discharge/death summary
- Operation theatre notes (if applicable)
- Original Hospital main bill and break up bill
- Original investigation reports, X Ray, MRI, CT Films, HPE, Reports confirming the extent of fracture
- Medical Practitioner's reference slips for investigations/pharmacy
- Original pharmacy bills, prescriptions, and invoices
- MLC/FIR report/post mortem report/ Missing Report (if applicable and conducted)
- Bills from registered service provider
- Certificate from the treating doctor certifying the extent of burns injury (if applicable)
- Certificate from the treating doctor certifying the cause and severity of Coma (if applicable)
- Original Passenger Ticket/Boarding Pass issued in the name of the Insured (if applicable)

Person from the Common Carrier (in case of covered event in a common carrier). Wherever a named ticket is not available, onus of proof of travel will be upon the Insured Person

- Prescriptions of treating Medical Specialist for support items, original invoice of actual expenses incurred (if applicable)
- Original invoices of incurred expenses towards replacement of Personal Protective Equipment (if applicable)
- Original invoice of expenses incurred during funeral (if applicable)
- Proof of relationship with the Insured and Age proof of the dependent child (if applicable)
- Proof of expenses incurred towards tuition fees as a full time student at an accredited educational institution and Age proof of the child (if applicable)
- Additional documents in case of Permanent Total Disability/ Permanent Partial Disablement Benefit (if applicable):

a) Disability certificate issued by a civil surgeon or the equivalent appointed by the District, State or Government Board (or) certificate from the treating doctor certifying the extent of disability

b) Original treating Medical Practitioner's certificate describing the disablement;

c) Original Discharge summary from the Hospital;

d) Photograph of the Insured Person reflecting the disablement;

e) Copies of Medical records, investigation reports, if admitted to hospital

- Additional documents in case of Temporary Total Disablement Benefit (if applicable):

a) Leave/Absence Certificate from Employer in case of salaried employees

b) Latest Salary slip or certificate from employer specifying the remuneration, in case of salaried employees

We may require Income Proof documents to be submitted on a case to cases basis

- Last 3 months' Salary Slip/Form 16 for salaried persons
- Last financial years ITR for self-employed persons
- If the Insured/Dependant (wherever applicable) is not a tax Assesse the insured can submit Bank Statement of last 3 years as proof.
- In case of self-employed Insured Persons, Last income tax returns filed by the Insured Person with the income tax department

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

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

We, at Our sole discretion, reserve the right to modify, add or restrict any Network Provider for Cashless facilities available under the Policy. Before availing the Cashless facility, You/Insured Person is required to check the applicable/latest list

of Network Provider on the Company's website or by calling Our call centre.

G.I.5. Claim Reimbursement Process

(a) Collection of Claim Documents for indemnity based covers

i. Wherever the Insured Person has opted for a reimbursement of Medical Expenses, he/she may submit the following documents for reimbursement of the claim to Our branch or head office at his/her own expense not later than 15 days from the date of discharge from the Hospital. The Insured Person can obtain a claim form from any of Our branch offices or download a copy from Our website: www.manipalcigna.com.

ii. List of necessary claim documents to be submitted for reimbursement are as following:

- Original copy of consultations
- Claim form duly signed
- Hospital discharge summary in original
- Operation theatre notes (if applicable)
- Hospital main bill in original
- Hospital break up bill
- Investigation reports
- Original investigation reports, X Ray, MRI, CT films, HPE, ECG
- Medical Practitioner's reference slip for investigation
- Pharmacy bills, prescription and invoices
- MLC/ FIR report, post mortem report if applicable and conducted
- KYC documents (photo ID proof, address proof, recent passport size photograph)
- Cancelled cheque with name for NEFT payment
- Payment receipt.
- Death summary, death certificate, if applicable
- Bills from registered service provider

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

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

Documents listed above will apply for claims in India, however for claims outside of India, the requirements may be subject to variation based on Our existing agreements, local market practice and provisions of applicable law.

G.I.6. Scrutiny of Claim Documents

We shall scrutinize the claim and accompanying documents, and notify the relevant stakeholders (such as Network Provider or Common empanelment of hospital/healthcare providers) of any document deficiencies. We will contact the relevant stakeholders on your behalf to collect the required documents.

We shall settle the claim payable amount after scrutinizing the claim documents.

In case a reimbursement claim is received when a Pre-Authorization letter has been issued, before approving such claim a check will be made with the provider whether the Pre-authorization has been utilized as well as whether the Policyholder has settled all the dues with the provider. Once such check and declaration is received from the Provider, the case will be processed.

G.I.7. Claim Assessment

We will pay the fixed or indemnity amount as specified in the applicable Base or Optional cover in accordance with the terms of this Policy.

For Benefit claims, if Lump sum Pay out is opted then full Sum Insured will be paid at one time and the claim will be settled.

We are not liable to make any payments that are not specified in the Policy.

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

i. If a room/Intensive Care Unit accommodation has been opted for where the rent or category is higher than the eligible limit for that Insured Person under the Policy, then, the Insured Person shall bear the ratable proportion of the Medical Expenses (including surcharge or taxes thereon) as specified in the Policy Schedule/Certificate Of Insurance in the proportion of the difference between Room Rent of the entitled room category/eligible Room Rent to the room rent actually incurred excluding pharmacy and consumables which shall be paid on actuals.

ii. If any Sub Limit on Medical Expenses are applicable as specified in the Policy Schedule/ Certificate Of Insurance, Our liability to make payment shall be limited to the extent of the applicable Sub Limit for that Medical Expense.

iii. Opted Deductible (Per claim/Aggregate/Corporate), if any, shall be applicable on the amount payable by

Us after applying (i), and (ii) above.

iv. Co-Payments if any, shall be applicable on the amount payable by Us after applying (i), (ii) and (iii).

v. At any given stage, if the Insured Person's total cost sharing amount under (iv) above is equal to the opted Out of Pocket Maximum (OOP) limit, no further deductions will apply subject to the Sum Insured available for specific Benefits (if applicable) and in any case not greater than the Sum Insured available under the Policy.

The claim amount assessed under (i), (ii), (iii), (iv), and (v) above will be deducted from the following amounts in the following progressive order after applying Sub Limit–

i) Opted Deductible (Corporate/Per claim/ Aggregate), & Co-Payments (if opted)

ii) Sum Insured

iii) Cumulative Bonus (if applicable)

iv) Restored Sum Insured (if applicable)

v) Corporate Buffer/Corporate Buffer for CI only (if applicable)

Claim Assessment for Benefit Plans:

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

G.I.8. Claims Investigation

We may, at Our discretion, depending upon the facts of the case, investigate and determine the validity of claims. Such investigation shall be conducted on case to case basis and will be concluded accordingly. Any verification or investigation will be carried out by individuals or entities authorized by Us, and the cost of such verification/ investigation will be borne by Us

G.I.9. Re-opening of Claim

We may allow a closed claim to be reopened depending on the validity and the circumstances of the claim.

G.I.10. Pre-Hospitalization Medical Expenses and Post- Hospitalization Medical Expenses claims

The Insured Person should submit the Post-Hospitalization Medical Expenses Cover claim documents at his/her own expense within 15 days of completion of Post-Hospitalization Treatment or period, or eligible Post-Hospitalization period of cover, whichever is earlier.

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

G.I.11. Claims falling in 2 policy periods

If a Hospitalization claim event falls within two Policy Periods, the claims shall be paid taking into consideration the available Sum Insured in the two Policy Periods, including the sub- limits, Deductibles & Co-pays for each Policy Period subject to limit of Sum Insured provided that You have renewed the Policy with Us for the subsequent year.

G.I.12. Representation against Rejection

Where a rejection is communicated by Us, the Insured Person/claimant may, if so desired, within 15 days from the date of receipt of the claims decision represent to Us for reconsideration of the decision.

G.I.13. Claim Payment Terms

- We shall have no liability to make payment of a claim under the Policy in respect of an Insured Person once the applicable Sum Insured for that Insured Person is exhausted.
- All claims will be payable in India and in Indian rupees.
- We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person could have reasonably minimised the costs incurred.
- The Sum Insured opted under the Policy shall be reduced by the amount payable/paid under the Policy terms and conditions and any optional covers applicable under the Policy and only the balance shall be available as the Sum Insured for the unexpired Policy Period.
- If the Insured Person suffers a relapse within 45 days from the date of discharge from the Hospital for which a claim has been made, then such relapse shall be deemed to be part of the same claim and all the limits for "Any one illness/injury" under this Policy shall be applied as if they were under a single claim.
- In the event of any claim being lodged under the Policy for any cause whatsoever during the Revival Period, all subsequent premium instalments shall immediately become due and payable notwithstanding anything to the contrary contained hereinabove. We shall have the right to recover and

deduct any or all the pending instalments from the claim amount due under the Policy

- For Accident claims, if at the time a claim arises under this Policy the Insured Person has changed his occupation without Us being notified, then Our maximum liability will be limited to the amount that would have been payable for the premium paid and the new occupation.
- For Cashless claims, the payment shall be made to the Network Provider or common empanelment of hospital/healthcare providers whose discharge would be treated as full and final discharge of Our liability under the Policy.
- For Reimbursement claims, the payment shall be made to You/Insured Person. In the unfortunate event of the Insured Person's death, We will pay the Nominee (as named in the Policy Schedule/ Certificate Of Insurance) and in case of no Nominee, to the legal heir who holds a succession certificate or indemnity bond to that effect, whichever is available and whose discharge shall be treated as full and final discharge of Our liability under the Policy.

G.I.14. Emergency evacuation and repatriation of mortal remains

a. In the event of an Insured Person requiring Emergency evacuation/ repatriation of mortal remains, Insured Person/Nominee (as applicable), must notify Us immediately either at Our call centre or in writing.
b. Emergency evacuations shall be pre-authorized by us.
c. Medical specialists in association with the Service Provider shall determine the Medical Necessity of such Emergency evacuation post which the same will be approved.

G.I.15. Network Services (other than Hospitalization)

The Insured Person shall avail these Benefits as defined in 'Policy Terms and Conditions' and limits specified in the Policy Schedule/Certificate of Insurance.

Policy holder/Insured shall seek appointment by calling Our call centre. We will facilitate his/her appointment and guide him/her to the nearest Network Provider for conducting the medical examination/ covered services.

G.I.16. Cover Type

The Policy provides cover on an Individual or/ and Family Floater basis. Under Individual basis, each Insured Person has a separate Sum Insured. Under Family Floater basis, the Sum Insured limit is shared by the whole family/specified members of the family of the group member as specified in the Policy Schedule/Certificate Of Insurance and Our total liability for the family cannot exceed the Sum Insured in a Policy Year. The cover type basis shall be as specified in the Policy Schedule/Certificate Of Insurance.

Relationships covered under the Policy are as specified in the Policy Schedule/Certificate Of Insurance.

G.I.17. Co-pay

The Co-pay will apply to all indemnity claims made under the Base Covers as well as Optional Covers available under the Policy, if opted and specified under the Policy Schedule/Certificate of Insurance.

If the Co-pay is in force, We will be liable to pay only the difference percentage of the admissible claim amount that We assess for the payment in respect of the Policy and the balance, opted Co-pay percentage, shall be borne by the Insured Person.

The Policy Schedule/Certificate of Insurance will specify the applicable Co-pay under Base and/or Optional Covers.

Wherever Co-pay is opted under any Optional Cover, that opted percentage of Co-pay shall be applicable for the Optional Cover and the Co-pay opted under the Base Cover shall not be applicable for such Cover.

G.I.18 Deductible

The Deductible will apply to all indemnity claims, made under Base as well as Optional Covers. If the Deductible is in force, We will be liable to pay only the difference amount of the admissible claim amount that We assess for the payment in respect of the Policy and the balance opted Deductible amount shall be borne by the Insured Person.

The Policy Schedule/Certificate of Insurance will specify the applicable Deductible under Base and/ or Optional Covers.

Wherever Deductible is opted under any Optional Cover, that opted amount of Deductible shall be applicable for the Optional Cover and the Deductible opted under the Base shall not be applicable for such Cover.

G.I.19. Limit and Sub limit/s

If the Benefit is in force, Our liability under the Base and/ or Optional Covers/ Benefits for the Insured

Person, as opted, shall be sub-limited basis one or more combination of the following parameter/s as specified under the Policy Schedule/Certificate of Insurance:

- Sum Insured;
- Age of the Insured Member;
- Illness/Injury or both;
- With/Without medical reports;
- Area of Cover;
- Disease Category (As per WHO list);
- Per Claim/ Per Insured/Per Policy/Selective Hospital;
- Pre-existing/ Chronic/ Congenital/ Specific Disease/ Side effect of medicine;
- Frequency of availability of cover (in Policy Year/ specified months/ duration between Claims);
- Irrespective of claim/In case of no claim/in case of claim;
- Limit for specified period from date of Travel/date of pregnancy/date of delivery/date of start of first cover/ date of member joining;
- Limit on a part/particular section of scope of cover;
- Limit the scope of cover to a section/ part of the cover;
- Limit per event/aggregate of a claim/ per claim/ per visit/ per Insured for Lifetime under one or multiple benefits/ covers;
- Co-payment, Deductible on per event/ per claim/ Aggregate of claim/ per visit/ Specified Area basis/ Member level/ PPN/ Selective Hospitals (Deductible can also be opted in duration from 1 hour to 365 days);
- Limit on Claim payout basis: Reimbursement, Cashless, Pre-authorised, Network, Non-Network;
- Limit basis date of Travel/ date of pregnancy/ date of delivery/ date of start of first cover/ date of member joining;
- Limit basis Gazette rate or Government sponsored medicare rate or lower/ higher of both;
- Limit waiting period/ Sum Insured on the basis of date of joining/ date of travel/ for Specific Disease/ Area of cover/ Network/ Non-Network/ PPN;
- Limit on category of treatment - Preventive, Primary, Emergency, Medically necessary;
- Limit/ relaxation on room category, room rent;
- Limit pre-existing disease Waiting period/ Specific Illness waiting period/ Initial waiting period/ any group specific waiting period;
- Duration of Hospitalization;
- Convert lump sum claim payment into Staggered pay out within Regulatory guidelines;
- Limited to post Hospitalization/Linked to Hospitalization/Without Hospitalization;
- Line of treatment - Diagnosis, Consultation, Pharmacy, AYUSH etc.;
- Limit on Normal course of recovery without Hospitalization;
- Per event/claim/policy/person/ Hospitalization limit;
- limit maximum number of events in a policy year and apply per event limit for multiple events;
- Limit scope of cover to one or more trigger events;
- Condition for cover eligibility after continuous Hospitalization of 1 hr - 30 days;
- Limited to Treatment/ Program/ Membership fees;
- Limit on Non- medical/ non-payables, items, aids;
- Limit on specific treatment/s (eg Robotic Surgery, Stem cell treatment etc.)
- Maximum limit on out of pocket expenses against Co-pay/ deductible/ limits etc.
- Limit on period of delay.
- Limit on claim payout/ total liability, maximum up to outstanding loan amount or Sum Insured, whichever is lower

In case multiple parameters opted for Sub-limits are applicable to a single claim then the lower value of such Sub Limits shall apply.

G.I.20. Area of Cover

The Area of Cover for the Policy is within India if the same is not defined for the Policy and specified in the Policy Schedule/ Certificate of Insurance.

For a specific group, the Area of Cover may be limited to any particular region within India.

For overseas covers, the Area of Cover may be limited to any particular country or region outside India.

G.I.21. Waiting Periods

We shall not be liable to make any payment under this Policy directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following, as set out below. All these waiting periods shall be applicable individually for each Insured Person since the Inception Date of the first Policy or coverage for the Insured Person and claims shall be assessed accordingly.

G.I.21.i. Pre-Existing Disease Waiting Period

A Waiting Period, since the Inception Date of the cover, specified in the Policy Schedule or Certificate of Insurance shall apply to all Pre-Existing Diseases/ Illness / Injury / conditions for each Insured Person.

G.I.21.ii.Initial Waiting Period for Hospitalization

A Waiting Period, since the Inception Date of the cover, specified in the Policy Schedule/ Certificate of Insurance shall apply to any Illness contracted and/or Medical Expenses incurred in respect of any Illness/ Injury by the Insured Person other than any Hospitalization due to Accident.

G.I.21.iii.Specified disease/procedure Waiting period

A Waiting Period, since the Inception Date of the cover, specified in the Policy Schedule/ Certificate of Insurance shall apply to any treatments, of the following, whether medical or surgical for all Medical Expenses along with their complications on treatment towards:

a) Cataract,

b) Hysterectomy for Menorrhagia or Fibromyoma or prolapse of Uterus unless necessitated by malignancy myomectomy for fibroids,

c) Knee Replacement Surgery (other than caused by an Accident), Non-infectious Arthritis, Gout, Rheumatism, Oestoarthritis and Osteoposrosis, Joint Replacement Surgery (other than caused by Accident), Prolapse of Intervertibral discs (other than caused by Accident), all Vertibrae Disorders, including but not limited to Spondylitis, Spondylosis, Spondylolisthesis, Congenital Internal,

d) Varicose Veins and Varicose Ulcers,

e) Stones in the urinary uro-genital and biliary systems including calculus diseases,

f) Benign Prostate Hypertrophy, all types of Hydrocele,

g) Fissure, Fistula in anus, Piles, all types of Hernia, Pilonidal sinus, Hemorrhoids and any abscess related to the anal region.

h) Chronic Suppurative Otitis Media (CSOM), Deviated Nasal Septum, Sinusitis and related disorders, Surgery on tonsils/Adenoids, Tympanoplasty and any other benign ear, nose and throat disorder or surgery.

i) Gastric and duodenal ulcer, any type of Cysts/ Nodules/Polyps/internal tumors/skin tumors, and any type of Breast lumps (unless malignant), Polycystic Ovarian Diseases,

j) Any Surgery of the genito-urinary system unless necessitated by malignancy.

If these diseases are Pre-Existing Diseases at the time of proposal or subsequently found to be Pre-Existing Diseases, the Pre-Existing Disease Waiting Periods as mentioned in the Policy Schedule/ Certificate Of Insurance shall apply.

G.I.21.iv.Diagnosis Waiting period

Any condition of Critical Illness or Illnesses covered under 'Benefit on diagnosis' Cover will not be covered where the first Diagnosis and/or manifestations, first commence/occur within the Waiting Period specified in the Policy Schedule/ Certificate of Insurance since the Inception Date of the cover.

G.I.21.v.Survival Period for diagnosis based benefit cover

Any condition of Critical Illness or Illnesses covered under 'Benefit on diagnosis' Cover will not be covered until the Insured Person survives for at least the survival period specified in the Policy Schedule/ Certificate of insurance following the first diagnosis and/or manifestation, first commencement/ occurrence of the Illness or undergoing of such required Surgical Procedure for the first time, whichever is later.

G.I.21.vi.Waiting period for Maternity Cover

Any Medically Necessary Treatment arising from or traceable to pregnancy, childbirth including caesarean section will not be covered until continuous coverage of the period specified in the Policy Schedule/Certificate of Insurance has elapsed for the particular Insured Person since the Inception Date of the first Policy or coverage for the Insured Person. However, this exclusion/ Waiting Period will not apply to ectopic pregnancy proved by diagnostic means and certified to be of life threatening nature by the attending Medical Practitioner.

G. I. 22 Application of Multiple policies clause

In case this clause is invoked in accordance to the terms and conditions as provided under this Policy, the Claim will be adjudicated as under:

(a) Retail policy of the Company & any other Policy from other insurers:

(i) Cashless hospitalization: If the Insured Person avails cashless facility for hospitalization, the Insured, Network Provider, or common empanelment of hospital/healthcare provider will intimate us of the admission through a pre-authorization request with all details and estimated amount for the hospitalization. The Policyholder with multiple policies has the right to claim amounts disallowed under the initial chosen policy from other policies.

Reimbursement claim: If the Insured Person is admitted and pays the entire bill, then files for a reimbursement claim, they must inform us 48 hours

before admission for planned admission or within 24 hours post hospitalization for emergencies, but no later than discharge. Post discharge, the Insured will send all original documents, bills, and claims forms to one Insure rand certificate copies of all documents to the others

(b) Retail policy & group policy from the Company:

(i). Cashless process: In case the insured needs to utilize cashless facility for hospitalization then the insured/hospital will intimate the Company about the hospitalization through pre-authorization process. The policyholder having multiple policies shall also have the right to prefer claims from other policy/policies for the amounts disallowed under the earlier chosen policy/policies, even if the sum insured is not exhausted. Then the Insurer(s) shall settle the claim subject to the terms and conditions of the other policy/policies so chosen.

Post discharge hospital will send as many separate claims as no. of policies with the Company with attached authorization letters & original documents with the 1st claim & copy of documents with the other claims for settlement to the Company. The Company will settle all the claims as per policy terms & conditions & authorization letter issued.

(ii). Reimbursement Claim process: In case the Insured gets admitted & pays the entire bill & then files for reimbursement claim then he will have to intimate the Company of the admission 48 hours before admission for planned admissions & within 24 hours post hospitalization for emergency hospitalization along with all the policy numbers.

Post discharge insured will send all original documents & bills along with duly filled claim form. The policyholder having multiple policies shall also have the right to prefer claims from other policy / policies for the amounts disallowed under the earlier chosen policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall settle the claim subject to the terms and conditions of the other policy / policies so chosen.

G.II Annexure I – Ombudsman

Name of the Office of Insurance Ombudsman	State-wise Area of Jurisdiction
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email:- bimalokpal.ahmedabad@cioins.co.in	State of Gujarat and Union Territories of Dadra and Nagar Haveli and Daman and Diu.
BENGALURU **Office of the Insurance Ombudsman,** Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	State of Karnataka.
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003 Tel.:- 0755-2769201/202 Email:- bimalokpal.bhopal@cioins.co.in	States of Madhya Pradesh and Chhattisgarh.
BHUBANESWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubaneshwar – 751 009. Tel.:- 0674-2596461/2596455 Fax:- 0674-2596429 Email:- bimalokpal.bhubaneswar@cioins.co.in	State of Orissa.

CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.:- 0172-2706196/6468 Fax:- 0172-2708274 Email:- bimalokpal.chandigarh@cioins.co.in	States of Punjab, Haryana, (excluding 4 districts viz Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.:- 044-24333668/24333678 Fax:- 044-24333664 Email:- bimalokpal.chennai@cioins.co.in	State of Tamil Nadu and Union Territories - Puducherry Town and Karaikal (which are part of Union Territory of Puducherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.:- 011 – 23237539 Email:- bimalokpal.delhi@cioins.co.in	Delhi, 4 Districts of Haryana viz. Gurugram, Faridabad, Sonepat and Bahadurgarh
GUWAHATI Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.:- 0361-2132204/2132205 Email:- bimalokpal.guwahati@cioins.co.in	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.:- 040-65504123/23312122 Fax:- 040-23376599 Email:- bimalokpal.hyderabad@cioins.co.in	State of Andhra Pradesh, Telangana and Yanam - a part of Territory of Puducherry.
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363/2740798 Email:- bimalokpal.jaipur@cioins.co.in	State of Rajasthan.
KOCHI Office of the Insurance Ombudsman, 2nd Floor, CC 27 / 2603, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.:- 0484-2358759/9338 Fax:- 0484-2359336 Email:- bimalokpal.ernakulam@cioins.co.in	States of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Puducherry.

KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. TEL : 033 - 22124339 / 22124341 Email:- bimalokpal.kolkata@cioins.co.in	States of West Bengal, Sikkim, and Union Territories of Andaman and Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522 - 4002082 / 3500613 Fax:- 0522-2231310 Email:- bimalokpal.lucknow@cioins.co.in	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, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorakhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharthnagar.
MUMBAI 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 Fax:- 022-26106052 Email:- bimalokpal.mumbai@cioins.co.in	State of Goa and Mumbai Metropolitan Region excluding Areas of Navi Mumbai and Thane
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farukkabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	States of Bihar and Jharkhand.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	States of Maharashtra, Areas of Navi Mumbai and Thane but excluding Mumbai Metropolitan.

G.III Annexure- II - Non Medical Expenses

LIST I - Items for which Coverage is not available in the Policy

1.	BABY FOOD
2.	BABY UTILITIES CHARGES
3.	BEAUTY SERVICES
4.	BELTS/ BRACES
5.	BUDS
6.	COLD PACK/HOT PACK
7.	CARRY BAGS
8.	EMAIL / INTERNET CHARGES
9.	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10.	LEGGINGS
11.	LAUNDRY CHARGES
12.	MINERAL WATER
13.	SANITARY PAD
14.	TELEPHONE CHARGES
15.	GUEST SERVICES
16.	CREPE BANDAGE
17.	DIAPER OF ANY TYPE
18.	EYELET COLLAR
19.	SLINGS
20.	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21.	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22.	TELEVISION CHARGES
23.	SURCHARGES
24.	ATTENDANT CHARGES
25.	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26.	BIRTH CERTIFICATE
27.	CERTIFICATE CHARGES
28.	COURIER CHARGES
29.	CONVEYANCE CHARGES
30.	MEDICAL CERTIFICATE
31.	MEDICAL RECORDS
32.	PHOTOCOPIES CHARGES
33.	MORTUARY CHARGES
34.	WALKING AIDS CHARGES
35.	OXYGEN CYLTNDER (FOR USAGE OUTSTDE THE HOSPITAL)
36.	SPACER
37.	SPIROMETRE
38.	NEBULIZER KIT
39.	STEAM INHALER
40.	ARMSLING
41.	THERMOMETER
42.	CERVICAL COLLAR
43.	SPLINT
44.	DIABETIC FOOT WEAR
45.	KNEE BRACES (LONG/ SHORT/ HTNGED)
46.	KNEE IMMOBILIZER/ SHOULDER IMMOBILIZER
47.	LUMBO SACRAL BELT
48.	NIMBUS BED OR WATER OR AIR BED CHARGES
49.	AMBULANCE COLLAR
50.	AMBULANCE EQUIPMENT
51.	ABDOMINAL BINDER
52.	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53.	SUGAR FREE Tablets
54.	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55.	ECG ELECTRODES
56.	GLOVES
57.	NEBULISATION KIT
58.	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59.	KIDNEY TRAY
60.	MASK
61.	OUNCE GLASS
62.	OXYGEN MASK
63.	PELVIC TRACTION BELT
64.	PAN CAN
65.	TROLLY COVER
66.	UROMETER, URINE JUG
67.	AMBULANCE
68.	VASOFIX SAFETY

LIST II – ITEMS THAT ARE TO BE SUBSUMED INTO ROOM CHARGES

1.	BABY CHARGES (UNLESS SPECIFIED/INDICATED
2.	HAND WASH
3.	SHOE COVER
4.	CAPS
5.	CRADLE CHARGES
6.	COMB
7.	EAU.DE-COLOGNE / ROOM FRESHNERS
8.	FOOT COVER
9.	GOWN
10.	SLIPPERS
11.	TISSUE PAPER
12.	TOOTH PASTE

13.	TOOTH BRUSH
14.	BED PAN
15.	FACE MASK
16.	FLEXI MASK
17.	HAND HOLDER
18.	SPUTUM CUP
19.	DISINFECTANT LOTIONS
20.	LUXURY TAX
21.	HVAC
22.	HOUSE KEEPING CHARGES
23.	AIR CONDITIONER CHARGES
24.	IM IV INJECTION CHARGES
25.	CLEAN SHEET
26.	BLANKETA/VARMER BLANKET
27.	ADMISSION KIT
28.	DIABETIC CHART CHARGES
29.	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30.	DISCHARGE PROCEDURE CHARGES
31.	DAILY CHART CHARGES
32.	ENTRANCE PASS / VISITORS PASS CHARGES
33.	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34.	FILE OPENING CHARGES
35.	INCTDENTAL EXPENSES / MtSC. CHARGES (NOT EXPLATNED)
36.	PATIENT IDENTIFICATION BAND / NAME TAG
37.	PULSEOXYMETER CHARGES
LIST III- ITEMS THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES	
1.	HAIR REMOVAL CREAM
2.	DISPOSABLES RAZORS CHARGES (for site preparations)
3.	EYE PAD
4.	EYE SHEILD
5.	CAMERA COVER
6.	DVD, CD CHARGES
7.	GAUSE SOFT
8.	GAUZE
9.	WARD AND THEATRE BOOKING CHARGES
10.	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11.	MICROSCOPE COVER
12.	SURGICAL BLADES, HARMONICSCALPEL, SHAVER
13.	SURGICAL DRILL
14.	EYE KIT
15.	EYE DRAPE
16.	X-RAY FILM
17.	BOYLES APPARATUS CHARGES
18.	COTTON
19.	COTTON BANDAGE
20.	SURGICAL TAPE
21.	APRON
22.	TORNIQUET
23.	ORTHOBUNDLE, GYNAEC BUNDLE
LIST IV - ITEMS THAT ARE TO BE SUBSUMED INTO COSTS OF TREATMENT	
1.	ADMISSION/REGISTRATION CHARGES
2.	HOSPITALIZATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3.	URINE CONTAINER
4.	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5.	BIPAP MACHINE
6.	CPAP/ CAPD EOUIPMENTS
7.	INFUSION PUMP_ COST
8.	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9.	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10.	HIV KIT
11.	ANTISEPTIC MOUTHWASH
12.	LOZENGES
13.	MOUTH PAINT
14.	VACCINATION CHARGES
15.	ALCOHOL SWABES
16.	SCRUB SOLUTION/STERILLIUM
17.	GLUCOMETER & STRIPS
18.	URINE BAG