

HOME CREDIT ASSURE SHAKTI – POLICY WORDINGS

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1. PREFACE

A. PREAMBLE

This Policy is a contract of insurance issued by **HDFC ERGO General Insurance Company Limited** (hereinafter called the 'Company') to the proposer mentioned in the Certificate of Insurance (hereinafter called the 'Policyholder') to cover the person(s) named in the Certificate of Insurance (hereinafter called the 'Insured Person(s)'). The Policy is based on the statements, sections opted and declarations provided by the Policyholder in the Proposal Form as well as in any welcome or other tele-verification calls with the Company's authorized person and is subject to receipt of the requisite premium.

B. OPERATING CLAUSE

- a. This policy shall be in force **ONLY** if linked with a loan (any kind of loan) **OR** any type of Credit.
- b. The Company will be liable to provide coverage for only those sections that You have opted for and the same is mentioned in the Certificate of Insurance.
- c. The Sum Insured for each section is independent and shall be explicitly mentioned in the Certificate of Insurance against that section.
- d. Any amount payable under any section in this Policy shall be subject to the below
 - i. The terms of coverage of the section
 - ii. Specific conditions applicable
 - iii. Applicable Waiting periods
 - iv. Applicable Exclusions
 - v. Definitions of words
 - vi. Applicable sub-limits
 - vii. Applicable time deductible
 - viii. Type of Policy – Fixed Sum Insured basis OR Reducing Balance Sum Insured Basis
 - ix. Policy Basis - Individual / Multi Individual / Family Floater
- e. Claim under this policy is payable only if date of loss falls during the Policy Period & reported within 30 days from date of loss subject to policy
- f. Termination of specific sections (Applicable only to policies where-in Sum Insured of Both 'Section -3 Major Medical Illness' and 'Section – 4 Personal Accident' is same at the time of proposal')
 - i. In case of Individual & Family floater policies:
 In case we pay a claim under **EITHER** 'Section – 3 Major Medical Illness' **OR** 'Section – 4 Personal Accident', such that 100% of applicable Sum insured amount is entirely paid, then coverage under the other section shall terminate for all Insured Person.

 For Example: If claim of 100% of applicable Sum insured under Section – 3 Major Medical Illness is paid then Coverage under Section – 4 Personal Accident shall terminate, coverage under rest of the sections opted and in-force shall continue for all Insured Person.
 - ii. In case of Multi-Individual policies:

In case we pay a claim under **EITHER** 'Section – 3 Major Medical Illness' **OR** 'Section – 4 Personal Accident', such that 100% of applicable Sum insured amount is entirely paid, then coverage under the other section shall terminate **ONLY** for such Aggrieved Insured Person.

For Example: If claim of 100% of applicable Sum insured for the Aggrieved Insured Person under Section – 3 Major Medical Illness is paid then Coverage under Section – 4 Personal Accident shall terminate only for such Aggrieved Insured Person, coverage under rest of the sections shall continue if in-force for all Insured Persons

- g. Policyholder / Insured Person must read this document in conjunction with the Certificate of Insurance for complete clarity on each sections, terms and conditions and Sum Insured limits applicable.

C. DEFINITIONS

The terms / words defined below have the meanings as described to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same

I. STANDARD DEFINITIONS

- Def. 1. **Accident** or Accidental means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Def. 2. **Any one illness** means continuous period of **Illness** and includes relapse within 45 days from the date of last consultation with the **Hospital/Nursing Home** where treatment was taken
- Def. 3. **AYUSH HOSPITAL** means an AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by *AYUSH Medical Practitioner(s)* comprising of any of the following:
- a. Central or State Government AYUSH Hospital; or
 - b. Teaching hospital attached to AYUSH College recognized by the Central Government /Central Council of Indian Medicine/Central Council for Homeopathy; or
 - c. AYUSH Hospital, standalone or co-located within-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered *AYUSH Medical Practitioner* and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified *AYUSH Medical Practitioner* in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- Def. 4. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health center which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered *AYUSH Medical Practitioner(s)* on day care basis without in-patient services and must comply with all the following criterion:
- i. Having qualified registered *AYUSH Medical Practitioner (s)* in charge;
 - ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

- Def. 5. **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the **Network Provider** by the insurer to the extent pre-authorization is approved.
- Def. 6. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon
- Def. 7. **Co-Payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A **Co-Payment** does not reduce the Sum Insured
- Def. 8. **Congenital Anomaly** means a condition(s) 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.
- Def. 9. **Day care Centre** means any institution established for **Day Care Treatment of Illness** and / or injuries or a medical set -up with a **Hospital** and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion s under: -
- I. has qualified nursing staff under its employment;
 - II. has qualified medical practitioner/s in charge;
 - III. has fully equipped operation theatre of its own where surgical procedures are carried out;
 - IV. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel
- Def. 10. **Day Care Treatment/ Procedures** means those medical treatment, and/or surgical procedure which is
- i) undertaken under General or Local Anaesthesia in a **Hospital/Day Care Centre** in less than 24 hours because of technological advancement, and
 - ii) which would have otherwise required **Hospitalization** of more than 24 hours, Treatment normally taken on an Out-patient basis is not included in the scope of this definition
- Def. 11. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Def. 12. **Domiciliary Hospitalization** means medical treatment for an **Illness/disease/Injury** which in the normal course would require care and treatment at a **Hospital** but is actually taken while confined at home under any of the following circumstances:
- I. the condition of the patient is such that he/she is not in a condition to be removed to a **Hospital**, or
 - II. the patient takes treatment at home on account of non-availability of room in a **Hospital**

- Def. 13. **Emergency Care** means management for an **Illness** or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
- Def. 14. **Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period. (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received).
- Def. 15. **Hospital** means any institution established for In-patient Care and **Day Care Treatment of Illness** and/or injuries and which has been registered as a **Hospital** with the local authorities under the clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
 - has qualified nursing staff under its employment round the clock,
 - has qualified Medical Practitioner(s) in charge round the clock,
 - has a fully equipped operation theatre of its own where surgical procedures are carried out,
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- Def. 16. **Hospitalization** means admission in a **Hospital** for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
- Def. 17. **Illness/ Illnesses** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
- (a) Acute condition - Acute condition is a disease, **Illness** or **Injury** that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ **Illness/ Injury** which leads to full recovery
- (b) Chronic condition - A chronic condition is defined as a disease, **Illness**, or **Injury** that has one or more of the following characteristics:
1. it needs on-going or long-term monitoring through consultations, examinations, check-ups, and /or tests
 2. it needs on-going or long-term control or relief of symptoms

3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 4. it continues indefinitely
 5. 5. it recurs or is likely to recur
- Def. 18. **Injury** means **Accidental** physical bodily harm excluding **Illness** or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- Def. 19. **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.
- Def. 20. **Intensive Care Unit** means an identified section, ward or wing of a **Hospital** which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- Def. 21. **ICU (Intensive Care Unit) Charges** means the amount charged by a **Hospital** towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensive charges.
- Def. 22. **Maternity Expenses** means
- a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean section incurred during **Hospitalization**).
 - b. Expenses towards lawful medical termination of pregnancy during the policy Period.
- Def. 23. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.
- Def. 24. **Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.
- Def. 25. **Medical consultation** is a procedure where a Medical Practitioner reviews an Insured Person's medical history, medically examines the Insured Person and makes recommendations as to care and treatment.
- Def. 26. **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 Medical practitioners in the same locality would have charged for the same medical treatment.

Def. 27. **Medically Necessary treatment** means any treatment, test, medication, or stay in **Hospital** or part of stay in **Hospital** which

- Is required for the medical management of the **Illness** or **Injury** suffered by the Insured Person;
- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
- Must have been prescribed by a Medical Practitioner.
- Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Def. 28. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. Medical Practitioner who is sharing the same residence with the Insured person's and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.

Medical Practitioner (Definition applicable for Global Cover except in India)

Means a licensed medical practitioner acting within the scope of his/her license and who holds a degree of a recognized institution and is registered by the Authorized Medical Council of the respective country.

Def. 29. **New-born Baby** means baby born during the Policy Period and is Aged up to 90 days

Def. 30. **Network Provider** means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a **Cashless facility**.

Def. 31. **Non Network** means any **Hospital, Day Care Centre** or other provider that is not part of the Network

Def. 32. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication

Def. 33. **Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

Def. 34. **Pre-existing Disease** means any condition, ailment, injury or disease: that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or That or which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

Def. 35. **Pre-hospitalization Medical Expenses** means **Medical Expenses** incurred during pre-defined number of days preceding the **Hospitalization** of the Insured Person, provided that:

- i. Such **Medical Expenses** are incurred for the same condition for which the Insured Person's **Hospitalization** was required, and
 - ii. The In-patient **Hospitalization** claim for such **Hospitalization** is admissible by the Insurance Company.
- Def. 36. **Post-hospitalization Medical Expenses** means **Medical Expenses** incurred during pre-defined number of days immediately after the insured person is discharged from the **Hospital** provided that:
 - i. Such **Medical Expenses** are for the same condition for which the insured person's **Hospitalization** was required, and
 - ii. The inpatient **Hospitalization** claim for such **Hospitalization** is admissible by the insurance company.
- Def. 37. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India
- Def. 38. **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.
- Def. 39. **Room Rent** means the amount charged by a **Hospital** towards Room and Boarding expenses and shall include the associated **Medical Expenses**
- Def. 40. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of **Illness/ Injury** involved.
- Def. 41. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an **Illness or Injury**, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a **Hospital or Day Care Centre** by a medical practitioner.
- Def. 42. **Unproven/Experimental Treatment** is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.
- Def. 43. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery

II. SPECIFIC DEFINITIONS

- Def. 1. **Age or Aged** means completed years as per last birthday at the inception/renewal of the Policy and/or during the requisite Policy Year(s)
- Def. 2. **Aggrieved Insured Person** is the Insured person in whose respect a claim has been lodged under policy.
- Def. 3. **Activities of Daily Living** are
- (a) 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
 - (b) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - (c) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa
 - (d) Mobility: the ability to move indoors from room to room on level surfaces;
 - (e) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene
 - (f) Feeding: the ability to feed oneself once food has been prepared and made available
- Def. 4. **AYUSH Treatment** refers to the medical and/or hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
- Def. 5. **Bank** is a financial institution that accepts deposits from the public, creates credit, and provides loans and other financial services.
- Def. 6. **Biological attack or weapons** the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
- Def. 7. **Break in policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.
- Def. 8. **Chemical attack or weapons** means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
- Def. 9. **Commencement Date** means the date and time mentioned in the Policy Schedule / Certificate of Insurance from which the insurance cover under this Policy begins.
- Def. 10. **Date of Loss** means the date on which the event has occurred or commenced which triggers claim under a particular section.
- Def. 11. **Dependents** means only the family members listed below:
- a) Your spouse or husband

- b) Your children Aged between 3 months and 25 years if they are unmarried, still financially dependent on You and have not established their own independent households;
- c) Your natural parents or parents that have legally adopted You, and Your parent in laws
- d) Any other insurable interest, agreed by Us

Def. 17. **Dependent Child** means a natural or legally adopted child or step children of the Insured Person or of his / her spouse who

- (a) ordinarily resides with the Insured Person; and
- (b) is unmarried; and
- (c) is aged between 3 months and 25 years; and
- (d) Financially dependent on the Insured Person

Def. 18. **EMI or EMI Amount** means and includes the amount of monthly (or any other frequency) payment required to repay the principal amount of loan/credit and Interest by the Insured as set forth in the amortization chart referred to in the agreement (or any amendments thereto) between the Bank/Financial Institution and the Insured Person prior to the date of occurrence of the Insured coverage under this Policy. For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the Insured Person 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 Insured. EMI refers to the EMI or Pre EMI on the loan/credit or the Sum Insured, whichever is lower, on the date of loss
(Note: This definition is not applicable to section – 9 EMI Hospitalization)

Def. 19. **Endorsement** means a written amendment to the Policy that the Company makes (additions, deletions, modifications, exclusions or conditions of an insurance Policy) which may change the terms or scope of the original Policy

Def. 20. **Exclusions** refer to specific circumstances or events for which coverage shall NOT be provided under this policy.

Def. 21. **Expiry Date** means the date and time mentioned in the Policy Schedule / Certificate of Insurance post which coverage under this policy shall NOT be provided.

Def. 22. **Family Floater policy or Family policy** means a Policy described as such in the Certificate of Insurance where-in You and/or **Your** Dependents and/or Applicant/Co-Applicant(s) are insured under this Policy. A common Sum Insured shall be available on a floating basis amongst all the Insured Persons.

Def. 23. **Home Contents** means those articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.

Def. 24. **Financial Institution** shall have the same meaning assigned to the term as per Reserve Bank of India Act, 1934 and shall include a Non-Banking Financial Company as defined under section 45 of the Reserve Bank of India Act, 1934

- Def. 25. **General Contents** are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennae, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.
- Def. 26. **Hazardous Activities OR Adventure sports** means ONLY the below-mentioned sport or activities, in which the Insured Person participates as a professional. Such activities / sports include adventure racing, base jumping, biathlon, big game hunting, rafting, BMX stunt, obstacle riding, bobsleighting using skeletons, bouldering, boxing, canyoning, caving/ pot holing, cave tubing, rock climbing / trekking mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, martial arts, micro - lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/ parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, skiing, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling of any type. para-jumping, rafting, horse racing, deep-sea diving, bungee jumping, dessert safari, jungle safari, Amusement park rides, Water Park Rides, Parasailing.
- Def. 27. **Insured Person** means the persons named in the Certificate of Insurance and insured under the Policy and in respect of whom the applicable premium has been received.
- Def. 28. **Insured Property** means Insured's Home Building and Home Contents, or any item of property covered by this Policy.
- Def. 29. **Valuable Contents** of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.
- Def. 30. **Loan or Credit** means the sum of money lent at interest or otherwise to the Insured by any Financial Institution. Details pertaining to such loan shall be as mentioned in the Certificate of Insurance.
- Def. 31. **Loan linked policy** means a policy where in a section of the policy is linked to a loan. Details pertaining to the Loan account number and Financial Institution from which the loan has been taken shall be as mentioned in the Certificate of Insurance. Loan linked policy can be either on fixed sum insured basis or reducing balance sum insured basis. Details pertaining to the same shall be mentioned in the Certificate of Insurance.
- Def. 32. **Life threatening situation** shall mean a serious medical condition or symptom resulting from **Injury** or **Illness** which is not **pre-existing disease**, which arises suddenly and unexpectedly, and requires immediate care and treatment by a **Medical Practitioner**, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person's health, until stabilisation at which time this medical condition or symptom is not considered an Emergency anymore.
- Def. 33. **Lifetime of the Policy** means the entire duration that the policy has been in force for. This includes the initial Policy Period that replenishes and extends further in case of renewals.
- Def. 34. **Market Value** means **Replacement Value** less depreciation

- Def. 35. **Multi-Individual Policy** is a policy where in more than one Individual is covered under a single Policy, each on an Individual Sum Insured basis. Sum Insured of a particular section applicable to each member in a Multi-Individual policy may be different and such Sum Insured shall be explicitly specified in the Certificate of Insurance.
- Def. 36. **Non-instalment Premium Payment** refers to payment of premium for the entire policy period made in advance as a single premium.
- Def. 37. **Personal Effects** means clothing, spectacles, umbrellas, footwear, etc.
- Def. 38. **Policy** means these Policy wordings, the Policy Schedule / Certificate of Insurance and any applicable endorsements or extensions attaching to or forming part thereof, as amended from time to time, and shall be read together. The Policy therefore contains details of coverages applicable to the Insured Person in addition to the exclusions and the terms & conditions applicable under the Policy.
- Def. 39. **Policy period or Coverage Period or Period of Insurance** means the period between the commencement date and the earlier of
- (a) either the expiry date specified in the Certificate of Insurance or
 - (b) the date of termination / cancellation of this Policy
- Def. 40. **Policy Holder** means Person who has proposed the Policy and in whose name the Policy is issued
- Def. 41. **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 to which benefits/sections under the Policy are subject to, including any annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time. Policy Schedule shall be provided to Master Policy Holder of this policy.
- Def. 42. **Policy Year** means a year following the Coverage Period Commencement Date and its subsequent annual anniversary(ies).
- Def. 43. **Principal outstanding** refers to the portion of the principal amount of a loan that remains unpaid at any given point in time. It is essentially the remaining balance of the original loan amount that the borrower still owes to the lender. It is clarified that any amounts including EMIs that are overdue and unpaid to the Bank 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 Insured.
- Def. 44. **Premium** means the amount paid to the Company for this insurance. The Policy Schedule shows the amount of premium for the Policy Period and all other taxes and levies.

- Def. 45. **Public Authority** means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, exact obedience, and command, determine or judge.
- Def. 46. **Reducing balance Sum Insured** means that the sum insured decreases over time and denotes the principal outstanding balance of a loan as on date of loss / Insured's death.
- Def. 47. **Reinstatement Value** means the cost of replacing or reinstating on the same site, property of the same kind or type but not superior to or more extensive than the insured property when new.
- Def. 48. **Single Article** is defined as one distinct physical object having an independent economic value
- Def. 49. **Second Medical Opinion** means a procedure where by upon request of Insured Person, an independent Medical Practitioner reviews and opines on treating Medical Practitioner's recommendation as to care and treatment of Insured Person by reviewing Insured Person's medical status and history.
- Def. 50. **Specified Items** means jewellery, curios, antiques, pictures and other works of art, collection of stamps, coins and medals
- Def. 51. **Specific Conditions** refers to all the conditions applicable under a particular section of policy.
- Def. 52. This definition is applicable to section 3 to section 9: **Sum Insured** means the amount shown in the Policy Schedule / Certificate of Insurance against each section which represents the Company's maximum liability in respect to that section. The Sum Insured shall be on Fixed sum insured basis OR Reducing balance sum insured basis as mentioned in certificate of Insurance. In case of multi-Individual policies, Sum Insured applicable to each Insured Person shall be specified against the name of the Individual in the Certificate of Insurance. In case of family floater policies Sum Insured stipulated in the Certificate of Insurance is shared amongst all Insured Persons under the Policy.
- Def. 53. **Sub-limit** is a limit within the Sum Insured of a section. The Insurer shall NOT be liable to pay any amount in excess of such pre-defined limit for the specific section / sub-section. The Sub-limit amount for a section / sub-section shall be applicable as specified in the Certificate of Insurance against the relevant section under the Policy.
- Def. 54. **Time Deductible** means a cost sharing requirement under the policy that provides that the Insurer will not be liable for a specified number of hours/days, which will apply before any benefits/sections are payable by the insurer. A Time Deductible does not reduce the sum insured. Time Deductibles under this policy shall work on a per-claim basis.

Time Deductible applicable for a section shall be as specified in Certificate of Insurance under that section.

- Def. 55. **Total Loss** means a situation where the Insured Property or item is completely destroyed, lost or damaged beyond retrieval or repair or the cost of repairing it is more than the Sum Insured for that item or in total.
- Def. 56. **We/Our/Us/Insurer/The Company** means HDFC ERGO General Insurance Company Limited
- Def. 57. **You/Your/Insured Person/Insured** means the Person/s who are covered under this Policy as per Certificate of Insurance.
- Def. 58. **Waiting Period** means a time period during which no claims will be payable under a section, if the incident / event has transpired during such period.
- Def. 59. **Policyholder** means the entity or person named as such in the Policy Schedule / Certificate of Insurance.
- Def. 60. **Your Home Building** is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a dwelling place described in detail as per 'Home Building and Contents Cover' section of this Policy.

III. SPECIFIC DEFINITIONS PERTAINING TO Section 3- MAJOR MEDICAL ILLNESS and Section 7 – LOSS OF INCOME - MAJOR MEDICAL ILLNESS

1. Cancer of specified severity

- I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following are excluded:
 - a. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
 - b. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - c. Malignant melanoma that has not caused invasion beyond the epidermis;
 - d. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
 - e. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
 - f. Chronic lymphocytic leukemia less than RAI stage 3
 - g. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

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

2. Open Chest CABG

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

3. Kidney Failure requiring regular dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

4. Myocardial Infarction

(First Heart Attack of specific severity)

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

5. Open Heart Replacement or Repair of Heart Valves

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

6. Major Organ/Bone Marrow Transplantation

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

7. Multiple Sclerosis with persisting symptoms

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

8. Permanent Paralysis of Limbs

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

9. Stroke resulting in permanent symptoms

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

10. Benign Brain Tumor

- I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

- II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
 - a. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - b. Undergone surgical resection or radiation therapy to treat the brain tumor.
- III. The following conditions are **excluded**:
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

11. Coma of specified severity

- I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
 - 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.
- II. The condition has to be confirmed by a specialist medical practitioner.
 - a. Coma resulting directly from alcohol or drug abuse is excluded.

12. Parkinson's Disease

- I. The occurrence of Parkinson's Disease where there is an associated Neurological Deficit that results in Permanent Inability to perform independently atleast three of the activities of daily living as defined below.
 - a. Transfer: Getting in and out of bed without requiring external physical assistance
 - b. Mobility: The ability to move from one room to another without requiring any external physical assistance
 - c. Dressing: Putting on and taking of all necessary items of clothing without requiring any external physical assistance
 - d. Bathing/Washing: The ability to wash in the bath or shower (including getting in and out of the bath or shower) or wash by other means
 - e. Eating: All tasks of getting food into the body once it has been prepared
- II. Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

13. Alzheimer's Disease

Clinically established diagnosis of Alzheimer's Disease (presenile dementia) resulting in a permanent inability to perform independently three or more activities of daily living – bathing, dressing/undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication – or resulting in need of supervision and permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months.

14. Surgery of Aorta

The actual undergoing of medically necessary **surgery** for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of

this definition aorta shall mean the thoracic and abdominal aorta but not its branches. Traumatic **injury** of the aorta is excluded.

15. End Stage Liver Failure

- I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
 - a. Permanent jaundice; and
 - b. Ascites; and
 - c. Hepatic encephalopathy.
- II. Liver failure secondary to drug or alcohol abuse is **excluded**.

16. Deafness

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

17. Loss of Speech

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

18. Third Degree Burns

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

19. Medullary Cystic Disease

- I. Medullary Cystic Disease where the following criteria are met:
 - a. the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
 - b. clinical manifestations of anemia, polyuria, and progressive deterioration in kidney function; and
 - c. the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.
- II. Isolated or benign kidney cysts are specifically excluded from this benefit.

20. Motor Neuron Disease with Permanent Symptoms

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

21. Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterized by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a Registered **Medical practitioner** who is a consultant neurologist. The condition must result in the inability of the **Insured** to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.

Activities of daily living:

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

22. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- a. Positive result of the blood culture proving presence of the infectious organism(s);
- b. Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
- c. The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered **Medical practitioner** who is a cardiologist.

23. Primary (Idiopathic) Pulmonary Hypertension

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the

- degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
 - a. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - b. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
 - III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

24. Dissecting Aortic Aneurysm

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

25. Systemic Lupus Erythematosus with Lupus Nephritis

- I. A multi-system autoimmune disorder characterized by the development of autoantibodies directed against various self-antigens. In respect of this Cover, systemic lupus Erythematosus will be restricted to those forms of systemic lupus Erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a Registered **Medical practitioner** specializing in Rheumatology and Immunology.
- II. The WHO Classification of Lupus Nephritis:
 - Class I Minimal Change Lupus Glomerulonephritis
 - Class II Messangial Lupus Glomerulonephritis
 - Class III Focal Segmental Proliferative Lupus Glomerulonephritis
 - Class IV Diffuse Proliferative Lupus Glomerulonephritis
 - Class V Membranous Lupus Glomerulonephritis

26. Apallic Syndrome

- I. Universal necrosis of the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a Neurologist and the condition must be documented for at least one month.

27. Aplastic Anemia

- I. Chronic persistent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
 - a. Blood product transfusion;
 - b. Marrow stimulating agents;
 - c. Immunosuppressive agents; or
 - d. Bone marrow transplantation.
- II. The diagnosis must be confirmed by a hematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:
 - a. Absolute neutrophil count of less than 500/mm³ or less
 - b. Platelets count less than 20,000/mm³ or less
 - c. Reticulocyte count of less than 20,000/mm³ or less
- III. Temporary or reversible Aplastic Anemia is excluded.

28. Bacterial Meningitis

- I. Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal chord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by:
 - a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
 - b. A consultant neurologist.

29. Cardiomyopathy

- I. An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered **Medical practitioner** who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association Classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:
Class IV – inability to carry out an activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.
- II. The Diagnosis of Cardiomyopathy has to be supported by echo graphic findings of compromised ventricular performance.
- III. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

30. Other Serious Coronary Artery Disease

- I. Severe coronary artery disease in which at least three (3) major coronary arteries are individually occluded by a minimum of sixty percent (60%) or more, as proven by coronary angiogram only (non-invasive diagnostic procedures excluded).

- II. For purposes of this definition, “major coronary artery” refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).

31. Creutzfeldt-Jacob Disease (CJD)

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

32. Encephalitis

- I. Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a Registered **Medical practitioner** who is a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks.

33. End Stage Lung Failure

- I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
 - a. FEV1 test results consistently less than 1 liter measured on 3 occasions 3 months apart; and
 - b. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
 - c. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($\text{PaO}_2 < 5\text{mmHg}$); and
 - d. Dyspnea at rest.

34. Fulminant Hepatitis

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

35. Eisenmenger's Syndrome

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

36. Major Head Trauma

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

37. Chronic Adrenal Insufficiency (Addison's Disease)

- I. An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for lifelong glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a Registered **Medical practitioner** who is a specialist in endocrinology through one of the following:
 - a. ACTH simulation tests;
 - b. insulin-induced hypoglycemia test;

- c. plasma ACTH level measurement;
 - d. Plasma Renin Activity (PRA) level measurement.
- II. Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

38. Progressive Scleroderma

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

39. Progressive Supranuclear Palsy

Confirmed by a Registered **Medical practitioner** who is a specialist in neurology of a definite diagnosis of progressive Supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.

40. Blindness

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

41. Chronic Relapsing Pancreatitis

- I. An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Registered **Medical practitioner** who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterized by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence.
- II. Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

42. Elephantiasis

- I. Massive swelling in the tissues of the body as a result of destroyed regional lymphatic circulation by chronic filariasis infection. The unequivocal diagnosis of elephantiasis must be confirmed by a Registered **Medical practitioner** who is a specialist physician. There must be clinical evidence of permanent massive

- swelling of legs, arms, scrotum, vulva, or breasts. There must also be laboratory confirmation of microfilariae infection.
- II. Swelling or lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.

43. Brain Surgery

The actual undergoing of **surgery** to the brain under general anaesthesia during which a craniotomy is performed. Keyhole **surgery** is included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolizations, thrombolysis and stereotactic biopsy are all excluded. Brain **surgery** as a result of an Accident is also excluded. The procedure must be considered medically necessary by a Registered **Medical practitioner** who is a qualified specialist.

44. Pneumonectomy

The undergoing of **surgery** on the advice of a specialist **Medical Practitioner** to remove an entire lung for disease or traumatic injury suffered by the **Insured Person**.

The following conditions are excluded:

- I. Removal of a lobe of the lungs (lobectomy)
- II. Lung resection or incision

45. Terminal illness

The conclusive diagnosis of an **illness**, which in the opinion of a Registered **Medical practitioner** who is an attending Consultant and agreed by **our** appointed Registered Medical practitioner, life expectancy is no greater than twelve (12) months from the date of notification of claim, regardless of any treatment that might be undertaken.

46. Myelofibrosis

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

47. Pheochromocytoma

- I. Presence of a neuroendocrine tumor of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of **surgery** to remove the tumor.

- II. The Diagnosis of Pheochromocytoma must be confirmed by a Registered **Medical practitioner** who is an endocrinologist.

48. Crohn's Disease

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

49. Severe Rheumatoid Arthritis

- I. Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:
 - a. Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
 - b. Permanent inability to perform at least two (2) "Activities of Daily Living"; as listed below
 - 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.
 - c. Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
 - d. The foregoing conditions have been present for at least six (6) months.

50. Severe Ulcerative Colitis

- I. Acute fulminant ulcerative colitis with life threatening electrolyte disturbances.
- II. All of the following criteria must be met:
 - a. the entire colon is affected, with severe bloody diarrhoea; and
 - b. the necessary treatment is total colectomy and ileostomy; and

- c. the diagnosis must be based on histopathological features and confirmed by a Registered **Medical practitioner** who is a specialist in gastroenterology.

51. Cardiac arrest

The sudden and unexpected loss of; heart function, breathing and consciousness which usually results from an electrical disturbance in the heart that disrupts its pumping action, stopping blood flow to the rest of the body resulting in either the death of the Insured Person or either of the following;

- i. Surgical implantation of Implantable Cardioverter-Defibrillator (ICD)
- ii. Surgical implantation of Cardiac Resynchronization Therapy with Defibrillator (CRT-D)

For the above definition, following is not covered

- i. Insertion of Defibrillator without Cardiac Arrest
- ii. Cardiac arrest Secondary to alcohol or Drug Misuse
- iii. Cardiac arrest due to Injury or Accident resulting in **Insured Person's** death.

52. Angioplasty

Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

- I. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- II. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

53. Molecular Gene profiling test

Molecular gene profiling is a laboratory test that examines the genetic makeup of cells or tissues to identify specific mutations, gene expression or molecular signature. It helps in diagnosing disease, predicting disease progression, and guiding personalized treatment decisions, especially in oncology

IV. SPECIFIC DEFINITIONS PERTAINING TO Section 4 - PERSONAL ACCIDENT and Section 5 – DEPENDENT CHILD EDUCATION BENEFIT

- Def. 1. **Limb** means the hand above the wrist joint or foot above the ankle joint.
- Def. 2. **Loss of Hearing** means the total and irrecoverable Loss of Hearing.
- Def. 3. **Loss of Mastication** means the total and irrecoverable loss of ability to chew food.
- Def. 4. **Loss of Sight** means the total and irrecoverable Loss of Sight. This is considered to have occurred if the degree of sight remaining after correction is 3 / 60 or less on the Snellen Scale
- Def. 5. **Loss of Speech** means the total and irrecoverable Loss of Speech
- Def. 6. **Permanent Disablement** means a condition emanating from an Injury that causes irreversible loss of function of a specified body part or system and is likely to continue for the remainder of the insured person's life. The disablement must be certified in writing by a medical practitioner.
- Def. 7. **Permanent Total Disablement** means a disablement emanating from an Injury such that it completely, continuously, and permanently prevents the insured person from engaging in his current occupation chores or employment for remuneration or profit as on date of loss. A Permanent Total Disablement must necessarily be certified in writing by a medical practitioner as being beyond hope of recovery. Disability certificate from a government certified Medical Practitioner or government Hospital confirming the extent and nature of disability and its percentage is must.

V. SPECIFIC DEFINITIONS PERTAINING TO Section 8- VECTOR BORNE DISEASE COVER (BENEFIT)

1. Dengue

Diagnosis of Dengue Fever should be confirmed by a Medical Practitioner and Laboratory examination result countersigned by a pathologist/ microbiologist confirms the following:

- a. Immunoglobulins/PCR test showing positive results for Dengue

2. Malaria

Diagnosis of Malaria should be confirmed by a Medical Practitioner with confirmatory tests indicating presence of Plasmodium Falciparum/ Vivax/ Malariae in the patient's blood by laboratory examination countersigned by a pathologist/microbiologist in peripheral blood smear or positive rapid diagnostic test (antigen detection test).

3. Chikungunya

Chikungunya is characterized by an abrupt onset of fever with Joint pain. Other common signs and symptoms include muscle pain, headache, nausea, fatigue and rash.

The diagnosis must be documented by a Medical Practitioner and by Serological tests, such as enzyme-linked immunosorbent assays (ELISA), confirming the presence of IgM and IgG anti-chikungunya antibodies.

4. Japanese Encephalitis

Characterized by rapid onset of high fever, headache, neck stiffness, disorientation, coma, seizures, spastic paralysis. To confirm Japanese Encephalitis (JE) infection and to rule out other causes of encephalitis, a laboratory testing of serum or preferably cerebrospinal fluid shall be required.

The diagnosis must be confirmed by a Medical Practitioner and positive serological test for JE by immunoglobulin M (IgM) antibody capture ELISA (MAC ELISA) for serum and cerebrospinal fluid (CSF).

5. Kala-azar

Visceral leishmaniasis, also known as Kala-azar, is characterized by irregular bouts of fever, substantial weight loss, swelling of the spleen and liver, and anaemia.

The diagnosis must be confirmed by a Medical Practitioner and by parasite demonstration in bone marrow/spleen/lymph node aspiration or in culture medium as the confirmatory diagnosis or positive serological tests for Kala-azar should clearly indicate the presence of this disease.

6. Filariasis

Commonly known as Elephantiasis, must be confirmed by a Medical Practitioner and the laboratory examination countersigned by a pathologist must be documented with

presence of microfilariae in a blood smear by microscopic examination and along with any two of the following criteria:

- a. Lymphoedema,
- b. Elephantiasis,
- c. Scrotal swelling

7. Zika Virus

People with Zika virus disease can have symptoms like mild fever, skin rash, conjunctivitis, muscle and joint pain, malaise or headache.

A diagnosis of Zika virus infection should be confirmed by a Medical Practitioner and by plaque-reduction neutralization testing (PRNT). PRNT is performed by CDC (Centers for Disease Control and Prevention) or a CDC-designated confirmatory testing laboratory to confirm presumed positive, equivocal, or inconclusive IgM results

2. BENEFITS COVERED UNDER THE POLICY

All sections under '2. Benefits covered under the Policy' can be opted on a standalone basis. Sections that have been opted and thus in force for the Insured Person shall be stipulated in the Certificate of Insurance. Each section given below has an independent and separate Sum Insured. Details pertaining to Sum Insured shall be as stipulated in the Certificate of Insurance against the section opted.

For this policy to be in-force the below conditions need to be complied with

- A. A minimum of 2 sections must be opted
- B. It is mandatory that one section opted should be either
 - i. Section 3 - Major Medical Illness OR
 - ii. Section 4 – Personal Accident

SECTION 1 – HOME BUILDING AND CONTENTS COVER

Clause A. Details about this Section and the Insurance Contract

1. To whom this Section is issued and what it covers:

- a. This section is issued to You and covers You and/or Your Home Building and/or Home Contents as mentioned in the Certificate of Insurance.
- b. If more than one person is insured under this section, each of You is a joint policyholder. Any notice or letter We give to any of You will be considered as given to all of You. Any request, statement, representation, claim or action of any one of You will bind all of You as if made by all of You.
- c. If You have mortgaged, pledged or hypothecation Your Home Building and/or Home Contents with a Bank, the Certificate of Insurance will show an 'Agreed Bank Clause' and the name of such Bank. The terms and conditions of this arrangement will be added to this section as an additional clause.

2. Special meaning of certain words: Words stated in the table below have a special meaning throughout this section and also in the Certificate of Insurance and Endorsements applicable to this section.

Words defined in below table are applicable to this section only

Word /s	Specific meaning
Fire	The term 'fire' means actual ignition or burning, under accidental or fortuitous circumstances.

Explosion / Implosion	<p>a. An explosion is “a sudden violent burst with a loud sound”. Explosion causes damage by rupturing, shattering, cracking etc. of property. Explosion damage is evidenced by broken machinery, shattered glass, splintered timbers and widely scattered debris.</p> <p>b. Implosion means bursting inward or collapse due to external pressure.</p>
Earthquake, volcanic eruption, or other convulsions of nature	Means seismic activity or a violent and abrupt shaking of the ground, caused by movement between tectonic plates along a fault line in the earth's crust; usually dependent on magnitude, peak ground acceleration or velocity.
Riot, strike, malicious Damage	<p>Riot & Strike means Direct visible physical loss, destruction or damage by external violent means caused to the property</p> <p>Malicious Damage means destruction/loss/damage to insured property on account of intentional act of others.</p>
Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado	<p>i. Storm Means an event with extreme atmospheric conditions such as strong winds with or without heavy rain, thunder, lightning, hail or snow recorded at a particular location.</p> <p>ii. Cyclone/Hurricane/Typhoon/Tempest Means a type of STORM system characterized by large scale air mass that rotates around a center of low atmospheric pressure.</p>
Tsunami, Flood and Inundation	<p>i. Tsunami Means waves caused by sudden movement of the ocean surface due to earthquakes, landslides on the sea floor, land slumping into the ocean, large volcanic eruptions, meteorite impact in the ocean. This peril shall be covered only when “Earthquake, volcanic eruption, or other convulsions of nature” peril is covered under the ‘HOME BUILDING AND CONTENTS COVER’ section</p> <p>ii. Flood and Inundation Means temporary accumulation of water in a normally dry area resulting in a rise in water levels in that area due to heavy rainfall, over flow of inland or tidal waters, flash flood or storm, cyclone, hurricane or typhoon.</p>

Leakage from automatic sprinkler installation	Means automatic sprinkler installation that is designed to automatically discharge water when a fire takes place. Damage caused by water is thereby payable as damage by fire. However, there may be accidental leakage from the installation, when there is no fire. This risk covers the damage caused thereby.
Bush fire, Forest fire, Jungle fire	Means occurrence of fire due to accidental burning of vegetation, grass etc including but not limited to Wildfire of forestry or plantations resulting in lost yields, burnt areas.
Smoke Damage	means repainting of the building insured directly caused by smoke which is sudden and accidental in nature, whether generated from within the Insured premises or from outside the insured premises, but excluding smoke from fireplaces.
Carpet Area	<ol style="list-style-type: none"> for the main building unit of Your Home, it is the net usable floor area, excluding the area covered by the external walls, areas under services shafts, exclusive balcony or verandah area and exclusive open terrace area, but including the area covered by the internal partition walls of the residential unit; for any enclosed structure on the same site, it is the net usable floor area of such structure; and for any balcony, verandah area, terrace area, parking area, or any enclosed structure that is part of Your Home, it is 25% of its net usable floor area.
Cost of Construction	<p>The amount required to construct Your Home Building at the Commencement Date.</p> <p>This amount is calculated as follows:</p> <ol style="list-style-type: none"> For residential structure of Your Home including Fittings and Fixtures: Carpet Area of the structure in square metres X Rate of Cost of Construction at the Commencement Date. The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the Commencement Date as declared by You and accepted by Us and shown in the Certificate of Insurance / Policy schedule. For additional structures: the amount that is based on the prevailing rate of Cost of Construction at the Commencement Date as declared by You and accepted by Us.
Kutcha Construction	Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/canvas/tarpaulin and the like.
Pucca Construction	Construction other than Kutcha Construction.
Saleable Value	It is the purchase cost of flat or apartment or a value which can be realized if Flat or Apartment is sold on the date of proposal for insurance.
First Loss limit	It is the sum insured of the property that is exposed to loss or damage in a single loss occurrence.
Spouse	Your wife or husband.

Sum Insured	The amount shown as Sum Insured in the Certificate of Insurance and as described in Clause C (4) and Clause D (2) of this section. It represents Our maximum liability for each cover or part of cover and for each loss.
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Clause B. Insured Events

We give insurance cover for physical loss or damage, or destruction caused to Insured Property by the following unforeseen events occurring during the Policy Period.

The events covered are given in Column A unless otherwise stated in the Certificate of Insurance and those not covered in respect of these events are given in Column B.

	Column A	Column B
	We cover physical loss or damage, or destruction caused to the Insured Property by	We do not cover any loss or damage, or destruction caused to the Insured Property
1.	Fire	<ul style="list-style-type: none"> ▪ its own fermentation, natural heating or spontaneous combustion ▪ its undergoing any heating or drying process ▪ caused by burning of Insured Property by order of any Public Authority.
2.	Explosion or Implosion	Excluding destruction or damage caused to the boilers (other than domestic boilers), economizers, or other vessels in which steam is generated, machinery or apparatus subject to centrifugal force by its own explosion / implosion.
3.	Lightning i.e. damages caused by lightning, whether fire results or not.	-
4.	Earthquake, volcanic eruption, or other convulsions of nature	-
5.	Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado	-
6.	Tsunami, Flood and Inundation	-
7.	Subsidence of the land on which Your Home Building stands, Landslide, Rockslide, Avalanche	caused by <ul style="list-style-type: none"> a. normal cracking, settlement or bedding down of new structures, b. the settlement or movement of made up ground, coastal or river erosion, c. defective design or workmanship or use of defective materials, or d. demolition, construction, structural

		alterations or repair of any property, or e. groundworks or excavations.
8.	Bush fire, Forest fire, Jungle fire	-
9.	Impact damage of any kind, i.e., damage caused by impact of, or collision caused by any external physical object (e.g. vehicle, falling trees, aircraft, wall etc.)	caused by pressure waves caused by aircraft or other aerial or space devices travelling at sonic or supersonic speeds.
10.	Missile testing operations i.e. conducted by the Government of India	-
11.	Riot, Strikes, Malicious Damages	caused by a. temporary or permanent dispossession, confiscation, commandeering, requisition or destruction by order of the government or any lawful authority, or b. temporary or permanent dispossession of Your Home by unlawful occupation by any person or prevention of access to the same. c. Total or partial cessation of work or the retarding or interruption or cessation of any process or operations or omissions of any kind.
12.	Bursting or overflowing of water tanks, apparatus and pipes.	-
13.	Leakage from automatic sprinkler installations.	a. repairs or alterations in Your Home or the building in which Your Home is located, b. repairs, removal or extension of any sprinkler installation, or c. defects in the construction known to You.
14.	Theft within 7 (seven) days from the occurrence of and proximately caused by any of the above Insured Events.	if it is a. of any article or thing outside Your Home, or b. of any article or thing attached from the outside of the outer walls or the roof of Your Home, unless securely mounted.

15.	<p><u>Loan value cover for Flats & Apartment:</u></p> <p>In the event of Total Loss of the insured property which is under course of construction and the possession is not taken by You; If you opt not to Reconstruct or Reinstate or retain the damaged property and instead opt to abandon the insured property to Us vesting Us all your rights including the right to reconstruct the insured property, we will reimburse an amount equal to the actual payments made to the builder / developer till the date of such total loss.</p> <p>'HOME BUILDING AND CONTENTS COVER' section will cease to exist after payment of claim under this cover</p>	-.
16.	<p><u>Costs compelled by Municipal Regulations:</u></p> <p>We pay such additional cost of reconstruction or reinstatement of the Insured Property that is incurred solely because You must comply with any regulations or bye-laws of any municipal or local authority, or any provision of any State or Central Act, Rules or regulations. We cover these costs on the following conditions:</p> <p>i. You must commence the repairs, or reconstruction or reinstatement of the Insured Property, within a reasonable time after the date of damage or destruction. You must complete the repairs, reconstruction or reinstatement within reasonable time, in any case not beyond 12 months from the date of damage of destruction, or within such time as We may allow in writing.</p> <p>ii. If Our Liability is reduced under any term or condition of this section, Our liability under this extension will also be proportionately reduced.</p> <p>iii. All other terms and conditions of this section will apply to this extension</p>	<p>These costs will not include</p> <p>a. the costs incurred for complying with such regulations,</p> <ul style="list-style-type: none"> • for destruction or damage occurring before Commencement Date, • for destruction or damage not insured under this section • under which You have received notice before the destruction or damage occurred. <p>b. any additional cost required to repair or reconstruct the Insured Property to a condition equal to its condition when new, had the need to comply with the regulation not arisen.</p> <p>c. the amount of any rate, tax, duty, development or other charge or assessment arising out of capital appreciation which may be payable in respect of the Insured Property or by the owner thereof by reason of compliance with any of the aforesaid regulations or bye-laws.</p>
17.	<p><u>Smoke Damage</u></p> <p>This section is extended to cover repainting of the building insured directly caused by smoke which is sudden and accidental in nature,</p>	-

	<p>whether generated from within the Insured premises or from outside the insured premises, but excluding smoke from fireplaces.</p> <p>Conditions:</p> <p>I. The coverage is up to 1% of the Sum Insured.</p> <p>In the event of loss, reinstatement premium shall have to be paid on a pro rate basis to reinstate cover.</p>	
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Clause C: Home Building Cover

1. What We cover

We cover physical loss or damage, or destruction of Your Home Building because of any Insured Event listed in **Clause B** of this section. We also cover architect's, surveyor's, consulting engineer's fees, cost of removing debris as specified under **Clause C (5) (f)** of 'HOME BUILDING AND CONTENTS COVER' section

2. Your Home Building

- a. **Your Home Building** is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a building place including building under course of construction only if the insured property is a Flat or Apartment.
- b. **Your Home Building includes**
 - i. fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings.
 - ii. the following 'additional structures' if they are on the same site, and are used as part of Your Home Building:
 - a) garage, domestic out-houses used for residence, parking spaces or areas, if any
 - b) compound walls, fences, gates, retaining walls and internal roads,
 - c) verandah or porch and the like,
 - d) septic tanks, bio-gas plants, fixed water storage units or tanks,
 - e) solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover,
 - iii. any other structure shown in the Certificate of Insurance / Policy Schedule.
- c. Your Home Building does not include Contents of Your Home.

3. Use for residence

- a. We will pay only if Your Home Building is used for the purpose of residence of Yourself and Your family, or of Your tenant, licensee or employee.
- b. We will not pay if
 - i. Your Home Building is used as a holiday Home, or for lodging and boarding, or
 - ii. Your Home Building or any part of Your Home Building is used for purposes other than residential except where it is used both for Your residence and for the purposes of earning Your livelihood if You are self- employed or You have shifted Your office to Your Home Building for a temporary period due to lockdown or closure of Your office ordered by a public authority.

4. Sum Insured

As chosen by you and mentioned in the Certificate of Insurance:

Option 1: Reinstatement Value:

The Sum Insured for the Home Building Cover is the prevailing Cost of Construction of Your Home Building at the Commencement Date as declared by You and accepted by Us and will be the maximum amount payable in the event the Home Building is a Total Loss.

Option 2: Saleable Value (Applicable for Flat/Apartment Only)

The Sum Insured shall be the present Saleable Value of Your Flat/Apartment as on date of Insurance.

Condition applicable to both Option 1 & 2:

- a. If the Policy Period is more than one year, We will automatically increase Your Sum Insured during the Policy Period by 10% per annum on each anniversary of Your Policy without additional premium for a maximum of 100% of the Sum Insured at the Policy Commencement Date.
- b. Restoration of Sum Insured: Except as stated in **Clause G (III) (3) (b)** of this section, the insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured. This means that after We have paid for any loss, the section shall be restored to the full original amount of Sum Insured. You must pay to Us proportionate premium for the unexpired Policy Period from the date of loss. We can also deduct this premium from the net claim that We must pay You.

5. What We pay

Option 1: Reinstatement Value Basis

- a. If You make a claim under the 'HOME BUILDING AND CONTENTS COVER' section for damage to Your Home Building due to any of the insured perils, We reimburse the cost to repair it to a condition substantially the same as its condition at the time of damage. You must spend for repairs, and claim that amount from Us.

- b. We will calculate the amount of claim on the basis of the actual Carpet Area subject to the Carpet Area not exceeding that declared by You in the Proposal Form and stated in the Certificate of Insurance.
- c. The maximum We will pay for all items together is the Sum Insured shown in the Certificate of Insurance for Home Building Cover. If the Certificate of Insurance shows any limit for any item, such limit is the maximum We will pay for that item.
- d. If Your Home Building is a Total Loss, We will pay You the Sum Insured of the Home Building. If you choose to exercise the loan value cover option the amount payable will be the loan value amount mentioned in the Certificate of Insurance.
- e. If only an additional structure is destroyed, We will pay You an amount equal to the Cost of Construction of the additional structure.
- f. We will pay You the following expenses:
 - i. up to 10% of the claim amount for reasonable fees of architect, surveyor, consulting engineer;
 - ii. up to 5% of the claim amount for reasonable costs of removing debris from the site.

These expenses will be paid over and above the Sum Insured of 'HOME BUILDING AND CONTENTS COVER' Section.

Option 2: Saleable value Basis

Partial Loss:

- a. If You make a claim under the 'HOME BUILDING AND CONTENTS COVER' section for damage to Your Home Building due to any of the insured perils, We reimburse the cost to repair it to a condition substantially the same as its condition at the time of damage. You must spend for repairs, and claim that amount from Us.

Total Loss:

- a. Our Liability shall be limited to the actual Cost of Reconstruction or Reinstatement of the damaged Building of the same kind or type but not superior to or more extensive than the insured building when new on the Date of Loss but not exceeding the Sum Insured Stated in the Certificate of Insurance.
- b. If you opt to retain the damaged building but does not intend to Reinsure or Reconstruct, the basis of settlement shall be the Cost of Reconstruction of the said building of the same kind or type but not superior to or more extensive than the insured building when new less depreciation as per age of the Building as on Date of the Loss but not exceeding the Sum Insured Stated in the Certificate of Insurance.
- c. If You opt not to Reconstruct or Reinsure the damaged Building or retain the damaged Building and instead opts to abandon the Building to the Insurer including vesting in the Insurer all rights of the Insured in relation to Building insured including the right to Reconstruct the same, in which case the amount payable shall be the Sum Insured indicated in the Certificate of Insurance.

- d. If only an additional structure is destroyed, We will pay You an amount equal to the Cost of Construction of the additional structure.
- e. We will pay You the following expenses:
 - i. up to 10% of the claim amount for reasonable fees of architect, surveyor, consulting engineer;
 - ii. up to 5% of the claim amount for reasonable costs of removing debris from the site.

These expenses will be paid over and above the Sum Insured of 'HOME BUILDING AND CONTENTS COVER' section.

Clause D: Home Contents Cover

1. What We cover:

We cover the physical loss or damage to or destruction of the General Contents of Your Home caused by an Insured Event as listed in **Clause B** of this Section. Valuable Contents of Your Home are not covered under the 'HOME BUILDING AND CONTENTS COVER' section unless You have purchased the optional cover for the Valuable Contents.

2. Sum Insured:

The Sum Insured for the Home Contents Cover is shown in the Certificate of Insurance and will be the maximum amount payable in the event the Home Contents are destroyed /lost completely.

- a. 'HOME BUILDING AND CONTENTS COVER' section has a built-in cover for the General Contents of Your Home equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakh (Rupees Ten Lakh) provided You have opted for both Home Building and Home Contents cover. If You choose to have a higher Sum Insured for Home Contents, You have to declare the Sum Insured in the Proposal Form and pay additional premium.
- b. If You have purchased only Home Contents Cover, You have to declare the Sum Insured for the General Contents in the Proposal Form.
- c. The Sum Insured You have chosen for General Contents must be enough to cover the cost of replacement of the General Contents. Not Applicable if Sum Insured is on First Loss basis.
- d. If You want to cover the Valuable Contents in Your Home, You must opt for the Optional Cover for Valuable Contents as given in **Clause E (1) (a)** of 'HOME BUILDING AND CONTENTS COVER' section.
- e. Restoration of Sum Insured: Except as stated in **Clause G (III) (3) (b)** of 'HOME BUILDING AND CONTENTS COVER' section, the insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured. This means that after We have paid for any loss, the section shall be restored to the full original amount of Sum Insured. You must pay to Us proportionate premium for the unexpired Policy Period from the date of loss. We can also deduct this premium from

the net claim that We must pay You.

3. What We pay

- a. If the General Contents of Your Home are physically damaged by any Insured Event, We will at Our option,
 - i. reimburse to You the cost of repairs to a condition substantially the same as its condition at the time of damage, or
 - ii. pay You the cost of replacing that item with a same or similar item, or
 - iii. repair the damaged item to a condition substantially the same as its condition at the time of damage.
- b. The maximum We will pay for Home Contents is the Sum Insured shown in the Certificate of Insurance for Home Contents Cover. If the Certificate of Insurance shows any limit for any item, or category or groups of items, such limit is the maximum We will pay for that item.

Clause E: Optional Covers

1. Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover):

For Valuable Contents, a value may be agreed upon by You and Us based on a valuation certificate submitted by You and accepted by Us. However, We shall waive the requirement of valuation certificate if the Sum Insured opted for is up to ₹ 5 Lakh (Rupees Five Lakh) and Individual item value does not exceed ₹ 1 Lakh (Rupees One Lakh).

- i. If the Valuable Contents of Your Home are physically damaged by any Insured Event, We will pay the cost of repairing the item/s.
- ii. If the Valuable Contents of Your Home are a Total Loss We will pay the Sum Insured shown in the Certificate of Insurance for the Valuable item/s. If the Certificate of Insurance shows any limit for any item, or category or groups of items, such limit is the maximum We will pay for that item. Loss to only one item of a pair or set does not constitute loss or damage to the entire pair or set.

2. Loss of Rent and/ or Rent for Alternative Accommodation, as applicable:

In addition to what **Clause C (5) (c)** of this section provides for, We will pay the amount of rent You lose or alternative rent You pay while Your Home Building is not fit for living because of physical loss arising out of an Insured Event as follows:

- a. If You are living in Your Home as a tenant, and You are required to pay higher rent for the alternative accommodation, We will pay the difference between the rent for alternative accommodation and the rent of Your Home Building.
- b. We will pay the loss under this cover for an accommodation that is not superior to Your Home Building in any way and in the same city as Your Home Building.
- c. The amount of lost rent shall be calculated as follows: Sum Insured for Cover for Loss of Rent (as declared by You in the Proposal Form and specified by Us in the Certificate of Insurance) X Period necessary for repairs ÷ Loss of Rent Period

opted for.

- d. This cover will be available for the reasonable time required to repair Your Home Building to make it fit for living. The maximum period of this cover is three years from the date Your Home Building becomes unfit for living. You must submit a certificate from an architect or the local authority to show that Your Home Building is not fit for living.
- e. Claim for loss of rent will be accepted only if We have accepted Your claim for loss for physical damage to Your Home under the Home Building Cover.

3. Acts of terrorism

(Coverage as per Terrorism Clause)

Exclusions and Excess as per Terrorism Clause.

4. Personal Accident Cover:

In the event an insured peril that caused damages to Your Home Building and/or Home Contents also results in the unfortunate death of either You or Your spouse, We will pay compensation of a sum as mentioned in your Certificate of Insurance.

In the event of the unfortunate death of the insured, the Personal Accident cover shall continue for the spouse until expiry of 'HOME BUILDING AND CONTENTS COVER' section.

5. Loss Minimization:

In consideration of additional premium and notwithstanding contrary contained in 'HOME BUILDING AND CONTENTS COVER' section, it is hereby agreed that We will pay reasonable expenses incurred to safe guard the property including moving / shifting of property to prevent aggravation of Loss or damage to the Insured's property as specified in the Certificate of Insurance following the operation of insured perils.

Special Condition:

We will pay actual expenses incurred subject to maximum of 10% of Sum Insured for respective item.

6. Hardship Allowance:

In consideration of additional premium and notwithstanding contrary contained in 'HOME BUILDING AND CONTENTS COVER' section, it is hereby agreed that We will indemnify the Insured against expenses incurred by the Insured towards emergency purchases of Food, Medicines, Clothes and Infants essential items.

Specific Conditions:

- i. We will pay up to ____% of admissible material damage claim amount as opted by You and specified in the Certificate of Insurance.
- ii. There is an admissible claim under this section for loss or damage to property insured.
- iii. The amount under this cover will be paid along with payment of material damage claim amount.

7. Accidental Hospitalization of Domestic Staff

In consideration of additional premium and notwithstanding contrary contained in this

section, it is hereby agreed that We will pay an amount specified in the certificate of insurance for Accidental hospitalisation of domestic staff employed by the insured whilst on duty at the insured premises insured; provided such hospitalisation is caused by operation of an insured peril.

Domestic staff means any person employed on full time or part time by the Insured solely to carry out domestic duties associated with property covered under 'HOME BUILDING AND CONTENTS COVER' section but does not include any person employed in any capacity in connection with any Business, trade or profession.

8. Tenants Liability

It is hereby understood and agreed, subject otherwise to the terms, conditions, warranties and exclusions of the section and endorsed hereon, the indemnity provided by this insurance extends to include all sums for which the Insured having insurable interest derived out of the terms of the lease agreement shall become legally liable to pay following upon damage to Home Building from the perils insured against, occupied by the Insured or surrounding third party property, consequent upon the Insured's occupation of any premises or Home Building as a tenant.

- i. There shall be no liability on behalf of The Company following any Home Building or portion of Home Building or premises being sub-let by the Insured insofar as such Home Building is concerned.
- ii. The Insured shall not breach any contractual agreement or obligation between any landlord or any other tenant of the premises or Home Building as such breach may have any bearing on the interests of The Company.
- iii. Claim under this optional cover shall not exceed the Sum Insured as mentioned on Certificate of Insurance.

In the event of any Landlord to the Insured having effected insurance on behalf of the Insured as tenant; or the Insured as tenant being entitled to indemnity or compensation from any other source then the provision of such compensation shall be combined with such insurance and shall be considered to be the 'initial indemnity' and any amount having been paid for by such combined 'initial indemnity' shall be deducted from the indemnity provided for by 'HOME BUILDING AND CONTENTS COVER'. If such an amount of 'initial indemnity' exceeds the limit of indemnity as provided under this section then the company shall not be liable to pay any amount in terms of this clause.

9. Accidental Damage

In consideration of payment of additional premium the section is extended to cover direct physical loss or damage to the property described in the Certificate of Insurance whilst situated in the insured premises due to accident from any fortuitous cause including accidental discharge, leakage, or overflow of water or steam from plumbing, septic tanks and cylinders, stand pipes for fire hose, industrial and domestic appliances, refrigerating system, air-conditioning system, rain (or snow) admitted through defective roof, headers spouting or by open or defective windows, show windows, picture windows, doors, transoms, ventilators or skylights; subject to the terms, conditions, warranties and exclusions herein.

The Limit of Indemnity under this section shall not exceed the amount stated in the Certificate of Insurance for the Policy Period.

Following exclusion shall be applicable to this coverage in addition to the standard exclusions under this section:

- i. Loss, destruction or damage to bullion or unset precious stones, any curios or works of art, manuscripts, plans, drawings, securities, obligations or documents of any kind, stamps, coins or paper money, cheques, books of accounts or other business books, computer system records, explosives unless otherwise expressly stated in the Certificate of Insurance.
- ii. Loss, destruction or damage to the insured property premises caused by change of temperature.
- iii. Loss or damage by spoilage resulting from the retardation or interruption or cessation of any process or operation caused by operation of any of the perils covered.
- iv. Damage to belts, ropes, chains, rubber tyres, dies, moulds, blades, cutters, knives or exchangeable tools, engraved or impression cylinders or rolls, object made of glass, porcelain, ceramics, all operating media (e.g. lubricating oil, fuel, catalyst, refrigerant etc.) felts, endless conveyor belts or wires, sieves, fabrics, heat resisting and anti-corrosive lining and parts of similar nature, packing material, parts not made of metal (except insulating material) and non-metallic lining or coating or metal parts, unless caused by fire, lightening, riot, strike, malicious damage, storm, tempest, flood and inundation.
- v. Loss or damage due to breakdown, electrical, electronic and/or mechanical derangement.
- vi. Loss or damage due to termites, moths, insects, vermin, inherent vice, fumes, latent defect, fluctuations in atmospheric or climatic conditions, the action of light.
- vii. Loss or damage due to collapse, settlement or bedding down, ground heave or cracking of structures or the removal or weakening of support to any insured property.
- viii. Any loss or damage due to self-intentional destruction, and/or arising out of provocation by the Insured or its authorized representative.

10. Dynamo Clause

In consideration of additional premium and notwithstanding to the contrary contained in the 'HOME BUILDING AND CONTENTS COVER' section, it is hereby agreed that loss or damage to the electrical appliances, apparatus, fixtures or fittings insured under the section arising from or occasioned by overrunning, excessive pressure, short circuit, arcing, self-heating or leakage of electricity from whatever cause (lightning included) is covered.

However, it expressly excludes loss or damage to the electrical appliances, apparatus, fixtures or fittings due to breakdown by whatsoever reason.

11. Landscaping

It is hereby declared and agreed that, notwithstanding anything to the contrary contained in 'HOME BUILDING AND CONTENTS COVER' section, the Company will pay for the additional cost of reclaiming, restoring or repairing land improvements as incurred by the Insured, resulting from direct physical loss of or damage to property insured under the section, occurring at premises described in the Schedule. Land improvements are any alteration to the natural condition of the land by grading, landscaping and additions to land such as pavements,

roadways, or similar works. This coverage does not apply to land improvements at a golf course unless specifically mentioned in the Schedule. Subject otherwise to the terms, conditions and exclusions of the 'HOME BUILDING AND CONTENTS COVER' section .

12. Snowfall Damage

The insurance under the 'HOME BUILDING AND CONTENTS COVER' section is extended to cover damages caused during the policy period, resulting from.

I. Collapse of roofs / housetops / building caused by weight of snow / ice / sleet collected at the time of snowfall.

II. Bursting of water pipes caused by freezing temperatures.

The coverage will be limited to 20% of the Sum Insured for building and contents respectively.

13. Repair and Maintenance Cover

In consideration of additional premium, the 'HOME BUILDING AND CONTENTS COVER' section is extended to cover for cost of technician visit as specified in the certificate of insurance for damages to appliances mentioned in the certificate of insurance due to electrical damage / non-working of appliance including but not limited to preventive maintenance such that appliances covered hereunder continue to remain in good working condition subject to:

Exclusions:

- i. Cost of spare part repaired or replaced, cost of gas top up or re-filling, or any other consumable used in the appliance.
- ii. Appliance transportation costs incurred to repair or replace
- iii. Appliance that are not used for domestic purposes or is at any commercial place like shops, office, hotels, restaurant and similar places.
- iv. Damages to any accessories of appliances. For Ex: Remote.
- v. Wear and Tear of appliances.
- vi. Cracking, scratching, denting chipping or breakage or any other aesthetic defects not affecting the operation or function of the appliance.

Specific Conditions applicable to Repair and Maintenance Cover add on cover:

1. The inception and expiry of this add on cover will be as mentioned in the certificate of insurance.
2. If the policy is cancelled, the coverage under this cover is automatically cancelled.
3. No refund of premium for partially utilized or unutilized services.
4. We shall be under no obligation to renew the cover on expiry of the period for which premium has been paid. We reserve the right to offer revised rates, terms and conditions at renewal based on claim experience and a fresh assessment of the risk.

Clause F. Exclusions (What We do not cover) for all covers under 'HOME BUILDING AND CONTENTS COVER' section

We do not cover losses and expenses for any loss or damage or destruction of the Insured Property that is directly or indirectly as a result of or is caused by or arising from events, stated

below:

1. Your deliberate, willful or intentional act or omission, or of anyone on Your behalf, or with Your connivance.
2. War, invasion, act of foreign enemy hostilities or war-like operations (whether war is declared or not), civil war, mutiny, civil commotion amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.
3. 'HOME BUILDING AND CONTENTS COVER' section excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss unless otherwise stated in the Certificate of Insurance.

For the purpose of this exclusion, 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.

This exclusion also includes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to the above. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component that is part of it.

4. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component that is part of it.
5. Pollution or contamination, unless
 - i) the pollution or contamination itself has resulted from an Insured Event, or
 - ii) an Insured Event itself results from pollution or contamination.
6. Loss, damage or destruction to any electrical/electronic machine, apparatus, fixture, or fitting by over-running, excessive pressure, short circuiting, arcing, self- heating or leakage of electricity from whatever cause (lightning included). This exclusion applies only to the particular machine so lost, damaged or destroyed unless otherwise opted and mentioned in the Certificate of Insurance.
7. Loss or damage to bullion or unset precious stones, manuscripts, plans, drawings, securities, obligations or documents of any kind, coins or paper money, cheques, vehicles,

and explosive substances unless otherwise expressly stated in 'HOME BUILDING AND CONTENTS COVER' section.

8. Loss of any Insured Property which is missing or has been mislaid, or its disappearance cannot be linked to any single identifiable event.
9. Loss or damage to any Insured Property removed from Your Home to any other place.
10. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
11. Any reduction in market value of any Insured Property after its repair or reinstatement.
12. Any addition, extension, or alteration to any structure of Your Home Building that increases its Carpet Area by more than 10% of the Carpet Area existing at the Commencement Date or on the date of renewal of this Policy, unless You have paid additional premium and such addition, extension or alteration is added by Endorsement.
13. Costs, fees or expenses for preparing any claim.
14. Where Insured property is declared illegal through operation of any law for the time being in force or by any Public Authority.

Clause G. Conditions Applicable to Section 1 - HOME BUILDING AND CONTENTS COVER

(I) Your Obligations

a) Make true and full disclosure in the proposal and related documents

- a. You have a duty of disclosure to tell Us everything You know, or could reasonably be expected to know, that is relevant to Us for deciding whether to give You insurance cover and on what terms. You owe this duty to disclose such relevant material information even if We have not specifically asked for it. This duty extends to any information or declaration given by anyone else on Your behalf.
- b. We have agreed to give You insurance cover entirely on the basis of the information You, or anyone on Your behalf, have given Us in the proposal, statements and other declarations and documents (in writing or electronic) about Yourself, Your family, Your Home Building and Home Contents. The correct and complete information You give is the basis of Our contract with You. Our promise to pay is conditional upon the truth of these statements and on the assumption that You, or anyone on Your behalf, has not withheld any material information about Yourself, Your family, Your Home Building and Home Contents.

b) Obligation to take care : You must:

- a. keep Your Home Building and Home Contents in good condition and well maintained, You must ensure that the structure of Your Home Building does not have any faults or defects that are visible and material that will aggravate loss or damage to the Home Building in the event an insured peril occurs.

- b. take care to prevent theft, loss or damage to Your Home Building and Home Contents, and
- c. ensure that unauthorized persons do not occupy Your Home Building.

c) Inform change in circumstances : You must inform Us immediately if

- a. You change Your address,
- b. You make any addition, alteration, extension to the structure of Your Home Building,
- c. You let out Your Home Building, or Your Home Building will no longer be solely occupied by You,
- d. You change the use of Your Home Building.

d) Allow inspection and investigation of claim:

You must allow, and give full cooperation to the survey/investigation of Your claim. You must allow Us, and any surveyor, officer or other representative appointed, to inspect Your Home Building and Home Contents including the interior wherever necessary, take photographs and where required, permit the scientific testing and investigation of any insured article affected by the insured peril. You must answer all questions asked regarding Your claim truthfully and completely, and submit all relevant documents that We will require.

e) Make true statements and full disclosure in the claim and related documents

You must also give true and full information in Your claim and submit true documents. If You give any false information or document in the claim, or if You withhold any information or document (written or electronic), We have a right to refuse payment of Your claim. We may also cancel Your policy.

(II) Renewal of Policy

- 1. End of 'HOME BUILDING AND CONTENTS COVER' section :** 'HOME BUILDING AND CONTENTS COVER' section will expire at the end of the Policy Period.
- 2. Renewal is not automatic,** We may seek relevant information from You for the purpose of renewal. We can reject Your renewal only on grounds of mis- representation, non-disclosure of material facts, fraud or non-co-operation on Your part.
- 3. Application for renewal:** If You wish to renew the Policy, You must apply for renewal before the end of the Policy Period and pay the required premium amount.

(III) Cancellation and Termination of 'HOME BUILDING AND CONTENTS COVER' section

Cancellation by Insured: The Insured can cancel the policy at any time during the policy term, by informing the Company.

For long term policies (policy duration more than 1 year):

In case of No claim: The Company shall refund proportionate premium for the unexpired policy period.

In case of claim: No refund shall be made for the year in which claim is made. The Company shall refund proportionate premium for the unexpired policy years.

For policy duration up to 1 year: The Company shall refund proportion premium for rest of the policy period subject to no claim(s) made during the policy period.

Cancellation by Company: The Company can cancel the policy only on the grounds of established fraud, by giving minimum notice of 7 days to the Insured. The Company shall refund proportion premium for unexpired policy period subject to no claim(s) made during the policy period.

Automatic termination of 'HOME BUILDING AND CONTENTS COVER' section

This section will automatically end in the following cases:

- a. **Destruction of Your Home Building:** This section will automatically end 7 (seven) days after Your Home Building collapses or is destroyed by reason other than any Insured Event. If a separable part of Your Home Building or any additional structure falls down or is destroyed by reason other than any Insured Event, the covers will end for such part or additional structure.
You can apply within 7 (seven) days of such fall or destruction for continuing insurance cover. We may agree, but will not be bound, to continue the cover on the same rates, terms and conditions.
- b. **Exhaustion of Sum Insured:** If Your Home Building, or any additional structure, or any item of Home Contents, is lost, destroyed or stolen, or is a Total Loss, and We pay You the full Sum Insured for such item, the insurance cover for that item will automatically end unless the subject matter of insurance is reconstructed and the Sum Insured is reinstated by paying additional premium. If We pay the total Sum Insured for any claim, this section will end.
- c. **Change of use of Your Home Building or Home Contents:** The section will end
 - i. if You change the use of Your Home Building from personal residence to any other purpose, or
 - ii. if You use any item of Home Contents for use that is not personal.
- d. **Sale of Your Home Building or Home Contents:** This section will end when You sell, surrender or release Your interest in Your Home Building and/or Home Contents, or Your interest in the Home Building and/or Home Contents comes to an end. The section will end to the extent any additional structure of Your Home Building or item of Home Contents if You sell, surrender or release Your interest in such additional structure or

item of Home Content, or Your interest in these ends.

e. **Effect of death**

In the event of the unfortunate death of the Insured during the Policy Period, the Home Building Cover and the Home Contents Cover that You have purchased will continue for the benefit of Your legal representative/s during the Policy Period subject to all the terms and conditions of this section.

(IV) Claims Procedure

If You suffer a loss because of an Insured Event, You must make a claim for Your financial loss at Your cost. The procedure for making a claim is given below. These include things that **You must do**, and that **You must not do**. It is important to comply with these to ensure that it does not prejudice Your claim in any manner.

1. Immediate notice to Us

- a. As soon as any physical loss or damage occurs to Your Home Building or Home Contents due to an Insured Event, You must immediately give notice to Us of the loss or damage. This is necessary for Us to survey/ investigate the loss or damage, as may be required.
- b. You can give notice to any of Our offices or call-centres.
- c. You must state in this notice
 - i. the Policy Number,
 - ii. Your name,
 - iii. details of report to the police that You made,
 - iv. details of report to any Authority that You made,
 - v. details of the Insured Event,
 - vi. a brief statement of the loss,
 - vii. particulars of any other insurance of Your Home Building or any of Your Home Contents,
 - viii. details of loss or damage under any Optional Cover or Add-ons,
 - ix. submit photographs of loss or physical damage, wherever possible.

2. Steps to prevent loss and damage

- a. You must take all reasonable steps to prevent further loss or damage to Your Home Building and Home Contents.
- b. Until We have inspected Your Home Building and Home Contents, and have given Our consent,
 - i. You must not sell, give away or dispose of any damaged items of any property for which You are making a claim;
 - ii. You must not wash or clean, or remove any damaged item or debris, except for any urgent necessity;
 - iii. You must not carry out repairs, unless such repairs are urgent and You cannot

contact Us.

3. Immediate notice to Authorities

- a As soon as any loss or damage occurs to the Insured Property, You must give immediate report to appropriate legal authorities. For example, You must report to the fire brigade of the local authority and the police if there is damage by fire/explosion / implosion or lightning. In case of subsidence /landslide/rockslide, You must inform the District Administration. In the event of impact damage of any kind or Riot Strikes, Malicious damages and acts of terrorism, You must inform the police. If there is a theft within 7 (seven) days following an Insured Event You must inform the police.
- b We may, but not necessarily, waive this condition if We are satisfied that by reason of extreme hardship it was not possible for You or any other person on Your behalf to give such report.

4. Submit claim

- a Claim form:
 - i. You must submit Your claim in Our claim form at the earliest opportunity, but within 30 days from the date You first notice the loss or damage. The claim form is available in any of Our branches, and on Our web-site.
 - ii. You must state in Your claim the details of any other insurance policy that covers the damage or loss for which You have filed Your claim, whether You have purchased such other insurance, or someone else has purchased it for You.
- b We shall not be liable for any loss or damage after the expiry of 12 months from the happening of the loss or damage unless the claim is the subject of pending action or arbitration. If We disclaim liability for a claim You have made and if the claim is not made a subject matter of a suit in a court of law within a period of 12 months from the date of disclaimer, the claim shall not be recoverable hereunder.

5. Establish loss

- a You must prove that the Insured Event has occurred, and the extent of physical loss or damage You have suffered with full details.
- b When We request,
 - a. You must support Your claim for Home Building and/or Home Contents with plans, specification books, vouchers, invoices pertaining to costs incurred by You for reconstruction/replacement/repairs.
 - b. You must allow Us, appointed officers, surveyors or representatives to inspect the loss or damage to Your Home Building and/or Home Contents

and to take measurements, samples, damaged items or parts, and photographs that are relevant.

- c. You must give Us authority to see the relevant records and get information about the Event and Your loss from the police or any other authority.
- c. For Optional Cover of Personal Accident, Death Certificate and Post Mortem report (wherever necessary) shall be submitted.

6. Fraudulent claim

If You, or anyone on Your behalf, make a false or fraudulent claim, or support a claim with any false or fraudulent statement or documents:

- i. We will not pay,
- ii. We can cancel the Policy: in such a case, You will lose all benefits under this Policy and premium that You have paid, and
- iii. We can also inform the police, and start legal proceedings against You.

7. Other insurance

- a. If You have any other policy with Us or any other Insurance Company (taken by You or by anyone else for You) covering in whole or in part any claim that You have made under this section, You have a right to ask for settlement of Your claim under any of these policies.
 - b. If You choose to claim under this section from Us, We will settle Your claim within the limits and the terms and conditions of this section.
 - c. After We pay the amount under Your claim, We have the right to ask for contribution from the Insurers that have given You the other policies.
 - d. We will ensure that Our actions do not impose any liability on You.
 - e. Multiple policies involving Bank or other lending or financing entity -
In case there is more than one insurance policy issued to the You covering the same risk, the Company will not apply contribution clause.
8. The Insured shall at the expense of the Company do and concur in doing, 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 other parties to which the Company shall be or would become entitled or subrogated, upon its paying for or making good any loss or damage under this section, whether such acts and things shall be or become necessary or required before or after his indemnification by the Company.

Clause H. Changes to covers

- a. You can choose to make changes to the covers of this section as may be permitted by

Us, or increase or reduce any Sum Insured. You must make a proposal or request for any change. It will be effective only after We have accepted Your proposal, and You have paid the additional premium, where applicable.

- b. This Policy (including the Policy Schedule, the proposal, declarations and Endorsements) consists of the entire contract between You and Us.

Clause I. Waiver of Underinsurance

Underinsurance does not apply to 'HOME BUILDING AND CONTENTS COVER' section. Thus, if Your Sum Insured calculated on the basis of the information that You provided, is less than the actual value at risk, the difference will not affect the amount We pay.

Clause J. Other Details

1. Notices

- a. We will send any notice, letter or communication in writing to You at Your address mentioned in the Certificate of insurance, and to Your email address that You have registered with Us.
- b. You will send any notice, letter, intimation or communication in writing to Us at Our branch office where You purchased this Policy. You can also send it at the address mentioned in the Certificate of Insurance.

2. Nomination for this Policy

You can nominate a person to receive the claim amount under this section in the event of Your death. You can make such nomination at the time You take the Policy, or later. You can also change the nomination at any time. You can make the nomination on Our nomination form available in Our office or from Our website:

www.hdfcergo.com.

3. Applicable law and jurisdiction

This Section will be subject to the laws of India, and to the jurisdiction of courts in India.

SECTION 2 - BURGLARY AND HOUSEBREAKING INCLUDING LARCENY AND THEFT

I. What is covered

1. The Company will indemnify the Insured in respect of loss or damage to Home Contents, by burglary and housebreaking including larceny and theft.
2. The Company will further indemnify the Insured in respect of damage to the Insured's home and/or safe resulting from burglary and/or housebreaking or any attempt thereat subject to a maximum of 5% of the Sum Insured under this Section.
3. Provided however that no loss under clauses a) and b) hereinabove, shall together exceed the Sum Insured under this Section.

II. Exclusions

This Section does not cover loss, destruction or damage:-

1. Caused by burglary and/or housebreaking and/or theft and/or larceny where any member of the Insured's family is concerned as principal or accessory
2. To securities, documents of any kind, stamps, coins, cash/paper money, deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, promissory notes, or any other negotiable instrument, books of accounts or any other business books, and explosives.
3. To articles of consumable nature, livestock and motor vehicles.
4. To curios, antiques, pictures and other works of art, guns, collection of stamps, coins and medals for an amount collectively in excess of Rs. 10,000 unless specifically stated to the contrary in the Certificate of Insurance.

III. Special Conditions

1. Jewellery is covered for 20% of sum insured under this section subject to its being kept in locked safe within the home premises.
2. Where any item insured hereunder consists of articles in pair or set the Company's liability in respect thereof shall not exceed the value of any article which may be lost or damaged without reference to any special value which such article may have as part of such pair or set.
3. The cover under this section becomes inoperative if the premises remains unoccupied for more than 60 consecutive days unless prior written notice is sent to the Company and its consent obtained, subject to fulfillment of terms and conditions that may be stipulated by the Company for extending cover in such circumstances.
4. For Multiyear policy —
*Extends to cover the **property** of the **insured** upto policy period as specified in the certificate of Insurance provided that:*
 - a) Mid-term increase in sum insured shall be allowed on pro rata basis for the balance period.
 - b) Mid-term reduction in Sum Insured is not allowed

- c) All Other terms and conditions remain same

IV. Sum Insured

The basis of valuation shall be

- Reinstatement value for all contents excepting personal effects, and
- Market value for personal effects.

V. Basis of Indemnity

1. The indemnity shall be on the basis of reinstatement value or market value as applicable and as stated above.
2. In the event of property insured being damaged by any of the insured perils, the Company shall pay for the amount of damage or loss or at its option replace or repair the damaged property.
3. If the sum insured under this section is opted on first loss basis, our liability shall be limited to the percentage of sum insured specified as the First Loss Limit in certificate of insurance.
4. If the property hereby insured shall, at the commencement of any destruction of or damage to the property by any of the insured perils be collectively of greater value than the Sum Insured thereon, then the Insured shall be considered as being his own insurer for the difference and shall bear a rateable portion of the loss accordingly.
However, this condition will not apply, if the Sum Insured hereby on the property insured be not less than 85% (eighty five percent) of the collective value of the property insured

VI. GENERAL CONDITIONS AND EXCEPTIONS APPLICABLE

1. Renewal of this Section

- a) **End of 'BURGLARY AND HOUSEBREAKING INCLUDING LARCENY AND THEFT' section:** 'BURGLARY AND HOUSEBREAKING INCLUDING LARCENY AND THEFT' section will expire at the end of the Policy Period.
- b) **Renewal is not automatic,** We may seek relevant information from You for the purpose of renewal. We can reject Your renewal only on grounds of mis- representation, non-disclosure of material facts, fraud or non-co-operation on Your part.
- c) **Application for renewal:** If You wish to renew the Policy, You must apply for renewal before the end of the Policy Period and pay the required premium amount.

2. Cancellation and Automatic Termination of 'BURGLARY AND HOUSEBREAKING INCLUDING LARCENY AND THEFT' section

I. Cancellation

Cancellation by insured:

The Insured can cancel the policy at any time during the policy term, by informing the Company.

For long term policies (policy duration more than 1 year):

In case of No claim: The Company shall refund proportionate premium for the unexpired policy period.

In case of claim: No refund shall be made for the year in which claim is made. The Company shall refund proportionate premium for the unexpired policy years.

For policy duration up to 1 year:

The Company shall refund proportion premium for rest of the policy period subject to no claim(s) made during the policy period.

Cancellation by Company:

The Company can cancel the policy only on the grounds of established fraud, by giving minimum notice of 7 days to the Insured. The Company shall refund proportion premium for unexpired policy period subject to no claim(s) made during the policy period.

II. Automatic Termination:

This section will automatically end in the following cases:

- a) **Exhaustion of Sum Insured:** If Your Home Building, or any additional structure, or any item of Home Contents, is lost, destroyed or stolen, or is a Total Loss, and We pay You the full Sum Insured for such items as per the basis of Sum Insured opted under 'BURGLARY AND HOUSEBREAKING INCLUDING LARCENY AND THEFT' section, the insurance cover for that item will automatically end unless the subject matter of insurance is replenished and the Sum Insured is reinstated by paying additional premium. If We pay the total Sum Insured for any claim, this section will end.
- b) **Change of use of Your Home Building or Home Contents:** The section will end
 - i. if You change the use of Your Home Building from personal residence to any other purpose, or
 - ii. if You use any item of Home Contents for use that is not personal.
- c) **Sale of Your Home Building or Home Contents:** This section will end when You sell, surrender or release Your interest in Your Home Building and/or Home Contents, or Your interest in the Home Building and/or Home Contents comes to an end. The section will end to the extent any additional structure of Your Home Building or item of Home Contents if You sell, surrender or release Your interest in such additional structure or item of Home Content, or Your interest in these ends.
- d) **Effect of death**

In the event of the unfortunate death of the Insured during the Policy Period, the 'BURGLARY AND HOUSEBREAKING INCLUDING LARCENY AND THEFT' section that You have purchased will continue for the benefit of Your legal representative/s during the Policy Period subject to all the terms and conditions of this section.

3. Claims Procedure

If You suffer a loss because of an Insured Event, You must make a claim for Your financial loss at Your cost. The procedure for making a claim is given below. These include things that **You must do**, and that **You must not do**. It is important to comply with these to ensure that it does not prejudice Your claim in any manner.

a) Immediate notice to Us

- i. As soon as any physical loss or damage occurs to Your Home Building or Home Contents due to an Insured Event, You must immediately give notice to Us of the loss or damage. This is necessary for Us to survey/ investigate the loss or damage, as may be required.
- ii. You can give notice to any of Our offices or call-centres.
- iii. You must state in this notice
 - i. the Policy Number,
 - ii. Your name,
 - iii. details of report to the police that You made,
 - iv. details of report to any Authority that You made,
 - v. details of the Insured Event,
 - vi. a brief statement of the loss,
 - vii. particulars of any other insurance of Your Home Building or any of Your Home Contents,
 - viii. submit photographs of loss or physical damage, wherever possible.

b) Steps to prevent loss and damage

- i. You must take all reasonable steps to prevent further loss or damage to Your Home Building and Home Contents.
- ii. Until We have inspected Your Home Building and Home Contents, and have given Our consent,
 - a. You must not sell, give away or dispose of any damaged items of any property for which You are making a claim;
 - b. You must not wash or clean, or remove any damaged item or debris, except for any urgent necessity;
 - c. You must not carry out repairs, unless such repairs are urgent and You cannot contact Us.

c) Immediate notice to Authorities

- i. As soon as any loss or damage occurs to the Insured Property, You must give immediate report to appropriate legal authorities. For example, You must inform the police if there is a theft.
- ii. We may, but not necessarily, waive this condition if We are satisfied that by reason of

extreme hardship it was not possible for You or any other person on Your behalf to give such report.

d) Submit claim

i. Claim form:

- a. You must submit Your claim in Our claim form at the earliest opportunity, but within 30 days from the date You first notice the loss or damage. The claim form is available in any of Our branches, and on Our web-site.
 - b. You must state in Your claim the details of any other insurance policy that covers the damage or loss for which You have filed Your claim, whether You have purchased such other insurance, or someone else has purchased it for You.
- ii. We shall not be liable for any loss or damage after the expiry of 12 months from the happening of the loss or damage unless the claim is the subject of pending action or arbitration. If We disclaim liability for a claim You have made and if the claim is not made a subject matter of a suit in a court of law within a period of 12 months from the date of disclaimer, the claim shall not be recoverable hereunder.

e) Establish loss

- i. You must prove that the Insured Event has occurred, and the extent of physical loss or damage You have suffered with full details.
- ii. When We request,
 - a. You must support Your claim for Home Building and/or Home Contents with plans, specification books, vouchers, invoices pertaining to costs incurred by You for reconstruction/replacement/repairs.
 - b. You must allow Us, officers, surveyors or representatives appointed to inspect the loss or damage to Your Home Building and/or Home Contents and to take measurements, samples, damaged items or parts, and photographs that are relevant.
 - c. You must give Us and/or appointed officers/surveyors/representatives the authority to see the relevant records and get information about the Event and Your loss from the police or any other authority.

f) Fraudulent claim

If You, or anyone on Your behalf, make a false or fraudulent claim, or support a claim with any false or fraudulent statement or documents:

- i. We will not pay,
- ii. We can cancel the Policy: in such a case, You will lose all benefits under this Policy and premium that You have paid, and
- iii. We can also inform the police, and start legal proceedings against You.

g) Other insurance

- i. If You have any other policy with Us or any other Insurance Company (taken by You or by anyone else for You) covering in whole or in part any claim that You have made under this section, You have a right to ask for settlement of Your claim under any of these policies.
 - ii. If You choose to claim under this section from Us, We will settle Your claim within the limits and the terms and conditions of this section.
 - iii. After We pay the amount under Your claim, We have the right to ask for contribution from the Insurers that have given You the other policies.
 - iv. We will ensure that Our actions do not impose any liability on You.
 - v. Multiple policies involving Bank or other lending or financing entity - In case there is more than one insurance policy issued to the You covering the same risk, the Company will not apply contribution clause.
 - vi. Underinsurance will be applied, wherever applicable, on an overall basis taking into consideration the sum insured under all policies and comparing it with value at risk
4. This policy shall be voidable in the event of mis-representation, mis-description or non-disclosure of any material particular.
 5. Coverage under 'Burglary And Housebreaking Including Larceny And Theft' section shall cease on expiry of seven days from the date of fall or displacement of any building or part thereof the whole or any part of any range of buildings or any of which such building forms part. Provided such a fall or displacement is not caused by insured perils, loss or damage which is covered by 'Burglary And Housebreaking Including Larceny And Theft' section or would be covered if such building, range of buildings structure were insured under 'Burglary And Housebreaking Including Larceny And Theft' section. Notwithstanding the above, the Company subject to an express notice being given as soon as possible but not later than seven days of any such fall or displacement may agree to continue the insurance subject to revised rates, terms and conditions as may be decided by it and confirmed in writing to this effect.
 6. Under any of the following circumstances the insurance ceases to attach as regards the property affected unless the insured, before the occurrence of any loss or damage, obtains the sanction of the Company signified by endorsement upon the policy by or on behalf of the Company. If the interest in the property passes from the insured otherwise than by will or operation of law. In no case whatsoever shall the Company be liable for any loss or damage after the expiry of 12 months from the happening of the loss or damage unless the claim is the subject of pending action ; it being expressly agreed and declared that if the Company shall disclaim liability for any claim hereunder and such claim shall not within 12 (twelve) calendar months from the date of the disclaimer have been made the subject matter of a suit in a court of law then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

7. On the happening of loss or damage to any property insured under 'Burglary And Housebreaking Including Larceny And Theft' section, the Company may
 - a) Enter and take keep possession of the building or premises where the loss or damage has happened.
 - b) Take the possession of or require to be delivered to it any property of the insured in the building or on the premises at the time of the loss or damage.
 - c) Keep possession of any such property and examine, sort arrange remove otherwise deal with the same.
 - d) Sell any such property or dispose of the same for account of whom it may concern. The powers conferred by this condition shall be exercisable by the Company at anytime until notice in writing is given by the insured that he makes no claim under the section, or if any claim is made, until such claim is finally determined or withdrawn, and the Company shall not by any act done in the exercise or purported exercise of its powers hereunder, incur any liability to the Insured or diminish its rights to rely upon any of the conditions of this section in answer to any claim. If the insured or any person on his behalf shall not comply with requirements of the Company or shall hinder or obstruct the Company, in the exercise of its powers hereunder, all benefits under 'Burglary And Housebreaking Including Larceny And Theft' section shall be forfeited. The Insured shall not in any case be entitled to abandon any property to the Company whether taken possession of by the Company or not.
8. Any person who, knowingly and with intent to defraud the insurance company or other persons, files a proposal for insurance Containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which will render the policy voidable at the insurance company's sole discretion and result in a denial of insurance benefits. If a claim is in any respect fraudulent, or if any fraudulent or false plan, specification, estimate, deed, book, account entry, voucher, invoice or other document, proof or explanation is produced, or any fraudulent means or devices are used by the Insured, policyholder, beneficiary, claimant or by anyone acting on their behalf to obtain any benefit under this policy, or if any false statutory declaration is made or used in support thereof, or if loss is occasioned by or through the procurement or with the knowledge or connivance of the insured, policyholder, beneficiary, claimant or other person, then all benefits under this policy are forfeited.
9. If the Company at its option, reinstates or replaces the property damaged or destroyed, or any part thereof, instead of paying the amount of the loss or damage, or join with any other Company or Insurer(s) in so doing, the Company shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner, and in no case shall the Company be bound to expend more in reinstatement than it would have cost to reinstate such property as it was at the Company thereon. If the Company so elects to reinstate or replace any property the insured shall at his own expense furnish the Company with such plans, specifications, measurements, quantities and such other particulars as the Company may with a view to reinstatement or replacement shall be deemed an election by the Company to reinstate or replace. If in any case the Company shall be unable to reinstate or repair the property hereby insured, because of any municipal or other regulations in force affecting the alignment of streets or the construction of buildings or otherwise, the Company shall, in every such case, only be liable to pay such sum as would be requisite to reinstate or repair such property if the same could lawfully be reinstated to its former condition.

10. The Insured shall at the expense of the Company do and concur in doing, 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 other parties to which the Company shall be or would become entitled or subrogated, upon its paying for or making good any loss or damage under this 'Burglary And Housebreaking Including Larceny And Theft' section, whether such acts and things shall be or become necessary or required before or after his indemnification by the Company.

11. Every notice and other communication to the Company required by these conditions must be written and be addressed to the Company at its corporate office address as follows:

HDFC ERGO General Insurance Company Limited
6th Floor, Leela Business Park,
Andheri-kurla Road, Andheri (East),
Mumbai 400 059.

12. At all times during the policy period the insurance cover will be maintained to the full extent of the respective Sum Insured in consideration of which upon settlement of any loss under this policy, pro-rata premium for the unexpired period from the date of such loss to the expiry of period of insurance for the amount of such loss shall be payable by the insured to the Company. The additional premium referred above shall be deducted from the net claim amount payable under the 'Burglary And Housebreaking Including Larceny And Theft' section. This continuous cover to the full extent will be available not withstanding any previous loss for which the Company may have paid hereunder and irrespective of the fact whether the additional premium as mentioned above has been actually paid or not following such loss. The intention of this condition is to ensure continuity of the cover to the insured subject only to the right of the Company for deduction from the claim amount, when settled, of pro-rata premium to be calculated from the date of loss till expiry of the policy. Notwithstanding what is stated above, the Sum Insured shall stand reduced by the amount of loss in case the insured immediately on occurrence of the loss exercises his option not to reinstate the Sum Insured as above.

13. The Insured shall take all reasonable steps to safeguard the property insured against any loss or damage.

14. The Insured shall upon the occurrence of any event giving rise or likely to give rise to a claim under 'Burglary And Housebreaking Including Larceny And Theft' section:

- a) In the event of theft lodge forthwith a complaint with the Police and take all practicable steps to apprehend the guilty person or persons and to recover the property lost.

- b) Give immediate notice thereof to the Company and shall within fourteen (14) days thereafter furnish to the Company at his own expense detailed particulars of the amount of the loss or damage together with such explanations and evidence to substantiate the claim as the Company may reasonably require.
- c) Tender to the Company all reasonable information, assistance and proof in connection with any claim.

15. Observation of Terms and Conditions:

The due observance and fulfilment of the terms, conditions and endorsements of this policy insofar as they relate to anything to be done or complied with by the Insured shall be a condition precedent to any liability of the Company to make any payment under 'Burglary And Housebreaking Including Larceny And Theft' section.

16. GENERAL EXCEPTIONS

The Company shall not be liable in respect of:

- a) Loss or damage, whether direct or indirect occasioned by happening through or arising from any consequences of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection military or usurped power or civil commotion or loot or pillage in connection therewith.
- b) Loss or damage caused by depreciation or wear and tear.
- c) Consequential loss of any kind or description.
- d) Loss or damage, directly or indirectly, caused by or arising from or in consequence of or contributed to by:
 - i. Nuclear weapons material.
 - ii. Ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For this purpose only combustion shall include any self-sustaining process of nuclear fission.

SECTION 3 - MAJOR MEDICAL ILLNESS

A. Base Coverage

1. We shall pay in Lumpsum the Sum Insured applicable to the Insured Person, if the Insured Person is diagnosed with a listed Major Medical Illness (MMI) as per the plan opted and details specified in the Certificate of Insurance.

Major Medical Illness Plans (please refer to your policy schedule for plans opted by You)								
Sr. no	Major Medical Illness	Essential	Essential Plus	Silver	Silver Plus	Gold	Gold Plus	Platinum
1	Cancer of specified severity	Covered	Covered	Covered	Covered	Covered	Covered	Covered
2	Open Chest CABG	Covered	Covered	Covered	Covered	Covered	Covered	Covered
3	Kidney failure requiring regular dialysis	Covered	Covered	Covered	Covered	Covered	Covered	Covered
4	Myocardial Infarction (First Heart Attack of specified severity)	Covered	Covered	Covered	Covered	Covered	Covered	Covered
5	Open Heart Replacement or Repair of Heart Valves	Covered	Covered	Covered	Covered	Covered	Covered	Covered
6	Major Organ/Bone Marrow Transplantation	Covered	Covered	Covered	Covered	Covered	Covered	Covered
7	Multiple Sclerosis with persisting symptoms	Covered	Covered	Covered	Covered	Covered	Covered	Covered
8	Permanent Paralysis of Limbs	Covered	Covered	Covered	Covered	Covered	Covered	Covered
9	Stroke resulting in permanent symptoms	Covered	Covered	Covered	Covered	Covered	Covered	Covered
10	Benign Brain Tumour	NA	Covered	Covered	Covered	Covered	Covered	Covered
11	Coma of specified severity	NA	Covered	Covered	Covered	Covered	Covered	Covered
12	Parkinson's Disease	NA	Covered	Covered	Covered	Covered	Covered	Covered
13	Alzheimer's Disease	NA	NA	Covered	Covered	Covered	Covered	Covered
14	Surgery of Aorta	NA	NA	Covered	Covered	Covered	Covered	Covered
15	End Stage Liver Failure	NA	NA	Covered	Covered	Covered	Covered	Covered
16	Deafness	NA	NA	NA	Covered	Covered	Covered	Covered
17	Loss of Speech	NA	NA	NA	Covered	Covered	Covered	Covered
18	Third Degree Burns	NA	NA	NA	Covered	Covered	Covered	Covered
19	Medullary Cystic Disease	NA	NA	NA	NA	Covered	Covered	Covered
20	Motor Neurone Disease with permanent symptoms	NA	NA	NA	NA	Covered	Covered	Covered
21	Muscular Dystrophy	NA	NA	NA	NA	Covered	Covered	Covered
22	Infective Endocarditis	NA	NA	NA	NA	Covered	Covered	Covered
23	Primary (Idiopathic) Pulmonary Hypertension	NA	NA	NA	NA	Covered	Covered	Covered
24	Dissecting Aortic Aneurysm	NA	NA	NA	NA	Covered	Covered	Covered
25	Systemic Lupus Erythematosus with Lupus Nephritis	NA	NA	NA	NA	Covered	Covered	Covered
26	Apallic Syndrome	NA	NA	NA	NA	NA	Covered	Covered
27	Aplastic Anaemia	NA	NA	NA	NA	NA	Covered	Covered
28	Bacterial Meningitis	NA	NA	NA	NA	NA	Covered	Covered
29	Cardiomyopathy	NA	NA	NA	NA	NA	Covered	Covered
30	Other serious coronary artery disease	NA	NA	NA	NA	NA	Covered	Covered
31	Creutzfeldt-Jakob Disease (CJD)	NA	NA	NA	NA	NA	Covered	Covered
32	Encephalitis	NA	NA	NA	NA	NA	Covered	Covered
33	End Stage Lung Failure	NA	NA	NA	NA	NA	Covered	Covered
34	Fulminant Hepatitis	NA	NA	NA	NA	NA	Covered	Covered
35	Eisenmenger's Syndrome	NA	NA	NA	NA	NA	Covered	Covered
36	Major Head Trauma	NA	NA	NA	NA	NA	Covered	Covered
37	Chronic Adrenal Insufficiency (Addison's Disease)	NA	NA	NA	NA	NA	Covered	Covered
38	Progressive Scleroderma	NA	NA	NA	NA	NA	Covered	Covered
39	Progressive Supranuclear Palsy	NA	NA	NA	NA	NA	Covered	Covered
40	Blindness	NA	NA	NA	NA	NA	Covered	Covered
41	Chronic Relapsing Pancreatitis	NA	NA	NA	NA	NA	NA	Covered
42	Elephantiasis	NA	NA	NA	NA	NA	NA	Covered
43	Brain Surgery	NA	NA	NA	NA	NA	NA	Covered
44	Pneumonectomy	NA	NA	NA	NA	NA	NA	Covered

45	Terminal Illness	NA	NA	NA	NA	NA	NA	Covered
46	Myelofibrosis	NA	NA	NA	NA	NA	NA	Covered
47	Pheochromocytoma	NA	NA	NA	NA	NA	NA	Covered
48	Crohn's Disease	NA	NA	NA	NA	NA	NA	Covered
49	Severe Rheumatoid Arthritis	NA	NA	NA	NA	NA	NA	Covered
50	Severe Ulcerative Colitis	NA	NA	NA	NA	NA	NA	Covered

B. Optional covers under Major Medical Illness

Any of the below optional covers can be opted, on payment of additional premium, ONLY if Section 3.A. Base Coverage has been opted and mentioned in the Certificate of Insurance.

1. Cardiac arrest

If the Insured Person is diagnosed with a Cardiac arrest for the first time in his life and this optional cover is in force then we shall pay in Lumpsum the Sum Insured applicable to the Insured Person as specified in the Certificate of Insurance in accordance with the below mentioned conditions

A. Specific Conditions applicable to Cardiac arrest

- i. There is no separate Sum Insured applicable for this optional cover. We shall pay 100% of the Sum Insured applicable for Major Medical Illness Base coverage section upon first diagnosis of Cardiac arrest.

2. Angioplasty

If the Insured Person undergoes Angioplasty for the first time in his life and this optional cover is in force then we shall pay in Lumpsum the amount applicable to the Insured Person specified in the Certificate of Insurance in accordance with the below mentioned conditions

A. Specific Conditions applicable to Angioplasty

- i. An Initial waiting period of 180 days shall apply starting from the date of inception of this cover with us.
- ii. There is no separate Sum Insured applicable for this optional cover. Claim under this cover shall reduce the Sum Insured applicable for Major Medical Illness Base coverage.
- iii. Claim payout under this optional cover shall be restricted to the lower of
 - a. 25% of the Sum Insured applicable for Major Medical Illness Base coverage section
 - OR
 - b. ₹10 Lakhs

3. Molecular Gene Expression profiling test

If this optional cover is in force then we shall reimburse upto the additional Sum Insured amount (irrespective of whether the applicable Sum Insured is on fixed or reducing sum insured basis) as specified in the Certificate of Insurance against this cover for expenses incurred on a Molecular Gene Expression Profiling Test for treatment guidance upon diagnosis of **Cancer of specified severity** for which a Claim is admissible under the Policy.

a. Specific Conditions applicable to Molecular Gene Expression profiling test

- i. Only one claim per insured person shall be paid under this optional cover during the lifetime of the Policy.

4. Second Medical Opinion

A. Second Medical Opinion – India

If this optional cover is in force then we shall additionally reimburse upto the additional Sum Insured amount (irrespective of whether the applicable Sum Insured is on fixed or reducing basis) as specified in the Certificate of Insurance against this cover for a Second Medical Opinion availed from Medical Practitioner anywhere in India.

i. Specific Conditions applicable to Second Medical Opinion – India

- a) The second medical opinion must be for and in respect of the Major Medical Illness for which claim is admissible under this policy
- b) Only one claim per insured person shall be paid under Second Medical Opinion – India during the Policy Period.

B. Second Medical Opinion – Global

If this optional cover is in force then we shall additionally reimburse upto the additional Sum Insured amount (irrespective of whether the applicable Sum Insured is on fixed or reducing basis) as specified in the Certificate of Insurance against this cover for a Second Medical Opinion availed from Medical Practitioner anywhere outside India.

i. Specific Conditions applicable to Second Medical Opinion – Global

- a) The second medical opinion must for and in respect of the Major Medical Illness for which claim is admissible under this policy
- b) Only one claim per insured person shall be paid under Second Medical Opinion – Global during the Policy Period.

C. Other Terms and conditions applicable to Major Medical Illness

All the below conditions/clauses shall apply to Major Medical Illness section including all optional covers

1. Specific conditions applicable to Major Medical Illness

- i. Only one plan can be opted and the plan chosen shall be specified in the Certificate of Insurance
- ii. Diagnosis of the Major Medical Illness must be a first diagnosis in the life time of the Insured Person and must also be listed under the plan chosen. Also the confirmatory diagnosis must happen while the **Insured Person** is alive (A claim would not be admitted if the diagnosis is made post mortem)
- iii. First diagnosis of the listed Major Medical Illness or undergoing of listed medical procedure should be during the Policy Period and the same must necessarily be confirmed in writing by the treating Medical Practitioner
- iv. If we have paid a claim for a particular Major Medical Illness, then we shall not pay claim for the same Major Medical Illness for the same Insured Person again during the lifetime of this Policy.
- v. Sum Insured mentioned against this section is for the entire Policy Period. It will replenish ONLY if the policy is renewed post completion of the Policy Period.
- vi. Our maximum liability under Major Medical Illness section (except Molecular Gene Expression profiling test and Second Medical Opinion) for an Insured Person shall never exceed 100% of the Sum Insured applicable to the Insured person and mentioned in the Certificate of Insurance, during a Policy Period.

2. Specific conditions for loan linked policies working on Fixed Sum Insured basis

- i. If admissible claim amount equals 100% of the Sum Insured applicable to the Insured person, then the payout amounting to outstanding loan amount maximum upto the Sum Insured shall first be made to the financial institution. Thereafter, any residual claim amount shall be paid to the Insured Person / Nominee.
- ii. If admissible claim amount is less than 100% of the Sum Insured applicable to the Insured person, then the payout amounting to outstanding loan amount maximum upto the percentage Sum Insured shall first be made to the financial institution. Thereafter, any residual claim amount shall be paid to the Insured Person / Nominee.
- iii. Claim shall be paid even in cases where in date of loss is after the date of loan foreclosure BUT during the policy period

3. Specific conditions for loan linked policies working on Reducing balance Sum Insured basis

- i. Claim shall be payable on Reducing balance Sum Insured basis as on the date of loss

4. **Survival Period applicable to Major Medical Illness**

- i. Claim under this Section shall be payable only if the **Insured Person** survives for the number of days as specified in the Certificate of Insurance from the date of diagnosis and fulfilment of the definition of the listed and diagnosed **Major Medical Illness** or undergoing of listed medical procedure.

5. **Waiting Periods applicable to Major Medical Illness**

- i. **Initial waiting period:** Coverage under this section is subject to an initial waiting period of the number of days as opted and as specified in the Certificate of Insurance from the date of inception of the cover with us. This waiting period shall also apply to optional covers under Major Medical Illness section and shall commence from the time such optional cover(s) are in force. In case of enhancement of Sum Insured this waiting period shall apply afresh to the extent of Sum Insured increase.
- ii. **Pre-existing disease [PED] waiting period:** A waiting period of number of months as opted and as specified in the Certificate of Insurance shall apply for all Pre-existing Diseases Conditions declared and/or accepted at the time of first enrolment of Coverage under this Section. This waiting period shall also apply to optional covers under Major Medical Illness section and shall commence from the time such optional cover(s) are in force. In case of enhancement of Sum Insured this waiting period shall apply afresh to the extent of Sum Insured increase.

6. **Specific Exclusions applicable to Major Medical Illness**

We will not make payment to the Insured Person(s) for any claim under this section caused by, arising from or attributable to any of the following unless explicitly specified otherwise in the Certificate of Insurance:

- i. War or any act of war (whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- ii. Any Illness, sickness, disease or Major medical Illness not listed in the plan opted.
- iii. Any Critical Illness or Surgical Procedure arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen.
- iv. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner
- v. Any Claim caused due to intentional self-injury, suicide or attempted suicide.
- vi. Any Critical Illness or Surgical Procedure caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defence, rebellion, revolution, insurrection, military or usurped power;
- vii. Any claim caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- viii. Working in underground mines, tunnelling or involving electrical installations with high tension supply, or as jockeys or circus personnel;

- ix. Congenital External Anomalies or any complications or conditions arising there from including any developmental conditions of the Insured;
- x. Whilst engaging in Adventure Sports.
- xi. Involvement of the Insured Person in naval, military or air force operation.
- xii. Participation by the Insured Person in any flying activity, except as a bona fide, passenger (fare paying or otherwise) of a recognized airline on regular routes and on a scheduled time table.

4. Specific Claim Documents applicable to Major Medical Illness

- i. Diagnostic report confirming diagnosis of listed Major Medical Illness
- ii. Written confirmation from Medical Practitioner
- iii. Discharge summary and reports in case of Angioplasty
- iv. Original Invoices (including details pertaining to treatment) pertaining to Second Medical Opinion
- v. Original Invoices pertaining to Molecular Gene Expression profiling test.

SECTION 4 - PERSONAL ACCIDENT

Personal Accident section by default offers 2 sub sections as mentioned below. All sub-sections under Personal Accident section have a common sum insured.

- a) Accidental Death
- b) Permanent Disablement – Accident

A. ACCIDENTAL DEATH

We shall pay in Lumpsum the Sum Insured applicable to the Insured Person specified in the Certificate of Insurance if the Insured Person sustains injury during the Policy Period which solely and directly thus results in Accidental Death of the Insured Person within twelve (12) months of its occurrence.

1. Disappearance

We shall pay in Lumpsum the Sum Insured applicable to the Insured Person specified in the Certificate of Insurance in the event that Insured Person's body cannot be located within 365 Days;

- i. after a forced landing, stranding, sinking or wrecking of a conveyance in which the Insured Person was known to be a passenger during the Policy Period **OR**
- ii. after and as a result of any Catastrophic Event during the Policy Period

It shall be deemed, subject to all other terms and provisions of the Policy, that the Insured Person shall have suffered Accidental Death under the Policy.

If at any time, after the payment of the Accidental Death benefit, it is discovered that the Insured Person is still alive, claims settled in respect of Disappearance benefit shall be reimbursed in full to the Company.

2. Comatose

If the Insured Person sustains an Injury during Policy Period which results in the Insured Person being in Hospital in a state of Comatose then we will pay in Lumpsum the Sum Insured applicable specified in the Certificate of Insurance subject to the below conditions

i. Specific Conditions applicable to Comatose

- a. The Insured Person must be in Hospital in a state of **Comatose** resultant from the Injury within one month of occurrence of such Injury for a claim to trigger

- b. The Insured Person must be in Hospital in a state of **Comatose** for a continuous period of minimum three months for a claim to trigger
- c. Payout under this optional cover shall be restricted to 25% of the Personal Accident section Sum Insured applicable to the particular Insured Person.

3. Specific Claim Documents applicable to ACCIDENTAL DEATH

- i. Death Certificate
- ii. Original death summary
- iii. Post-mortem Certificate (if conducted)
- iv. FIR (if applicable)
- v. Police Investigation report
- vi. Legal Heir Certificate
- vii. Succession Certificate

B. PERMANENT DISABLEMENT

If the Insured Person sustains Injury during the Policy Period, which within 12 months of its occurrence is the sole and direct cause of a Permanent Disablement that is listed in the below table then, the Company shall pay in Lumpsum the Sum Insured applicable to the Insured Person mentioned in the Certificate of Insurance subject to details specified in the Permanent Disablement table given below.

The disablement sustained must necessarily be confirmed in writing by the treating Medical Practitioner

Permanent Disablement Table

S.No	The Disablement	% of Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use of such Limbs)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance or the total and permanent loss of use of such Limb)	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Activities of Daily Living essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use of such Limb)	50%
12	Permanent Total Loss of Sight of one eye	50%

1. Specific Claim Documents applicable to PERMANENT DISABLEMENT – ACCIDENT

- i. Copy of MLC (Medico legal certificate) and FIR (First information report)
- ii. Original Discharge summary from the hospital
- iii. Disability certificate from a government certified Medical Practitioner or government Hospital confirming the extent and nature of disability
- iv. Medical reports, case histories, investigation reports, treatment papers, all x-ray films as applicable
- v. Original photograph of the injured reflecting disablement
- vi. Original treating doctor certificate describing disablement
- vii. Prescription and consultation papers

C. Specific Conditions applicable to Personal Accident

1. Claim pertaining to Permanent Disablement is admissible only with confirmatory diagnosis of Permanent Total Disablement while the Insured Person is alive (A claim would not be admitted if the diagnosis is made post mortem)
2. If we have paid a claim for a particular listed Permanent Disability, then we shall not pay claim for the same Permanent Disability for the same Insured Person again in the lifetime of the Policy
3. The total amount payable in respect of more than one disablement due to the same **Injury** is arrived at by adding together the various percentages of **Sum Insured** shown in the Permanent Disablement Table.
4. Any claim amount admissible/paid during the Policy Period will reduce the **Sum Insured** payable for this section in respect of subsequent claims that may arise during the remainder of the Policy Period.
5. Sum Insured mentioned against Personal Accident section is for the entire Policy Period. It will replenish ONLY if the policy is renewed post completion of the Policy Period.
6. Our maximum liability under the Personal Accident section (which includes both 'Accidental Death' and 'Permanent Disablement') for an Insured Person shall never exceed 100% of the Sum Insured applicable to the Insured person and mentioned in the Certificate of Insurance, during a Policy Period.

7. Specific conditions for loan linked policies working on Fixed Sum Insured basis

- i. If admissible claim amount equals 100% of the Sum Insured applicable to the Insured person then the payout upto outstanding loan amount maximum upto the Sum Insured shall first be paid to the financial institution. Thereafter, any residual claim amount shall be paid to the Insured Person / Nominee.

- ii. If admissible claim amount is less than 100% of the Sum Insured applicable to the Insured person then the payout upto outstanding loan amount maximum upto the percentage of the Sum Insured Payable shall first be paid to the financial institution. Thereafter, any residual amount shall be paid to the Insured Person / Nominee.
- iii. Claim shall be paid even in cases where in date of loss is after the date of loan foreclosure BUT during the policy period

8. Specific conditions for loan linked policies working on Reducing balance Sum Insured basis

- i. Claim shall be payable on Reducing balance Sum Insured basis

D. Specific Exclusions applicable to Personal Accident

We will not make payment to the Insured Person(s) for any claim under this section caused by, arising from or attributable to any of the following unless explicitly specified otherwise in the Certificate of Insurance:

1. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
2. War or any act of war, invasion, act of foreign enemy (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, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
3. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
4. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
5. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
6. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
7. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
8. From participation in **Adventure sports**

SECTION 5 - DEPENDENT CHILD EDUCATION BENEFIT

A. Coverage

The Company shall pay in Lumpsum the Sum Insured applicable to the Insured Person specified in the Certificate of Insurance against this section if a claim is payable during the Policy Period as per terms and conditions mentioned in 'Section 4 – Personal Accident', irrespective of whether that section was opted or not

B. Specific Conditions applicable to Dependent Child Education Benefit

1. For a claim to be payable, the surviving Dependent Child of the Aggrieved Insured Person should have been enrolled in a full-time education course at an accredited educational institution on the date of Injury.
2. Sum Insured mentioned against this section for the particular insured person in the certificate of insurance shall be on per child basis.
3. The per child Sum Insured mentioned against this section shall be payable maximum for the number of children as mentioned in the Certificate of Insurance.
4. We shall pay a claim towards education expenses of a particular child ONLY once during the Policy Period.
5. Our maximum liability under Dependent Child Education Benefit shall never exceed 100% of the Sum Insured mentioned in the Certificate of Insurance, during a Policy Period.
6. Sum Insured will replenish ONLY if the policy is renewed post completion of the Policy Period.
7. Claim shall be paid even in cases where in date of loss is after the date of loan foreclosure BUT during the policy period.

C. Specific Exclusions applicable to Dependent Child Education Benefit

We will not make payment to the Insured Person(s) for any claim under this section caused by, arising from or attributable to any of the following unless explicitly specified otherwise in the Certificate of Insurance:

1. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
2. War or any act of war, invasion, act of foreign enemy (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, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
3. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.

4. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
5. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
6. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
7. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
8. From participation in **Adventure sports**

D. Specific claim documents applicable to DEPENDENT CHILD EDUCATION BENEFIT

1. Claim documents as mentioned in Personal Accident Section
2. Government approved photo ID card of the Aggrieved Insured Person(s) Dependent children
3. Proof of enrolment in an education course at the time of Date of Loss

SECTION 6 - LOSS OF JOB - TERMINATION OF EMPLOYMENT

A. Coverage

The Company shall pay an amount in Lumpsum applicable to the Insured Person as specified in the Certificate of Insurance against this section in the event that the **Insured Person** is terminated from his employment during Policy Period as per details in the below table.

Claim computation for Individual & Family Floater Policies				
Continuous and consecutive days of unemployment from date of termination	0-30	31-60	61-90	>91
EMI Payout	No EMI shall be paid	1 st Upcoming monthly EMI payout	2 nd Upcoming monthly EMI payout	3 rd Upcoming monthly EMI payout
The maximum amount of claim payable during a Policy Period shall not exceed the total sum 3 immediate upcoming monthly EMIs from the date of termination from employment				

Claim computation for Multi-Individual Policies				
Continuous and consecutive days of unemployment from date of termination	0-30	31-60	61-90	>91
EMI Payout per Insured Person	No EMI shall be paid	(100/n) % of 1 st Upcoming monthly EMI payout	(100/n) % of 2 nd Upcoming monthly EMI payout	(100/n) % of 3 rd Upcoming monthly EMI payout
The maximum amount of claim payable for a particular Insured Person during a Policy Period shall not exceed the sum of (100/n) % of each of the 3 immediate upcoming monthly EMIs from the date of termination from employment				
'n' shall be the number of Insured person covered under Multi-Individual policies.				

B. Specific Conditions applicable to Loss of Job - TERMINATION OF EMPLOYMENT

1. Only those EMIs/instalments that are falling due within the Policy Period (unless Policy is renewed) and the continuous and consecutive days the Insured was unemployed shall be considered for claim payout.
2. Termination of the Insured person from employment must be as per employer's rules/regulations executed/implemented by the employer in compliance of any laws for the time in force or any directives by any Government Authority.
3. This coverage is applicable ONLY to Insured Person who are salaried.
4. Claim shall NOT be paid in cases where in date of loss is after the date of loan foreclosure.
5. Sum Insured will replenish ONLY if the policy is renewed post completion of the Policy Period.
6. If this section is assigned then claim payout shall first be made to the Bank/Financial Institution, **any residual/excess amount shall be paid to the Insured Person / Nominee.**

C. Specific Exclusions applicable to Loss of Job - Termination Of Employment

We will not make payment to the Insured Person(s) for any claim under this section caused by, arising from or attributable to any of the following unless explicitly specified otherwise in the Certificate of Insurance:

1. In the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured Person being attributed to any dishonesty or fraud or poor performance on the part of the Insured or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.
2. Claim in connection with or in respect of:
 - i. Self-employed persons;
 - ii. unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
 - iii. Any voluntary unemployment;
 - iv. Unemployment at the time of inception of the Policy Period or arising within the first 90 days of inception of the Policy Period.
3. Any unemployment from a job under which no salary or any remuneration is provided to the Insured Person
4. Any suspension from employment on account of any pending enquiry being conducted by the employer / Public Authority
5. Any unemployment due to resignation, retirement whether voluntary or otherwise
6. Termination from employment while the Insured Person is under probation.

D. Specific claim documents applicable to Loss of Job - TERMINATION OF EMPLOYMENT

- a. Certificate from the employer of the insured confirming the termination, dismissal, temporary suspension or retrenchment from employment of the Insured furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment of the Insured with the reasons for the same. In case of temporary suspension the period of suspension should also be mentioned in such certificate.
- b. EMI Schedule as on date of Loss of Job
- c. EPFO report.
- d. Offer letter issued by new Employer, if applicable

SECTION 7 - LOSS OF INCOME - MAJOR MEDICAL ILLNESS

A. Base Coverage

We shall pay in Lumpsum upto the Sum Insured applicable to the Insured Person, if he suffers from a Loss of Income due to his/her Voluntary Resignation or Termination from the employment within six months of diagnosis of a listed Major Medical Illness as per the plan opted and details specified in the Certificate of Insurance.

Loss of Income - Major Medical Illness Plans (please refer to your policy schedule for plans opted by You)								
Sr. no	Major Medical Illness	Essential	Essential Plus	Silver	Silver Plus	Gold	Gold Plus	Platinum
1	Cancer of specified severity	Covered	Covered	Covered	Covered	Covered	Covered	Covered
2	Open Chest CABG	Covered	Covered	Covered	Covered	Covered	Covered	Covered
3	Kidney failure requiring regular dialysis	Covered	Covered	Covered	Covered	Covered	Covered	Covered
4	Myocardial Infarction (First Heart Attack of specified severity)	Covered	Covered	Covered	Covered	Covered	Covered	Covered
5	Open Heart Replacement or Repair of Heart Valves	Covered	Covered	Covered	Covered	Covered	Covered	Covered
6	Major Organ/Bone Marrow Transplantation	Covered	Covered	Covered	Covered	Covered	Covered	Covered
7	Multiple Sclerosis with persisting symptoms	Covered	Covered	Covered	Covered	Covered	Covered	Covered
8	Permanent Paralysis of Limbs	Covered	Covered	Covered	Covered	Covered	Covered	Covered
9	Stroke resulting in permanent symptoms	Covered	Covered	Covered	Covered	Covered	Covered	Covered
10	Benign Brain Tumour	NA	Covered	Covered	Covered	Covered	Covered	Covered
11	Coma of specified severity	NA	Covered	Covered	Covered	Covered	Covered	Covered
12	Parkinson's Disease	NA	Covered	Covered	Covered	Covered	Covered	Covered
13	Alzheimer's Disease	NA	NA	Covered	Covered	Covered	Covered	Covered
14	Surgery of Aorta	NA	NA	Covered	Covered	Covered	Covered	Covered
15	End Stage Liver Failure	NA	NA	Covered	Covered	Covered	Covered	Covered
16	Deafness	NA	NA	NA	Covered	Covered	Covered	Covered
17	Loss of Speech	NA	NA	NA	Covered	Covered	Covered	Covered
18	Third Degree Burns	NA	NA	NA	Covered	Covered	Covered	Covered
19	Medullary Cystic Disease	NA	NA	NA	NA	Covered	Covered	Covered
20	Motor Neurone Disease with permanent symptoms	NA	NA	NA	NA	Covered	Covered	Covered
21	Muscular Dystrophy	NA	NA	NA	NA	Covered	Covered	Covered
22	Infective Endocarditis	NA	NA	NA	NA	Covered	Covered	Covered
23	Primary (Idiopathic) Pulmonary Hypertension	NA	NA	NA	NA	Covered	Covered	Covered
24	Dissecting Aortic Aneurysm	NA	NA	NA	NA	Covered	Covered	Covered
25	Systemic Lupus Erythematosus with Lupus Nephritis	NA	NA	NA	NA	Covered	Covered	Covered
26	Apallic Syndrome	NA	NA	NA	NA	NA	Covered	Covered
27	Aplastic Anaemia	NA	NA	NA	NA	NA	Covered	Covered
28	Bacterial Meningitis	NA	NA	NA	NA	NA	Covered	Covered
29	Cardiomyopathy	NA	NA	NA	NA	NA	Covered	Covered
30	Other serious coronary artery disease	NA	NA	NA	NA	NA	Covered	Covered
31	Creutzfeldt-Jakob Disease (CJD)	NA	NA	NA	NA	NA	Covered	Covered
32	Encephalitis	NA	NA	NA	NA	NA	Covered	Covered
33	End Stage Lung Failure	NA	NA	NA	NA	NA	Covered	Covered
34	Fulminant Hepatitis	NA	NA	NA	NA	NA	Covered	Covered
35	Eisenmenger's Syndrome	NA	NA	NA	NA	NA	Covered	Covered
36	Major Head Trauma	NA	NA	NA	NA	NA	Covered	Covered

37	Chronic Adrenal Insufficiency (Addison's Disease)	NA	NA	NA	NA	NA	Covered	Covered
38	Progressive Scleroderma	NA	NA	NA	NA	NA	Covered	Covered
39	Progressive Supranuclear Palsy	NA	NA	NA	NA	NA	Covered	Covered
40	Blindness	NA	NA	NA	NA	NA	Covered	Covered
41	Chronic Relapsing Pancreatitis	NA	NA	NA	NA	NA	NA	Covered
42	Elephantiasis	NA	NA	NA	NA	NA	NA	Covered
43	Brain Surgery	NA	NA	NA	NA	NA	NA	Covered
44	Pneumonectomy	NA	NA	NA	NA	NA	NA	Covered
45	Terminal Illness	NA	NA	NA	NA	NA	NA	Covered
46	Myelofibrosis	NA	NA	NA	NA	NA	NA	Covered
47	Pheochromocytoma	NA	NA	NA	NA	NA	NA	Covered
48	Crohn's Disease	NA	NA	NA	NA	NA	NA	Covered
49	Severe Rheumatoid Arthritis	NA	NA	NA	NA	NA	NA	Covered
50	Severe Ulcerative Colitis	NA	NA	NA	NA	NA	NA	Covered

B. Optional covers under Loss of Income - Major Medical Illness

1. Cardiac arrest

If the Insured Person is diagnosed with a Cardiac arrest for the first time in his life and this optional cover is in force then we shall pay in Lumpsum the Sum Insured applicable to the Insured Person as specified in the Certificate of Insurance in accordance with the below mentioned conditions

A. Specific Conditions applicable to Cardiac arrest

- i. There is no separate Sum Insured applicable for this optional cover. We shall pay 100% of the Sum Insured applicable for 'Loss of Income - Major Medical Illness' Base coverage section upon first diagnosis of Cardiac arrest.

2. Angioplasty

If the Insured Person undergoes Angioplasty for the first time in his life and this optional cover is in force then we shall pay in Lumpsum 100% of the Sum Insured applicable to the Insured Person specified in the Certificate of Insurance in accordance with the below mentioned conditions

A. Specific Conditions applicable to Angioplasty

- i. An Initial waiting period of 180 days shall apply starting from the date of inception of this cover with us.

C. Other Terms and conditions applicable to Loss of Income - Major Medical Illness

All the below conditions/clauses shall apply to 'Loss of Income – Major Medical Illness' section including all optional covers

1. Specific conditions applicable to Loss of Income - Major Medical Illness

- i. Only one plan can be opted and the plan chosen shall be specified in the Certificate of Insurance
- ii. Diagnosis of the Major Medical Illness must be first diagnosis in the life time of the Insured Person and must also be listed under the plan chosen. Also the confirmatory diagnosis must happen while the **Insured Person** is alive (A claim would not be admitted if the diagnosis is made post mortem)
- iii. First diagnosis of the listed Major Medical Illness or undergoing of listed medical procedure should be during the Policy Period and the same must necessarily be confirmed in writing by the treating Medical Practitioner

- iv. If we have paid a claim under this section for a particular Major Medical Illness, then we shall not pay claim for the same Major Medical Illness for the same Insured Person again during the lifetime of this Policy.
- v. The claim is admissible only if period of termination or Resignation from employment of the Insured Person is more than 30 consecutive days
- vi. A single claim payout under this section for a particular Insured Person shall not exceed the maximum single payout amount applicable to that specific Insured Person as specified in the Certificate of Insurance.
- vii. Any claims paid under this section during the Policy Period shall reduce the Sum Insured applicable to Loss of Income - Major Medical Illness for any future claims that may arise during the Policy Period
- viii. Our maximum liability under this section is maximum upto 100% of the Sum Insured mentioned in Certificate of Insurance against Loss of Income - Major Medical Illness, during a Policy Period.
- ix. Sum Insured mentioned against this section is for the entire Policy Period. It will replenish ONLY if the policy is renewed post completion of the Policy Period.
- x. Claim shall be paid even in cases where in date of loss is after the date of loan foreclosure BUT during the policy period
- xi. If this section is assigned then claim payout shall first be made to the Bank/Financial Institution, any residual/excess amount shall be paid to the Insured Person / Nominee.

2. Survival Period applicable to Loss of Income - Major Medical Illness

- i. Claim under this Section shall be payable only if the **Insured Person** survives for the number of days as specified in the Certificate of Insurance from the date of diagnosis and fulfilment of the definition of the listed and diagnosed **Major Medical Illness**.

3. Waiting Periods applicable to Loss of Income - Major Medical Illness

- i. **Initial waiting period:** Coverage under this section is subject to an initial waiting period of the number of days as opted and as specified in the Certificate of Insurance from the date of inception of this cover with us. This waiting period shall also apply to optional covers under Major Medical Illness section and shall commence from the time such optional cover are in force. In case of enhancement of Sum Insured this waiting period shall apply afresh to the extent of Sum Insured increase.
- ii. **Pre-existing disease [PED] waiting period:** A waiting period of number of months as opted and as specified in the Certificate of Insurance shall apply for all Pre-existing Diseases Conditions declared and/or accepted at the time of first enrolment of Coverage under this Section. This waiting period shall also apply to optional covers under Major Medical Illness section and shall commence from the time such optional cover are in force. In case of enhancement of Sum Insured this waiting period shall apply afresh to the extent of Sum Insured increase.

4. Specific Exclusions applicable to Loss of Income - Major Medical Illness

We will not make payment to the Insured Person(s) for any claim under this section caused by, arising from or attributable to any of the following unless explicitly specified otherwise in the Certificate of Insurance:

- i. War or any act of war (whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- ii. Any Illness, sickness, disease or Major medical Illness not listed in the plan opted.
- iii. Any Critical Illness or Surgical Procedure arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen.
- iv. Narcotics used by the **Insured Person** unless taken as prescribed by a registered Medical Practitioner
- v. Any Claim caused due to intentional self-injury, suicide or attempted suicide.
- vi. Any Critical Illness or Surgical Procedure caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defence, rebellion, revolution, insurrection, military or usurped power;
- vii. Any claim caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- viii. Working in underground mines, tunnelling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
- ix. Congenital External Anomalies or any complications or conditions arising there from including any developmental conditions of the Insured;
- x. Whilst engaging in **Adventure Sports**.
- xi. Involvement of the Insured Person in naval, military or air force operation.
- xii. Participation by the **Insured Person** in any flying activity, except as a bona fide, passenger (fare paying or otherwise) of a recognized airline on regular routes and on a scheduled time table.

5. Specific claim documents applicable to Loss of Income - Major Medical Illness

- i. Certificate from the employer of the insured confirming the voluntary resignation or termination from employment of the Insured furnishing the date of such voluntary resignation or termination from employment of the Insured with the reasons for the same. In case of temporary suspension the period of suspension should also be mentioned in such certificate.
- ii. Diagnostic report confirming diagnosis of listed Major Medical Illness
- iii. Written confirmation from Medical Practitioner
- iv. Discharge summary and reports in case of Angioplasty
- v. Original Invoices pertaining to Second Medical Opinion
- vi. Original Invoices pertaining to Molecular Gene Expression profiling test.
- vii. Requisite Income Proof

SECTION 8 - VECTOR BORNE DISEASE COVER (BENEFIT)

A. Coverage

1. In the event that an Insured Person undergoes Medically Necessary Hospitalization (including In-patient care AYUSH Treatment in an AYUSH Hospital) for any disease listed in the disease plan mentioned in the Certificate of Insurance, we shall pay in Lumpsum the Sum Insured applicable to the Insured Person as mentioned against this Section in the Certificate of Insurance

2. Reinstatement of Sum Insured

In case of an admissible claim under Vector Borne Disease Cover (Benefit), 100% of the Sum Insured shall be instantly added only once in the Policy Year for any subsequent claims that may arise during the remainder of the Policy Year under this cover. Any unutilized reinstated Sum Insured shall NOT be carried over to next policy year. Reinstatement shall not be applicable for hospitalization under Any One Illness

B. Disease Plan options

Plan A
1. Dengue Only
Plan B
1. Malaria Only
Plan C
1. Dengue
2. Malaria
3. Chikungunya
4. Japanese Encephalitis
5. Kala Azar
6. Lymphatic Filariasis (Note: Filariasis will be payable ONLY once in the lifetime of the policy for a particular Insured person)
7. Zika Virus

C. Specific Conditions applicable to VECTOR BORNE DISEASE COVER (BENEFIT)

1. Only one plan amongst Plan A, B, C can be opted, and the same shall be as specified in the Certificate of Insurance.
2. The Medically Necessary Hospitalization should commence during the Policy Period.
3. The Medically Necessary Hospitalization should be undertaken in a hospital within India
4. Claim under this section shall be payable only if the Medically Necessary Hospitalization exceeds the 'Minimum Hospitalization hours' (time deductible) as specified in the Certificate of Insurance
5. Claim shall be paid even in cases where in date of loss is after the date of loan foreclosure BUT during the policy period.
6. In case of Multi-Individual policies our maximum liability in any particular Policy Year for a specific Insured Person shall not exceed twice the Sum Insured applicable for such Insured Person. Also, our liability for a single claim payout in a policy year is limited to Sum Insured applicable to the Insured Person.
7. In case of Individual and Family Floater policies our maximum liability in any particular Policy Year shall not exceed twice the Sum Insured specified against this Section in the Certificate of Insurance. Also, our liability for a single claim payout in a policy year is limited to Sum Insured.
8. Sum Insured mentioned against this section is on per Policy Year basis. It will replenish every time post completion of each Policy Year.

D. Waiting Periods applicable to VECTOR BORNE DISEASE COVER (BENEFIT)

1. **Initial waiting period:** Coverage under this section is subject to an initial waiting period of the number of days as opted and as specified in the Certificate of Insurance from the date of inception of this cover with us. In case of enhancement of Sum Insured this waiting period shall apply afresh to the extent of Sum Insured increase.

E. Specific claim documents applicable to VECTOR BORNE DISEASE COVER (BENEFIT)

1. Original Discharge Summary
2. Original Medical Records, Case history and investigation reports
3. Original Final Hospital bill

SECTION 9 – EMI HOSPITALIZATION

A. Base Coverage

If an Insured Person is hospitalized (including In-patient care AYUSH Treatment in an AYUSH Hospital) due to illness or injury during the Policy Period, we will pay the amount applicable to the Insured Person in accordance with the details specified in the Certificate of Insurance.

B. Specific Conditions applicable to EMI Hospitalization

1. Claim payout under this section is subject to days of continuous hospitalization and details mentioned in the payout schedule specified in the Certificate of Insurance. For the purpose of clarity each day of hospitalization shall be calculated as 24 continuous hours of medically necessary hospitalization.
2. Fraction of amount chosen to be paid every time claim triggers shall be as specified in the Certificate of Insurance
3. In case of Individual & Family floater Policies the maximum worth of claim payable during a Policy Year shall be as mentioned in certificate of insurance.
4. In case of Multi-Individual Policies the maximum worth of claim payable during a Policy Year for a particular Insured person shall be as mentioned in certificate of insurance.
5. Claim shall be paid even in cases where in date of loss is after the date of loan foreclosure BUT during the policy period
6. Sum Insured mentioned against this section is on per Policy Year basis. It will replenish every time post completion of each Policy Year.
7. If this section is assigned then claim payout shall first be made to the Bank/Financial Institution, any residual/excess amount shall be paid to the Insured Person / Nominee.

C. Waiting Periods Applicable to EMI Hospitalization

1. **Pre-existing Diseases waiting period – Code – Excl01**

- a) Expenses related to the treatment of a **pre-existing disease** (PED) and its direct complications shall be excluded until the expiry of number of months of continuous coverage as specified in the Certificate of Insurance after the date of inception of the policy with insurer.
- b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the Policy after the expiry this waiting period is subject to the same being declared at the time of application and accepted by Insurer.

2. Specified Disease/Procedure (Specific Illness) waiting period- Code – Excl02

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of number of months of continuous coverage as specified in the Certificate of Insurance after the date of inception of the first **Policy** with us. This exclusion shall not be applicable for claims arising due to an **Accident**.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability mentioned by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f) List of specific diseases/procedures is provided below:

Illnesses

Diseases of gall bladder including cholecystitis	Non infective Arthritis	Pilonidal sinus
	calculus diseases of Urogenital system e.g.Kidneystone,Urinary Bladder Stone	Benign tumors, cysts, nodules, polyps including breast lumps
Pancreatitis	Ulcer and erosion of stomach and duodenum	Polycystic ovarian diseases
All forms of Cirrhosis	Gastro Esophageal Reflux Disorder (GERD)	Sinusitis, Rhinitis
Perineal Abscesses	Perianal Abscesses	Skin tumors
Cataract	Fissure/fistula in anus, Haemorrhoids including Gout and rheumatism	Tonsillitis
Osteoarthritis and osteoporosis	Fibroids (fibromyoma)	Benign Hyperplasia of Prostate

Surgical Procedures

Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy	Hernia
Dilatation and curettage (D&C)	Nasal concha resection	Surgery for prolapsed inter vertebral disc

Myomectomy for fibroids	Surgery of Genito urinary system	Surgery for varicose veins and varicose ulcers
Surgery on prostate	Cholecystectomy	Surgery for Perianal Abscesses
Hydrocele/Rectocele	Joint replacement surgeries	Surgery for Nasal septum deviation
Ligament, Tendon and Meniscal tear	Prolapsed Uterus	Rectal Prolapse
Endometriosis	Retinal detachment	Glaucoma
Varicocele	Hysterectomy	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries
Nasal polypectomy		

3. General Waiting Period – Code – Excl03

- Expenses related to the treatment of any illness within number of days as mentioned in the Certificate of Insurance from the first **Policy** commencement date shall be excluded except claims arising due to an **Accident**, provided the same are covered.
- This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
- The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

D. Exclusions Applicable to EMI Hospitalization

1. Standard Permanent Exclusions

We will not make any payment for any claim in respect of any **Insured Person** caused by, arising from or attributable to any of the following unless expressly stated to the contrary in this **Policy**:

- Investigation & Evaluation:** Code Excl04
 - Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.
 - Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- Rest Cure, rehabilitation and respite care:** Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

- iii. **Obesity/Weight control:** Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the doctor
 - b. The surgery/procedure conducted should be supported by clinical protocols
 - c. The member has to be 18 years of age or older and
 - d. Body Mass Index (BMI)
 - a. Greater than or equal to 40 or,
 - b. Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - 1. Obesity related cardiomyopathy
 - 2. coronary heart disease
 - 3. severe sleep apnoea
 - 4. uncontrolled type2 diabetes
- iv. **Change-of-Gender treatments:** Code – Excl07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
- v. **Cosmetic or plastic surgery:** Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of **Medically Necessary Treatment** to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending **Medical Practitioner**.
- vi. **Breach of Law:** Code – Excl10 - Expenses for treatment directly arising from or consequent upon any **Insured Person** committing or attempting to commit a breach of law with criminal intent.
- vii. **Excluded Providers-** Code – Excl11 Expenses incurred towards treatment in any hospital or by any **Medical Practitioner** or any other provider specifically excluded by the **Insurer** and disclosed in its website/notified to the policyholders are not admissible. However, in case of **life threatening situations** or following an **Accident**, expenses up to the stage of stabilization are payable but not the complete claim.
- viii. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12
- ix. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13
- x. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a **Medical Practitioner** as part of **Hospitalization** claim or day care procedure. Code – Excl14
- xi. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. Code – Excl15
- xii. **Unproven Treatments-** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. Code – Excl16

- xiii. **Sterility and Infertility** –Code – Excl17 -Expenses related to sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
- xiv. **Maternity:** Code – Excl18
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the **Policy** period.

2. Specific Permanent Exclusions

- i. War or any act of war, invasion, act of foreign enemy, (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, **Nuclear, Chemical or Biological** attack or weapons, radiation of any kind.
- ii. Any **Insured Person** committing or attempting to commit intentional self-injury or attempted suicide or suicide.
- iii. Any **Insured Person's** participation or involvement in naval, military or air force operation.
- iv. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").
- v. Congenital external diseases, defects or anomalies,
- vi. Stem cell harvesting.
- vii. Investigative treatments for analysis and adjustments of spinal sub luxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).
- viii. Circumcisions (unless necessitated by **Illness or Injury** and forming part of treatment).
- ix. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.
- x. Vaccination including inoculation and immunisations (Except post Animal bite treatment),
- xi. **Non-Medical expenses** such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com.
- xii. OPD treatment,
- xiii. The provision or fitting of hearing aids, spectacles or contact lenses.
- xiv. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.
- xv. Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.

- xvi. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively). prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical expenses is attached and also available on www.hdfcergo.com
- xvii. Whilst engaging in Adventure Sports.

E. Specific claim documents applicable to EMI-Hospitalization

- i. Original Discharge Summary
- ii. Original Medical Records, Case history and investigation reports
- iii. EMI Schedule on date of admission

3. GENERAL TERMS AND CLAUSES (Not applicable to Section 1 & 2)

I. Standard General Terms and Clauses

1. 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 **Insured Person** or anyone acting on their behalf to obtain any section under this **Policy** then The **Policy/Coverage** shall be cancelled ab-initio from the Coverage commencement date. All sections payable, if any, under such **Policy** shall be forfeited with respect to such claim

2. Complete Discharge

Any payment to the **Policyholder**, **Insured Person** or his/ her nominees or his/ her legal representative or assignee or to the **Hospital**, as the case may be, for any section under the **Policy** shall be a valid discharge towards payment of claim by the **Company** to the extent of that amount for the particular claim.

3. Renewal

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn.

- i. Renewal of a health insurance policy shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy like critical illness policies.
- ii. The company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.
- iii. No loading shall apply on renewals based on individual claims experience
- iv. The Company shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the Policyholder, the Insurer may underwrite only to the extent of increased sum insured.
- v. Renewal premium due can be paid prior to the due date as per norms set out by the Company.

4. Cancellation

- a. The Policyholder may cancel this Policy by giving 7 days' written notice and in such an event, the Company shall refund to the Insured a pro-rata premium for the unexpired Policy Period.

Note: For Policies where premium is paid by instalment: In case of admissible claim under the Policy, future instalment for the current Policy Year will be adjusted in the claim amount and no refund of any premium will be applicable during the Policy Year.

- b. The Company may cancel the Policy at any time on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of established fraud or non-disclosure or misrepresentation.
- c. Refund of Policy premium in case of death of Insured Person/s: Policy premium shall be refunded proportionately for the deceased Insured Person, for the unexpired Policy Period in case of death of any Insured Person/s
- d. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where any claim has been admitted or any section has been availed by the Insured Person under the Policy.

5. Premium Payment in Instalments

If the Insured Person has opted for payment of Premium on an instalment basis i.e. Yearly, Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy):

- i. Grace Period as mentioned in the table below would be given to pay the instalment premium due for the Policy

Options	Instalment Premium Option	Grace Period applicable
Option 1	Multi-Year / Yearly	30 days
Option 2	Half Yearly	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 Days

- ii. If premium is paid in instalments, then coverage will be available during the grace period also. (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received).
- iii. The Insured Person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated Grace Period
- iv. No interest will be charged If the instalment premium is not paid on due date
- v. In case of instalment premium due not received within the Grace Period, the Policy will get cancelled

- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable
- vii. The Company has the right to recover and deduct all the pending instalments from the claim amount due under the policy

Instalment Premium payment through Auto Debit/ECS Facility

- i. If Option of Premium payment by Payment is opted through auto Debit/ECS facility, a separate authorization form shall be submitted by Policy Holder/ Insured Person where Premium to be debited at a chosen frequency will be mentioned upfront
- ii. Where there is a change either in the terms and conditions of the Coverage or Policy or in the premium rate, the ECS authorization shall be obtained afresh
- iii. The Policyholder/Insured Person has the option to withdraw from the ECS mode at least fifteen days prior to the due date of instalment premium payable
- iv. No additional charges will be levied or recovered in any manner from the benefits payable towards cancellation of the ECS mode

6. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the **Insured Person** about the same 90 days prior to expiry of the policy.
- ii. **Insured Person** will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as **Cumulative Bonus**, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

7. Free look period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the Policy.

The Insured Person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the Insured has not made any claim during the Free Look Period, the insured shall be entitled to

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

8. Moratorium

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

9. Nomination

The **Policyholder** is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the **Policyholder**. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the **Policyholder**, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the **Policyholder** whose discharge shall be treated as full and final discharge of its liability under the **Policy**.

10. Multiple Policies

- i. In case of multiple policies taken by an **Insured Person** during a period from one or more insurers to indemnify treatment costs, the **Insured Person** shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the **Insurer** chosen by the **Insured Person** shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen **Policy**.
- ii. **Insured Person** having multiple policies shall also have the right to prefer claims under this **Policy** for the amounts disallowed under any other policy / policies even if the **Sum Insured** is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this **Policy**.
- iii. If the amount to be claimed exceeds the **Sum Insured** under a single **Policy**, the **Insured Person** shall have the right to choose **Insurer** from whom he/she wants to claim the balance amount.
- iv. Where an **Insured Person** has policies from more than one **Insurer** to cover the same risk on indemnity basis, the **Insured Person** shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen **Policy**.

11. Portability

The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

12. Migration

The **Insured Person** will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for **Migration** of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Migration.

13. Grievance Re-dressal Procedure (Applicable to all Sections including section 1 & 2)

In case of any grievance the insured person may contact the company through:

First Point of Contact	Call us at 022 6158 2020 / 022 6234 6234 / www.hdfcergo.com
Level 1	<p>For lack of a response or if the response provided does not meet your expectation, you can:</p> <ol style="list-style-type: none"> 1. Write to The Complaints & Grievance Cell (C&G Cell) HDFC ERGO General Insurance Company Limited, D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra 2. You can also write an email to grievance@hdfcergo.com 3. Call on 18002677444 (operational Monday - Saturday 9AM to 6PM)
Level 2	<p>If you're not satisfied with the resolution or if no response was received within 15 days, you can:</p> <ol style="list-style-type: none"> 1. Write 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 2. You can also write an email to cgo@hdfcergo.com
Level 3	<p>In case grievance is not resolved at the above escalation levels, you can also lodge an online complaint through the website of Council for Insurance Ombudsmen (CIO) www.cioins.co.in</p>

Dedicated Helpline For	Email ID	Contact Number
Senior Citizen	seniorcitizen@hdfcergo.com	022 6158 2026
Women	-	022 6158 2055

You may also refer the Grievance Redressal Escalation matrix on our website <https://www.hdfcergo.com/customer-voice/grievances>

If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://bimabharosa.irdai.gov.in>

II. Specific General Terms and Clauses

1. Right to inspect

If required by the Company, an agent/representative of the Company including an Investigator or Surveyor appointed on that behalf shall in case of any loss or any circumstances that have given rise to the claim to the Insured be permitted at all reasonable times to examine into the circumstances of such loss. The Policy Holder/Insured Person shall on being required so to do by the Company produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain the correctness thereof or the liability of the Company under the Policy.

2. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

3. Entire Contract

The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the Policy.

4. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law. Each party agrees to submit such dispute to a Court of competent jurisdiction and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

5. Geography (Applicable to Section 1 & 2 also)

The Geographical Scope of each section under this policy is as detailed in the table below

Sr No.	Name of Sections	Geography of trigger point
1	Home Building And Contents Cover	Property situated be in India only
2	Burglary And Theft COVER	Property situated be in India only
3	Major Medical Illness	Diagnosis of listed ‘Major Medical Illness’ can happen anywhere in the world including India
Optional Covers - Major Medical Illness		
i	Cardiac Arrest	
ii	Angioplasty	
iii	Molecular Gene Profiling test	Test should be taken in India only
iv	Second Medical Opinion	
iv.a	Second Medical Opinion -India	Second Medical opinion should be taken from doctor based in India only
iv.b	Second Medical Opinion – Global	Second Medical opinion should be taken from doctor based outside India only
4	Personal Accident	Injury can happen anywhere in the world including India
5	Dependent Child Education Benefit	Injury / PD / AD can happen anywhere in the world including India Child's education institute can be anywhere in the world including India
6	Loss of Job - TERMINATION OF EMPLOYMENT	Location of Job can be anywhere in world. Date of start of Termination must be during Policy Period
7	Loss of Income - Major Medical Illness [MMI]	Diagnosis of listed ‘Major Medical Illness’ can happen anywhere in the world including India. Location of Job can be anywhere in world.
Optional Covers - Loss of Income - Major Medical Illness		
i	Cardiac Arrest	
ii	Angioplasty	
8	Vector Borne Disease Cover (Benefit)	Hospitalization must be in India Only

9	EMI Hospitalization	Hospitalization must be in India Only
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6. Agreed Bank clause (Applicable to all sections, unless otherwise opted at the time of enrolment OR specified in Certificate of Insurance / Policy schedule)

If You have mortgaged, hypothecated or created any security over Your Home or any of its Contents in favour of a Bank, and the Bank has an interest in the Policy, the name of such Bank will also be shown in the Certificate of insurance under the title 'Agreed Bank Clause'. If You choose to add the name of such Bank at any time during the Policy Period, this will be shown as an Endorsement.

Under this Clause You agree as follows:

- i. We shall pay to the Bank the entire amount that We are liable to pay under this Policy. Such Bank will receive it for its own demand, and as agent for any other person interested in the amount.
- ii. When We pay the amount to the Bank, Our liability under this Policy will be discharged, and will be binding on all of You and all persons named as the insured.
- iii. Any notice or communication We make to the Bank under the provisions of this Policy shall be sufficient notice or communication to You.
- iv. Any settlement or compromise that We make with the Bank will be binding on You and all persons named as the insured. However, such settlement or compromise will not affect the rights of the Bank to recover any amount from You or any other person.
- v. If You make any change in the use of Your Home or sell or transfer the Insured Property, such actions will not prejudice the interest of the Bank under the policy and this clause, unless the condition has been broken by the Bank or its employees.
- vi. If You commit any act or omission that will increase the risk, the insurance cover will not be invalidated. However, the Bank shall notify Us of any change or ownership, or alterations and increase in risks as soon they become known to the Bank, and shall pay additional premium from the time of such change.
- vii. When We pay the amount to the Bank, We will become legally and automatically subrogated to all rights of the Bank to the extent of such payment. This will not impair or prejudice the rights of the Bank to recover any amount from You or any other person.

Note: The Bank shall mean the first named Financial Institution/Bank named in the Certificate of Insurance

7. Loadings

- I. We may apply loading on the premium, based on the declarations made in the proposal form and the health status, habits and lifestyle, past medical records, and the results of the Pre-Policy medical examination of the persons proposed for insurance.
- II. The maximum Medical Underwriting loading shall not exceed 100% for each condition and a total of 150% for each **Insured Person**
- III. Loadings will be applied from Commencement date of the Policy including subsequent **Renewal(s)** with **Us** or on increased Sum Insured. We will not apply any additional loading on **Your** policy premium at **Renewal** based on claim experience in **Your** Policy.
- IV. We will inform You about the proposed loading with time bound exclusion (if any) through a counter offer letter and will issue the Policy only on **Your** acceptance within 15 days of the receipt of such counter offer letter. In case, you neither accept the counter offer nor revert to **Us** within 15 days, We shall cancel **Your** application and refund the premium paid within next 7 days.

8. Endorsements (Applicable to Section 1 & 2 also)

The following endorsements are permissible during the Coverage Period:

9.1. Non-Financial Endorsements – which do not affect the premium

- i. Minor rectification/correction in name of the Insured Person (and not the complete name change)
- ii. Rectification in gender of the Insured Person (if this does not impact the premium)
- iii. Rectification of date of birth of the Insured Person (if this does not impact the premium)
- iv. Change in the correspondence address of the Proposer (if this does not impact the premium)
- v. Change in Nominee Details
- vi. Change in bank details
- vii. Any other non-financial endorsement

9.2. Financial Endorsements – which result in alteration in premium

- i. Cancellation of Policy
- ii. Any other financial endorsement

9. Payment of Claim

- a. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.
- b. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder from the date of receipt of intimation to the date of payment of claim at a rate 2% above the bank rate.

If requested by Us and at Our cost, the Insured Person must submit to medical examination by Our Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the treatment of Insured Person and to investigate the circumstances pertaining to the claim.

10. Claims Procedure

Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy , Health Card or our Website, You can register your claim through call to our IPO (Mobile/Portal) app, e-mail, Call to our call centre.
Claim Intimation Timelines	Within 30 days from the date of occurrence of the event
Particulars to be provided to Us for Claim notification	<ol style="list-style-type: none"> 1. Policy Number, 2. Name of the Insured Person(s) named in the Policy schedule/Certificate availing treatment (if applicable) 3. Nature of disease/illness/injury (if applicable) 4. Name and address of the attending Medical Practitioner/Hospital (if applicable) 5. Date of admission & probable date of discharge (if applicable) 6. First Information Report and Final Police report, wherever is necessary 7. Any other supporting documents as may be required by the Company 8. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format.
Documents to be Provided for claim	<ol style="list-style-type: none"> 1. Claim Form (to be filled and signed by Insured Person) 2. NEFT form and Cancelled cheque stating Insured Person's (nominee in case of death claim) Claimant Indian Bank account details 3. Government approved Photo ID & Age Proof 4. Aadhaar card & PAN card Copies as per the IRDAI guidelines 5. Receipts of Invoices and Bills provided in support of Claim amount 6. Documents mentioned under 'Specific Claim Documents' clause of the respective section 7. Certificate from the Bank/Financial Institution stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc. (for applicable sections) 8. Any other relevant document / information as required by Us

11. **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

12. Details pertaining to Policy Type

If the Policy Type mentioned in the Certificate of Insurance is Family Floater or Floater then the Sum Insured of only the below mentioned sections (if opted) shall function on a Family Floater Sum Insured Basis

Section – 3 Major Medical Illness
Section – 4 Personal Accident
Section – 5 Dependent Child Education Benefit
Section – 6 Loss of Job – Termination Of Employment
Section – 7 Loss of Income - Major Medical Illness
Section – 8 Vector Borne Disease Cover (Benefit)
Section – 9 EMI Hospitalization

4. ANNEXURES

I. Annexure A - Contact details of Offices of Insurance Ombudsman

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD Shri Collu Vikas Rao Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 Email: oio.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Ms Neerja Kapur Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: oio.bengaluru@cioins.co.in	Karnataka.
BHOPAL Shri Ajay Kumar Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: oio.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh.

BHUBANESWAR Shri Bimbadhar Pradhan Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: oiio.bhubaneswar@cioins.co.in	Odisha.
CHANDIGARH Ms Alka Jha Insurance Ombudsman Office of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: oiio.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI Shri K.Vinayak Rao Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018. Tel.: 044 - 24333668 / 24333678 Email: oiio.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
DELHI Ms Sunita Sharma Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: oiio.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.

GUWAHATI Shri Ajay Kumar Sharma Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar , S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: oiio.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Ms. G Shobha Reddy Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp.Hyundai Showroom , A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: oiio.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR Shri Satyajeet Rajan Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: oiio.jaipur@cioins.co.in	Rajasthan.
KOCHI Shri Pradeep Kumar Jain Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: oiio.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.

KOLKATA Ms Kiran Sahdev Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, Kolkata - 700 072. Tel.: 033 - 22124339 / 22124341 Email: io.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW Shri. Atul Sahai Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: io.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Ms Sarojini S Dikhale Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: io.mumbai@cioins.co.in	List of wards under Mumbai Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N, S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.

NOIDA Shri Bimbadhar Pradhan Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: oio.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA Ms Susmita Mukherjee Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: oio.patna@cioins.co.in	Bihar, Jharkhand.
PUNE Shri Sunil Jain Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: oio.pune@cioins.co.in	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region
THANE Shri Umesh Sinha Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasant Rao Naik Mahamarg, Thane (West)- 400604 Tel.: 022-20812868/69 Email: oio.thane@cioins.co.in	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai , M/East, M/West, N, S and T."

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

The updated details of Insurance Ombudsman are available on IRDA website:
<https://www.cioins.co.in/Ombudsman>