

GROUP PERSONAL ACCIDENT INSURANCE POLICY

POLICY WORDINGS

This is *Your* Group Personal Accident Insurance Policy, which has been issued by Us, relying on the Information disclosed by *You* in *Your* Proposal for this Policy or its preceding *Policy/Policies* of which this is a *Renewal*. The terms set out in this *Policy* and its Schedule will be the basis for any claim or benefit under this *Policy*.

Section 1 – General Definitions

In the document, following words are assigned specific meaning. Wherever the context permits, the singular will be deemed to include the plural, one gender shall be deemed to include the other genders and references to any statute shall be deemed to refer to any replacement or amendment of that statute.

- 1.1 Accident or Accidental** – means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 1.2 Adventure Sports** – means those sports / activities which involves speed, height, a high level of physical exertion etc and holds high degree of risk. Such sports include - **winter sports***, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, ski diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), **Professional Sports#**, any bodily contact sport or any other *Hazardous* or potentially dangerous sport ;
- (***winter sports** mean snow skiing, Heli Skiing, Mountaineering & Ice Climbing, Auli skiing or sports held in the open air, on snow or ice).
- (#**professional sports** mean Athletics, Bowling, Cycling, Football, Weightlifting, Cricket or any other sport for which a person getting compensated).
- 1.3 Age or Aged** – means completed age in years as at the *Commencement Date*.
- 1.4 Authority** – means the Insurance Regulatory and Development Authority of India established under the provisions of section 3 of the Insurance Regulatory and development Authority Act, 1999 (41 of 1999).
- 1.5 Bank Rate** – means “Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due”.
- 1.6 Complaint or Grievance** – means written expression (includes communication in the form of electronic mail or other electronic scripts), of dissatisfaction by a *Complainant* with *insurer*, distribution channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such *insurer*, distribution channels, intermediaries, insurance intermediaries or other regulated entities.
- 1.7 Complainant** – means a *Policyholder* or prospect or any beneficiary of an insurance *Policy* who has filed a complaint or grievance against an *insurer* or a distribution channel.
- 1.8 Cancellation (of policy)** – means the terms on which the *Policy* contract can be terminated either by the *insurer* or the insured by giving sufficient notice to other which is not lower than a period of fifteen days. The terms of cancellation may differ from insurer to insurer.
- 1.9 Condition Precedent** – means a policy term or condition upon which the *Insurer*’s liability under the *Policy* is conditional upon.

- 1.10 Commencement Date** – means the start date of this *Policy* as specified in the *Policy Schedule / Certificate of Insurance*.
- 1.11 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.
- 1.12 Dependents** – means the persons named in the *Policy Schedule* who are *Your*:
- i. Spouse – The *Primary Insured's* legally married spouse as long as he/she continues to be married to the *Primary Insured*.
 - ii. Children – The *Primary Insured's* children as long as they are financially dependent on him/her with no source of independent income and have not established their own independent households.
- 1.13 Diagnosis** – means conclusion drawn by a registered *Medical Practitioner*, supported by acceptable clinical, radiological, histological, histo-pathological, and laboratory evidence wherever applicable.
- 1.14 Disclosure of information norm** – means the *Policy* shall be void and all premiums paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any *Material fact*.
- 1.15 Elimination Period** – means the number of consecutive days of Temporary Total Disability, to be counted from the next day of *Accident*, that must elapse before weekly benefit amounts become payable. The Elimination Period is shown in the *Policy Schedule / Certificate of Insurance*. Weekly benefit amounts are not payable, nor do they accrue, during the Elimination Period.
- 1.16 Educational Institute** – means any accredited institution that provides education or training, including but not limited to, any technical / vocational school.
- 1.17 Fracture** – means a break in continuity of the bone evidenced by an X-Ray/radiological procedure and certified by the attending *Medical Practitioner*.
- 1.18 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.
- 1.19 Hospital** – means any institution established for ***In-patient care*** and ***day care treatment*** of *Illness* and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishment (Registration and Regulation) Act, 2010 or under enactments specified under the Schedule of Section 56 (1) of the said Act Or complies with all minimum criteria as under:
- i. has qualified nursing staff under its employment round the clock;
 - ii. has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
 - iii. has qualified *Medical Practitioner(s)* in charge round the clock;
 - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
- 1.20 Hospitalisation or Hospitalised** – 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.

- 1.21 Hazardous** – means a situation that poses a level of threat to life & health.
- 1.22 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 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 is defined as a disease, *Illness*, or *Injury* that has one or more of the following characteristics:
 - i. it needs on going or long-term monitoring through consultations, examinations, check-ups, and / or tests;
 - ii. it needs on going or long-term control or relief of symptoms;
 - iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it;
 - iv. it continues indefinitely;
 - v. it recurs or is likely to recur.
- 1.23 Injury** – means *Accidental* physical bodily harm excluding *Illness* or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a *Medical Practitioner*.
- 1.24 In-patient Care** – means treatment for which the *insured person* has to stay in a *Hospital* for more than 24 hours for a covered event.
- 1.25 Insured Person** – means persons named in the *Policy Schedule*.
- 1.26 Intensive Care Unit (ICU)** – 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.
- 1.27 IRDAI** – means the Insurance Regulatory and Development Authority of India.
- 1.28 Material Fact** – means a fact deemed so important that it would change the decision made by an *insurer* if it were kept hidden.
- 1.29 Medical Advice** – means any consultation or advice from a *Medical Practitioner* including the issuance of any prescription or follow-up prescription.
- 1.30 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.
- 1.31 Medically Necessary Treatment** – means any treatment, tests, medication, or stay in *Hospital* or part of a stay in *hospital* which:
- i. is required for the medical management of the *Illness* or *Injury* suffered by the Insured;
 - ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
 - iii. must have been prescribed by a *Medical Practitioner*;
 - iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

- 1.32 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.
- 1.33 Nominee/ Assignee** – means the person named in the *Policy Schedule* / Certificate who is nominated to receive the benefits under the *Policy* in accordance with the terms and conditions of the *Policy*, if *You* are deceased.
- 1.34 Notification of Claim** – means the process of intimating a claim to the *insurer* through any of the recognized modes of communication.
- 1.35 Outpatient (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.
- 1.36 Policy** – means this policy document read together with the attached *Policy Schedule*, *Your Proposal Form* including any attachment like endorsement, rider, condition, warranty, declaration etc.
- 1.37 Policy Period** – means the period commencing from Policy start date and time as specified in the *Policy Schedule* and terminating at midnight on the Policy end date as specified in the *Policy Schedule* of this *Policy*.
- 1.38 Policy Schedule** – means schedule attached to and forming part of this *Policy* mentioning the details of the Insured Persons, the *Sum Insured*, the *Policy Period* and the limits and conditions to which the benefits under the *Policy* are subject to, including any annexures and/or endorsements.
- 1.39 Policy holder** – means the person or entity named in the *Policy Schedule* as the Policyholder.
- 1.40 Pre – Existing Conditions / Disability** – means an existing disability and consequence of such disability existing or known to exist at the commencement of the Policy period.
- 1.41 Primary Insured** – means the person who has been first enrolled by *Group Policyholder* as a member under this *Policy* and who in turn has included his/her family members.
- 1.42 Proposal Form** – means a form to be filled in by the prospect in written or electronic or any other format as approved by the *Authority*, for furnishing all material information as required by the *insurer* in respect of a risk, in order to enable the *insurer* to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.
- 1.43 Permanent** – means lasting 365 days and at the expiry of that period being beyond reasonable hope of improvement and certified to that effect by a competent and qualified *Medical Practitioner*.
- 1.44 Permanent Partial Disability** – means the Insured Person has suffered a *Permanent* loss of physical function or anatomical loss of use of a body part, substantiated by a *Diagnosis* from a *Medical Practitioner*.
- 1.45 Permanent Total Disability** – means *You* are unable to engage in each and every occupation or employment *You* own for compensation or profit for which *You* are reasonably qualified by education, training or experience for the rest of *Your* life.
- 1.46 Public Transport** – means any civilian land, sea or air conveyance operated under a licence issued by a government authority having jurisdiction for the transportation of fare paying passengers under a valid ticket.
- 1.47 Room Rent** – means the amount charged by a *Hospital* towards Room and Boarding expenses and shall include the associated *Medical expenses*.

- 1.48 Relaxation Period** – means the specified period of time immediately following the premium instalment due date during which a payment can be made to continue a Policy in force without loss of continuity of waiting periods and coverage of Pre-existing diseases.
- 1.49 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.
- 1.50 Sum Insured – means** the specified amount mentioned in the *Policy Schedule/ Certificate* which represents *Our* maximum liability for each Insured Person for any and all benefits claimed for during the *Policy Period*.
- 1.51 Temporary Total Disability** – means disability which wholly and continuously prevents such Insured Person from performing each and every duty pertaining to his occupation.
- 1.52 Unproven/Experimental treatment** – means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
- 1.53 We/Our/Us / Insurer** – means the DHFL General Insurance Limited.
- 1.54 You/Your** – means the *Policyholder* or *Primary Insured* named in the *Policy Schedule*.

Section 2 – Coverage

Your coverage(s) are mentioned in the Policy Schedule. We will provide the coverage as detailed below for an event that occurs during the *Policy Period*. Each coverage is subject to terms, conditions and exclusions of this *Policy* and upto the *Sum Insured* specified in the *Policy Schedule/ Certificate* of Insurance. However, in any case, *We* will not pay in aggregate more than 100% of the *Sum Insured* stated in the *Policy Schedule / Certificate* of Insurance unless specifically mentioned in the respective covers.

2.1 ACCIDENTAL DEATH

If an Insured Person suffers an *Injury* due to an *Accident* during the *Policy Period* which is the sole and direct cause of his death within three hundred and sixty five (365) days from the date of the *Accident*, then *We* will pay the *Sum Insured* as specified in the *Policy Schedule/ Certificate* of Insurance.

Disappearance

- i. If *Your* body has not been found within three hundred and sixty-five (365) days after the forced landing, stranding, sinking or wrecking of a conveyance in which *You* were travelling as a passenger or as a result of any Acts of God peril, it shall be presumed that *You* have suffered death resulting from the *Accident* covered by this *Policy*.
- ii. If at any time, after the payment of the *Accidental* death benefit, it is discovered that *You* are still alive, all payments made under this benefit to *Your Nominee* shall be reimbursed in full to *Us*.

Note

Once a claim has been accepted and paid under this Benefit then this *Policy* shall immediately and automatically cease with immediate effect in respect of that Insured Person.

2.2 ACCIDENTAL PERMANENT TOTAL DISABILITY

If the Insured Person suffers an *Injury* due to an *Accident* during the *Policy Period* which results into *Permanent Total Disability* within three hundred and sixty-five (365) days from the date of the *Accident*, then *We* will pay the *Sum Insured* as specified in the below table of losses.

We will pay, provided such disability has continued for a period of one hundred and eighty (180) days and is total, continuous and *Permanent* at the end of this period.

DHFL General Insurance Limited
(A Wholly Owned Subsidiary Of WGC)

Table of Losses

Table of Benefits		Percentage of the Sum Insured payable	
		Option A	Option B
1	actual loss by physical separation of two hands, or	100%	150%
	actual loss by physical separation of two entire feet, or		
	actual loss by physical separation of one entire hand and one entire foot, or		
	actual loss by physical separation of one entire hand or one entire foot and loss of sight of one eye.		
Total and irrecoverable loss of -			
2	Sight of both eyes, or	100%	150%
	Use of two hands, or		
	Use of two feet, or		
	Use of one hand and one foot, or		
	Use of one hand or one foot and loss of sight of one eye.		
3	Hemiplegia or Paraplegia or Quadriplegia	100%	150%

For the purpose of this benefit,

- i. Hand means at or above wrist.
- ii. Foot means at or above ankle.
- iii. Hemiplegia means complete and irrecoverable paralysis of the arm, leg, and trunk on the same side of the body.
- iv. Paraplegia means complete and irrecoverable paralysis of the whole of the lower half of the body (below waist) including both the legs.
- v. Quadriplegia means complete and irrecoverable paralysis of all four limbs.
- vi. Total & irrecoverable loss of Use of limbs / organs - means complete and irreversible loss of functional, normal or characteristic use of the hand or foot or any other organ mentioned above in table of losses.
- vii. Physical Separation - means separation of body part from the body.

Note

1. If the Insured Person dies due to an accidental *injury* before a claim has been admitted under this Benefit, then no amount will be payable under this benefit. However, it will be considered under Section 2.1 - Accidental Death Benefit above provided it is payable as per the coverage defined and intimation of death has been made to Us.
2. Once a claim has been accepted and paid under this Benefit then this *Policy* shall immediately and automatically cease with immediate effect in respect of that Insured Person.

2.3 ACCIDENTAL PERMANENT PARTIAL DISABILITY

If an Insured Person suffers an *Injury* due to an *Accident* during the *Policy Period* which results into *Permanent Partial Disability* within three hundred and sixty-five (365) days from the date of the *Accident*, then We will pay the *Sum Insured* as stated in the below table of losses.

We will pay, provided such disability has continued for a period of three hundred and sixty-five (365) days and is total, continuous and *Permanent* at the end of this period.

Table of Losses

Table of Benefits		Percentage of the Sum Insured payable
1	Loss of sight of one eye	50%
2	the actual loss by physical separation of one entire hand	50%
3	the actual loss by physical separation of one entire foot	50%

4	Loss of Use of a hand without physical separation	50%
5	Loss of Use of a foot without physical separation	50%
6	Loss of Speech	50%
7	Loss of Hearing - Both Ears	75%
8	Loss of Hearing - One Ear	30%
9	Loss of sense of Taste	5%
10	Loss of sense of smell	10%
11	Loss of toes – all	20%
12	Loss of toes great - both phalanges	5%
13	Loss of toes great - one phalanx	2%
14	Loss of toes other than great - each toe	2%
15	Loss of four fingers and thumb of one hand	50%
16	Loss of four fingers of one hand	40%
17	Loss of thumb - both phalanges	25%
18	Loss of thumb - one phalanx	10%
19	Loss of index finger - three phalanges	15%
20	Loss of index finger - two phalanges	10%
21	Loss of index finger - one phalanx	5%
22	Loss of middle finger or ring finger or little finger - three phalanges	10%
23	Loss of middle finger or ring finger or little finger - two phalanges	7%
24	Loss of middle finger or ring finger or little finger - one phalanx	3%
25	Loss of metacarpals – each	3%
26	Any Other permanent partial disablement	% as assessed by Independent Medical Practitioner

"Loss" with regards to

- i. **Hand** means at or above wrist
- ii. **Foot** means at or above ankle
- iii. **Toe, Finger, Thumb** means actual complete severance from the foot or hand

Note

1. When more than one form of disability results from one *Accident*, We will add the percentages of each disability together. However, We will not pay more than 100% of the *Sum Insured* stated in the *Policy Schedule/ Certificate of Insurance*.
2. If claim is payable for loss or loss of use of a whole member of the body, a claim for parts of that member cannot also be made*.

*** Illustration**

Member means one entire hand and part means fingers/thumb of that hand. So, if a claim is admitted for loss by physical separation of one entire hand then loss for fingers/thumb of that hand will not be admitted.

3. We will pay upto 25% of *Sum Insured* for any other Accidental Permanent Partial Disability, not mentioned in the above table, as per the assessment of the competent and qualified Independent *Medical Practitioner*.

2.4 ACCIDENTAL TEMPORARY TOTAL DISABILITY

If an Insured Person suffers an *Injury* due to an *Accident* during the *Policy Period* and due to such *injury* is not able to perform any duty pertaining to his employment or occupation, then *We* will pay a weekly benefit after completion of *Elimination Period* stated in the *Policy Schedule/ Certificate of Insurance*, provided that:

- i. The temporary total disablement is certified by a *Medical Practitioner*, and
- ii. Such period of disability commences within thirty (30) days from the date of the *Accident* causing such *Injury*; and
- iii. The compensation payable shall not exceed the number of weeks and the *Sum Insured* stated in the *Policy Schedule*.
- iv. If the Insured Person is disabled for a part of the week, then only a proportionate part of the weekly benefit will be payable less *Elimination Period*.
- v. *We* will pay once at the end of the entire period of disability.

2.5 ACCIDENTAL DEATH (PUBLIC TRANSPORT)

During the *Policy period*, If an Insured Person suffers an *Injury* due to an *Accident* of a *Public Transport* in which insured person is travelling as a fare paying passenger and such *Injury* is the sole and direct cause of his death, that happens within three hundred and sixty five (365) days from the date of the *Accident*, then *We* will pay the *Sum Insured* as stated in the *Policy Schedule/ Certificate of Insurance* for the said benefit.

Disappearance

- i. If *Your* body has not been found within three hundred and sixty five (365) days after the forced landing, stranding, sinking or wrecking of a conveyance in which *You* were travelling as a passenger or as a result of any Acts of God peril, it shall be presumed that *You* have suffered death resulting from the *Accident* covered by this *Policy*.
- ii. If at any time, after the payment of the Accidental death benefit, it is discovered that *You* are still alive, all payments made under this benefit to *Your Nominee* shall be reimbursed in full to *Us*.

Note

1. If a claim is notified and admitted under this section, then no claim is payable under section 2.1.
2. Once a claim has been accepted and paid under this Benefit then this *Policy* shall immediately and automatically cease with immediate effect in respect of that Insured Person.

2.6 CHILD TUITION BENEFIT

If *We* have accepted a claim under Section 2.1 – Accidental Death or Section 2.2 – Accidental Permanent Total Disability in respect of an Insured Person, then in addition to any amount payable under these Sections, *We* will pay onetime payment equal to the amount stated in the *Policy Schedule* for the said benefit to surviving dependent child(ren) of the Insured Person.

Insured Person's child(ren) will be eligible for benefit under this coverage provided that the dependent child is a full-time student in any recognized *Educational Institute* at the time of such Accidental Death or Accidental Permanent Total Disability of an Insured Person.

We will pay this benefit to the bank account of dependent child(ren). In case the child is a minor, the benefit will be given to the joint account of the legal guardian and the minor child. Also, in case of cover being applicable to more than one child, the payable amount will be divided equally between the eligible children.

2.7 **ORPHAN BENEFIT**

If We have accepted a claim under Section 2.1 – Accidental Death in respect of Parents who are Insured Persons under this *Policy* and have died as a result of the same *Accident* or in separate *Accidents* during the *Policy Period*, then in addition to the amount payable under Section 2.1 – Accidental Death, We will pay an amount equal to the higher of the parents *Sum Insured* to the Dependent Child irrespective of whether the Dependent Child is covered under the *Policy* or not.

This benefit shall be paid to the bank account of the dependent child. In case the child is a minor, the benefit will be given to the joint account of the legal guardian and the minor child. Also, in case of cover being applicable to more than one child, the payable amount will be divided equally between the eligible children.

2.8 **SKILL DEVELOPMENT**

If We have accepted a claim under Section 2.1 – Accidental Death or Section 2.2 – Accidental Permanent Total Disability in respect of an Insured Person, then in addition to any amount payable under these Sections, We will reimburse upto the amount as stated in the *Policy Schedule* towards enrollment in any skill development course.

The coverage is applicable to -

1. Either Insured Person or spouse in case of Accidental Permanent Total Disability of Insured Person during the *Policy Period*. or
2. Spouse in case of Accidental Death of Insured Person during the *Policy period*.

The coverage would be offered only if enrolment is taken in any recognized *Educational Institute/* training institute / vocational institute as a full time/ part time student for getting future employment. Enrollment in such institute should be after the occurrence of such Accidental Death or Accidental Permanent Total Disability of an Insured Person.

Coverage can be availed within 6 months from the date of Incident.

2.9 **REPATRIATION OF MORTAL REMAINS & FUNERAL EXPENSES**

If We have accepted a claim under Section 2.1 – Accidental Death in respect of an Insured Person, then in addition to any amount payable under the said Section, We will pay onetime payment as stated in the *Policy Schedule/* certificate of insurance towards -

- i. Transportation of Insured Person's Mortal Remains to a *Hospital*, cremation ground or burial ground or to the Insured Person's residence.
- ii. Funeral/cremation expenses of the Insured Person.

2.10 **ACCIDENTAL MEDICAL EXPENSES REIMBURSEMENT (Outpatient & Inpatient Treatment)**

If the Insured Person sustains *Injury* due to an *Accident* during the *Policy Period*, then in addition to any amount payable under other Sections, We will pay for the *Medical Expenses* incurred towards treatment of such *Injury* both on outpatient and inpatient basis upto the *Sum Insured* stated in the *Policy Schedule/* certificate of insurance, towards the said benefit subject otherwise to all other terms, conditions and exclusions of the *Policy*.

Medical Expenses shall include

- *Room rent*, boarding & nursing expenses
- *Intensive care unit*
- Consultation fees
- Anesthesia, blood, oxygen, operation theatre charges, surgical appliances
- Medicines, drugs and consumables,
- Diagnostic procedures,
- The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
- Physiotherapy expenses as recommended by the treating Doctor

Exclusions:

In addition to the General Exclusions listed in this *Policy*, this coverage section shall not cover:

- i. treatment of any disease, sickness or *Illness*;
- ii. services, supplies, or treatment, including any period of *Hospital* confinement, which were not recommended, approved, and certified as Medically Necessary by a *Medical Practitioner*;
- iii. elective, cosmetic, or plastic surgery, except as a result of an *Injury* caused by a covered *Accident* while Our *Policy* is in force;
- iv. dental care, except as a result of *Injury* caused by a covered *Accident* to Sound Natural Teeth while this *Policy* is in force ;
- v. any non-medical expenses (list enclosed in Section 6 - Annexure);
- vi. medical expenses paid under any workers' compensation or any other *Policy*. Such paid amount will be deducted from the amount payable under this policy and balance amount will be payable upto the sum insured.
- vii. medical expenses incurred as a result of influence of usage / abuse of alcohol and/or drug, addiction or overdose;
- viii. maternity expenses, treatment arising from or traceable to pregnancy except miscarriage and premature birth as a result of an *Accident*.
- ix. Any non – allopathic treatment - Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy treatment.

2.11 ACCIDENTAL MEDICAL EXPENSES REIMBURSEMENT (Inpatient Treatment)

If the Insured Person sustains *Injury* due to an *Accident* during the *Policy Period*, then in addition to any amount payable under other Sections, We will pay for the Inpatient *Medical Expenses* incurred towards treatment of such *Injury* upto the sum insured stated in the *Policy Schedule/* certificate of Insurance towards the said benefit, subject otherwise to all other terms, conditions and exclusions of the *Policy*.

Medical Expenses shall include

- Room rent, boarding expenses
- Nursing
- Intensive care unit
- Consultation fees
- Anesthesia, blood, oxygen, operation theatre charges, surgical appliances
- Medicines, drugs and consumables,
- Diagnostic procedures,
- The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
- Physiotherapy expenses as recommended by the treating Doctor

Exclusions:

In addition to the General Exclusions listed in this *Policy* this coverage section shall not cover:

- i. treatment of any disease, sickness or *Illness*.
- ii. services, supplies, or treatment, including any period of *Hospital* confinement, which were not recommended, approved, and certified as Medically Necessary by a *Medical Practitioner*;
- iii. elective, cosmetic, or plastic surgery, except as a result of an *Injury* caused by a covered *Accident* while Our *Policy* is in force;
- iv. dental care, except as a result of *Injury* caused by *Accident* to Sound Natural Teeth while this *Policy* is in effect;
- v. any non-medical expenses (list enclosed in Section 6 - Annexure);
- vi. medical expenses paid under any workers' compensation or any other *Policy*. Such paid amount will be deducted from the amount payable under this policy and balance amount will be payable upto the sum insured.
- vii. medical expenses incurred as the result of influence of usage / abuse of alcohol and/or drug, addiction or overdose;

- viii. maternity expenses, treatment arising from or traceable to pregnancy except miscarriage and premature birth as a result of an *Accident*.
- ix. Any non – allopathic treatment – Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy treatments.

2.12 ACCIDENTAL MEDICAL EXPENSES REIMBURSEMENT (Outpatient Treatment)

If the Insured Person sustains *Injury* due to an *Accident* during the *Policy Period*, then in addition to any amount payable under other Sections, *We* will pay for the *Medical Expenses* incurred on outpatient basis towards treatment of such *Injury* up to the *Sum Insured* stated in the *Policy Schedule*/Certificate of Insurance towards the said benefit, subject otherwise to all other terms, conditions and exclusions of the *Policy*.

Medical expenses shall include

- Consultation fees
- Medicines, drugs and consumables,
- Diagnostic procedures,
- Physiotherapy expenses as recommended by the treating Doctor

Exclusions:

In addition to the General Exclusions listed in this *Policy* this coverage section shall not cover:

- i. treatment of any disease, sickness or *Illness*.
- ii. services, supplies, or treatment, including any period of *Hospital* confinement, which were not recommended, approved, and certified as Medically Necessary by a *Medical practitioner*;
- iii. elective, cosmetic, or plastic surgery, except as a result of an *Injury* caused by a covered *Accident* while *Our Policy* is in force;
- iv. dental care, except as a result of *Injury* caused by *Accident* to Sound Natural Teeth while this *Policy* is in effect;
- v. any non-medical expenses (list enclosed in Section 6 – Annexure);
- vi. medical expenses paid under any workers' compensation or any other *Policy*; Such paid amount will be deducted from the amount payable under this policy and balance amount will be payable upto the sum insured.
- vii. medical expenses incurred as the result of influence of usage / abuse of alcohol and/or drug, addiction or overdose;
- viii. maternity expenses, treatment arising from or traceable to pregnancy except miscarriage and premature birth as a result of an *Accident*.
- ix. Any non – allopathic treatment – Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy treatments.

2.13 DAILY HOSPITAL CASH (Non-ICU / ICU)

We will pay, in addition to any amount payable under other Sections, a fixed cash amount for each day in *Hospital* subject to number of days as stated in the *Policy Schedule*/ Certificate of Insurance if the insured person is treated in a *Hospital* as an inpatient due to *Accidental* injuries suffered during the *Policy Period*.

Conditions

- a. *We* will pay twice the daily cash amount for each day that the Insured Person spends in an *Intensive care unit*, and
- b. In case, insured person spends a day partly in ICU and partly in Non-ICU then we will pay twice the daily cash amount for such day, and
- c. *Our* maximum liability will be limited to five (5) days for each claim and maximum of 30 days in a *Policy Period*.

2.14 **MOBILITY AIDS ALLOWANCE**

If Insured Person has met with an *Accident* during the *Policy period* and sustained grievous bodily injuries for which treating *Medical Practitioner* gives a written *Medical advice* for procurement of prosthetic device or equipment, then in addition to any amount payable under other Sections, *We* will reimburse the charges incurred by the Insured person for procuring medically necessary prosthetic devices upto the amount stated in the *Policy Schedule/ Certificate of Insurance* towards the said benefit.

Prosthetic devices are artificial devices replacing body parts i.e artificial limbs, arms or eyes, orthopaedic braces and mobility aid equipment which fulfils the insured person's basic medical needs consequent to an *Injury*.

Mobility aid equipment means any adaptive equipment or device designed to assist walking or otherwise improve the mobility of people with mobility impairments. These equipments are crutches, wheelchairs, walking frames and wheel trolleys.

2.15 **ADVENTURE SPORTS**

If an Insured Person suffers an accidental *Injury* whilst engaged in the adventurous sports/ activity in a non-professional capacity and under supervision of trained professional during the *Policy Period* resulting into Death or *Permanent Total Disability* or *Permanent Partial Disability* or *Temporary Total Disability* or Common Injuries or incurs *Medical Expense* (Outpatient & Inpatient Treatment) then *We* will pay provided coverage has been opted and subject to terms and conditions of respective covers mentioned herein. *Our* liability will not exceed *Sum Insured* stated in the *Policy Schedule for Adventure Sports*.

Exclusion: 3.13 shall stand modified for all *Insured Persons* to the extent covered under this cover.

2.16 **LOSS OF ACTIVITIES OF DAILY LIVING**

If the *Insured Person* suffers an *Injury* due to an *Accident* during the *Policy Period* and due to such *Injury* Insured Person suffers *Permanent* inability to perform three (3) or more Activities of Daily Living as defined below within three hundred and sixty five days (365) days from the date of the *Accident*, then *We* will pay the *Sum Insured* as stated in the *Policy Schedule/ certificate of insurance* towards the said benefit.

We will pay, provided such inability has continued for a period of three hundred and sixty five days (365) days and is total, continuous and *Permanent* at the end of this period.

Activities of Daily Living - shall have the following meanings:

- I. **Washing:** the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- II. **Dressing:** the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- III. **Transferring:** the ability to move from a bed to an upright chair or wheelchair and vice versa;
- IV. **Mobility:** the ability to move indoors from room to room on level surfaces;
- V. **Toileting:** the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- VI. **Feeding:** the ability to feed oneself once food has been prepared and made available.

Note

1. If the Insured Person dies due to an accidental *injury* before a claim has been admitted under this Benefit, then no amount will be payable under this benefit. However, it will be considered under Section 2.1 - Accidental Death Benefit above provided it is payable as per the coverage defined and intimation of death has been made to *Us*.
2. Once a claim has been accepted and paid under this Benefit then this *Policy* shall immediately and automatically cease with immediate effect in respect of that Insured Person.

2.17 COMMON INJURIES (FRACTURE / DISLOCATION / BURNS)

If the *Insured Person* suffers an *Injury* due to an *Accident* during the *Policy Period* which results into any of the losses listed below within ninety (90) days from the date of the *Accident*, then *We* will pay the amount as stated in the table of losses below subject to the following -

- i. If more than one *Injury* results from one *Accident*, *We* will add the percentages of each disability together as mentioned in table of losses A/B/C. However, *We* will not pay more than 100% of the *Sum Insured* shown in the *Policy Schedule*.
- ii. Any *Fracture* caused as a result of Sickness or disease (including malignancy), or due to osteoporosis will not be payable under this benefit.

Table of Losses – A

FRACTURES	
Losses	Percentage of the Sum Insured payable
Skull	
Fracture of the skull needing surgical Intervention	100%
Fracture of the skull not needing surgical Intervention	35%
Lower Jaw / Upper Jaw / Cheekbone	
Open Fracture of more than one bone	75%
Open Fracture of one bone	50%
Closed Fracture of more than one bone	25%
Closed Fracture one bone	15%
Shoulder Blade, Hand (excluding fingers and wrist)	
Open Fracture	30%
Closed Fracture	15%
Clavicle, Coccyx, Nose, Toe(s), Finger(s), Ankle, Heel	
Open Fracture of more than one bone	15%
Open Fracture of one bone	12%
Closed Fracture of more than one bone	4%
Closed Fracture one bone	2%
Elbows, Arm (including wrist but excluding Colle's fractures)	
Open Fracture of more than one bone	50%
Open Fracture of one bone	35%
Closed Fracture of more than one bone	25%
Closed Fracture one bone	15%
Colle's fracture	
Open Fracture	50%
Closed Fracture	25%
Sternum, Rib(s)	
Open Fracture	30%
Closed Fracture	15%
Vertebral Column (excluding coccyx)	
All compression fractures	100%
All spinous, transverse process of pedicle fractures	100%
Fracture leading to permanent neurological damage	100%

All other vertebral fractures	50%
Hip or Pelvis (excluding thigh or coccyx)	
Open Fracture of more than one bone	100%
Open Fracture of one bone	50%
Closed Fracture of more than one bone	25%
Closed Fracture one bone	15%
Thigh or Lower Leg INCLUDING Heel	
Open Fracture of more than one bone	75%
Open Fracture of one bone	50%
Closed Fracture of more than one bone	25%
Closed Fracture one bone	15%
Knee cap, Foot (excluding toes or heel)	
Open Fracture	30%
Closed Fracture	15%

- **Open Fracture** means a fracture where the broken bone (s) penetrate (s) the skin.
- **Closed Fracture** means a fracture where the broken bone (s) does not penetrate the skin.

Table of Losses – B

DISLOCATION	
Losses	Percentage of the Sum Insured payable
Hip (including pelvic girdle)	50 %
Knee	50 %
Wrist or elbow	25 %
Ankle OR shoulder or collarbone	25 %
Fingers OR toes or jaw	10 %

- **Dislocation** means a completely separated joint

Table of Losses – C

BURNS	
2nd or 3rd degree burns on	Percentage of the Sum Insured payable
at least 27% of body surface	100%
at least 18% of body surface	80%
at least 9% of body surface	40%
at least 4.5% of body surface	20%

- **2nd Degree Burns** means burns that extends to the underlying skin layer i.e. epidermis and part of the dermis layer of skin.
- **3rd Degree Burn** means burns that extends to all layers of the skin i.e. epidermis and dermis layer of skin.
- **Body Surface** means area of the external surface of the body.

2.18 **COMA**

If the *Insured Person* suffers from a Coma within thirty (30) days of date of *Accident* that caused the *Injury* during the *Policy Period*, and if the coma continues for a period of consecutive sixty 60 days, *We* will pay an amount as stated in the *Policy Schedule/* certificate of Insurance towards this benefit.

Coma/ Comatose State: A state of unconsciousness with no reaction or response to external stimuli or internal needs, this *Diagnosis* must be supported by evidence of all of the following:

- a. No response to external stimuli continuously for at least 96 hours;
- b. Life support measures are necessary to sustain life; and
- c. *Permanent* neurological deficit which must be assessed at least 30 days after the onset of the coma.
- d. Condition has to be confirmed by a specialist *Medical Practitioner*.

Specific Exclusion: Coma resulting directly from alcohol or drug abuse or any other disease other than *Accidental Bodily Injury* is excluded.

2.19 **PHYSIOTHERAPY**

If the *Insured Person* suffers an *Injury* due to an *Accident* during the *Policy Period* and due to such *Injury* *Insured Person* is recommended by the treating *Medical Practitioner / Surgeon* to attend Physiotherapy sessions, then in addition to any amount payable under other Sections, *We* will reimburse the medical charges incurred to attend such sessions upto *Sum Insured* stated in the *Policy Schedule/* Certificate of Insurance.

Physiotherapy sessions should start within 1 month from the date of Incident.

Physiotherapy – means any form of physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a *Medical Practitioner* for treatment of *injury*.

2.20 **LOSS OF JOB**

We will pay, maximum three (3) Equated Monthly Installment (EMI) in respect of the covered loan as stated in the *Policy Schedule/* Certificate of Insurance in the event of Loss of Job of the *Primary Insured* during the *Policy Period*. EMI must fall due in respect of the covered loan after the commencement of Loss of Job and prior to the reinstatement of employment with the same employer or new employer.

The covered Equated Monthly Installment (EMI) is subject to Specific Conditions as mentioned below:

- i. *Primary Insured* is a confirmed permanent employee (not on probation) of the organization and working as a full-time salaried employee.
- ii. *Primary Insured Person* is paying the EMI on a Regular basis i.e. the payment of EMI to the Bank/Financial Institution from whom the loan has been availed without any defaults and/or any penalties and/or interest and /or miscellaneous charges.
- iii. Submission of Sanction letter and Repayment Track Record or Bank account statement or Loan Account Statement reflecting EMI.
- iv. A claim under this section shall become admissible provided the period of termination, dismissal, temporary suspension or retrenchment from employment shall not be less than 30 consecutive days.
- v. This would be a onetime payment at the end of the continuous period of unemployment for which claim has been made and is admissible under the *Policy*.
- vi. If *You* have any other *Policy* from *Us* which provides this cover, *We* will deduct the amount paid under such policy from the amount payable under this policy and balance amount will be payable upto the sum insured.

Specific Exclusions:

1. We will not pay in the event of termination, dismissal, temporary suspension or retrenchment from employment of the *Primary Insured* Person attributed to any dishonesty or fraud or poor performance on the part of the *Primary Insured* or willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the *Primary Insured* by the employer.
2. We will not pay in respect of:
 - i. Self-employed persons;
 - ii. Unemployment from a job which is casual, temporary, seasonal or contractual in nature
 - iii. Any voluntary unemployment except provided elsewhere under this section
 - iv. Unemployment at the time of inception of the *Policy Period* or arising within 90 days of inception of first *Policy* with Us.
 - v. Any unemployment from a job under which no salary or any remuneration is provided to the *Primary Insured*.
 - vi. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority.
 - vii. Any unemployment due to resignation, retirement whether voluntary or otherwise except as provided elsewhere under this section.
 - viii. Any unemployment due to non-confirmation of employment after or during such period under which the *Primary Insured* was under probation.
 - ix. Second unemployment during the *Policy Period*.

Definitions

- **Loss of Job** means loss of employment of the *Primary Insured* Person:
 1. On account of retrenchment or layoffs by the employer due to any of the following reasons;
 - i. Employer rules and regulations (Example, closure of a division or a department on account of poor financial health) or
 - ii. Action of any Public Authority or any laws for the time being in force, leading to closure of the Employer firm.
 2. On account of the disability suffered due to an *Accident* which renders the *Primary insured* completely unfit to pursue the job and certified to this effect by the treating doctor subject to claim being admissible under section 2.2 /2.3/2.4/2.16.
- **EMI** means and includes the amount of monthly payment required to repay the principal amount of Loan and Interest by the *Primary Insured* Person as mentioned in the amortization chart in the loan agreement (or any amendments thereto) between the Bank/Financial Institution and the *Primary Insured* prior to the date of occurrence of the Insured Event under this *Policy*. For avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the *Primary Insured* prior to the occurrence of the Insured Event will not be considered for the purpose of this *Policy* and shall be deemed as paid by the *Primary Insured*.

2.21 MODIFICATION OF HOUSE /VEHICLE

If We have accepted a claim under Section 2.2 – Accidental Permanent Total Disability or under Section 2.16 – Loss of activities of daily living in respect of an *Insured Person*, then in addition to any amount payable under the said Section, We will reimburse the expenses upto the maximum amount stated in the *Policy Schedule/ Certificate of Insurance* that are incurred for:

- i. alterations to the *Insured Person's* residence that are necessary to make the residence accessible and habitable for a wheelchair-confined person; or

- ii. modifications to one motor vehicle owned by the *Insured Person* or modifications to a motor vehicle newly purchased for the *Insured Person* that are necessary to make the vehicle accessible to and/or drivable by the *Insured Person*.

Note

- i. We will pay the Reasonable and Customary Charges towards the necessary alterations / modifications made for the *Insured Person*.

2.22 EMERGENCY EVACUATION / REPATRIATION

If the *Insured person* suffers an *Injury* during the *Policy Period* resulting into necessary emergency evacuation/ repatriation, then in addition to any amount payable under other Sections, We will reimburse the Reasonable Charges up to the maximum amount stated in the *Policy Schedule/ Certificate of Insurance* for emergency evacuation / repatriation of *Insured person* under appropriate medical supervision

1. From the place of *Accident* to the nearest *Hospital* where appropriate medical treatment can be provided; or
2. From the local *Hospital* where initial treatment is given to the specialised *Hospital* if the medical condition of *Insured Person* warrants such transportation to obtain further medical treatment or
3. both (1) and (2) above.

Note

An Emergency Evacuation / Repatriation must be approved by the treating *Medical Practitioner* who certifies that the severity or the nature of *Insured Person's Injury* warrants Emergency Evacuation/ Repatriation.

All such transportation arrangements made for evacuating *Insured Person* must be by the most direct and economical route possible.

Definitions

Transportation - means any land, water or air conveyance required to evacuate /repatriate *Insured Person* during an Emergency. This includes, but is not limited to, air ambulances, land ambulances and private motor vehicles.

Section – 3 Exclusions

We will not make any payment under this policy howsoever attributable to;

3.1 STANDARD EXCLUSIONS

- 3.1.1** War, civil War, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power;
- 3.1.2** ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel;
- 3.1.3** the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment;

3.2 EXCLUSIONS SPECIFIC TO THE POLICY WHICH CANNOT BE WAIVED

- 3.2.1** any Pre-existing Condition(s) / disability except in case where accident is solely responsible for any liability under the policy;
- 3.2.2** suicide or attempted suicide, intentionally self-inflicted *Injury* or *Illness*, acts of self- destruction whether the *Insured Person* is medically sane or insane;
- 3.2.3** being under the influence of drugs, alcohol, or other intoxicants or hallucinogens;
- 3.2.4** participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion;

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- 3.2.5** operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft;
- 3.2.6** *External Congenital Anomalies* or any complications or conditions arising therefrom;
- 3.2.7** Any non-medical expenses (list enclosed in Section 6 – Annexure).

3.3 EXCLUSIONS SPECIFIC TO THE POLICY, WHICH CAN BE WAIVED ON PAYMENT OF ADDITIONAL PREMIUM

- 3.3.1** participation in *Adventure Sport* such as **winter sports***, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any **Professional Sports#**, any bodily contact sport or any other *Hazardous* or potentially dangerous sport ; or

(***winter sports** mean snow skiing, Heli Skiing, Mountaineering & Ice Climbing, Auli skiing or sports held in the open air, on snow or ice).

(#**professional sports** mean Athletics, Bowling, Cycling, Football, Weightlifting, Cricket or any other sport for which a person getting compensated).

Section – 4 General Terms & Conditions

4.1 CONDITIONS PRECEDENT TO CONTRACT

- 4.1.1. Age** – A person shall be eligible to become an *Insured Person* if he/she is not younger than 91 days.
- 4.1.2. Condition precedent** – This *Policy* requires fulfillment of the terms and conditions of this *Policy*, payment of premium (including payment of installment premium by the due dates as mentioned in the *Policy Schedule*) and *Disclosure of Information Norm* at all times by *You, Insured Persons* or any one acting on *Your* behalf. This is a precondition to any liability under the *Policy*.
- 4.1.3. Disclosure to Information Norm** – The *Policy* shall be void and all premium paid shall be forfeited to *Us*, in the event of misrepresentation, mis-description or non-disclosure of any *Material fact*.
- 4.1.4. Electronic Transactions** – The *Policyholder / Insured Person* agrees to adhere to and comply with all terms and conditions as may be imposed for electronic transactions that *We* may prescribe from time to time which shall be within the terms and conditions of the contract, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of *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 which shall be within the terms and conditions of the contract. However, the terms and condition shall not override provisions of any law(s) or statutory regulations including provisions of *IRDAI* regulations for protection of policyholders' interests.
- 4.1.5. No Constructive Notice** – Any knowledge or information of any circumstance or condition in relation to the *Policyholder/Insured Person* which is in *Our* possession and not specifically informed by the *Policyholder / Insured Person* shall not be held to bind or prejudicially affect *Us* notwithstanding subsequent acceptance of any premium.

4.2 CONDITIONS APPLICABLE DURING CONTRACT

4.2.1 Alterations to the Policy - The *Proposal Form*, declaration, Certificate, and *Policy* constitutes the complete contract of insurance. For any change(s) / alteration/ modification in contract *You* are requested to intimate *Us*. Any change that *We* make will be communicated to *You* by a written endorsement signed and stamped by *Us*. This *Policy* cannot be changed by any one (including an insurance agent or broker) except *Us*.

4.2.2 Cancellation of Policy

- **Cancellation by You** - *You* may cancel this *Policy*/ certificate at any time by sending fifteen (15) days notice, stating when *Cancellation* is to take effect. In the event of such *Cancellation*, *We* shall retain premium for the period this *Policy* / certificate has been in force in accordance with the short-period rate table below. However, there will be no refund of premium if a claim has been paid or is payable under the *Policy*.

REFUND PERCENTAGE					
Month	1 Year Policy	2 Year Policy	3 Year Policy	4 Year Policy	5 Year Policy
1	72%	83%	86%	88%	89%
2	65%	79%	84%	86%	87%
3	57%	75%	81%	84%	86%
4	49%	71%	78%	82%	84%
5	41%	67%	76%	80%	83%
6	30%	63%	73%	78%	81%
7	20%	59%	71%	76%	80%
8	12%	56%	68%	74%	78%
9	4%	52%	65%	72%	76%
10	0%	48%	63%	70%	75%
11	0%	44%	60%	68%	73%
12	0%	40%	58%	67%	72%
13		36%	55%	65%	70%
14		32%	53%	63%	69%
15		28%	50%	61%	67%
16		25%	47%	59%	66%
17		21%	45%	57%	64%
18		15%	42%	55%	63%
19		10%	40%	53%	61%
20		7%	37%	51%	59%
21		2%	34%	49%	58%
22		0%	32%	47%	56%
23		0%	29%	45%	55%
24		0%	27%	43%	53%
25			24%	41%	52%
26			22%	39%	50%
27			19%	37%	49%
28			16%	36%	47%
29			14%	34%	45%
30			10%	32%	44%
31			7%	30%	42%

32			5%	28%	41%
33			1%	26%	39%
34			0%	24%	38%
35			0%	22%	36%
36			0%	20%	35%
37				18%	33%
38				16%	32%
39				14%	30%
40				12%	28%
41				10%	27%
42				8%	25%
43				5%	24%
44				4%	22%
45				1%	21%
46				0%	19%
47				0%	18%
48				0%	16%
49					14%
50					13%
51					11%
52					10%
53					8%
54					6%
55					4%
56					3%
57					1%
58					0%
59					0%
60					0%

- **Cancellation by Us** - We may cancel this *Policy*/ certificate on grounds of misrepresentation, fraud, non-disclosure of *Material facts*, non-cooperation by *You* or anyone acting on *Your* behalf. Such *Cancellation* of the *Policy*/ certificate, which will be on the grounds of misrepresentation, fraud, non-disclosure of *Material facts*, will be from inception date or the renewal date (as the case may be) upon 15 days written notice delivered to or mailed to the *Insured Person's/Policyholder's* last address as shown in the records followed by an endorsement signifying this without refund of any premium. In case of *Cancellation* of the *Policy*/certificate by *Us* on account of non-cooperation, *You* shall be entitled to refund of pro-rata premium for the unexpired portion of the *Policy* on the date of *Cancellation* except for those *Insured Person(s)* for whom a claim has been paid or is payable under the *Policy*.

4.2.3 Communication & Notices – Any notice, direction or instruction under this *Policy* shall be in writing and if it is to:

- You* or any *Insured Person*, then it shall be sent to *You* at *Your* last updated address as shown in *Our* records and *You* shall act for all *Insured Persons* for these purposes.
- To *Us*, it shall be delivered to *Our* address specified in the *Policy Schedule*.
- No insurance agents, brokers or other person or entity is authorized to receive any notice, direction or instruction on *Our* behalf unless *We* have expressly stated to the contrary in writing.
- Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail after posting.

DHFL General Insurance Limited
(A Wholly Owned Subsidiary Of WGC)

Registered & Corporate Office: 402, 403 & 404, A & B Wing, 4th Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (East), Mumbai - 400 099.

Board Line: 022-4001 8100/8200 CIN: U66000MH2016PLC283275 IRDAI Registration Number: 155

Product UIN: DHFPAGP18028V011718 GSTIN: 27AAFCD7985H1Z4 Email: mycare@dhflinsurance.com Website: www.dhflinsurance.com

- v) You must immediately bring to Our notice any change in the address or contact details. If You fail to inform Us, We shall send notice to the last known address and it would be considered that the notice has been sent to You.
- vi) You shall immediately notify Us in writing in regards to change in occupation / business at Your own expense and We may adjust the scope of cover and/or premium after analysing the risk of such a change, if necessary, accordingly.

Note: Please include Your Policy number for any communication with Us.

- 4.2.4 Protection of Policyholders' Interest** – This Policy is subject to IRDAI (Protection of Policyholders' Interest) Regulation, 2017 or any amendment thereof from time to time.
- 4.2.5 Records to be maintained** – You or the Insured Person, as the case may be shall keep an accurate record containing all medical records pertaining to the treatment taken for any liability under the policy and shall allow Us or Our representative(s) to inspect such records. You or the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Period and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy.
- 4.2.6 Geography** – This Policy applies to events or occurrences taking place anywhere in the world unless limited under this Policy in a particular benefit or definition or by Us through an endorsement.
- 4.2.7 Policy Disputes** – Any and all disputes or differences concerning the interpretation of the coverage, terms, conditions, limitations and/ or exclusions under this Policy shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.
- 4.2.8 Revision & Modification of Product** – Any revision or modification will be done with the approval of the Authority. We shall notify You about revision / modification in the product including premium. Such information shall be given to You at least ninety (90) days prior to the effective date of modification or revision coming into effect.
- 4.2.9 Instalment Premium** – In case premium is payable in instalments as specified in the Policy schedule, instalments shall be payable on or before the due date for continuity of coverage under the Policy. You will have relaxation period of 15 days from the due date for payment of instalment. We will not charge interest on the instalment premium paid during the relaxation period and there will be no impact on coverage of Pre-Existing Disease and continuity of waiting periods. In case We do not receive the premium within the relaxation period, the Policy will be terminated and all claims that fall beyond the instalment due date will not be covered under the Policy. However, We will be liable to pay for the claims where the claim event occurred before the instalment due date. In such case, all the subsequent premium instalments shall immediately become due and payable. We shall have the right to recover and deduct any or all the pending instalments from the claim amount due under the Policy.

IMPORTANT POINTS TO BE NOTED WHILE OPTING FOR INSTALMENT PREMIUM PAYMENT VIA ELECTRONIC CLEARING SERVICE (ECS)

1. Completely filled & signed Electronic Clearing Service Mandate Form is mandatory.
2. Ensure that the Premium amount which would be auto debited & frequency of instalment is duly filled in the ECS Mandate form.
3. New ECS Mandate Form is required to be filled in case of any change in the Premium due to change of Sum Insured / age / plan / coverages / revision in premium.
4. You need to inform us atleast 15 days prior to the due date of instalment premium if you wish to discontinue with the ECS facility.
5. Non-payment of premium on due date as opted by You in the mandate form subject to an additional 15 days of relaxation period will lead to termination of the policy.

- 4.2.10 Termination of Policy** – This *Policy* terminates on earliest of the following events-
- Cancellation of Policy* as per the cancellation provision.
 - On the *Policy* expiry date.

- 4.2.11 Withdrawal of Product** – The product will be withdrawn only after due approval from the *Authority*. *We* will inform the Group Organiser /Administrator in the event *We* may decide to withdraw the product.

In such cases, where *policy* is falling due for *Renewal* within 15 days from the date of withdrawal, *We* will provide the Group Organiser/Administrator one time option to renew the existing policy with *Us* or migrate to modified or new suitable health insurance policy with *Us*. Any *Policy* falling due for *Renewal* after 15 days from the date of withdrawal will have to migrate to modified or new suitable health insurance policy with *Us*.

The Group Organiser/Administrator will inform individual members about such withdrawal of product by *Us*.

Individual members will also have an option to opt for suitable health insurance policy with *Us* subject to applicable Portability norms in vogue.

However, even if the Group Organiser/Administrator does not respond to *Our* intimation in case of such withdrawal, the *Policy* will stand withdrawn on the renewal date.

- 4.2.12 Group Administrator** – The Group Administrator shall take all reasonable steps to cover their members or employees of the company and ensure timely payment of premium in respect of the persons covered. The Group administrator will collect premium from members wherever applicable as mentioned in the Group/Master policy issued to the Group administrator. The Group administrator will neither charge more premium nor alter the scope of coverage offered under the Group/Master policy.

Group/Master policy will be issued to the group administrator and all members wherever required will be provided with the certificate of insurance by *Us*. Wherever mutually agreed group administrator will issue the certificate of insurance to its member as per agreed terms and conditions and in the format prescribed by *Us* and shall keep the record of such issuance. *We* reserve the right to inspect the record at any time to ensure that terms and conditions of group policy and provisions of *IRDAI* group guidelines contained in circular ref: 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005 and any amendments thereto are being adhered. *We* may also require submission of certificate of compliance from the auditors of Group Administrator.

The Group administrator will provide all possible help to its member and facilitate any service required under the *Policy* including claims. Notwithstanding this a member of the group covered under the *Policy* shall be free to contact *Us* directly for filing the claim or any assistance required under the *Policy*.

4.3 CONDITIONS FOR RENEWAL OF CONTRACT

- 4.3.1 Continuity** – *Insured Person* would have an option to migrate to *Our* individual personal accident insurance product if the group policy is discontinued or if *Insured Person* is leaving the group on account of resignation, retirement, termination of employment or otherwise, subject to *Our* underwriting guidelines. Dependent children likewise when exiting on account of reaching upper age limit will have an option to migrate to *Our* individual personal accident insurance plans subject to *Our* underwriting guidelines. *Insured Person* will be entitled for accrued continuity benefits as per prevailing portability guidelines issued by the regulator.

4.3.2 Portability – *Insured Persons* covered under this Group Personal Accident Insurance Policy shall have the right to migrate from such group policy to a suitable individual personal accident insurance policy offered by *Us* provided that member shall apply to port the entire *Policy* along with all the members of the family, if any, at least forty five (45) days before the premium renewal date of his/her existing group personal accident policy. *Insured Persons* will be entitled for accrued continuity benefits as per prevailing portability guidelines issued by the regulator.

4.3.3 Renewal Terms – This *Policy* may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to *Us* on or before the date of expiry of the *Policy*. However, *We* shall not be bound to give notice that such renewal premium is due. Also, *We* may exercise option of not renewing the *Policy* on grounds of fraud, misrepresentation, or suppression of any *Material fact* either at the time of taking the *Policy* or any time during the currency of the *Policy* and *non cooperation of the Insured*. On renewal, the policy could be subject to certain changes in terms and conditions including change in premium rate.

A *Grace Period* of 30 days from the premium due date is allowed where *You* can still pay *Your* premium and continue *Your Policy*. Coverage would not be available for the period for which no premium has been received. Post 30 days from premium due date, if the premium is not paid, the *Policy* will lapse i.e. be terminated.

4.4 **CONDITIONS WHEN A CLAIM ARISES**

4.4.1 Arbitration – If *We* admit liability for any claim but any difference or dispute arises as to the amount payable for any claim the same shall be decided by reference to Arbitration. The Arbitrator shall be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996 or any amendment thereof. No reference to Arbitration shall be made unless *We* have admitted *Our* liability for a claim in writing.

4.4.2 Disclaimer of Claim – If Company shall disclaim liability to the Insured for any claim and if the insured shall not, within twelve (12) calendar months from the date or receipt of the notice of such disclaimer notify the Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under the *Policy*.

4.4.3 Physical Examination – Any *Medical Practitioner* authorized by *Us* shall be allowed to examine the *Insured Person* in case of any alleged *injury / disability*. Non-co-operation by the *Insured Person* will result into rejection of claim. *We* will bear the cost towards performing such medical examination (at the specified location) of the *insured person*.

4.4.4 Complete Discharge – Payment made by *Us* to *You / Assignee/Nominee/legal representative*, as the case may be, in respect of any benefit under the *Policy* shall in all cases be complete and construe as an effectual discharge in favor of *Us*.

4.4.5 Claims Process & Management – In the event of any claim under the *Policy*, completed claim form and required documents must be furnished to *Us* within the stipulated time. Failure to furnish this documentation within the stipulated time 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.

4.4.5.1 Policyholder's / Insured Person's duties at the time of Claim – On occurrence of an Event which will eventually lead to a Claim under this *Policy*, the *Policyholder/ Insured Person* shall:

- a) Forthwith intimate the Claim in accordance with Section No. 4.4.5.2 of this *Policy*.
- b) If so requested by *Us*, the *Insured Person* will have to submit himself / herself for a medical examination including any Pathological / Radiological examination by Independent *Medical Practitioner* as often as it is considered reasonable and necessary. The cost of such examination will be borne by *Us*.

- c) Allow the *Medical Practitioner* or any of *Our* representatives to inspect the medical and Hospitalization records, investigate the facts.
- d) Assist and not hinder or prevent *Our* representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the *Policy*.

4.4.5.2 **Claim Intimation:**

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

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

- a) Policy Number/ Certificate of Insurance Number
- b) Name of the *Policyholder*
- c) Employee / Member Code
- d) Name of the *Insured person* in whose relation the Claim is being lodged
- e) Nature of Event
- f) Name and Address of the attending *Medical Practitioner* and Hospital (if admission has taken place)
- g) Date of Event
- h) Any other information, documentation as requested by *Us*

4.4.5.3 **Claims Documents** - In case of any Claim for the covered Benefit, the indicative list of documents as mentioned below shall be provided by the *Policyholder/Insured Person*, immediately but not later than <<30 days>> of date of *Accident*, to avail the Claim.

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

Documents required for Claims processing:

- a. Duly filled and signed claim form.
- b. Copy of FIR/ Panchnama /Police Inquest Report (if conducted) duly attested by the Police; Copy of Medico Legal Certificate duly attested by the concerned *Hospital/* Police, Final police report attested by Police.
- c. Copy of Death Certificate (issued by the office of Registrar of Births and Deaths)
- d. Copy of Post Mortem report if conducted duly attested by the Police, Copy of viscera report wherever applicable duly attested by the Police.
- e. Copy of Hospital record, if applicable
- f. Original Passenger Ticket / Boarding Pass issued in the name of the *Insured Person* from the *Public Transport* (in case of death in a *Public Transport*). Wherever a named ticket is not available, onus of proof of travel will be upon the *Insured Person*.
- g. Identity proof of *Nominee* or Original Succession Certificate / Original Legal Heir Certificate or any other proof to *Our* satisfaction for the purpose of a valid discharge in case nomination is not filed by deceased.
- h. Disability certificate
- i. Leave/Absence Certificate from Employer (If Employed) Additional documents required under Copy of Birth Certificate and Copy of School ID Card
- j. Study Certificate from the school of the dependent child mentioning the parent's name
- k. Original bills, prescriptions, investigation reports, discharge card wherever applicable
- l. Loss of Employment/Termination Letter indicating the reason for termination, Salary Slip of last 3 months (for salaried persons).
- m. Photo Identity Proof - Voter ID, Passport, PAN Card, Driving License, Ration Card, Aadhar card, or any other proof accepted by the KYC norms as approved by *Us* and which is admissible in court of law.
- n. Cancelled cheque copy

DHFL General Insurance Limited
(A Wholly Owned Subsidiary Of WGC)

4.4.5.4 **Scrutiny of Claim Documents**

- a. We shall scrutinize the Claim and accompanying documents. Any deficiency in documents shall be intimated within five (5) days of its receipt.
- b. If the deficiency in the submitted Claim documents is not furnished or partially furnished within ten (10) working days of the first notification, We shall send a reminder of the same every ten (10) days thereafter.
- c. We will send a maximum of three (3) reminders following which, We will send a rejection letter after 15 days from last reminder.

4.4.5.5 Claim Investigation – We may investigate Claims at Our own discretion to determine the validity of Claim. Such investigation may be concluded within thirty (30) days from the date of receipt of last necessary document of the Claim. Verification carried out, if any, will be done by individuals or entities authorised by Us to carry out such verification/investigation(s) and the costs for such verification/ investigation shall be borne by Us.

4.4.5.6 Settlement & Repudiation of a Claim – We shall ordinarily settle a Claim including rejection within 30 days of the receipt of the last "necessary" documents as stated in Section 4.4.5.3 . However, where the circumstances of a claim warrant an investigation it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document / information.

In such cases, we shall settle the claim within 45 days from the date of receipt of last necessary document.

In case of delay in the payment beyond the stipulated timelines, We shall be liable to pay interest at the rate of two percent (2%) above the Bank Rate or as per the applicable / extant IRDAI regulation. Such interest shall be paid from the date of the receipt of last relevant and necessary document from the insured /claimant by us till the date of the actual payment.

4.4.5.7 **Payment Terms**

- i. All Claims will be payable in India and in Indian rupees.
- ii. We will only make payment to the *Insured Person / Policyholder* under this *Policy*. The receipt of payment by the *Insured Person / Policyholder* shall be considered as a complete discharge of Our liability against any claim under this *Policy*. In the event of *Your* death, We will make payment to the *Nominee / Assignee* (as named in the *Policy Schedule/ Certificate of Insurance*).
- iii. Our total liability in aggregate for all claims under the *Policy* for a specific *Insured Person* shall not exceed the respective *Sum Insured* of that *Insured Person* as mentioned in *Policy Schedule*.
- iv. In case of claims for accidental death of the *Insured Person*, where a *Nominee(s)/Assignee* has not been mentioned in the *Proposal Form*, the claim payment shall be made as per Indian succession law.
- v. If premium is payable in installments and not paid on or before the due date then We will not pay for any claim that occurs during the relaxation period unless the installment premium is paid by You within the relaxation period. We shall have the rights to recover and deduct the pending installment premium towards the *insured person* who has claimed prior to the installment due date from the claim amount due under the *Policy*.

Section – 5 – Grievance Redressal Procedure

At DHFL General Insurance, **we** want **your** relationship with insurance to soar beyond what you've experienced yet. To understand, appreciate, and enjoy insurance—we're here for you. However, if you aren't satisfied—please feel free to connect with **us** on the following channels.

- a. Call *Us* on *Our* Toll Free 1800-123-0004 (From 8 am to 8 pm) for any queries that You may have!
- b. Email *Your Policy* related queries to mycare@dhflinsurance.com
- c. For Senior Citizens, *We* have a special cell and *Our* Senior Citizen customers can email *Us* at seniorcare@dhflinsurance.com for priority resolution
- d. Visit *Our* website www.dhflinsurance.com to register & track *Your* queries
- e. Please walk into any of *Our* branches or partner locations
- f. *You* can also dispatch *Your* letters to *Us* at:

DHFL General Insurance Limited

402, 403 & 404, A & B Wing, 4th Floor, Fulcrum,
Sahar Road, Next to Hyatt Regency,
Andheri (East),
Mumbai, Maharashtra – 400 099

We request you to please mention **your** complete details : Full Name, Policy Number and Contact Details in all your communications, to enable **our** customer experience expert to connect with you and provide you with quickest possible solution.

We'll make sure to acknowledge your service request within 3 working days—and try and resolve it to your satisfaction within 15 working days. That's a promise!

Escalation

Level 1 : While **we** attempt to give you best-in-class and prompt resolution for any concerns—sometimes it may not be perfect. If you felt that you weren't offered a perfect resolution, please feel free to share **your** feedback to **our** Customer Experience team at Manager.CustomerExperience@dhflinsurance.com

Level 2 : If **you** still are not happy about the resolution provided then you may please write to **our** Head Customer Experience and Grievance Redressal Officer at Head.CustomerExperience@dhflinsurance.com or contact GRO at 022 - 40018100.

Level - 3: If you are not happy with the resolution, you may approach IRDAI by calling on the Toll Free no. 155255 (or) 1800 4254 732. You can also register an online complaint on the website <http://igms.irda.gov.in>.

If **your** concern remains unresolved after having followed the above escalation procedure, then **you** may please approach the Insurance Ombudsman for Redressal. To know who **your** Insurance Ombudsman is—simply refer to the list below/overleaf.

Ombudsman & Addresses: Refer the link - <http://ecoi.co.in/ombudsman.html>

S. No.	CONTACT DETAILS	JURISDICTION OF OFFICE
1	<p>AHMEDABAD</p> <p>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@ecoi.co.in</p>	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu
2	<p>BENGALURU</p> <p>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@ecoi.co.in</p>	Karnataka
3	<p>BHOPAL</p> <p>Office of the Insurance Ombudsman, JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 – 2769201 / 2769202 Fax: 0755 – 2769203 Email: bimalokpal.bhopal@ecoi.co.in</p>	States of Madhya Pradesh and Chattisgarh.
4	<p>BHUBANESHWAR</p> <p>Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 – 2596461 / 2596455 Fax: 0674 – 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in</p>	State of Orissa
5	<p>CHANDIGARH</p> <p>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 / 2706468 Fax: 0172 – 2708274 Email: bimalokpal.chandigarh@ecoi.co.in</p>	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
6	<p>CHENNAI</p> <p>Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 – 24333668 / 24335284 Fax: 044 – 24333664 Email: bimalokpal.chennai@ecoi.co.in</p>	State of Tamil Nadu and Union Territories – Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
7	<p>DELHI</p> <p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 – 23239633 / 23237532 Fax: 011 – 23230858 Email: bimalokpal.delhi@ecoi.co.in</p>	State of Delhi

8	<p>GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 – 2132204 / 2132205 Fax: 0361 – 2732937 Email: bimalokpal.guwahati@ecoi.co.in</p>	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
9	<p>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@ecoi.co.in</p>	States of Andhra Pradesh, Telangana and Union Territory of Yanam – a part of the Union Territory of Pondicherry
10	<p>JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg, Gr. Floor, Bhawani Singh Marg, Jaipur – 302 005. Tel.: 0141 – 2740363 Email: Bimalokpal.jaipur@ecoi.co.in</p>	State of Rajasthan
11	<p>ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg, Opp. Cochin Shipyard, M. G. Road, Ernakulam – 682 015. Tel.: 0484 – 2358759 / 2359338 Fax: 0484 – 2359336 Email: bimalokpal.ernakulam@ecoi.co.in</p>	Kerala, Lakshadweep, Mahe – a part of Pondicherry
12	<p>KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA – 700 072. Tel.: 033 – 22124339 / 22124340 Fax : 033 – 22124341 Email: bimalokpal.kolkata@ecoi.co.in</p>	States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands
13	<p>LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow – 226 001. Tel.: 0522 – 2231330 / 2231331 Fax: 0522 – 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p>	District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.

<p>14</p>	<p>MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p>	<p>States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<p>15</p>	<p>NOIDA Office of the Insurance Ombudsman, BhagwanSahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel: 0120-2514250 / 2514251 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p>	<p>States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanoj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur</p>
<p>16</p>	<p>PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in</p>	<p>States of Bihar and Jharkhand</p>
<p>17</p>	<p>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 - 32341320 Email: bimalokpal.pune@ecoi.co.in</p>	<p>States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region</p>

IRDAI Regulation No 17: This **Policy** is subject to regulation 17 of **IRDAI** (Protection of Policyholder's Interests) Regulation 2017 or any amendment thereof from time to time.

Section 6 – Annexure – Non – Medical Expenses List

SR NO	ITEMS	Payable /Non-Payable
I	TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE ITEMS/SIMILAR EXPENSES	
1	HAIR REMOVAL CREAM	Payable - for site preparation
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Payable for 1 (Qty) only in surgical cases of Thoracic or Lumbar Spine
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Payable
26	EYE SHEILD	Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Only sterile gown is payable in surgical cases, otherwise not payable
31	LEGGINGS	Payable in cases of Varicose Veins and DVT if the claim is payable as per the Policy
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable

45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Payable for 1 (Qty) only for Fracture of upper arm cases
59	WEIGHT CONTROL PROGRAMS / SUPPLIES / SERVICES	Not payable, unless specified in policy
60	COST OF SPECTACLES / CONTACT LENSES / HEARING AIDS ETC	Not payable, unless specified in policy
61	HOME VISIT CHARGES	Not payable, unless specified in policy
62	DONOR SCREENING CHARGES	Not Payable
63	ADMISSION / REGISTRATION CHARGES	Not Payable
64	HOSPITALISATION FOR EVALUATION / DIAGNOSTIC PURPOSE	Not Payable
65	EXPENSES FOR INVESTIGATION / TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable
66	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges
67	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS	Payable under OT Charges
68	MICROSCOPE COVER	Payable under OT Charges
69	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER	Payable under OT Charges
70	SURGICAL DRILL	Payable under OT Charges
71	EYE KIT	Payable under OT Charges
72	EYE DRAPE	Payable
73	X-RAY FILM	Payable under Radiology Charges
74	SPUTUM CUP	Payable under Investigation Charges, not as consumable
75	BOYLES APPARATUS CHARGES	Payable under OT Charges
76	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
77	ANTISEPTIC OR DISINFECTANT LOTIONS	Not Payable - Part of Dressing charges
78	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
79	COTTON	Not Payable - Part of Dressing charges
80	COTTON BANDAGE	Not Payable - Part of Dressing charges
81	MICROPORE / SURGICAL TAPE	Not Payable - Part of Dressing charges
82	BLADE	Not Payable
83	APRON	Not Payable - Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
84	TORNIQUET	Not Payable (service is Charged by Hospitals Consumables Cannot Be Separately Charged)
85	ORTHOBUNDLE, GYNAEC BUNDLE	Not Payable - Part of Dressing charges
86	URINE CONTAINER	Not Payable
II	ELEMENTS OF ROOM CHARGE	
87	LUXURY TAX	Part of Room charge not payable separately
88	HVAC	Part of Room charge not payable separately

89	HOUSE KEEPING CHARGES	Part of Room charge not payable separately
90	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of Room charge not payable separately
91	TELEVISION AND AIR CONDITIONER CHARGES	Payable under Room charges
92	SURCHARGES	Part of Room charge not payable separately
93	ATTENDANT CHARGES	Not Payable – Part of Room charges
94	IM IV INJECTION CHARGES	Part of Nursing charges, not payable separately
95	CLEAN SHEET	Part of Laundry/ Housekeeping not payable separately
96	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
97	BLANKET / WARMER BLANKET	Not Payable – Part of Room charges
III	ADMINISTRATIVE OR NON-MEDICAL CHARGES	
98	ADMISSION KIT	Not Payable
99	BIRTH CERTIFICATE	Not Payable
100	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
101	CERTIFICATE CHARGES	Not Payable
102	COURIER CHARGES	Not Payable
103	CONVENYANCE CHARGES	Not Payable
104	DIABETIC CHART CHARGES	Not Payable
105	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
106	DISCHARGE PROCEDURE CHARGES	Not Payable
107	DAILY CHART CHARGES	Not Payable
108	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
109	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
110	FILE OPENING CHARGES	Not Payable
111	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
112	MEDICAL CERTIFICATE	Not Payable
113	MAINTAINANCE CHARGES	Not Payable
114	MEDICAL RECORDS	Not Payable
115	PREPARATION CHARGES	Not Payable
116	PHOTOCOPIES CHARGES	Not Payable
117	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
118	WASHING CHARGES	Not Payable
119	MEDICINE BOX	Not Payable
120	MORTUARY CHARGES	Not payable, unless specified in policy
121	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
IV	EXTERNAL DURABLE DEVICES	
122	WALKING AIDS CHARGES	Not Payable
123	BIPAP MACHINE	Device Not Payable. Rental charges for use during hospital are payable
124	COMMODE	Not Payable
125	CPAP / CAPD EQUIPMENTS	Device Not Payable. Rental charges for use during hospital are payable
126	INFUSION PUMP – COST	Device Not Payable. Rental charges for use during hospital are payable
127	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
128	PULSEOXYMETER CHARGES	Device Not Payable. Rental charges for use during hospital are payable

129	SPACER	Not Payable
130	SPIROMETRE	Payable
131	SPO2 PROBE	Not Payable
132	NEBULIZER KIT	Device Not Payable. Rental charges for use during hospital are payable
133	STEAM INHALER	Not Payable
134	ARMSLING	Payable for 1 (Qty) only for Fracture of upper arm cases
135	THERMOMETER	Not Payable
136	CERVICAL COLLAR	Not Payable
137	SPLINT	Not Payable
138	DIABETIC FOOT WEAR	Not Payable
139	KNEE BRACES (LONG / SHORT / HINGED)	Not Payable
140	KNEE IMMOBILIZER / SHOULDER IMMOBILIZER	Not Payable
141	LUMBO SACRAL BELT	Payable for 1 (Qty) only for Fracture/Surgery Of Lumbar Spine.
142	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, All patients with Paraplegia/Quadriplegia for any reason is payable within Room Limit.
143	AMBULANCE COLLAR	Not Payable
144	AMBULANCE EQUIPMENT	Not Payable
145	MICROSHEILD	Not Payable
146	ABDOMINAL BINDER	Payable for 1 (Qty) only for Post Surgery Patients of Major Abdominal Surgery Including TAH, LSCS, Incisional Hernia Repair, Exploratory Laparotomy for intestinal Obstruction, Liver Transplant Etc.
V	ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION	
147	BETADINE \ HYDROGEN PEROXIDE \ SPIRIT \ DISINFECTANTS ETC	Payable under Hospital services
148	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES	Not Payable
149	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES	Patient Diet provided by hospital is payable
150	SUGAR FREE TABLETS	Payable - Sugar free variants of admissible medicines are not excluded
151	CREAMS POWDERS LOTIONS (Toileteries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed
152	DIGESTION GELS	Payable when prescribed
153	ECG ELECTRODES	Payable
154	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
155	HIV KIT	Payable - payable Pre operative screening
156	LISTERINE / ANTISEPTIC MOUTHWASH	Payable when prescribed
157	LOZENGES	Payable when prescribed
158	MOUTH PAINT	Payable when prescribed
159	NEBULISATION KIT	Payable for IPD patients
160	NOVARAPID	Payable when prescribed
161	VOLINI GEL / ANALGESIC GEL	Payable when prescribed
162	ZYTEE GEL	Payable when prescribed
163	VACCINATION CHARGES	Not payable, unless specified in policy

VI PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
164	AHD	Not Payable - Part of Hospital's internal Cost
165	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
166	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
VII OTHERS		
167	VACCINE CHARGES FOR BABY	Not payable, unless specified in policy
168	TPA CHARGES	Not Payable
169	VISCO BELT CHARGES	Payable for surgical cases like thoracic and lumbar spine
170	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
171	EXAMINATION GLOVES	Not Payable
172	KIDNEY TRAY	Not Payable
173	MASK	Not Payable
174	OUNCE GLASS	Not Payable
175	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not Payable
176	OXYGEN MASK	Not Payable
177	PAPER GLOVES	Not Payable
178	PELVIC TRACTION BELT	Payable for 1 (Qty) only for Of PIVD Requiring Traction.
179	REFERAL DOCTOR'S FEES	Not Payable
180	ACCU CHECK (Glucometry / Strips)	Not Payable
181	PAN CAN	Not Payable
182	SOFNET	Not Payable
183	TROLLY COVER	Not Payable
184	UROMETER, URINE JUG	Not Payable
185	AMBULANCE	Not payable, unless specified in policy
186	TEGADERM / VASOFIX SAFETY	Payable
187	URINE BAG	Payable
188	SOFTOVAC	Not Payable
189	STOCKINGS	Payable in cases of Varicose Veins and DVT if the claim is payable as per the Policy