

**POLICY WORDING – APNE, SAPNE SURAKSHIT**

Apollo Munich Health Insurance Company Limited will cover all the Insured Persons under this Policy upto the **Sum Insured**. The insurance cover is governed by and subject to the terms, conditions and exclusions of this Policy.

**Section 1: Base Benefit****Accidental Death**

If an Insured Person suffers an Accident during the Policy Period and this is the sole and direct cause of his death within 365 days from the date of the Accident, then We will pay the Sum Insured as mentioned in the below table.

Benefit	Static Sum Insured	Reducing Sum Insured
Accidental Death [AD]	100% of disbursed loan amount	100% of Principal outstanding

In case of an admissible claim under this benefit, coverage under this policy for the Insured Person shall automatically terminate. However in case of borrower and co-borrower loans following shall apply

Both borrower and co-borrower are insured for 100% of disbursed loan amount	Policy shall terminate for both Insured Persons
Borrower and co-borrower are insured for proportion of loan amount	Policy shall terminate only for the Insured Person against whom claim has been made to the extent of his proportion of the loan amount

OR

**Permanent Total Disablement\***

If an Insured Person suffers an Accident during the Policy Period and within 365 days from the date of the Accident this is the sole and direct cause of his permanent total disablement in one of the ways detailed in the table below, then We will pay the percentage of the Sum Insured shown in the table below.

	Static Sum Insured	Reducing Sum Insured
Loss of 2 Limbs (both hands or both feet or one hand and one foot)	100% of disbursed loan amount	100% of Principal outstanding amount
Loss of a Limb and an eye		
Complete and irrecoverable loss of sight of both eyes		
Complete and irrecoverable loss of speech & hearing of both ears		

In this Benefit:

- a) Limb means a hand at or above the wrist or a foot above the ankle.
- b) Loss of Limb means:
  - i. the physical separation of a Limb above the wrist or ankle respectively, or

**Important terms You should know**

**Sum Insured** means the sum shown in the Schedule/Certificate of Insurance which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period.

**Static Sum Insured** means Sum Insured opted by Insured Person shall remain constant throughout the policy term.

**Reducing Sum Insured** means Sum Insured opted by Insured Person shall keep on reducing on monthly basis. This monthly reduction is equal to monthly EMI amount, as per the amortization schedule prepared by Bank/ Financial Institution.

**Insured Person** means You and the persons named in the Schedule/ Certificate of Insurance

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

- ii. the total loss of functional use of a Limb for at least 365 days from the date of onset of such disability provided that We must be satisfied at the expiry of the 365 days that there is no reasonable medical hope of improvement.

In case of an admissible claim under this benefit, coverage under this policy for the Insured Person shall automatically terminate. However in case of borrower and co-borrower loans following shall apply

Both borrower and co-borrower are insured for 100% of disbursed loan amount	Policy shall terminate for both Insured Persons
Borrower and co-borrower are insured for proportion of loan amount	Policy shall terminate only for the Insured Person against whom claim has been made to the extent of his proportion of the loan amount

**\*For regulatory reference – Will not be part of policy document**

Either of Accidental Death [AD] or Permanent Total Disablement [PTD] can be opted as base benefit at the inception of the coverage. Upon choosing Accidental Death [AD] as base benefit, Permanent Total Disablement [PTD] can be chosen as optional cover. Accidental Death [AD] cannot be chosen as optional benefit. Permanent Total Disablement [PTD] will be shown under base policy benefit segment only if Insured Person chooses Permanent Total Disablement [PTD] as base cover.

## Section 2: Special terms and Conditions

### A. Waiting Period

We are not liable for any claim arising due to condition for which appearance of signs/symptoms, consultation, investigation, treatment or admission started within 30 days from Policy Commencement Date, except for the claims arising due to an Accident.

Pre-existing Diseases will be covered after a waiting period of 48 months.

If any time period is specifically mentioned in Benefits, then it shall supersede the time periods mentioned above

### B. General Exclusions

We will not pay for any claim which is caused by, arising from or in any way attributable to any of the following, including their associated complications, unless expressly stated to the contrary in this Policy.

- Special Exclusions to Accidental death [AD], Permanent Total Disablement [PTD], Permanent Partial Disablement [PPD], Temporary Total Disablement [TTD] and Hospitalization due to Accident
  - Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
  - Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
  - Hernia.
- General Exclusions applicable to all Benefits

<b>Non-Medical Exclusions</b>	<ol style="list-style-type: none"> <li>War or similar situations: Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.</li> <li>Any Insured Person committing or attempting to commit a breach of law with criminal intent.</li> <li>Intentional self-injury, suicide or attempted suicide while sane or insane.</li> <li>Dangerous acts (including sports):</li> </ol>
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	An Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing in a professional or semi professional nature.
<b>Medical Exclusions</b>	<p>v) Treatment of illness or injury resulting as a consequence of the use of alcohol, tobacco, narcotic or psychotropic substances.</p> <p>vi) Prosthetic and other devices which are self detachable /removable without surgery involving anaesthesia</p> <p>vii) Treatment at a healthcare facility which is NOT a Hospital.</p> <p>viii) Treatment of obesity and any weight control program.</p> <p>ix) Treatment for correction of eye sight due to refractive error</p> <p>x) Cosmetic, aesthetic and re-shaping treatments and surgeries:</p> <ol style="list-style-type: none"> <li>Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns.</li> <li>Circumcisions (unless necessitated by Illness or injury and forming part of treatment); aesthetic or change-of-life treatments of any description such as sex transformation operations.</li> </ol> <p>xi) Types of treatment, defined Illnesses/ conditions/ supplies:</p> <ol style="list-style-type: none"> <li>Non allopathic treatment.</li> <li>Conditions for which treatment could have been done on an outpatient basis without any Hospitalisation.</li> <li>Charges related to peritoneal dialysis, including supplies</li> <li>Admission primarily for administration of monoclonal antibodies or IV immunoglobulin infusion.</li> <li>Experimental, investigational or unproven treatment devices and pharmacological regimens.</li> <li>Admission primarily for diagnostic and evaluation purposes only</li> <li>Any diagnostic expenses related to illnesses which we do not cover under this Policy.</li> <li>Convalescence, rest cure, sanatorium treatment, rehabilitation measures, respite care, long-term nursing care, custodial care, safe confinement, de-addiction, general debility or exhaustion ("run-down condition").</li> <li>Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment);</li> <li>Admission for enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements</li> <li>Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.</li> <li>Psychiatric, mental disorders (including mental health treatments)</li> <li>Sleep-apnoea.</li> <li>External congenital diseases, defects or anomalies.</li> <li>Stem cell therapy or surgery, or growth hormone therapy.</li> <li>Venereal disease, sexually transmitted disease or illness;</li> <li>"AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human Immunodeficiency Virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS Related Complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.</li> <li>Any expense attributable directly or indirectly to pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity</li> </ol>

	<p>or child birth (including caesarean section), except in the case of ectopic pregnancy in relation to a claim under 1a) for In-patient Treatment only.</p> <p>s. Treatment for sterility, infertility (primary or secondary), assisted conception or other related conditions and complications arising out of the same.</p> <p>t. Birth control, and similar procedures including complications arising out of the same.</p> <p>u. The expense incurred by the Insured Person on organ donation.</p> <p>v. Treatment for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.</p> <p>xii) Healthcare providers (Hospitals /Medical Practitioners)</p> <p>a. Any Medical Expenses incurred using facility of any Medical Practitioners or institution that We have told You/Insured Person (in writing) is not to be used at the time of renewal or at any specific time during the Policy Period. This exclusion is not applicable for life saving emergency situations and in such cases claims will be settled on reimbursement basis only.</p> <p>b. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.</p>
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### Section 3 General Conditions

#### a. Conditions precedent

The fulfilment of the terms and conditions of this Policy including the payment of premium by the due dates mentioned in the Schedule/Certificate of Insurance and the correct disclosures in a complete manner in the proposal form insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability. The premium for the Policy will remain the same for the Policy Period as mentioned in Policy Schedule/Certificate of Insurance. Policy will be issued between the range of 1 year to 5 years (in interval of 1 year). Sum Insured & benefits will be applicable on Policy Year basis.

#### b. Geography

This Policy applies to events or occurrences taking place anywhere in the world.

#### c. Insured Person

Only those persons named as Insured Persons in the Schedule/Certificate of Insurance shall be covered under this Policy. Any eligible person may be added during the Policy Period after his application has been accepted by Us and additional premium has been received. Insurance cover for this person shall only commence once We have issued an endorsement confirming the addition of such person as an Insured Person.

If an Insured Person dies other than death due to an accident, he will cease to be an Insured Person upon Us/Administrator receiving all relevant particulars in this regard. We will return a part of the premium (as per cancellation grid in section 3.18) received for such person IF AND ONLY IF there are no claims in respect of that Insured Person under the Policy.

**d. Notification of Claim**

	<b>Treatment, Consultation or Procedure:</b>	<b>We must be notified:</b>
<b>A. Accidental death [AD], Permanent Total Disablement [PTD], Permanent Partial Disablement [PPD] or Temporary Total Disablement [TTD] and Hospitalization due to Accident</b>		
i)	Any event or occurrence that may give rise to a claim	Within 30 days of event or occurrence
<b>B. Hospitalization due to Illness</b>		
i)	Treatment for which a claim may be made is to be taken and it requires Hospitalisation	At least 48 hours prior to the Insured Person's admission.
ii)	Treatment for which a claim may be made is to be taken and it requires Emergency Hospitalisation	Within 24 hours of the Insured Person's admission to Hospital.
<b>C. Critical Illness</b>		
i)	If any event or occurrence that may give rise to a claim under this Benefit	Within 14 days of the diagnosis of the first occurrence of the Critical Illness.

**Note:**

- The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.
- If any time period is specifically mentioned in Benefits, then it shall supersede the time periods mentioned in above table.

**e. Supporting Documentation & Examination**

The Insured Person or someone claiming on Your behalf shall provide Us with any documentation, medical records and information. We or Our TPA may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days of the earlier of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the Insured Person. Such documentation will include but is not limited to the following:

- Our claim form, duly completed and signed for on behalf of the Insured Person.
- All reports and records, including but not limited to all medical reports, case histories/indoor case papers, investigation reports, treatment papers, discharge summaries.
- Death/Disability certificate.
- A precise diagnosis of the treatment for which a claim is made.
- A detailed list of the individual medical services and treatments provided.
- All pre and post investigation, treatment and follow up (consultation) records pertaining to the present ailment for which claim is being made
- All investigation, treatment and follow up records pertaining to the past ailment(s) since their first diagnoses or detection
- Treating doctor's certificate regarding missing information in case histories e.g. Circumstance of injury and Alcohol or drug influence at the time of accident
- Copy of settlement letter from other insurance company or TPA
- Stickers and invoice of implants used during surgery
- Copy of MLC (Medico legal case) records and FIR (First information report), in case of claims arising out of an accident
- Regulatory requirements as amended from time to time, currently mandatory NEFT (to enable direct credit of claim amount in bank account) and KYC (recent ID/Address proof and photograph) requirements
- Legal heir certificate (not required if valid nomination exists)
- Certificate from Bank/Financial Institution stating the amortization schedule, the EMI amount, Principal Outstanding, etc

**f. Claims Payment**

- i. We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We has requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- ii. We shall on admission of a claim make the payment of the principal outstanding amount to the Bank/Financial Institution where the Insured Person has authorized Us for the same. Where the Insured Person has opted for a Static Sum Insured; We shall on admission of a claim make the payment of the principal outstanding amount to the Bank/Financial Institution where the Insured Person has authorized Us for the same and any balance Static Sum Insured shall be payable to the Insured Person or Nominee, as applicable. The Insured Person can authorize for payment of principal outstanding amount to the Bank/Financial Institution at the time of opting for coverage under this Policy or at a later date.
- iii. We will only make payment to Insured Person, Nominee or the Bank/Financial Institution, as applicable, under this Policy. Receipt of payment by Insured Person, Nominee or Master Policyholder shall be considered as a complete discharge of Our liability against the respective/any claim under this Policy. In the event of Insured Person's death, We will make payment to the Nominee (as named in the Schedule/Certificate of Insurance). Payment of the admissible claim to the Bank/Financial Institution shall be as per table below

Sum Insured Type	Sum Insured settlement basis	Claim amount paid to
Reducing Sum Insured	The Principal Outstanding in the books of Bank/Financial Institution as on the date of occurrence of the event minus all the unpaid/ overdue EMI's (if any) payable to Bank/Financial Institution	Bank/Financial Institution
Static Sum Insured	Principal Outstanding as per the amortization schedule prepared by Bank/Financial Institution minus all the unpaid/ overdue EMI's (if any).	Bank/Financial Institution & Nominee ( Amount provided to Nominee shall be the Principal amount settled by Insured Member as on the date of occurrence of covered event)

- iv. We shall reject the claim by sending claim rejection letter to Insured Person or settle a claim by making the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of receipt of last necessary document(s) / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulation), 2017. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDAI (Protection of Policyholders Regulation), 2017, we shall pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document(s) to the date of payment of claim. For the purpose of this clause, 'bank rate' shall mean the bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
- v. Where the circumstances of a clam warrant an investigation in our Opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, We shall settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days , We shall be liable to pay interest at



a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

- vi. The payments under this Policy shall only be made in Indian Rupees within India.
- vii. We will only make payment to or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us, this person will be deemed to be authorized by You to receive the concerned payment. In the event of the death of an Insured Person, We will make payment to the Nominee (as named in the Schedule).
- viii. If specific etiology for the defined critical illness is among the general or specific exclusions of this policy then the claim would not be payable. Etiology means the cause or origin of a disease or disorder as determined by medical diagnosis.
- ix. For Static Sum Insured type policies, claims shall be settled based on the Sum Insured opted at the time of policy inception and last paid EMI amount.
- x. For Reducing Sum Insured type policies, claims shall be settled based on least of the following:
  - i. The Principal Outstanding in the books of Bank/Financial Institution as on the date of occurrence of the event minus all the unpaid/ overdue EMI's (if any); OR
  - ii. Principal Outstanding as per the amortization schedule prepared by Bank/ Financial Institution minus all the unpaid/ overdue EMI's (if any).
- xi. This policy does not cover any interest accrued on the Principal Loan amount.

**g. Non-Disclosure or Misrepresentation:**

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

- i. cancelled ab initio from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, with Your consent, upon 30 day notice by sending an endorsement to Your address shown in the Schedule/Certificate of Insurance;
- ii. the claim under such Policy if any, shall be rejected/repudiated forthwith.

**h. Dishonest or Fraudulent Claims**

If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or the Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be:

- i. cancelled ab-initio from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, with Your consent, upon 30 day notice by sending an endorsement to Your address shown in the Schedule/Certificate of Insurance;
- ii. all benefits payable, if any, under such Policy shall be forfeited with respect to such claim.

**i. Endorsement**

This Policy constitutes the complete contract of insurance. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us. Any change that We make will be evidenced by a written endorsement signed and stamped by Us.

**j. Change of Plan Type**

The policy does not allow to convert plan from Static Sum Insured type to Reducing Sum Insured type or vice versa.

**k. Renewal**

This Policy is ordinarily renewable unless the Insured Person or anyone acting on behalf of an Insured Person has acted in a dishonest or in a fraudulent manner or there has been any misrepresentation, mis-description or non-disclosure under or in relation to this Policy or the renewal of the Policy poses a moral hazard.

a) We are NOT under any obligation to:

- i. Send renewal notice or reminders.
- ii. Renew it on same terms or premium as the expiring Policy. Any change in benefit or premium will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy.
- b) All applications for renewal of the Policy must be received by Us before the end of the Policy Period. A Grace Period of 30 days for renewing the Policy is available under this Policy. Any disease/ condition contracted during the Grace Period will not be covered and will be treated as a Pre-existing Condition.
- c) For renewal of Reducing Sum Insured type policies, the Sum Insured shall be equal to the outstanding principal amount at the time of renewal and premium shall be charged accordingly.

#### **I. Notices**

Any notice, direction or instruction under this Policy shall be in writing and if it is to:

- i. Any Insured Person, then it shall be sent to You at Your address specified in the Schedule and You shall act for all Insured Persons for these purposes.
- ii. Us, it shall be delivered to Our address specified in the Schedule.
- iii. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.

#### **m. Dispute Resolution Clause**

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

#### **n. Nomination**

You can change the nominee to whom such payment is to be made at any time during the Policy Period, provided that such change shall only be effective when You have notified Us and We have recorded the change by an endorsement to this effect.

#### **o. Termination**

- i. You may terminate this Policy at any time by giving Us/Administrator a written notice. The cancellation shall be from the date of receipt of such written notice. Premium shall be refunded as per table below IF AND ONLY IF no claim has been made under the Policy:
  - For policies with policy term of one year (Static Sum Insured or Reducing Sum Insured):

Length of time Policy in force	Refund of premium
up to 1 month	75%
up to 3 months	50%
up to 6 months	25%
exceeding 6 months	0%

- For policies with policy term of more than one year (Static Sum Insured):

Cancellation year / Policy term	2	3	4	5
<b>Year 1</b>	49%	54%	57%	59%
<b>Year 2</b>	-	33%	41%	46%
<b>Year 3</b>	-	-	24%	33%
<b>Year 4</b>	-	-	-	20%
<b>Year 5</b>	-	-	-	-



No refund of premiums will be made under the policy during the last year of insurance (not applicable on one year policy duration)

- For policies with policy term of more than one year (Reducing Sum Insured):

Loan Period	2	3	3	4	4	4	5	5	5	5	6-7	6-7	6-7	6-7
Policy Period	2	2	3	2	3	4	2	3	4	5	2	3	4	5
Cancellation year														
Year 1	44%	46%	49%	47%	51%	53%	47%	52%	54%	55%	48%	53%	55%	56%
Year 2	-	-	23%	-	26%	30%	-	28%	34%	36%	-	29%	36%	40%
Year 3	-	-	-	-	-	14%	-	-	17%	21%	-	-	20%	25%
Year 4	-	-	-	-	-	-	-	-	-	10%	-	-	-	13%
Year 5	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Loan Period	7-10	7-10	7-10	7-10	10-15	10-15	10-15	10-15	>15	>15	>15	>15
Policy Period	2	3	4	5	2	3	4	5	2	3	4	5
Cancellation year												
Year 1	48%	53%	56%	57%	48%	54%	56%	58%	49%	54%	57%	58%
Year 2	-	30%	38%	42%	-	31%	39%	44%	-	32%	40%	45%
Year 3	-	-	21%	28%	-	-	23%	30%	-	-	24%	32%
Year 4	-	-	-	16%	-	-	-	18%	-	-	-	19%
Year 5	-	-	-	-	-	-	-	-	-	-	-	-

No refund of premiums will be made under the policy during the last year of insurance (not applicable on one year policy duration)

- ii. We shall terminate this Policy for the reasons as specified under aforesaid section 3 g) (Non Disclosure or Misrepresentation) & section 3 h) (Dishonest or Fraudulent Claims) of this Policy and such termination of the Policy shall be ab initio from the inception date or the renewal date (as the case may be), upon 30 day notice, by sending an endorsement to Your address shown in the Schedule/endorsement/Certificate of Insurance.
- iii. The policy shall be cancelled automatically upon full repayment of loan amount.
- iv. In case the Insured Person transfers his/her loan to another Bank/ Financial Institution, then We will cancel the Policy and return a part of premium as per the above grid IF AND ONLY IF no claims has been made.
- v. If both insured persons are covered for 100% of loan amount disbursed and if the loan amount is repaid in full before the end of Policy Term and same has been intimated to Us, then We shall cancel the Policy and return a part of premium as per the above grid IF AND ONLY IF no claims has been made.
- vi. If insured persons are covered for the proportion of loan amount against their name and if any of the insured member repays the his loan amount in full before the end of policy term, then we shall cancel the policy and return a part of premium, as per the above grid, in respect of that insured person only. Return of part of premium shall be made IF AND ONLY IF no claims has been made. The other insured member shall continue to be covered under the policy.
- vii. In the event of part prepayment of Loan, no refund of premium shall be made under this policy.

**p. Free Look Cancellation**

Insured Person has a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If the Insured person has have any objections to any of the terms and

conditions, he/she has the option of cancelling the Policy stating the reasons for cancellation. and We will refund the premium paid by Insured Person after adjusting

- the amounts spent on any medical check-up, stamp duty charges and
- Proportionate risk premium.

Insured Person can cancel the Policy only if no claims have been made under the Policy. All rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

#### Section 4. INTERPRETATIONS & DEFINITIONS

The terms defined below have the meanings ascribed to them wherever they appear in this Policy Document 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:

1. **Accident** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Activities of Daily Living are:**
  - 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.
3. **Age or Aged** means completed years as at the Commencement Date.
4. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.
5. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
6. **Dental treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
7. **Disclosure of information norm** means the policy shall be void and all premiums paid herein shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
8. **EMI or EMI Amount** means the amount of monthly payment required to repay the loan availed by Insured Person from Bank/Financial Institution prior to the date of event which may give rise to a claim under this Policy. This is as per the amortization chart referred to in the loan agreement (or any amendments thereto) between the Bank/Financial Institution and the Insured Person. For the purpose of avoidance of doubt, it is clarified that any EMIs that are overdue and unpaid to the Bank prior to the occurrence of the Event, which may give rise to claim under this policy, will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.
9. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
10. **Hospital** a hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
  - I. has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,

- II. has qualified nursing staff under its employment round the clock,
  - III. has qualified Medical Practitioner(s) in charge round the clock,
  - IV. has a fully equipped operation theatre of its own where surgical procedures are carried out,
  - V. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
11. **Hospitalization** means admission in a hospital for a minimum period of 24 In-patient Care consecutive hours except for specified procedures treatments, where such admission could be for a period of less than 24 consecutive hours.
  12. **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.
  13. **Insured Person** means You and the persons named in the Schedule.
  14. **Loan** means the sum of money lent at interest or otherwise to the Insured by any Bank/Financial Institution as identified by the Loan Account Number referred to in this policy.
  15. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
  16. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
  17. **Medically Necessary** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which
    - I. Is required for the medical management of the Illness or injury suffered by the Insured Person;
    - II. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
    - III. Must have been prescribed by a Medical Practitioner.
    - IV. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
  18. **Notification of Claim** means the process of notifying a claim to the insurer or TPA by specifying the timeliness as well as the address / telephone number to which it should be notified.
  19. **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any) and the Schedule.
  20. **Policy Period** means the period between the Commencement Date and the Expiry Date as specified in the Schedule.
  21. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
  22. **Pre-Existing Disease** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.
  23. **Principal Outstanding** means the principal amount of the disbursed Loan outstanding excluding interest payable thereon as on the date of occurrence of Event that may give rise to claim under this policy. This shall not include any component of the overdue and unpaid EMI's. For the purpose of avoidance of doubt, it is clarified that any EMIs that are overdue and unpaid to the Bank prior to the occurrence of the Event, which may give rise to claim under this policy, will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.
  24. **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
  25. **Reducing Sum Insured** means Sum Insured opted by Insured Person shall keep on reducing on monthly basis. This monthly reduction is equal to the Principal component of monthly EMI amount, as per the amortization schedule prepared by Bank/ Financial Institution.

26. **Static Sum Insured** means Sum Insured opted by Insured Person shall remain constant throughout the policy term.
27. **Sum Insured** means the sum shown in the Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period.
28. **Survival Period** means the period after an insured event that the insured person has to survive before a claim becomes valid.
29. **Terrorism** shall mean an act, 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), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear."
30. **We/Our/Us** means the Apollo Munich Health Insurance Company Limited.
31. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

## Section 5. Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, the Insured Person can contact Apollo Munich through:

- Website : [www.apollomunichinsurance.com](http://www.apollomunichinsurance.com)
- Toll Free : 1800-102- 0333
- Fax : 1800- 425- 4077
- Courier : Claims Department,  
Apollo Munich Health insurance Co. Ltd  
Ground floor, Srinilaya – Cyber Spazio  
Suite # 101,102,109 & 110, Ground Floor,  
Road No. 2, Banjara Hills,  
Hyderabad-500 034

Or

Claims Department  
Apollo Munich Health Insurance Company Limited  
iLABS Centre, 2nd & 3rd Floor, Plot No 404 - 405, Udyog Vihar, Phase – III,  
Gurgaon -122016, HARYANA

## Section 6. Grievance Redressal Procedure

If You have a grievance that You wish Us to redress, You may contact Us with the details of Your grievance through:

- Our website : [www.apollomunichinsurance.com](http://www.apollomunichinsurance.com)
- E-mail : [customerservice@apollomunichinsurance.com](mailto:customerservice@apollomunichinsurance.com)
- Toll Free : 1800-102-0333
- Fax : +91-124-4584111
- Courier : Any of Our Branch office or Corporate office

You may also approach the grievance cell at any of Our branches with the details of Your grievance during Our working hours from Monday to Friday.

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may contact Our Head of Customer Service at:

**The Grievance Cell, Apollo Munich Health Insurance Company Limited, iLABS Centre, 2nd & 3rd Floor, Plot No 404 - 405, Udyog Vihar, Phase – III, Gurgaon -122016, HARYANA**

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may approach the nearest Insurance Ombudsman for resolution of Your grievance. The contact details of Ombudsman offices are mentioned below.

Office of the Executive Council of Insurers  
(Monitoring Body for Offices of Insurance Ombudsman)  
3<sup>rd</sup> Floor, Jeevan Seva Annexe, Santacruz(West), Mumbai – 400054. Tel no: 26106671/6889.  
Email id: inscoun@ecoi.co.in website: www.ecoi.co.in

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If you have a grievance, approach the grievance cell of Insurance Company first.  
If complaint is not resolved/ not satisfied/not responded for 30 days then  
You can approach The Office of the Insurance Ombudsman(Bimalokpal)  
Please visit our website for details to lodge complaint with Ombudsman.

Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, Ahmedabad - 380001. Tel nos: 079-25501201/02/05/06 email: bimalokpal.ahmedabad@ecoi.co.in	Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, BHOPAL-462 003. Tel.:- 0755-2769201/9202 Fax : 0755-2769203 Email: bimalokpal.bhopal@ecoi.co.in
Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455/2596003 Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Office of the Insurance Ombudsman, SCO No.101-103,2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468/2772101 Fax : 0172-2708274 Email: bimalokpal.chandigarh@ecoi.co.in
Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /24335284 Fax : 044-24333664 Email: bimalokpal.chennai@ecoi.co.in	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg.,Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23234057/23232037 Fax : 011-23230858 Email: bimalokpal.delhi@ecoi.co.in
Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5th Floor, S.S. Road, GUWAHATI-781 001 . Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email: bimalokpal.guwahati@ecoi.co.in	Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123/23312122 Fax: 040-23376599 Email: bimalokpal.hyderabad@ecoi.co.in
Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759/2359338 Fax : 0484-2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Office of the Insurance Ombudsman, Hindustan Building. Annexe, 4th Floor, C.R.Avenue, KOLKATA - 700072 Tel No: 033-22124339/22124346 Fax: 22124341 Email: bimalokpal.kolkata@ecoi.co.in

Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331/2231330 Fax : 0522-2231310 Email: bimalokpal.lucknow@ecoi.co.in	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106960/26106552 Fax : 022-26106052 Email: bimalokpal.mumbai@ecoi.co.in
Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, JAIPUR – 302005. Tel: 0141-2740363 Email: bimalokpal.jaipur@ecoi.co.in	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet PUNE – 411030. Tel: 020-32341320 Email: Bimalokpal.pune@ecoi.co.in
Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg., JP Nagar, 1st Phase, Ground Floor BENGALURU – 560025. Tel No: 080-26652049/26652048 Email: bimalokpal.bengaluru@ecoi.co.in	Office of the Insurance Ombudsman, 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, NOIDA – 201301. Tel: 0120-2514250/51/53 Email: bimalokpal.noida@ecoi.co.in
Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, PATNA – 800006 Tel No: 0612-2680952 Email id : bimalokpal.patna@ecoi.co.in.	

IRDA REGULATION NO 5: This Policy is subject to regulation 5 of IRDA (Protection of Policyholder's Interests) Regulation.