



HDFC ERGO PAWS N CLAWS

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Insuring Clause

In consideration of Premium paid by **You**, **We** will Indemnify You for the expense incurred by **You** in respect of the **Insured Pet** during the **Policy Period** up to **Sum Insured** mentioned against applicable sections in your policy schedule and subject to waiting period and co-payment as mentioned in the **Policy Schedule/Certificate of Insurance**.

Provided that the liability of the Company in respect of any section or sub section will not individually or in the aggregate exceed the Sum Insured set against such section or sub section in the policy schedule/certificate of insurance.

The Coverage under this **Policy** is subject to statements provided by **You** in the Proposal Form, declarations and/or medical and/or other reports of the Insured Pet (if applicable), and terms and conditions of this **Policy**.

Certain words used in the Coverage description have specific meanings which are mentioned in Definitions and which impacts the Coverage. All such words, where ever mentioned in this document are mentioned in bold to enable **You** to identify that particular word has a specific meaning for which **You** need to refer Section A – Definitions.

A. DEFINITIONS

1. **“Accident” or “Accidental”** means a sudden, unforeseen and involuntary event caused to the Insured Pet by external, visible and violent means.
2. **“Arthroscopic Procedure”** is a minimally invasive surgical procedure on a joint in which an examination and sometimes treatment of damage is performed using an arthroscope, an endoscope that is inserted into the joint through a small incision.
3. **“Arthritic Changes”** means any disease that affects the joints due to inflammation or degeneration of joints.
4. **“Congenital Defects or Abnormalities”** means any condition(s) or disorder(s) present at and existing from the birth of **Insured Pet**, and which is abnormal with reference to form, structure or position of the Insured Pet.
5. **“Commencement Date”** means the commencement date of the **Policy** as specified in the **Policy Schedule**.
6. **“Co-pay or Co-payment”** means a cost sharing requirement under the **Policy** that provides that **You** will bear a specified percentage of the admissible claims amount for the treatment of the **Insured Pet**. A Co-payment does not reduce the Sum Insured.
7. **“Dental Surgery/Treatment”** means any Surgery/ Treatment of the teeth, gums or mouth of the **Insured Pet**.
8. **“Diagnostic Expenses”** means any costs incurred in order to diagnose the **Illness(es)** of the **Insured Pet** covered under this **Policy**, such as blood tests, urinalysis, x-rays, MRIs, lab work, CT scans, ultrasounds etc.
9. **“Family”** means **Your** spouse, children or parents, sisters, brothers, grandparents and grandchildren permanently residing with **You** in the **Your** residence specified in the **Policy Schedule**.
10. **“Illness”** means any change in the normal healthy state of **Insured Pet** as a result of sickness, physical disease, infection, defect or abnormality which is not caused by Injury.
11. **“Injury”** means physical bodily harm caused to the **Insured Pet** due to an **Accident**, excluding **Illness** or disease, which is verified and certified by a **Vet**.
12. **“Incident”** means an identifiable **Illness** or **Injury** or any event arising on a specific date during the **Policy Period**. Repeated, recurring or ongoing incidents shall be considered as one incident for the purposes of claim assessment, and shall include:
 - i. Clinical manifestations resulting in the same diagnosis (regardless of the number of Incidents or areas of the body affected) to which **Insured Pet** has an ongoing predisposition or susceptibility that is related in any way to the original Incident, or;
 - ii. Conditions which are incurable and likely to continue for the remainder of **Insured Pet's** life.
13. **“Insured Pet”** is/are the Insured's pet dog(s) or cat(s) as named in the **Policy Schedule**.
14. **“Vet”** means a licensed veterinarian holding a veterinary qualification recognized under the Indian Veterinary Council Act, 1984 and registered with a State/UT Veterinary Council.
15. **“Medical Expenses”** means those expenses that **You** have necessarily and actually incurred for the medical treatment of the Insured Pet, which is Medically Required, on account of **Illness** or **Accident** on the advice of a **Vet**, as long as these are no more than would have been payable if the **Insured Pet** had not been insured and no more than other **Veterinary hospitals** or Veterinarian or **Veterinary Clinics** in the same locality would have charged for the same medical treatment to the **Insured Pet**.
16. **“Medically Required”** means any treatment which is directly and materially required to provide relief from covered **Illness** or **Injury** or **Surgery**, as certified by the treating **Vet**.
17. **“Policy Period”** is the period between the **Policy Commencement Date** and the **Policy expiry date** specified in the **Policy Schedule**.
18. **“Policy”** means **Your** statements in the proposal form (which are the basis of this **Policy**), this **Policy** wording (including endorsements, if any), and the **Policy Schedule** (as the same may be amended from time to time).
19. **“Policy Schedule/Certificate of Insurance”** means the Schedule attached to and forming part of this **Policy** mentioning the details of the **Insured Pet**, the **Sum Insured**, the period and the limits to which benefits under the **Policy** are subject to (Schedule of coverage), including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.
20. **“Pre Existing Disease”** means the following conditions of the **Insured Pet**:
 - i. changes in **Insured Pet's** health or behaviour which are indicative of diagnosed or undiagnosed Injuries or Illnesses occurring prior to **Policy Commencement Date**;
 - ii. existing Incidents;
 - iii. existing physical abnormalities;

- iv. existing Incidents or physical abnormalities which lead to other health issues or Injuries.
21. **“Sum Insured”** means the amount shown in the **Policy Schedule** which represents Our maximum liability against each section or sub-section during the **Policy period**. With each claim payment, **Sum Insured** shall be reduced by the claim amount paid.
 22. **“Surgery or Surgical Procedure”** means manual and / or operative procedure (s) required for treatment of an **Illness or Injury**, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a **Veterinary hospital or Veterinary Clinics** day care centre by a **Vet**.
 23. **“Terrorism”** An act of terrorism means an act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), or unlawful associations, recognized under Unlawful Activities(Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.
 24. **“Treatment”** means any examination, consultation, advice, tests, drugs or medication administered or prescribed Surgery, nursing or therapy provided in respect of the **Insured Pet** by or under the written direction of a **Vet** including outpatient, specialty and emergency care, hospitalization and surgery.
 25. **Unproven / Experimental Treatment** means treatment including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.
 26. **“Veterinary Clinic”** means a place where a registered Veterinary Practitioner renders services for treatment, prophylaxis, diagnosis, or advice on request of a client.
 27. **“Veterinary Hospital”** means an institution under the charge of a registered Veterinary Practitioner where Veterinary services are available at all times and wherein examination, diagnostic, prophylactic, medical, surgical and extended accommodation services for hospitalized animals are provided. The hospital shall have facility for indoor patients 24x7 & at least minimal facilities for client accommodation.
 28. **“Vet fees”** means the standard, customary and reasonable sums incurred to treat an incident suffered by Insured Pet and normally charged by a Vet practicing in the area in which the **Insured Pet** suffers the incident, including but not limited to any consultation, examination, advice, test, diagnostic procedure, Surgery and/or nursing carried out by a Vet, a veterinary nurse or another member of the **Veterinary Hospital** or **Veterinary Clinic** under the supervision of a Vet Surgeon; and/or any medication or therapy legally prescribed by a **Vet**.
 29. **Waiting Period** means the period where **We** will not be liable for a claim for specified number of days and which will apply before any benefits are payable by **Us**. The waiting period will be computed from the date of commencement of **Policy Period**.
 30. **“We/Our/Us/Company”** means HDFC ERGO General Insurance Company Limited.
 31. **“You/Your/Insured”** means the Insured Person/ Policyholder as named in the Policy Schedule/Certificate of Insurance.

B. COVERAGE

The **Insured Pet** will be covered for the below benefits in accordance with the terms and conditions below, and the claim amount under the **Policy** shall always be subject to the **Sum Insured** specified against each section in the **Policy Schedule/ Certificate of Insurance**, unless otherwise specified:

1. SECTION 1 - COMPREHENSIVE COVER

We will indemnify **You** for expenses incurred for Diagnostic Expenses, any Treatment and Medical Expenses in case the **Insured Pet** is suffering from any **Illness** or a repeating or chronic condition or needs a treatment due to an Accident subject to waiting period and general exclusion's mentioned in section C of this policy wordings

Special Condition:

Expenses incurred on outpatient treatment are excluded unless specifically mentioned in the policy schedule.

Co-payment:

We will pay up to the **Sum Insured** subject to the applicable co-payment as chosen by **You** and mentioned in the **Policy Schedule/Certificate of Insurance**.

2. SECTION 2 - MAKE YOUR OWN PLAN

a. INJURY COVER

We will indemnify **You** if the **Insured Pet** sustains or undergoes following treatments arising out of:

- i. **Animal Bites:** Reasonable **Medical Expenses** incurred on treatment of the **Insured Pet** necessitated by an animal bite carried out by a **Vet** up to a maximum of INR 5,000.

Specific Exclusions:

- a. Treatment costs incurred due to any **illness**,
- b. Treatment of any **injury** other than an animal bite.
- c. Any costs incurred on treating a pre-existing animal bite and any disease arising as a result of such animal bite.
- ii. **Burns & Broken Bones:** Reasonable medical expenses up to 25% of the **Sum Insured** mentioned against **Injury Cover** in the **Policy Schedule/ Certificate of Insurance** or INR 10,000 whichever is less, for treatment of burns and broken bones of the **Insured Pet** resulting from an **Accident**.

Specific Exclusions:

- a. Treatment costs incurred due to any **injury, illness** other than a burn or broken bone suffered due to an **Accident**.

- b. Any costs incurred on treating a pre-existing broken bone or disease arising as a result of such broken bone.
- iii. **Loss of Use of Limbs: We** will indemnify **You** for reasonable **Medical Expenses** incurred on treatment of the **Insured Pet** resulting in the loss of limbs arising out of any accidental **injury** suffered by the **Insured Pet**. The maximum payout will be as below:
- a. **For loss of one limb: We** will pay up to 50% of the **Sum Insured** mentioned against **Injury** Cover in the **Policy Schedule/Certificate of Insurance** (subject to a maximum of INR 25,000).
- b. **For loss of two or more limbs: We** will pay up to 100% of the **Sum Insured** mentioned against **Injury** Cover in the **Policy Schedule/Certificate of Insurance**.
- In case a claim is paid under Section iii (a), a subsequent loss of one limb will not be eligible for a claim under Section iii (b).
- b. **ILLNESS COVER**
- We** will indemnify **You** for reasonable **Medical Expenses** incurred on treatment; if the **Insured Pet** is diagnosed or suffering from any of the **illness** as specified in Table 1 below. The maximum payout will be as below
- a. **Minor illnesses: We** will pay up to 25% of the **Sum Insured** mentioned against this section in the **Policy Schedule/Certificate of Insurance** or INR 15000 whichever is lower.
- b. **Major illnesses: We** will pay up to 100% of the **Sum Insured** mentioned against this section in the **Policy Schedule/Certificate of Insurance**.

Table 1: Illness and Injury

Sl. No.	Category	Specifications	Category
1.	Cancer and Tumour	Benign Tumour (Medical Oncology)	Major
2.	Cardiovascular system	Arteriosclerosis	Minor
		Atrial fibrillation	Minor
		Cardiac arrhythmia	Minor
		Cardiomyopathy	Minor
		Congestive heart failure	Minor
		Endocarditis/ Myocardial effusion/ Myocarditis	Minor
		Mitral valve insufficiency	Minor
		Thrombosis	Minor
3.	Haematological Systems	Pericardial Effusion	Minor
		Haemophilia	Major
4.	Respiratory Systems	Leukaemia	Major
		Emphysema	Minor
		Pneumonia	Minor
		Pharyngitis	Minor
		Kennel Cough	Minor
		Pleural effusion	Minor
		Pyo thorax	Major

Sl. No.	Category	Specifications	Category
5.	Gastro-intestinal Disorders	Liver failure/cirrhosis	Major
		Haemorrhagic Gastro-enteritis (Vomiting with Bloody Diarrhoea)	Minor
		Splenic Disorders / Gastric Dilatation (Bloat)	Minor
		Insulinoma (Pancrea Disorders)	Major
6.	Urinary system Disorders	Acute and chronic renal failure	Minor
		Nephritis/ pyelonephritis	Minor
		Urinary calculi	Minor
		Kidney stone	Minor
		Cystitis	Minor
7.	Lymphoid Systems	Splenic cancer (Benign)	Major
8.	Specialized Therapy	Laser therapy (Only for Post-surgical cases and accidental injuries)	Minor
		Platelet Rich Plasma (PRP) Therapy (Only for accidental injuries and renal failure and other illnesses listed above)	Minor
		Blood Transfusion (Only for accidental injuries or illnesses listed above)	Minor
9.	Other Illness related Surgical intervention (Subject to Vaccination was done)	Canine Distemper	Major
		Leptospirosis	Minor
		Hepatitis	Minor
10.	Skin Related	Due to Internal & External parasites & Protozoal disease	Minor
11.	Reproductive System	Metritis & Endo metritis	Minor
		Pyometra	Minor
		Prolapse & Dystocia	Minor
12.	Haematoma	Aural Haematoma	Minor
		Pus & abscess	Minor
13.	Orthopedic Related	Hip Dysplasia	Minor
14.	Therapeutic Diagnostics		Minor
15.	Arthritis		Minor

c. SURGERY COVER

We will indemnify **You** for reasonable **Medical Expenses** incurred up to the **Sum Insured** if the **Insured Pet** has to undergo any of the **Surgical Procedures** as specified in Table 2 below.

Table 2: Surgeries

Sr. No.	Category
1	Gastric torsion /Gastric Dilation (Bloat)
2	Intussusception
3	Splenic torsion
4	Megacolon
5	Pyloric stenosis
6	Bening gastric / intestinal tumours
7	4th/5th rib removal / Pericardial drainage
8	Diaphragmatic hernia
9	Any kind of surgical intervention on kidney/ urinary bladder/ urethra/ ureter under general Anaesthesia
10	Aural haematoma & Ear Realted surgery
11	Surgical intervention on Eye under general Anaesthesia (Only for penetrating injuries to eyeball)
12	Surgical Intervention for any Cardiovascular Illness/ Injury as covered under "Illness/Injury Cover"
13	Surgery - Tier 1 - (Spine, Cardiac & Neuro surgery)
14	Surgery - Tier 2 (General Surgery - GIT, Urinary & Reproductive, Ophthalmology, Dentistry, Respiratory, Laparoscopy, Surgical Oncology and Abdominal surgeries)
15	Ortho & Dental due to accident & Injury
16	Arthroscopic Procedures necessitated by Injuries
17	Surgeries resulting from Arthritic Changes
18	Surgeries resulting from benign Tumors / Cancer

3. THIRD PARTY LIABILITY COVER

We shall pay up to the **Sum Insured** for an amount that **You** are legally liable under civil or public liability to pay including any legal expenses and costs, for any bodily **Injury** and/or sickness and/or death or property damages of a third party caused by **Insured Pet**.

We will only accept a claim if the loss has occurred during the period of insurance and if the liability has been decided by a competent judicial authority falling under the Jurisdiction of India.

Specific Exclusions:

We will not be liable for any claims caused by or resulting either directly or indirectly from:

- Liability which is expected or intended or assumed by **You**.
- Liability arising out of or in connection with a business engaged in by **You**.
- Claims where no liability is established by a competent court or tribunal or forum constituted under applicable law.
- Any damages, costs and expenses where the **Injury** or damage was caused by the unlawful act or illegal activities including criminal acts, deliberate acts or omissions of the **Insured** or members of **Insured's** Family, oremployed by the **Insured** including staff/caretaker.
- Any Claim arising from breach of quarantine restrictions or import or export rules and regulations.

- Any compensation cost and expenses if the incident happens in an area or place where pets are specifically prohibited unless the Insured Pet escapes and enters the area outside of **Your** control.
- A claim by any person who is part of **Your** Family, lives in **Insured's** residence or any temporary of full time employee/ worker of the **insured**/policy holder including but not limited to any professional or caretaker who is paid to look after the **Insured Pet** or is paid to train the **Insured Pet**.
- Any claim by a **Vets**, trainers, kennel employees, breeders, shop owners, where the incident has occurred in the course of conducting their profession/occupation.
- Any claim for penalty or fines or legal expenses or cost as adjudged by competent criminal court or Government authorities.
- Any claim arising out of any contractual liability.

Optional Cover's :-**1. TRIP CANCELLATION COVER**

In the event of an admissible claim under Section 1 : Comprehensive Cover or Section 2: Make Your Own Plan (as opted by **You**) which directly results in the cancellation or curtailment of a trip, **We** will indemnify **You** up to the **Sum Insured** for the actual non-refundable monetary loss incurred on cost of travel or accommodation including any incremental cost incurred for rescheduling travel, for which **You** are liable and which is not recoverable from any other source.

Special condition:

We will pay only for expenses incurred on domestic Travel.

The travel expenses incurred for alternative travel arrangement must be of the same class and/ or type as the cancelled travel arrangement. Otherwise the lower of cancelled travel arrangements and alternative travel arrangements shall be payable.

Specific Exclusions:

The Company shall not be liable to pay any benefit in respect of **You** for:

- 1) the default of any:
 - a) provider of transport; or
 - b) agent of such provider; or
 - c) agent acting on **Your** behalf
- 2) regulations made by any Government or Public Authority.
- 3) strikes or labour disputes which existed or of which advance warning had been given prior to the date on which a Journey was booked by **You**.
- 4) delay due to the withdrawal from service temporarily or permanently of any Common Carrier on the orders or recommendations of any Port Authority or Aviation Agency or any similar body in any country.
- 5) any business or financial contractual obligations of **You**, Close Business Associate or **Your** Immediate Family.
- 6) a change of plans or disinclination of **You**, Close Business Associate or **Your** Immediate Family to travel on the journey.
- 7) Any cost of international travel.

2. FUNERAL EXPENSES

In case of death of the **Insured Pet** during the **Period of Insurance**, as a result of an event covered under Section 1: Comprehensive Cover or Section 2: Make Your Own Plan (as opted by **You**), **We** will pay the **Sum Insured** mentioned against this section in the **Policy Schedule/Certificate of Insurance**.

3. VALUE ADDED SERVICES:

Veterinary Consultation

This service will be offered exclusively through Vets empaneled with the **Company**. The **Insured Pet** shall be eligible for 4 Telephonic and 2 Video consultations during the policy year with Our empaneled Vets,

Consultations (video or physical) availed at non-empaneled **Vets** will not be covered under this section.

For details on our empaneled Vets, please refer the link provided in **Policy Schedule/Certificate of Insurance**.

C. WAITING PERIOD AND GENERAL EXCLUSIONS

1. Waiting Period

Claims under the Policy are covered subject to the Waiting Period as specified below:

- a. Claims received within 30 days from the first Policy **Commencement date**, under any section of the Policy, shall be excluded except claims arising due to an **Accident**.
- b. Claims arising due to an **Accident** shall be covered after the expiry of a period of 7 days after the date of inception of the **Policy**.

2. General Exclusions

We will not be liable to make any payment under this **Policy** under any circumstances, for any claim directly or indirectly attributable to any of the following unless expressly stated to the contrary in this **Policy**:

- i. Vet Visit Fees for routine check-up, diagnostics or vaccination.
- ii. Out-patient treatments of the **Insured Pet** (This exclusion shall not apply if OPD cover is opted under Section 1: Comprehensive Cover).
- iii. Any claims arising from the treatment of a pre-existing disease and it's direct complications are excluded under the Policy.
- iv. Treatment for any Congenital Abnormalities.
- v. Costs for cosmetic treatment, elective treatment, routine treatment or preventative treatment recommended by a Vet to prevent an Injury or illness. Treatments including but not limited to vaccination, micro-chipping, spaying, castration, Cryptorchidism (retained testes), grooming, nail clipping, dental scaling, whelping, kitting, bathing, dematting, killing and controlling fleas and worms, spaying to prevent the re-occurrence of false pregnancy and any claims as a result of these procedures are excluded.
- vi. Treatment undergone purely for cosmetic or

psychological reasons to improve appearance. However, this exclusion does not apply where such treatments are medically required as apart of treatment for cancer, Accidents and burns to restore functionality.

- vii. Dental Treatment including **Surgical Procedures** for the treatment of bone disease when related to gum disease or damage, or treatment for, or treatment arising from, disorders of the temporomandibular joint except if the treatment is necessitated due to an **Accident**.
- viii. Any claims for diseases for which preventive medicines/vaccines has not been taken.
- ix. In case the regular upkeep of the pet is not maintained in the form of vaccinations, regular check-ups, grooming and routine treatments as necessary, any claims arising due to lack of such care shall be denied.
- x. Any other coverage that is not mentioned in the respective Sections, will not be covered under this **Policy**.
- xi. Any Homeopathic and Herbal medications.
- xii. Any Treatment or prescription by a non-licensed Vet or Veterinary Hospital.
- xiii. Treatment in any hospital or by any Veterinary Practitioner or any other provider of services that We have blacklisted and its communicated to You through various means.
- xiv. Any treatment or diagnostic procedures that is in any way connected with **Insured Pet** being pregnant, subsequent complications, termination of pregnancy, giving birth, or rearing puppies, unless it is a spaying for a medical condition included and listed above.
- xv. The treatment of or training for diagnosed behavioural problems.
- xvi. Supplements and probiotics, any medical or tracking device, pet accessories. even if prescribed/recommended by a **Vet**.
- xvii. Malicious or wilful injury or neglect or gross negligence to **Insured Pet** caused by **You** or **Your** agent or employees or family members.
- xviii. Any Claim arising from expenses incurred for treatment of **Illness** or **Injury** arising out of:
 - o Racing;
 - o Coursing;
 - o Commercial guarding;
 - o Any occupational, professional or business uses of the Insured Pet
Unless specifically covered on payment of additional premium and is specified in **your Policy Schedule**.
- xix. Any claim arising from organized fighting involving the **Insured Pet**.
- xx. Any animal classified as dangerous by State or Central Government Authority.

- xxi. The confiscation or destruction of **Insured Pet** by Government or Public Authorities, or under applicable Indian Laws.
- xxii. Any claim occurring outside the geographical limits of India.
- xxiii. Any claim for cost or fees for procedure/surgery for **Unproven/Experimental treatment**.
- xxiv. Any cost incurred on acupuncture or hydrotherapy, stem cell therapy.
- xxv. Malignant cancer of any type.
- xxvi. Any charge or fees made by **Vet** to complete a claim form or to provide information to support claim.
- xxvii. In case there is a transfer of ownership of the **Insured Pet**.
- xxviii. Any cost incurred which is covered/insured under any other insurance **Policy**.
- xxix. Treatment for teeth or gums if they're damaged due to tooth decay, dental or gum disease.
- xxx. Any consequential loss, howsoever arising.
- xxxi. Any claim for a pet not identified in the **Policy Schedule**.
- xxxii. Any claim arising from theft or disappearance of the **Insured Pet**.
- xxxiii. The **Insured Person** breaking any laws, or regulations, including those relating to animal health or importation.
- xxxiv. If the **Insured Pet** is sold or where any financial interest whatsoever is parted with by the **Insured Person**, whether temporarily or permanently.
- xxxv. Any endemic/pandemic disease as declared by the Indian local authorities or state or central government.
- xxxvi. Any damage or **injury** caused to human or to the animal under section 377 of the Indian penal code.
- xxxvii. Any claim arising out of war or any act of war, invasion, act of foreign enemy, hostilities (whether declared or not), war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, chemical or biological weapons.
- xxxviii. Any act of Terrorism which means an act, including but not limited to the use of force or violence and/ or the threat thereof, by any person or group of persons, whether acting alone or on behalf of or in connection with any organization or government, committed for political, religious, ideological, or ethnic purposes or other reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
- xxxix. Any cost directly or indirectly arising or resulting from, or contributed to or by chemical, biological, biochemical or electromagnetic weapon, device, agent or material, whether controlled or uncontrolled, **Accidental** or otherwise.
- xl. Any **injuries** or **illnesses** or diseases directly or indirectly caused to the **Insured Pet** by ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel the radioactive toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

D. CLAIMS PROCEDURE

On the occurrence of any event that may give rise to a Claim under this **Policy**, the Claims Procedure set out below shall be followed

Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy or our Website.
Claim Intimation Timelines	You shall notify the Company in writing (with full particulars) of the knowledge of the specified events within 24hrs for Mortality Benefit & Major Illness and within 72 hrs for all other sections as specified in the Policy.
Particulars to be provided to Us for Claim notification	<ol style="list-style-type: none"> 1. Duly Completed Claim Form 2. Below details of Insured Pet: <ol style="list-style-type: none"> a. RFID Tagging ID, if available b. Registration Certificate with Local Municipality/ Canine or Kettle Clubs, if available c. Micro Chip Details, if available d. Clinical History (Latest medical reports) 3. Name, Contact Details and address of the attending Vet. 4. Your own Indian bank cancelled cheque copy and bank details. 5. Any other document if required by Us to process the claim.
Claims document for Section 1 & 2	<ol style="list-style-type: none"> 1. Medical bills/ Invoice and Medical Report / History, Diagnostic Reports in original. 2. Photos or 30 second video of injury (bites, broken bones or lost limbs as applicable). 3. Detailed circumstances of the Accident and the names of any witnesses.

Claims document for Third Party Liability Cover	<ol style="list-style-type: none"> 1. Date when You received the first intimation/notice of the incident. 2. Copies of claim demand/notice received by You and response to the same notice, if any. 3. Attested copy of FIR. 4. Detailed description of the events in chronological order resulting in the loss suffered. 5. Quantum of loss along with supporting proofs. 6. Copies of all documentation/ communications exchanged in relation to matter. 7. Award or judgment copy of competent judicial authority.
Claims document for Trip Cancellation Cover	<ol style="list-style-type: none"> 1. Booking invoices received prior to the trip start date. 2. Cancellation invoices from travel agent, tour operator or other holiday sales organisation. Invoices must show the dates and total cost of holiday, confirmation that payment had been made. 3. Official e-mail address of travel agent, tour operator or other holiday sales organisation. 4. Trip Cancellation/Trip Curtailment date and details of non-refundable expenses. 5. Confirmation from a Vet that Insured Pet had to return home for treatment.
Claims document for Mortality Cover	<ol style="list-style-type: none"> 1. Attested copy of Death Certificate. 2. Coloured photograph or 30 second video of the Insured Pet.
Claims documents submission	In case of any Claim for the Insured Events, the list of documents as mentioned above shall be provided by You , immediately but not later than 15 days of date of occurrence of an Insured Event, at own expense to avail the Claim.
Condonation of delay	If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control

E. GENERAL CONDITIONS

i. Addition/ Deletion of Pet:

- In case of addition of pet, premium will be charged with Pro rata basis.
- In case of deletion of pet, No refund will be paid.

ii. Adequate Care

You must adhere to below steps throughout the **Policy Period**:

- Maintain **Insured Pet's** health and well-being.
- Provide a secure and safe environment for **Insured Pet** to prevent **injury, illness, theft** or straying.
- Control **Insured Pet** to prevent **injury** to a person or another animal and damage or destruction to any property.
- **Insured Pet** must be kept vaccinated against distemper, hepatitis, leptospirosis, parvovirus, Rabies, kennel cough and Corona vaccines of good branded companies, complying with WHO norms for manufacture and testing.
- **Insured Pet** must have regular de-worming, grooming and flea treatments and should be provided with a healthy diet.
- **You** must take any actions recommended by a **vet** to prevent or reduce the risk of **injury/illness**.

iii. Fraudulent claim

- If any claim made under the **Policy** is found to be fraudulent, or is supported by any fraudulent means

or devices or software by **You** or anyone acting on their behalf to obtain any benefit under this **Policy** then the **Policy** shall be cancelled ab-initio from the inception date or the renewal date (as the case may be),

- All benefits payable, if any, under such Policy shall be forfeited with respect to such claim,
- All premium shall be deemed fully earned and non-refundable,
- The **Insured** shall reimburse the **Us** for any payments made under this **Policy**.

iv. Geography

Coverage of this **Policy** will be applicable only in the geographical boundary of India.

v. Governing Law & Jurisdiction

Any interpretation of this policy relating to its construction, validity or operation shall be made exclusively in accordance with the Indian laws.

vi. Subrogation

The **insured** and any claimant under the **Policy** shall at the expense of the **Company** do and concur in doing and permit to be done all such acts and things as may be necessary or reasonably required by the **Company** for the purpose of enforcing any rights and remedies or of obtaining relief or indemnity from parties to which the **Company** shall be or would become entitled or subrogated upon their paying for or making good any loss or damage under this **Policy** whether such acts and things shall be or become necessary or required before

or after the **Insured's** indemnification by the **Company**.

vii. Contribution

If at the time of any loss or damage, there is some other insurance policy, apart from this one, insuring the same liability, we shall not be liable for more than the rateable proportion of such loss or damage.

viii. Indian Contract Act 1872

A person or any entity who is not a party to this **Policy** shall have no rights under the Contracts (Rights of Third Parties) Act 2001 or any similar act, common law or any provision of law in any other jurisdiction to enforce any of its terms.

ix. Non-Disclosure or Misrepresentation

If at the time of issuance of **Policy** or during continuation of the **Policy**, the information provided to **Us** in the proposal form or otherwise, by **You** or anyone acting on behalf of **You** is found to be incorrect, incomplete, suppressed or not disclosed, willfully or otherwise, the **Policy** shall be:

- i. cancelled ab initio from the inception date or the **Renewal** date (as the case may be), or the **Policy** may be modified by **Us**, at **Our** sole discretion, upon 30-day notice by sending an endorsement to **Your** address shown in the Schedule and
- ii. the claim under such **Policy** if any, shall be rejected/ repudiated forthwith and no premium will be refunded.

x. Renewal

The **Company** shall be under no obligation to renew the **policy** on expiry of the period for which premium has been paid. The **Company** reserves the right to offer revised rates, terms and conditions at renewal based on claim experience and a fresh assessment of the risk. This policy may be renewed only by mutual consent and subject to payment in advance of the total premium at the rate in force at the time of renewal. The **Company**, however, shall not be bound to give notice that the **policy** is due for renewal or to accept any renewal premium. Unless renewed as herein provided, this **policy** shall automatically terminate at the expiry of the **Policy Period/ Coverage Period**.

xi. Cancellation

i. Cancellation by Insurer

We may cancel the **Policy** or Coverage on grounds of misrepresentation, fraud, non-disclosure of material facts as sought to be in proposal form/enrolment form or non-cooperation by **You**. Cancellation shall be ab initio from the inception date or the **Renewal** date (as the case may be), at our sole discretion upon giving 30 days' notice.

ii. Cancellation by You

You may cancel **Your** Coverage under the **Policy** at any time by giving **Us** written notice. The cancellation shall be from the date of receipt of such written notice. In case of any claim made during the **Policy Year**, no premium will be refunded.

Further, No refund will be provided for premium collected against Value Added Services.

Subject to above, **We** will refund premium in

accordance with the table below:

Month	Policy Tenure 1 Year Rate to be charged
15 days	10% of the Annual rate
1 month	15% of the Annual rate
2 months	30% of the Annual rate
3 months	40% of the Annual rate
4 months	50% of the Annual rate
5 months	60% of the Annual rate
6 months	70% of the Annual rate
7 months	75% of the Annual rate
8 months	80% of the Annual rate
9 months	85% of the Annual rate
>9 Months	Full Annual rate

For Short Period Policy (less than 1 year)

The premium will be retained on Short period basis as per the logic provided herewith provided no claim has been reported in the policy.

- For Policy Period <= 3 Months: No Refund
- For Policy Period > 3 Months: Following short scale grid will be applicable:

Cancellation Period	% Refund of Premium
Within 10% of the Coverage Period	75%
10%-25% of the Coverage Period	60%
25%-50% of the Coverage Period	35%
Exceeding 50% of the Coverage Period	0%

xii. Notification of Claim

In the event of discovery of any specified events or circumstances leading to any specified events as defined under the **Policy**:

- a. The Insured shall notify the Company in writing (with full particulars) of the knowledge of the specified events within 24hrs for Mortality Benefit & Major Illness and within 72 hrs for all other sections as specified in the Policy or Company website.
- b. The Insured shall give all such information and assistance as the Insurer may require.
- c. The Insurer shall verify the claim notified in the area of Coverage through various means and shall notify the acceptance/rejection of such claim to the Insured.
- d. Following reasonable precaution confirmation is required by the Insured to the Insurer:
 - i. The **Insured** has taken due care Management and reasonable precautions to safeguard the **Insured Pet** with **Us**.
 - ii. **Insured** has taken all practical measures to minimize the claims.
 - iii. **Insured** has maintained all required appropriate

Claim documents of his/her **insured Pet** as specified in **policy**.

xiii. Payment of Claim

- i. If there are any deficiencies in the necessary claim documents which are not met or are partially met, **We** will send a maximum of 3 (three) reminders following which **We** will send a closure letter or make a part-payment if **We** have not received the deficiency documents within 45 days from the date of the initial request for such documents.
- ii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, **We** shall offer within a period of 30 days a settlement of the claim to You.
- iii. Upon acceptance of an offer of settlement by **You**, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by **You**.
- iv. However, where the circumstances of a claim warrant an investigation, **We** will 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. In such cases, **We** will settle the claim within 45 days from the date of receipt of last necessary document.
- v. If **We**, for any reason decide to reject the claim the reasons regarding the rejection shall be communicated to **You** in writing within 30 days of the receipt of documents.
- vi. If requested by **Us** and at **Our** cost, You must submit to medical examination of the **Insured Pet** by a **Vet** as often as **We** consider reasonable and necessary. **We/Our** representatives must be permitted to inspect the medical and hospitalization records pertaining to the treatment of **Insured Pet** and to investigate the circumstances pertaining to the claim.
- vii. **We** and **Our** representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim.

xiv. Contact Us

Claim Intimation:	Claim document submission at address
Service No. 022-62346234 / 0120-62346234 Email: care@ hdfcergo.com	The Manager Claims Department HDFC ERGO General Insurance Company Limited 6th Floor Leela Business Park Andheri Kurla Road, Andheri East Mumbai-400059 India

xv. Grievance Redressal Procedure

If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address Your grievance as follows:

1. Our Grievance Redressal Officer

If you have a grievance that you wish us to redress, you may contact us with the details of your grievance through:

- Call Centre - 120 6234 6234 / 022-6234 6234
- Emails – grievance@hdfcergo.com
- Contact Details for Senior Citizens: 022 6242 6226 | Email ID: seniorcitizen@hdfcergo.com
- Designated Grievance Officer in each branch.
- Company Website – www.hdfcergo.com
- Courier - Any of our Branch office or corporate office

You may also approach the Complaint & Grievance (C&G) Redressal Cell at any of our branches with the details of your grievance during our working hours from Monday to Friday.

If you are not satisfied with our redressal of your grievance through one of the above methods, you may contact our Head of Customer Service at

**The Complaint & Grievance Redressal Cell ,
 HDFC ERGO General Insurance Company Ltd.
 D-301,3rd Floor, Eastern Business District (Magnet Mall),
 LBS Marg, Bhandup (West),
 Mumbai – 400078, Maharashtra**

In case you are not satisfied with the response / resolution given / offered by the C&G cell, then you can write to the Chief Grievance Officer of the Company at the following address

**To the Chief Grievance Officer
 HDFC ERGO General Insurance Company Limited
 D-301, 3rd Floor, Eastern Business District (Magnet Mall),
 LBS Marg, Bhandup (West),
 Mumbai - 400078, Maharashtra
 e-mail: cgo@hdfcergo.com**

Grievance may also be lodged at IRDAI Integrated Grievance Management System- <https://bimabharosa.irdai.gov.in>

You may also approach the nearest Insurance Ombudsman for resolution, if your grievance is not redressed by the Company. The contact details of Ombudsman offices are below if your grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the policy
- Delay in settlement of claim
- Dispute with regard to premium
- Non-receipt of your insurance document

You may also refer Our website www.hdfcergo.com " <https://www.hdfcergo.com/customer-care/grievances.html> for detailed grievance redressal procedure.

Names of Ombudsman and Addresses of Ombudsmen Centers

OFFICE DETAILS	JURISDICTION OF OFFICE (UNION TERRITORY, DISTRICT)
<p>AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>
<p>BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>	<p>Karnataka.</p>
<p>BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in</p>	<p>Madhya Pradesh, Chattisgarh.</p>
<p>BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	<p>Orissa.</p>
<p>CHANDIGARH - Dr. Dinesh Kumar Verma 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@cioins.co.in</p>	<p>Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>
<p>CHENNAI - Shri M. Vasantha Krishna 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@cioins.co.in</p>	<p>Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).</p>

OFFICE DETAILS	JURISDICTION OF OFFICE (UNION TERRITORY, DISTRICT)
<p>DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>
<p>GUWAHATI - Shri Kiriti B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>
<p>JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in</p>	<p>Rajasthan.</p>
<p>ERNAKULAM - Ms. Poonam Bodra 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@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>
<p>KOLKATA - Shri P. K. Rath 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@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>

OFFICE DETAILS	JURISDICTION OF OFFICE (UNION TERRITORY, DISTRICT)
<p>LUCKNOW - Shri Justice Anil Kumar Srivastava 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@cioins.co.in</p>	<p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
<p>MUMBAI - Shri Milind A. Kharat 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@cioins.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<p>NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P - 201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanoj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in</p>	<p>Bihar, Jharkhand.</p>
<p>PUNE - Shri Vinay Sah 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.: 020-41312555 Email: bimalokpal.pune@cioins.co.in</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>