

PERSONAL ACCIDENT INSURANCE

INTRODUCTION

Accidents do happen! In India there is an accidental death every 2 minutes. Disability figures due to an accident far exceed these numbers. No amount of insurance or money can make amends for the unfortunate loss or injury to a loved one. What is more important is that your family is not faced with the additional burden of managing their day-to-day basic needs. That's where an accident insurance policy can reassure your family - of the added protection and financial security that they require at such a crucial time

HDFC ERGO offers you a comprehensive accident insurance. More than just accident insurance, it's an investment in your family's future.

The salient features of the product and price are briefly stated hereunder. For further details on definitions, coverage, exclusions and conditions, please refer to the Sarv Suraksha Policy form.

PRODUCT INFORMATION

SALIENT PRODUCT FEATURES

Composite Coverage in a single Policy.
No medicals / health check up required.
Sections can be independently structured or packaged as whole.

WHAT IS COVERED?

SECTION 1. ACCIDENTAL DEATH

If during the Period of Insurance an Insured Person sustains Bodily Injury which directly and independently of all other causes results in Death within twelve (12) months of the Date of Loss, then the Company agrees to pay to the Insured Person's Beneficiary or legal representative the Compensation stated in the Schedule.

Specific Extensions

1. Disappearance: In the event of the disappearance of the Insured Person, following a forced landing, stranding, sinking or wrecking of a conveyance in which such Insured Person was known to have been travelling as an occupant, it shall be deemed after twelve (12) months, subject to all other terms and conditions of this Policy, that such Insured Person shall have died as the result of an Accident. If at any time, after the payment of the Accidental death benefit, it is discovered that the Insured Person is still alive; all payments shall be reimbursed in full to the Company.
2. Exposure: Death as a direct result of exposure to the elements shall be deemed to be Bodily Injury.

Specific Conditions

If applicable and if payment has been made under the Permanent Disablement Section, any amounts paid under that Section would be deducted from payment of a claim under this Section of the Policy.

SECTION 2. PERMANENT DISABLEMENT

If during the Period of Insurance an Insured Person sustains Bodily Injury which directly and independently of all other causes results in disablement within twelve (12) months of the Date of Loss, then the Company agrees to pay to the Insured Person the Compensation stated in the specific Table of Benefits below, which is shown as the Table of Benefits in the Schedule. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Extensions

Exposure: Permanent disablement as a direct result of exposure to the elements shall be deemed to be Bodily Injury.

Specific Provisions

1. Ankylosis of the fingers (other than thumb and forefinger) and of the toes (other than the big toe) shall be limited to fifty percent (50%) of the Compensation payable for the loss of the said members.
2. Any benefit payable under item 23 of Table (C) shall be at the complete discretion of the Company taking into consideration the nature of the Bodily Injury in conjunction with the stated Compensation percentages for more specific injuries shown in the Table of Benefits.

Specific Conditions

1. The insurance shall terminate for an Insured Person under this Section upon payment of a benefit equal to the Total Sum Insured.
2. The total amount payable in respect of more than one disablement due to the

same Accident is arrived at by adding together the various percentages shown in the Table of Benefits, but shall not exceed the Total Sum Insured.

3. The Deductible or Franchise, if applicable, shall apply to the total amount payable, irrespective of the number of benefits an Insured Person is entitled to.
4. If an Insured Person dies as the result of the Bodily Injury any amount claimed and paid to an Insured Person under the Permanent Disablement Section will be deducted from any payment under the Accidental Death Section.

Specific Definitions for all Tables of Benefits

1. Limb means the hand above the wrist joint or foot above the ankle joint.
2. Loss of Hearing means the total and irrecoverable Loss of Hearing.
3. Loss of Mastication means the total and irrecoverable loss of ability to chew food.
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.
5. Loss of Speech means the total and irrecoverable Loss of Speech.

Specific Definitions for Table (A)

Loss used with reference to Limb means the loss by physical severance of such Limb.

Specific Definitions for Table (B)

Loss used with reference to Limb means the loss by physical severance or the total and permanent loss of use of such Limb.

Specific Definitions for Table (C) and (D)

Loss used with reference to Limb and / or fingers, thumbs or toes, means the loss by physical severance or the total and permanent loss of use of said member.

TABLE OF BENEFITS – TABLE (A)

The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1) Permanent Total Disablement	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two Limbs	100%
4) Permanent Total Loss of Sight in both eyes	100%
5) Permanent Total Loss of Sight of one eye and one 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 Daily Activities 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	50%
12) Permanent Total Loss of Sight of one eye	50%

TABLE OF BENEFITS – TABLE (B)

The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1) Permanent Total Disablement	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two Limbs	100%
4) Permanent Total Loss of Sight in both eyes	100%
5) Permanent Total Loss of Sight of one eye and one Limb	100%
6) Permanent Total Loss of Speech	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total Loss of Mastication	100%

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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 Daily Activities 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	50%
12) Permanent Total Loss of Sight of one eye	50%

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 Daily Activities 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	50%
12) Permanent Total Loss of Sight of one eye	50%
13) Permanent Total Loss of Hearing in one ear	15%
14) Permanent Total Loss of the lens in one eye	25%
15) Permanent Total Loss of use of four fingers and thumb of either hand	40%
16) Permanent Total Loss of use of four fingers of either hand	20%
17) Permanent Total Loss of use of one thumb of either hand: a) Both joints b) One joint	20% 10%
18) Permanent Total Loss of one finger of either hand: a) Three joints b) Two joints c) One joint	5% 3.5% 2%
19) Permanent Total Loss of use of toes: a) All – one foot b) Big – both joints c) Big – one joint d) Other than Big – each toe	15% 5% 2% 2%
20) Established non-union of fractured leg or kneecap	10%
21) Shortening of leg by at least 5 cms.	7.50%
22) Ankylosis of the elbow, hip or knee	20%

TABLE OF BENEFITS – TABLE (C)

The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1) Permanent Total Disablement	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two Limbs	100%
4) Permanent Total Loss of Sight in both eyes	100%
5) Permanent Total Loss of Sight of one eye and one 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 Daily Activities 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	50%
12) Permanent Total Loss of Sight of one eye	50%
13) Permanent Total Loss of Hearing in one ear	15%
14) Permanent Total Loss of the lens in one eye	25%
15) Permanent Total Loss of use of four fingers and thumb of either hand	40%
16) Permanent Total Loss of use of four fingers of either hand	20%
17) Permanent Total Loss of use of one thumb of either hand: a) Both joints b) One joint	20% 10%
18) Permanent Total Loss of one finger of either hand: a) Three joints b) Two joints c) One joint	5% 3.5% 2%
19) Permanent Total Loss of use of toes: a) All – one foot b) Big – both joints c) Big – one joint d) Other than Big – each toe	15% 5% 2% 2%
20) Established non-union of fractured leg or kneecap	10%
21) Shortening of leg by at least 5 cms.	7.50%
22) Ankylosis of the elbow, hip or knee	20%
23) Permanent disablement not otherwise provided for under Items 2-22 inclusive up to a maximum of	75%

SECTION 3. IN-HOSPITAL MEDICAL EXPENSES – ACCIDENT ONLY

If, during the Period of Insurance, an Insured Person sustains Bodily Injury and is hospitalized as an in-patient for twenty-four (24) continuous hours or more, then the Company will reimburse the Insured Person the necessary Usual and Reasonable In-Hospital Medical Expenses, incurred within twelve (12) months from the Date of Loss up to the Total Sum Insured stated in the Schedule, subject to the Terms and Conditions of this Policy. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Conditions

- Usual and Reasonable In-Hospital Medical Expenses shall include and be limited to the following services:
 - charges for semi-private Hospital room and board, use of the operating room, emergency room, and Ambulatory Medical Centre.
 - fees of Physicians.
 - charges for laboratory tests, ambulance service (to or from the Hospital), prescription medicines or drugs, therapeutics, anaesthetics (including administration of anaesthetics), transfusions, artificial Limbs or eyes (excluding repair or replacement of these items), x-rays, prosthetic appliances.
 - charges for a registered nurse (R.N).
- If an Insured Person has other insurance against a loss covered by this Section, then the Company shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Definitions

- Ambulatory Medical Centre means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.
- Usual and Reasonable In-Hospital Medical Expenses means fees and prices generally charged in the locality where performed for medically necessary services and supplies required for treatment of cases of comparable severity and nature, but not to include charges that would not have been made if no insurance existed.

TABLE OF BENEFITS – TABLE (D)

The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1) Permanent Total Disablement	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two Limbs	100%
4) Permanent Total Loss of Sight in both eyes	100%
5) Permanent Total Loss of Sight of one eye and one Limb	100%
6) Permanent Total Loss of Speech	100%
7) Complete removal of the lower jaw	100%

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Specific Exclusions

The Company shall not be liable to pay any benefit in respect of any Insured Person for:

1. any Usual and Reasonable In-Hospital Medical Expenses before the Period of Insurance.
2. any dental work.
3. any claim caused by or arising from or due to Sickness of any and every kind.

SECTION 4. EMERGENCY MEDICAL EXPENSES – ACCIDENT ONLY

If, during the Period of Insurance, an Insured Person sustains Bodily Injury, then the Company will reimburse the Insured Person the necessary Usual and Reasonable Medical Expenses, incurred within twelve (12) months from the Date of Loss up to the Sum Insured stated in the Schedule, subject to the Terms and Conditions of this Policy. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Conditions

1. Medical Expenses shall include and be limited to the following services:
 - a. charges for semi-private Hospital room and board, use of the operating room, emergency room, and Ambulatory Medical Centre.
 - b. fees of Physicians.
 - c. Medical Expenses, in or out of Hospital, including: laboratory tests, ambulance service (to or from the Hospital), prescription medicines or drugs, therapeutics, anaesthetics (including administration of anaesthetics), transfusions, artificial Limbs or eyes (excluding repair or replacement of these items), x-rays, prosthetic appliances.
 - d. charges for a registered nurse (R.N).
2. If an Insured Person has other insurance against a loss covered by this Section, then the Company shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Definitions

1. Ambulatory Medical Centre means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.
2. Usual and Reasonable Medical Expenses means fees and prices generally charged in the locality where performed for medically necessary services and supplies required for treatment of cases of comparable severity and nature, but not to include charges that would not have been made if no insurance existed.

Specific Exclusions

The Company shall not be liable to pay any benefit in respect of any Insured Person for:

1. any Medical Expenses incurred where an Insured Journey is undertaken against the advice of a qualified licensed medical practitioner.
2. any Medical Expenses incurred when the specific purpose of a journey is to receive medical treatment or advice.
3. any Medical Expenses incurred within the territorial limits that are not stated in the Schedule.
4. any medical treatment, drugs or medicines, prescribed or applied, before the Period of Insurance.
5. any dental work.
6. any claim caused by or arising from or due to Sickness of any and every kind.

SECTION 5. EMERGENCY MEDICAL EXPENSES

If, during the Period of Insurance, an Insured Person sustains Bodily Injury or sudden unexpected Sickness, then the Company will reimburse the Insured Person the necessary Usual and Reasonable Medical Expenses, incurred within twelve (12) months from the Date of Loss up to the Sum Insured stated in the Schedule. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Conditions

1. Medical Expenses shall include and be limited to the following services:
 - a. charges for semi-private Hospital room and board, use of the operating room, emergency room, and Ambulatory Medical Centre.
 - b. fees of Physicians.
 - c. Medical Expenses, in or out of Hospital, including: laboratory tests, ambulance service (to or from the Hospital), prescription medicines or drugs, therapeutics, anaesthetics (including administration of anaesthetics), transfusions, artificial Limbs or eyes (excluding repair or replacement of these items), x-rays, prosthetic appliances.
 - d. charges for a registered nurse (R.N).
2. If an Insured Person has other insurance against a loss covered by this Section, then the Company shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Definitions

1. Ambulatory Medical Centre means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.
2. Usual and Reasonable Medical Expenses means fees and prices generally charged in the locality where performed for medically necessary services and supplies required for treatment of cases of comparable severity and nature, but not to include charges that would not have been made if no insurance existed.

Specific Exclusions

The Company shall not be liable to pay any benefit in respect of any Insured Person for:

1. any Medical Expenses incurred where an Insured Journey is undertaken against the advice of a qualified licensed medical practitioner.
2. any Medical Expenses incurred when the specific purpose of a journey is to receive medical treatment or advice.
3. any Medical Expenses incurred within the territorial limits that are not stated in the Schedule.
4. any medical treatment, drugs or medicines, prescribed or applied, before the Period of Insurance.
5. any dental work.

SECTION 6. HOSPITAL CASH – ACCIDENT ONLY

If during the Period of Insurance an Insured Person sustains Bodily Injury which directly and independently of all other causes results in the Insured Person being in a Hospital as an inpatient within one (1) calendar month of the Date of Loss, then the Company agrees to pay to the Insured Person the Daily Benefit stated in the Schedule. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Provisions

In case of successive Hospital stays with less than sixty (60) Days between each one for a same cause, the Deductible or Franchise will only apply once, as the Hospital stays will be deemed as one event.

Special Conditions

Once the Company has paid the Daily Benefit up to the maximum number of Days stated in the Schedule, cover under this Section will cease for such Insured Person.

SECTION 7. HOSPITAL CASH & HOME CONVALESCENCE – ACCIDENT ONLY

If during the Period of Insurance an Insured Person sustains Bodily Injury which directly and independently of all other causes results in the Insured Person being in a Hospital as an inpatient within one (1) calendar month of the Date of Loss, then the Company agrees to pay to the Insured Person the Daily Benefit stated in the Schedule. In addition, if the Insured Person is instructed by a Physician to complete his/her recovery at home, then the Company will pay the Daily Home Allowance stated in the Schedule. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

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Specific Provisions

In case of successive Hospital stays with less than sixty (60) Days between each one for a same cause, the Deductible or Franchise will only apply once, as the Hospital stays will be deemed as one event.

Specific Conditions

- The Daily Home Allowance will be limited to the maximum number of Days an Insured Person was in Hospital as an in-patient or the maximum number of Days stated in the Schedule, whichever is the lesser.
- Once the Company has paid the Daily Benefit and Daily Home Allowance up to the maximum number of Days stated in the Schedule, cover under this Section will cease for such Insured Person.

SECTION 8. HOSPITAL CASH – ACCIDENT & SICKNESS

If during the Period of Insurance an Insured Person sustains Bodily Injury or Sickness which directly and independently of all other causes results in the Insured Person being in a Hospital as an in-patient within one (1) calendar month of the Date of Loss, then the Company agrees to pay to the Insured Person the Daily Benefit stated in the Schedule. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Provisions

In case of successive Hospital stays with less than sixty (60) Days between each one for a same cause, the Deductible or Franchise will only apply once, as the Hospital stays will be deemed as one event.

Specific Conditions

Once the Company has paid the daily benefit up to the maximum number of Days stated in the Schedule, cover under this Section will ease for such Insured Person.

SECTION 9. HOSPITAL CASH & HOME CONVALESCENCE – ACCIDENT & SICKNESS

If during the Period of Insurance an Insured Person sustains Bodily Injury or Sickness which directly and independently of all other causes results in the Insured Person being in a Hospital as an in-patient within one (1) calendar month of the Date of Loss, then the Company agrees to pay to the Insured Person the Daily Benefit stated in the Schedule. In addition, if the Insured Person is instructed by a Physician to complete his/her recovery at home, then the Company will pay the Daily Home Allowance stated in the Schedule. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Provisions

In case of successive Hospital stays with less than sixty (60) Days between each one for a same cause, the Deductible or Franchise will only apply once, as the Hospital stays will be deemed as one event.

Specific Conditions

- The Daily Home Allowance will be limited to the maximum number of Days an Insured Person was in Hospital as an in-patient or the maximum number of Days stated in the Schedule, whichever is the lesser.
- Once the Company has paid the Daily Benefit and Daily Home Allowance up to the maximum number of days stated in the Schedule, cover under this Section will cease for such Insured Person.

SECTION 10. BROKEN BONES

If during the Period of Insurance an Insured Person sustains Bodily Injury which directly and independently of all other causes results in a broken bone as specified in this Section, then the Company agrees to pay to the Insured Person the Compensation stated in the Table of Benefits up to the Total Sum Insured in the Schedule. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

TABLE OF BENEFITS

Sr. No.	Fracture	% of Sum Insured
1.	Fractures of the Skull:	
	a) Compound fracture with damage to the brain tissue	100
	b) Compound fracture without damage to the brain tissue c) All other fractures	75 50
2.	Fractures of hip or pelvis (excluding thigh or coccyx):	
	a) Multiple fractures (at least one compound & one complete)	100
	b) All other compound fractures	50
	c) Multiple fractures, at least one complete d) All other fractures	30 20

3.	Fracture of thigh or heel:	
	a) Multiple fractures (at least one compound & one complete)	50
	b) All other compound fractures	40
	c) Multiple fractures, at least one complete d) All other fractures	30 20
4.	Fracture of Lower Leg, Clavicle, Ankle, Elbow, Upper or Lower Arm (including wrist, but excluding Colles-type fracture):	
	a) Multiple fractures (at least one compound & one complete)	40
	b) All other compound fractures	30
	c) Multiple fractures, at least one complete d) All other fractures	20 12
5.	Fractures of Lower Jaw:	
	a) Multiple fractures (at least one compound & one complete)	30
	b) All other compound fractures	20
	c) Multiple fractures, at least one complete d) All other fractures	16 8
6.	Fractures of Shoulder Blade, Kneecap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes and heel):	
	a) All compound fractures b) All other fractures	20 10
7.	Colles type fracture to the Lower Arm:	
	a) Compound b) Other	20 10
8.	Fractures of Spinal Column (Vertebrae but excluding coccyx):	
	a) All compression fractures	20
	b) All spinous, transverse process or pedicle fractures c) All other vertebral fractures	20 10
9.	Fractures of Rib or Ribs, Cheekbone, Coccyx, Upper Jaw, Nose, Toe and toes, finger or fingers:	
	a) Multiple fractures (at least one compound & one complete)	16
	b) All other compound fractures	12
	c) Multiple fractures, at least one complete d) All other fractures	8 4

Specific Conditions

- No benefit will be paid before any fracture is recognized medically and a Physician has established the extent and nature of the fracture.
- The total amount payable under this Section, in respect of more than one fracture due to the same Bodily Injury, will be calculated by adding the various benefits together, but shall not exceed the Total Sum Insured.
- In the event that an Insured Person has received a benefit under this Section, and the same Bodily Injury results in permanent disablement, any benefits paid under this Section will be deducted from the Permanent Disablement benefit

SECTION 11. BURNS

If during the Period of Insurance an Insured Person sustains Bodily Injury whilst on a Common Carrier which directly and independently of all other causes results in second or third degree burns, then the Company agrees to pay to the Insured Person the Compensation stated in the Table of Benefits up to the Total Sum Insured in the Schedule. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

TABLE OF BENEFITS

	Description	% of Total Sum Insured
1) Head	a) Third degree burns of 8% or more of the total head surface area	100%
	b) Second degree burns of 8% or more of the total head surface area	50%
	c) Third degree burns of 5% or more, but less than 8% of the total head surface area	80%
	d) Second degree burns of 5% or more, but less than 8% of the total head surface area	40%
	e) Third degree burns of 2% or more, but less than 5% of the total head surface area	60%
	f) Second degree burns of 2% or more, but less than 5% of the total head surface area	30%
2) Rest of Body	a) Third degree burns of 20% or more of the total body surface area	100%
	b) Second degree burns of 20% or more of the total body surface area	50%
	c) Third degree burns of 15% or more, but less than 20% of the total body surface area	80%

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2) Rest of Body	d) Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
	e) Third degree burns of 10% or more, but less than 15% of the total body surface area	60%
	f) Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
	g) Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
	h) Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

Specific Conditions

- If the Bodily Injury results in more than one of the Descriptions above, then the Company shall be liable for the largest Description only.
- If an Insured Person dies or is permanently disabled as the result of the Bodily Injury, then any amount claimed and paid to an Insured Person under this Section will be deducted from any payment made under Accidental Death or Permanent Disablement.

SECTION 12. LAST RITES COSTS – ACCIDENT & SICKNESS

If during the Period of Insurance an Insured Person sustains Bodily Injury or Sickness which directly and independently of all other causes results within one (1) calendar month of the Date of Loss in death, then the Company agrees to pay to the Insured Person's Beneficiary or legal representative the Compensation stated in the Schedule towards the cost of the last rites of the Insured Person.

SECTION 13. IN HOSPITAL SURGERY BENEFIT

If during the Period of Insurance an Insured Person is hospitalised as the result of Bodily Injury or Sickness and is charged for a surgical procedure, performed by a Physician, then the Company agrees to pay an amount equal to the costs of the surgical procedure or the amount stated in the Table of Benefits as a percentage of the Total Sum Insured stated in the Schedule, whichever is the lesser. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Conditions

- Should there be more than one surgical procedure performed during the same operative sessions, the Company shall be liable for the largest procedure only.
- Any surgical procedure not mentioned in the Table of Benefits shall be compensated at the complete discretion of the Company taking into consideration the nature of the surgical procedure in conjunction with the stated Compensation percentages for more specific surgical procedures shown in the Table of Benefits.

Specific Definitions

- In-Patient means a person who is confined in a Hospital as a resident patient and who is charged at least one (1) Day's room and board in the Hospital.
- Invasive Surgery means any surgery that involves entering the specific body cavity shown in the Table of Benefits.

Specific Exclusions

The Company shall not be liable to pay any benefit in respect of any Insured Person for:

- congenital anomalies and conditions arising there from.
- pregnancy, childbirth, miscarriage or abortion or any female organs disease.
- any Hospital, surgical treatment or surgical procedure as the result of Sickness within ninety (90) Days of the Policy Effective Date.
- cosmetic or plastic surgery, except as the result of an Accident.
- any infection occurring during In-Patient care.
- any Hospital, surgical treatment or surgical procedure on adenoids or tonsils within one hundred eighty (180) Days of the Policy Effective Date.

TABLE OF BENEFITS

Fracture	% of Sum Insured
1) ABDOMEN	
a) Two or more surgical procedures performed through the same abdominal incision will be considered as one operation.	
i. appendectomy	50
ii. resection of bowel	70

iii. resection of stomach	70
iv. gastro-enterostomy	60
v. removal of gall-bladder	70
vi. Laparotomy for diagnostic or treatment purposes or the removal of one or more organs, unless herein provided	50
vii. Laparoscopy for diagnostic or treatment purposes	50
2) ABSCESS	
a) incision of superficial abscess, boil or furuncle, one or more	50
b) treatment of carbuncle or abscess requiring a Hospital stay, one or more	10
3) AMPUTATION OF	
a) one finger or one toe	10
b) hand, forearm or foot at ankle	20
c) leg, arm or thigh	40
d) thigh at hip	70
4) BREAST	
a) mastectomy of one or both, radical with resection into axilla	70
b) mastectomy one or both, partial	40
5) CHEST	
a) complete thoracoplasty	100
b) removal of lung or portion of lung	70
c) thoracoscopy for diagnostic, or treatment purposes	20
d) bronchoscopy - diagnostic	10
e) bronchoscopy - operative, excluding biopsy	20
f) cardiac surgery involving valvular replacement	100
g) cardiac surgery involving bypass surgery	75
h) cardiac surgery involving angioplasty	50
6) EAR	
a) myringotomy	05
b) mastoidectomy – radical – one side	50
c) mastoidectomy – radical – both sides	60
d) fenestration, one or both sides	100
7) ESOPHAGUS	
a) operation for stricture	40
b) gastroscopy	10
8) EYE	
a) detached retina – multiple fusions	100
b) cataract	50
c) glaucoma	30
d) removal of eyeball	30
e) removal of pterygium	20
f) incision of sty or chalazion	05
9) FRACTURES treatment of simple	
a) For compound fractures the benefit is increased by 50%, but will not exceed the Total Sum Insured in the Schedule.	
b) For fractures requiring an open operation including bone grafting or bone splicing, the benefit is increased by 100%, but will not exceed the Total Sum Insured in the Schedule.	
i. collar bone, shoulder blade, or forearm, one bone	15
ii. coccyx, tarsals, metatarsals or Talar bone	10
iii. thigh	40
iv. upper arm or leg	25
v. fingers or toes, each, or rib	05
vi. forearm – two bones, knee cap, or pelvis not requiring traction	20
vii. leg, two bones	30
viii. jaw, lower	20
ix. carpals, metacarpals, nose, ribs (two or more) or Sternum	10
x. pelvis, requiring traction	30
xi. vertebrae, transverse processes, each	05
xii. vertebrae, compression fracture, one or more	40
xiii. wrist	10
10) GENITO – URINARY TRACT	
a) removal of kidney	70
b) fixation of kidney	70
c) laparotomy for diagnostic or treatment purposes of tumours or stones in kidney, urethra, or bladder by Invasive Surgery	60
d) laparotomy for diagnostic or treatment purposes or the removal of tumours or stones in kidney, urethra, or bladder by cauterisation, endoscopic means or lithotripsy	20
e) stricture or urethra – open operation	30
f) intra-urethral by Invasive Surgery	15
g) Prostrate entire removal of open operation – complete procedure	70
h) Prostrate partial removal – by endoscopic means	25
i) Prostrate by other cutting operation	50

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j) orchidectomy or epididymectomy	25
k) hydrocele or varicocele	10
l) removal of fibroid tumours, without abdominal approach	20
11) THYROID	
a) partial or total removal of thyroid, including all stages of operative procedure	70
12) HERNIA	
a) Invasive Surgery – single hernia	20
a) Invasive Surgery – double hernia	25
c) Radical operation, including injection treatment for cure of single hernia	40
d) Radical operation, including injection treatment for cure of double hernia	50
13) JOINTS AND DISLOCATIONS	
a) For dislocations requiring an open operation the benefit is increased by 100%, but will not exceed the Total Sum Insured in the Schedule.	
i) incision into joint for disease or disorder, except as herein otherwise provided and except tapping	15
ii. arthroscopy of shoulder, elbow, hip or knee joint, tapping excepted	40
iii. excision , open fixation, disarticulation or arthroplasty on shoulder, hip or spine	75
iv. excision , open fixation, disarticulation or arthroplasty on knee, elbow, wrist or ankle	35
v. dislocation of fingers or toes, each	05
vi. dislocation of shoulder or elbow, wrist or ankle	15
vii. dislocation of lower jaw	05
viii. dislocation of hip or knee, knee cap excepted	25
ix. dislocation of knee cap	05
14) NOSE	
a) intranasal sinus operation	15
b) extra nasal sinus operation	35
c) polyps, removal one or more	05
d) submucous resection	25
e) turbinectomy	10
15) PARACENTESIS tapping of:	
a) abdomen	10
b) chest or bladder, catheterization excepted	05
c) ear drum, hydrocele, joints or spine	05
16) RECTUM and RECTOSCOPY	
a) radical resection for malignancy, all stages including colostomy	100
b) haemorrhoids, external only, excision – complete procedure	10
c) haemorrhoids internal or internal and external including prolapsed rectum, total for excision or complete injection treatment	20
d) fistula in ano	15
e) fissure in ano	05
f) rectoscopy with or without biopsy	10
g) colonoscopy with or without biopsy	15
h) other cutting operations on rectum	20
17) SKULL	
a) craniotomy for urgent removal of hematoma	100
b) craniotomy involving vascular surgery	75
c) craniotomy for removal of tumours	75
18) THROAT	
a) tonsillectomy or tonsillectomy and adenoidectomy for adults and children 15 years of age and older	15
b) tonsillectomy or tonsillectomy and adenoidectomy for children under 15 years of age	10
c) use of laryngoscope for diagnosis	05
19) TUMOURS – surgical removal of:	
a) malignant tumours except those of the mucous membrane, skin and subcutaneous tissue	50
b) malignant tumours of the mucous membrane, skin and subcutaneous tissue	25
c) pilonidal sinus or cyst, cutting operation	25
d) benign tumours of the testicle or breast	20
e) ganglion	05
f) benign tumours, one or more, except as otherwise herein provided	10
g) varicose – complete procedure on all veins whether cutting operation or injection treatment – one leg	20
h) varicose – complete procedure on all veins whether cutting operation or injection treatment – two legs	30

SECTION 14. TEMPORARY TOTAL DISABLEMENT – ACCIDENT ONLY

If during the Period of Insurance an Insured Person sustains Bodily Injury which directly and independently of all other causes results (starting during the Period of Insurance) in Temporary Total Disablement, then the Company agrees to pay to the Insured Person the amount stated in the Schedule. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Conditions

- If Bodily Injury is sustained to or suffered in relation to the spine and its muscular girdle, ligamentous system, cartilage, nervous system and blood supply to the spine which is not detectable by means of radiological scanning, imaging, or neurological fallout testing, then the Company shall only be liable in respect of this Section for a maximum period of five (5) weeks, in excess of the Deductible or Franchise if applicable.
- In the event of a dispute arising as to when Temporary Total Disablement ceased, the date shall be finally determined by a Physician commissioned by the Company who certifies:
 - the date upon which the Insured Person recovered; or
 - the date upon which the Insured Person recovered as far as he/she ever will; or
 - the date from which the Insured Person is declared to have suffered Permanent Total Disablement;
- The benefit shall not in any event exceed the Total Sum Insured or the Maximum Number of Weeks as stated in the Schedule.
- If an Insured Person has other insurance against a loss covered by this Section, then the Company shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Definitions

Temporary Total Disablement means disablement which temporarily and entirely prevents an Insured Person from engaging in or giving attention to the Insured Person's usual occupation.

Specific Exclusions

The Company shall not be liable to pay any benefit in respect of any Insured Person for any claim caused by or arising from or due to Sickness of any and every kind.

SECTION 15. TEMPORARY TOTAL DISABLEMENT – ACCIDENT AND SICKNESS

If during the Period of Insurance an Insured Person sustains Bodily Injury or Sickness (starting during the Period of Insurance) which directly and independently of all other causes results in Temporary Total Disablement, then the Company agrees to pay to the Insured Person the amount stated in the Schedule. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Conditions

- If Bodily Injury or Sickness is sustained to or suffered in relation to the spine and its muscular girdle, ligamentous system, cartilage, nervous system and blood supply to the spine which is not detectable by means of radiological scanning, imaging, or neurological fallout testing, then the Company shall only be liable in respect of this Section for a maximum period of five (5) weeks, in excess of the Deductible or Franchise if applicable.
- In the event of a dispute arising as to when Temporary Total Disablement ceased, the date shall be finally determined by a Physician commissioned by the Company who certifies:
 - the date upon which the Insured Person recovered; or
 - the date upon which the Insured Person recovered as far as he/she ever will; or
 - the date from which the Insured Person is declared to have suffered Permanent Total Disablement.
- The benefit shall not in any event exceed the Total Sum Insured or the Maximum Number of Weeks as stated in the Schedule.
- If an Insured Person has other insurance against a loss covered by this Section, then the Company shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable

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benefit under all such insurance.

Specific Definitions

Temporary Total Disablement means disablement which temporarily and entirely prevents an Insured Person from engaging in or giving attention to the Insured Person's usual occupation.

SECTION 16. HOSTAGE RELEASE FEES

If during the Period of Insurance an Insured Person is Kidnapped, then the Company agrees to pay the fees incurred for a professional negotiation organisation appointed by the Company to secure the release of the Insured Person up to the Total Sum Insured stated in the Schedule:

1. The Insured Person agrees to reimburse the Company for any payments made by the Company which are ultimately determined not to be insured because of the application of the Specific Exclusions.
2. If an Insured Person has other insurance against a loss covered by this Section, then the Company shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Definitions

1. Informant means any person providing information solely in return for monetary payment paid or promised by the Policyholder.
2. Insured Person: Specific to this Section and in addition to the Insured Person(s) stated in the Schedule, an Insured Person shall also include:
 - a. Immediate Family Member of an Insured Person.
 - b. a person legally resident in the household of an Insured Person.
 - c. accompanying travel companion of the Insured Person.
3. Kidnap or Kidnapped means the wrongful abduction and holding under duress or by fraudulent means of any Insured Persons by any person or group making a Ransom demand or series of Ransom demands for the release of such Insured Persons.
4. Ransom means the amount demanded by any person or group who have Kidnapped the Insured Person, or the amount paid to a person or group for the release of the Insured Person.

Specific Exclusions

The Company will not be liable for:

1. any Ransom amount.
2. any amount paid to an Informant or Informants.
3. any fraudulent, dishonest, or criminal acts of the Insured Person.
4. an Insured Person being Kidnapped by an Immediate Family Member.
5. any Kidnap occurring in South America, Mexico or the Philippines.

SECTION 17. ASSAULT

If during the Period of Insurance an Insured Person sustains Bodily Injury that results in death or permanent disablement, as a result of or arising from Assault, then the Company agrees to pay to the Insured Person or the Insured Person's Beneficiary or legal representatives the increased percentage of the Accidental death or permanent disablement Total Sum Insured stated under this Section in the Schedule.

Specific Conditions

All Specific Extensions, Specific Provisions, Specific Conditions, Specific Definitions, Specific Claims Provisions and Specific Exclusions shall also apply to this Section for each benefit to which it attaches.

Specific Definitions

Assault means any wilful or unlawful use of force inflicted upon an Insured Person that is a criminal offence in the jurisdiction in which it occurs and which results in Bodily Injury to an Insured Person.

Specific Exclusions

The Company shall not be liable to pay any benefit in respect of any Insured Person

for an act of Assault by an Immediate Family Member.

SECTION 18. MOBILITY EXTENSION

If during the Period of Insurance an Insured Person sustains Bodily Injury which directly and independently of all other causes results in Permanent Total Disablement of such a nature that such Insured Person needs and can operate:

1. a self-powered, climbing wheelchair; and/or
2. his/her motor vehicle with the controls suitably adjusted; and/or
3. a lift, necessary ramps, railings and holds to usual place of residence,

then the Company agrees to pay for 95% of the costs of such equipment and the installation thereof up to the Total Sum Insured stated in the Schedule.

SECTION 19. AMBULANCE COSTS

If during the Period of Insurance, an Insured Person sustains Bodily Injury which is life threatening, then the Company agrees to pay the actual ground ambulance costs incurred by the Insured Person up to the Total Sum Insured stated in the Schedule, for transportation to the nearest Hospital where adequate care can be provided.

SECTION 20. CONCUSSION EXTENSION

If during the Period of Insurance, an Insured Person sustains Bodily Injury and is hospitalized as the result of concussion, then the Company agrees to pay to the Insured Person the following percentages of the Total Sum Insured stated in the Schedule: Length of Hospital stay.

Length of Hospital stay	Compensation Expressed as a Percentage of Total Sum Insured
Percentage of sum insured payable for 0 to 4 Days	0%
Percentage of sum insured payable after 5 Days	25%
Percentage of sum insured payable after 8 Days	Additional 25%
Percentage of sum insured payable after 11 Days	Additional 25%
Percentage of sum insured payable after 13 Days	Additional 25%

SECTION 21. ANIMAL ATTACK EXTENSION

If during the Period of Insurance, an Insured Person sustains Bodily Injury as the result of an attack by an Animal and is hospitalized for seventy-two (72) continuous hours, then the Company agrees to pay to the Insured Person the Total Sum Insured stated in the Schedule.

Specific Definition

Animal means any four (4) limbed animal that is not an insect or reptile.

SECTION 22. CHAUFFEUR PLAN BENEFIT

If during the Period of Insurance an Insured Person is partially incapacitated and unable to attend to a substantial part of his / her business commitments as a result of Bodily Injury, then the Company agrees to pay the daily amount up to the Total Sum Insured stated in the Schedule for the hire of a taxi or chauffeur driven car or other necessarily incurred extra costs to maintain the Insured Person's mobility to meet his / her business commitments. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Exclusions

The Company shall not be liable to pay any benefit in respect of any Insured Person if the Insured Person does not follow proper medical advice from a Physician after sustaining the Bodily Injury.

SECTION 23. SPOUSE OR DEPENDENT CHILD CONSOLATION BENEFIT

If during the Period of Insurance an Insured Person's Spouse or Dependent Child sustains Bodily Injury which directly and independently of all other causes results in Death within twelve (12) months of the Date of Loss, then the Company agrees to pay to the Insured Person the Compensation stated in the Schedule. The Spouse or Dependent Child must be insured under this Policy for this benefit to be paid.

Specific Extensions

1. Disappearance: In the event of the disappearance of the Insured Person's Spouse or Dependent Child, following a forced landing, stranding, sinking or wrecking of a conveyance in which such Insured Person's Spouse or Dependent Child was known to have been travelling as an occupant, it shall be deemed after twelve (12) months, subject to all other terms and conditions of this Policy, that such Insured Person's Spouse or Dependent Child shall have died as the result of an Accident. If at any time, after the payment of a benefit

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under this Section, it is discovered that the Insured Person's Spouse or Dependent Child is still alive, then all payments shall be reimbursed in full to the Company.

2. Exposure: Death as a direct result of exposure to the elements shall be deemed to be Bodily Injury.

SECTION 24. INSURED PERSON'S COUNSELLING BENEFIT

If during the Period of Insurance an Insured Person's Spouse or Dependent Child sustains Bodily Injury which directly and independently of all other causes results in Death within twelve (12) months of the Date of Loss, then the Company agrees to pay the actual costs for professional counselling for the Insured Person up to the Compensation stated in the Schedule.

Specific Extensions

1. Disappearance: In the event of the disappearance of the Insured Person's Spouse or Dependent Child, following a forced landing, stranding, sinking or wrecking of a conveyance in which such Insured Person's Spouse or Dependent Child was known to have been travelling as an occupant, it shall be deemed after twelve (12) months, subject to all other terms and conditions of this Policy, that such Insured Person's Spouse or Dependent Child shall have died as the result of an Accident. If at any time, after the payment of a benefit under this Section, it is discovered that the Insured Person's Spouse or Dependent Child is still alive, then all payments shall be reimbursed in full to the Company.
2. Exposure: Death as a direct result of exposure to the elements shall be deemed to be Bodily Injury.

Specific Conditions

Solely with respect to the insurance provided in this Section, Item 16 of Section 5, General Exclusions, is deleted in its entirety.

SECTION 25. FAMILY COUNSELLING BENEFIT

If during the Period of Insurance an Insured Person sustains Bodily Injury which directly and independently of all other causes results in Death within twelve (12) months of the Date of Loss, then the Company agrees to pay the actual costs for professional counselling for the Insured Person's Spouse and Dependent Child up to the Compensation stated in the Schedule.

Specific Extensions

1. Disappearance: In the event of the disappearance of the Insured Person, following a forced landing, stranding, sinking or wrecking of a conveyance in which such Insured Person was known to have been travelling as an occupant, it shall be deemed after twelve (12) months, subject to all other terms and conditions of this Policy, that such Insured Person shall have died as the result of an Accident. If at any time, after the payment of a benefit under this Section, it is discovered that the Insured Person is still alive, then all payments shall be reimbursed in full to the Company.
2. Exposure: Death as a direct result of exposure to the elements shall be deemed to be Bodily Injury.

Specific Conditions

1. The total Sum Insured is the total amount payable for the Spouse and Dependent Child combined, not per person.
2. Solely with respect to the insurance provided in this Section, Item 16 of Section 5, General Exclusions, is deleted in its entirety.

SECTION 26. COMMON ACCIDENT

If during the Period of Insurance an Insured Person and his or her Spouse sustain Bodily Injury in the same Accident which, directly and independently of all other causes, results in the death of both the Insured Person and the Spouse within twelve (12) months after the Date of Loss, then the Total Sum Insured payable for each of the Insured Person and Spouse shall be either the Accidental Death Total Sum Insured applicable to the Insured Person or the Accidental Death Total Sum Insured applicable to the Spouse, whichever is greater. This benefit shall in no event exceed the Common Accident maximum amount shown in the Schedule.

This benefit applies only if:

1. the Insured Person has elected insurance under the Policy for a Spouse; and
2. such insurance is in effect on the date of the Accident.

Specific Extensions

1. Disappearance: In the event of the disappearance of the Insured Person, following a forced landing, stranding, sinking or wrecking of a conveyance in which such Insured Person was known to have been travelling as an occupant, it shall be deemed after twelve (12) months, subject to all other terms and conditions of this Policy, that such Insured Person shall have died as the result of an Accident. If at any time, after the payment of a benefit under this Section, it is discovered that an Insured Person is still alive, all payments shall be reimbursed in full to the Company.

2. Exposure: Death as a direct result of exposure to the elements shall be deemed to be Bodily Injury.

SECTION 27. EVACUATION BENEFIT

If during the Period of Insurance an Insured Person is Evacuating from the building that is the Primary Insured Person's place of employment and sustains Bodily Injury in the Evacuation which directly and independently of all other causes results in death or disablement within twelve (12) months of the Evacuation, then the Company agrees to pay the Compensation stated in the Schedule.

Specific Definitions

Evacuating / Evacuation means an emergency exit due to a fire, a fire alarm, a bomb scare (whether there is a bomb or not), or an armed attack on the building or the people in the building.

SECTION 28. MEDICAL INSURANCE PREMIUM INDEMNITY

If during the Period of Insurance an Insured Person sustains Bodily Injury which directly and independently of all other causes results in death within twelve (12) months of the Date of Loss, then the Company agrees to pay the actual costs of the medical insurance premiums for the Insured Person's surviving Spouse and Dependent Child up to the amount stated in the Schedule per year up to the number of years stated in the Schedule.

Specific Extensions

1. Disappearance: In the event of the disappearance of an Insured Person, following a forced landing, stranding, sinking or wrecking of a conveyance in which such Insured Person was known to have been travelling as an occupant, it shall be deemed after twelve (12) months, subject to all other terms and conditions of this Policy, that such Insured Person shall have died as the result of an Accident. If at any time, after the payment of a benefit under this Section, it is discovered that an Insured Person is still alive, all payments shall be reimbursed in full to the Company.
2. Exposure: Death as a direct result of exposure to the elements shall be deemed to be Bodily Injury.

Specific Conditions

The total Sum Insured is the total amount payable for the Spouse and Dependent Child combined, not per person.

SECTION 29. DEPENDENT CHILD EDUCATION BENEFIT

If during the Period of Insurance an Insured Person sustains Bodily Injury which directly and independently of all other causes results in Death within twelve (12) months of the Date of Loss, then the Company agrees to pay the education fees for the Insured Person's surviving Dependent Child up to the amount stated in the Schedule per year up to the number of years stated in the Schedule.

Specific Conditions

1. To receive benefits under this Section, the Dependent Child must be in full time education at an accredited tertiary educational institution.
2. The Total Sum Insured is the total amount payable for all Dependent Children combined, not per person.

Specific Extensions

1. Disappearance: In the event of the disappearance of an Insured Person, following a forced landing, stranding, sinking or wrecking of a conveyance in which such Insured Person was known to have been travelling as an occupant, it shall be deemed after twelve (12) months, subject to all other terms and conditions of this Policy, that such Insured Person shall have died as the result of an Accident. If at any time, after the payment of a benefit under this Section, it is discovered that an Insured Person is still alive, all payments shall be reimbursed in full to the Company.
2. Exposure: Death as a direct result of exposure to the elements shall be deemed to be Bodily Injury.

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SECTION 30. COMATOSE BENEFIT – ACCIDENT ONLY

If during the Period of Insurance an Insured Person sustains Bodily Injury which directly and independently of all other causes results in the Insured Person being in a Hospital in a Comatose State, within one (1) calendar month of the Date of Loss, then the Company agrees to pay to the Insured Person the Compensation stated in the Schedule. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Provisions

In case of successive Comatose State with less than ten (10) Days between each one for a same cause, the Deductible or Franchise will only apply once, as the Comatose State will be deemed as one.

Specific Conditions

1. The Insured Person must be in the Hospital Intensive Care Unit for the duration of the Comatose State for any benefits to be payable.
2. The Comatose State must be for three (3) months or more for any benefits to be payable.

Specific Definitions

Comatose State means a state of profound unconsciousness, characterised by the absence of spontaneous eye openings, response to painful stimuli, and vocalisation.

SECTION 31. COMATOSE BENEFIT – ACCIDENT & SICKNESS

If during the Period of Insurance an Insured Person sustains Bodily Injury or Sickness which directly and independently of all other causes results in the Insured Person being in a Hospital in a Comatose State, within one (1) calendar month of the Date of Loss, then the Company agrees to pay to the Insured Person the Compensation stated in the Schedule. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Provisions

In case of successive Comatose State with less than ten (10) Days between each one for a same cause, the Deductible or Franchise will only apply once, as the Comatose State will be deemed as one.

Specific Conditions

1. The Insured Person must be in the Hospital Intensive Care Unit for the duration of the Comatose State for any benefits to be payable.
2. The Comatose State must be for three (3) months or more for any benefits to be payable.

Specific Definitions

Comatose State means a state of profound unconsciousness, characterised by the absence of spontaneous eye openings, response to painful stimuli, and vocalisation.

SECTION 32. HOME TUITION BENEFIT

If during the Period of Insurance an insured Dependent Child sustains Bodily Injury (starting during the Period of Insurance) which directly and independently of all other causes results in Temporary Total Disablement, then the Company agrees to pay Home Tuition Fees per Day up to the amount stated in the Schedule, for up to the maximum number of weeks stated in the Schedule. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Conditions

1. In the event of a dispute arising as to when Temporary Total Disablement ceased, the date shall be finally determined by a Physician commissioned by the Company who certifies:
 - a. the date upon which the Insured Person recovered; or
 - b. the date upon which the Insured Person recovered as far as he/she ever will; or
 - c. the date from which the Insured Person is declared to have suffered Permanent Total Disablement;
2. The benefit shall not in any event exceed the Total Sum Insured or the Maximum Number of Weeks as stated in the Schedule.
3. If an Insured Person has other insurance against a loss covered by this

Section, then the Company shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Definitions

1. Temporary Total Disablement means disablement which temporarily and entirely prevents an Insured Person from attending full time education at an accredited tertiary educational institution.
2. Home Tuition Fees means the costs for a fully registered and licensed teacher to continue the education of the Insured Person at home during Temporary Total Disablement.

Specific Exclusions

The Company shall not be liable to pay any benefit in respect of any Insured Person for any claim caused by or arising from or due to Sickness of any and every kind.

SECTION 33. REHABILITATION BENEFIT

If during the Period of Insurance an Insured Person sustains Bodily Injury which requires Rehabilitation within three (3) weeks of the Date of Loss, then the Company agrees to pay the actual costs of such treatment up to the amount stated in the Schedule. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Definitions

Rehabilitation means:

1. treatment by a therapist licensed, registered, or certified to provide such treatment; or
2. treatment in an institution which is licensed to provide such treatment, when the treatment is intended to prepare the Insured Person for work in any gainful occupation, including the Insured Person's regular occupation.

Specific Exclusions

The Company shall not be liable to pay any benefit in respect of any Insured Person for any treatment not performed by a fully registered and licensed Physiotherapist.

SECTION 34. RECONSTRUCTIVE SURGERY BENEFIT

If during the Period of Insurance an Insured Person sustains Bodily Injury which requires Reconstructive Surgery within six (6) months of the Date of Loss, then the Company agrees to pay the actual costs of such Reconstructive Surgery up to the amount stated in the Schedule. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Definitions

Reconstructive Surgery means surgery to reconstruct cutaneous or underlying tissue, prescribed as necessary by a Physician.

Specific Exclusions

The Company shall not be liable to pay any benefit in respect of any Insured Person for

1. any Reconstructive Surgery not performed by a fully registered and licensed Cosmetic Surgeon.
2. any Reconstructive Surgery an Insured Person elects to have.

SECTION 35. PARENTAL CARE BENEFIT

If during the Period of Insurance an Insured Person sustains Bodily Injury which directly and independently of all other causes results in Death within twelve (12) months of the Date of Loss, then the Company agrees to pay the Compensation shown in the Schedule in equal shares to each Dependent Parent of the Insured Person.

Specific Definitions

Dependent Parent means the parents or grandparents of the Insured Person or the Insured Person's Spouse. A Dependent Parent is eligible for this benefit if he or she, at the time of the Bodily Injury, is receiving support and care provided by the Insured Person or Spouse.

SECTION 36. DEPENDENT CHILD WEDDING BENEFIT

If during the Period of Insurance an Insured Person sustains Bodily Injury which directly and independently of all other causes results in Death within twelve (12) months of the Date of Loss, then the Company agrees to pay the Compensation

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shown in the Schedule in equal shares to each Dependent Child of the Insured Person.

GENERAL EXCLUSIONS

The Company shall not be liable to pay any benefit in respect of any Insured Person:

1. for Bodily Injury or Sickness occasioned by Civil War or Foreign War.
2. for Bodily Injury or Sickness caused or provoked intentionally by the Insured Person.
3. for Bodily Injury or Sickness due to wilful or deliberate exposure to danger, (except in an attempt to save human life), intentional self-inflicted injury, suicide or attempt thereof, or arising out of non-adherence to Medical Advice.
4. for Bodily Injury or Sickness sustained or suffered whilst the Insured Person is or as a result of the Insured Person being under the influence of alcohol or drugs or narcotics unless professionally administered by a Physician or unless professionally prescribed by and taken in accordance with the directions of a Physician.
5. for Bodily Injury due to a gradually operating cause.
6. for Bodily Injury sustained whilst or as a result of participating in any sport as a professional player.
7. for Bodily Injury sustained whilst or as a result of participating in any competition involving the utilisation of a motorised land, water or air vehicle.
8. for Bodily Injury sustained whilst or as a result of riding or driving a motorcycle or motor scooter over one hundred fifty (150) cc.
9. for Bodily Injury whilst the Insured Person is travelling by air other than as a fare paying passenger on an aircraft registered to an airline company for the transport of paying passengers on regular and published scheduled routes.
10. for Bodily Injury sustained whilst or as a result of participating in any criminal act.
11. for Bodily Injury or Sickness resulting from pregnancy within twenty-six (26) weeks of the expected date of birth.
12. for Bodily Injury or Sickness caused by or arising from the conditions commonly known as Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) and/or any related illness or condition including derivatives or variations thereof howsoever acquired or caused. The onus shall always be upon the Insured Person to show that Bodily Injury or Sickness was not caused by or did not arise through AIDS or HIV.
13. for Bodily Injury or Sickness caused by or arising from or due to venereal or venereal related disease.
14. for Bodily Injury sustained whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.
15. for Bodily Injury sustained whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the Bodily Injury occurred whilst the Insured Person was on leave or not in uniform.
16. for treatments for nervous or mental problems, whatever their classification, psychiatric or psychotic conditions, depression of any kind, or mental insanity.
17. any pathological fracture.
18. for cures of any kind and all stays in long term care institutions (retirement homes, convalescence centres, centres of detoxification etc.).
19. for investigations, operations or treatment of a purely cosmetic nature; or for obesity; or undertaken to facilitate pregnancy or to cure impotence or to improve potency.
20. for Bodily Injury sustained whilst or as a result of engaging in, practicing for, or taking part in training peculiar to any kind of hazardous sport such as parachuting, hanggliding, parasailing, off-piste skiing or bungee jumping.
21. Any Medical Expenses incurred, the need of which arises out of a Pre existing Condition.
22. for Bodily Injury caused by or arising from or as a result of Terrorism.

GENERAL CLAIMS PROVISIONS

1. Written notice of any occurrence which may give rise to a claim under this

Policy must be given to the Company as soon as practicable and in any case within thirty (30) Days after such occurrence. Written Notice of Claim must be given to the Company immediately in the case of death, or within thirty (30) Days after the Date of Loss in all other cases.

2. All certificates, information and evidence required by the Company shall be furnished at no expense to the Company and shall be in such form and of such nature as the Company may prescribe. When required by the Company, at its own expense, the Insured Person shall submit to medical examination in respect of any alleged claim that may give rise to a benefit being paid.
3. Complete, written proof of loss must be given to the Company within sixty (60) Days after the Date of Loss, or as soon as reasonably possible. Such proof of loss must contain:
 - i. the Policy Number, and
 - ii. the preliminary medical report describing the nature and extent of all injuries or Sicknesses, and providing a precise diagnosis, and
 - iii. all invoices, bills, prescriptions, Hospital certificates which will permit the Company to accurately determine the total amount of Medical Expenses (if applicable) incurred by the Insured Person, and
 - iv. in the case where another party was involved (e.g. a car collision), the names, contact details and if possible insurance details of the other party, and
 - v. in the case of death, an official death certificate, succession certificate pursuant to the Indian Succession Act 1925, as amended, and any other legal documents establishing the identity of any and all beneficiaries, and
 - vi. proof of age, where applicable, and
 - vii. such other information as the Company may require to handle the claim.
- a. If an Accident:
 - i. detailed circumstances of the Accident and the names of any witnesses, and
 - ii. any police reports concerning the Accident, and
 - iii. the date a Physician was seen due to the Bodily Injury, and
 - iv. the Physician's contact details, or
- b. If a Sickness:
 - i. the date symptoms of the Sickness began, and
 - ii. the date a Physician was seen due to the Sickness, and
 - iii. the Physician's contact details.

The Company shall base its assessment of the claim on the complete, written proof of loss.

4. The Company at its own expense shall have the right and opportunity to examine the Insured Person whose Bodily Injury or Sickness is the basis of a claim and as often as it may be reasonably required during the pendency of the claim and to make an autopsy in case of death, where it is not forbidden by law.
5. In respect of any disablement claim, no benefit shall be payable before any disablement is recognized as definitive and permanent by a Physician appointed by the Company.
6. Medical advice of a Physician shall be sought and followed promptly on the occurrence of any Bodily Injury or Sickness and the Company shall not be liable for any part of any claim which in the opinion of a Physician appointed by the Company arises from the unreasonable or willful neglect or failure of an Insured Person to seek and remain under the care of a Physician.
7. No claim may be brought under this Policy, nor may any legal action be brought against the Company to recover under such claim:
 1. in cases of Accidental death, more than three (3) years after the date of death or the date the claim is denied in whole or in part, whichever is later; or
 2. in all other cases, more than three (3) years after the Date of Loss or date the claim is denied in whole or in part, whichever is later.

No such legal action may be brought against the Company unless there has

PERSONAL ACCIDENT INSURANCE

been full compliance with all the terms and conditions of this Policy. In the event of any failure to timely submit any claim or commence legal action with respect to any claim, all benefits under this Policy in respect of such claim shall be forfeited.

8. If any difference shall arise as to the amount to be paid under this Policy (liability being otherwise admitted) such difference shall be referred to arbitration in accordance with the Indian Arbitration and Conciliation Act 1996, as amended, and the making of an award shall be a condition precedent to any liability for the Company to make any payment under this Policy.
9. The Company will effect payment of covered claims subject to: i) the Company having received complete, written proof of loss and such other information as the Company may require to handle the claim; and ii) the premium for the Policy having been paid. In such cases, the Company shall effect payment within 7 days.
10. No benefit shall be payable in respect of an Insured Person under more than one of the following insurances: Accidental death or Accidental disablement.
11. No sum payable under this Policy shall carry interest.
12. Where amounts recoverable from the Company are delayed pending finalisation of any claim, payments on account may be made to the Insured Person at the Company's discretion, on receipt by the Company of certification by a Physician appointed by the Company.
13. An Insured Person has the right to designate a beneficiary. All beneficiary designations shall be in writing, filed with the Company, by the Policyholder, and provided to the Company at the time of claim and such other time as the Company may require.

The Insured Person, and no one else, unless there is an irrevocable assignment, has the right to change the beneficiary. The Insured Person does not need the consent of anyone to do so. Changes must be in writing, filed with the Company by the Policyholder and provided to the Company at the time of claim and such other time as the Company may require. The Company does not assume any responsibility for the validity of these changes.

The Insured Person's rights under this Policy may be assigned by giving the Company prior written notice. The assignment may be made irrevocable. However, the Company will only recognise an assignment if the Insured Person has given the Company prior written notice and has the Company's written acknowledgement of the assignment. The Company does not assume any responsibility for the validity of an assignment.

Benefit shall be payable only to the Insured Person, his or her Beneficiary, or the Insured Person's legal personal representatives, or assignee if applicable, whose receipt shall effectively discharge the Company.

14. In the event of a claim under this Policy, the Policyholder, the Insured Person and the Beneficiary, if applicable, must fully cooperate with the Company in its handling of the claim including, but not limited to, the timely submission of all medical and other reports, and full cooperation with all physical examinations and autopsies that the Company may require.

The Company shall not be bound or be affected by any notice of any trust, charge, lien, or other dealing with or in relation to this Policy.

CLAIMS INTIMATION

In the event of loss of an insured event the insurance company must be informed immediately

Our contact details are as follows:

Toll Free Helpline 1800 2 700 700

PREMIUM (Excl. of Service Tax)			
Benefit	Annual Gross Rate Per Unit (Rupees) Varies by Distribution Method		Coverage Unit (Rupees)
	From	To	
Accidental Death	0.444	0.634	1,000
Permanent Total Disablement			
Table A	0.334	0.477	1,000
Table B	0.444	0.634	1,000
Table C	0.666	0.951	1,000
Table D	0.556	0.794	1,000

In-Hospital Medical Expenses - Accident Only			
Rs. 0 - 120,000	5.258	7.511	1,000
Rs. 120,001 - 240,000	3.708	5.297	1,000
Rs. 240,001 - 480,000	2.398	3.426	1,000
Rs. 480,001 - 720,000	2.074	2.963	1,000
Rs. 720,001 - 1,200,000	1.540	2.200	1,000
Rs. 1,200,001 - 2,400,000	0.924	1.320	1,000
Rs. 2,400,001 - 3,840,000	0.600	0.857	1,000
Rs. 3,840,001 - 4,800,000	0.496	0.709	1,000
Amounts in excess of Rs. 4,800,000	0.104	0.149	1,000
Emergency Medical Expenses - Accident Only			
Rs. 0 - 120,000	6.572	9.389	1,000
Rs. 120,001 - 240,000	4.636	6.623	1,000
Rs. 240,001 - 480,000	2.998	4.283	1,000
Rs. 480,001 - 720,000	2.592	3.703	1,000
Rs. 720,001 - 1,200,000	1.926	2.751	1,000
Rs. 1,200,001 - 2,400,000	1.156	1.651	1,000
Rs. 2,400,001 - 3,840,000	0.750	1.071	1,000
Rs. 3,840,001 - 4,800,000	0.620	0.886	1,000
Amounts in excess of Rs. 4,800,000	0.130	0.186	1,000
Emergency Medical Expenses - Accident & Sickness Avg. Trip Length Up To 30 Days			
Rs. 0 - 120,000	9.858	14.083	1,000
Rs. 120,001 - 240,000	6.954	9.934	1,000
Rs. 240,001 - 480,000	4.498	6.426	1,000
Rs. 480,001 - 720,000	3.888	5.554	1,000
Rs. 720,001 - 1,200,000	2.890	4.129	1,000
Rs. 1,200,001 - 2,400,000	1.734	2.477	1,000
Rs. 2,400,001 - 3,840,000	1.126	1.609	1,000
Rs. 3,840,001 - 4,800,000	0.930	1.329	1,000
Amounts in excess of Rs. 4,800,000	0.196	0.280	1,000
Emergency Medical Expenses - Accident & Sickness Avg. Trip Length Up To 60 Days			
Rs. 0 - 120,000	13.144	18.777	1,000
Rs. 120,001 - 240,000	9.272	13.246	1,000
Rs. 240,001 - 480,000	5.996	8.566	1,000
Rs. 480,001 - 720,000	5.184	7.406	1,000
Rs. 720,001 - 1,200,000	3.852	5.503	1,000
Rs. 1,200,001 - 2,400,000	2.312	3.303	1,000
Rs. 2,400,001 - 3,840,000	1.500	2.143	1,000
Rs. 3,840,001 - 4,800,000	1.240	1.771	1,000
Amounts in excess of Rs. 4,800,000	0.260	0.371	1,000
Emergency Medical Expenses - Accident & Sickness Avg. Trip Length Up To 90 Days			
Rs. 0 - 120,000	19.716	28.166	1,000
Rs. 120,001 - 240,000	13.908	19.869	1,000
Rs. 240,001 - 480,000	8.994	12.849	1,000
Rs. 480,001 - 720,000	7.776	11.109	1,000
Rs. 720,001 - 1,200,000	5.778	8.254	1,000
Rs. 1,200,001 - 2,400,000	3.468	4.954	1,000
Rs. 2,400,001 - 3,840,000	2.250	3.214	1,000
Rs. 3,840,001 - 4,800,000	1.860	2.657	1,000
Amounts in excess of Rs. 4,800,000	0.390	0.557	1,000
Emergency Medical Expenses - Accident & Sickness Avg. Trip Length Up To 120 Days			
Rs. 0 - 120,000	26.288	37.554	1,000
Rs. 120,001 - 240,000	18.544	26.491	1,000
Rs. 240,001 - 480,000	11.992	17.131	1,000
Rs. 480,001 - 720,000	10.368	14.811	1,000
Rs. 720,001 - 1,200,000	7.704	11.006	1,000
Rs. 1,200,001 - 2,400,000	4.624	6.606	1,000
Rs. 2,400,001 - 3,840,000	3.000	4.286	1,000
Rs. 3,840,001 - 4,800,000	2.480	3.543	1,000
Amounts in excess of Rs. 4,800,000	0.520	0.743	1,000

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Emergency Medical Expenses - Accident & Sickness Avg. Trip Length Up To 180 Days			
Rs. 0 - 120,000	29.574	42.249	1,000
Rs. 120,001 - 240,000	20.862	29.803	1,000
Rs. 240,001 - 480,000	13.492	19.274	1,000
Rs. 480,001 - 720,000	11.664	16.663	1,000
Rs. 720,001 - 1,200,000	8.668	12.383	1,000
Rs. 1,200,001 - 2,400,000	5.202	7.431	1,000
Rs. 2,400,001 - 3,840,000	3.376	4.823	1,000
Rs. 3,840,001 - 4,800,000	2.790	3.986	1,000
Amounts in excess of Rs. 4,800,000	0.586	0.837	1,000
Emergency Medical Expenses - Accident & Sickness Avg. Trip Length Up To 365 Days			
Rs. 0 - 120,000	32.860	46.943	1,000
Rs. 120,001 - 240,000	23.180	33.114	1,000
Rs. 240,001 - 480,000	14.990	21.414	1,000
Rs. 480,001 - 720,000	12.960	18.514	1,000
Rs. 720,001 - 1,200,000	9.630	13.757	1,000
Rs. 1,200,001 - 2,400,000	5.780	8.257	1,000
Rs. 2,400,001 - 3,840,000	3.750	5.357	1,000
Rs. 3,840,001 - 4,800,000	3.100	4.429	1,000
Amounts in excess of Rs. 4,800,000	0.650	0.929	1,000
Hospital Cash - Accident Only - Rate Per Rs. 10 of Daily Benefit	3.600	5.143	10
Hospital Cash & Home Convalescence - Accident Only - Rate Per Rs. 10 of Daily Benefit	7.200	10.286	10
Hospital Cash - Accident & Sickness - Rate Per Rs. 10 of Daily Benefit			
Attained Age Less Than 18	7.560	10.800	10
Attained Age 18 to 40	10.800	15.429	10
Attained Age 41 to 50	17.732	25.331	10
Attained Age 51 to 60	30.916	44.166	10
Attained Age 61 to 65	52.964	75.663	10
Attained Age 66 to 80	90.000	128.571	10
Hospital Cash & Home Convalescence - Accident & Sickness - Rate Per Rs. 10 of Daily Benefit			
Attained Age Less Than 18	15.120	21.600	10
Attained Age 18 to 40	21.600	30.857	10
Attained Age 41 to 50	35.460	50.657	10
Attained Age 51 to 60	61.832	88.331	10
Attained Age 61 to 65	105.932	151.331	10
Attained Age 66 to 80	180.000	257.143	10
Broken Bones	2.700	3.857	1,000
Burns	0.272	0.389	1,000
Last Rites Costs - Accident Only	0.444	0.634	1,000
Last Rites Costs - Accident & Sickness	9.000	12.857	1,000
In-Hospital Surgery - Accident & Sickness			
Attained Age Less Than 18	22.046	31.494	1,000
Attained Age 18 to 40	46.764	66.806	1,000
Attained Age 41 to 50	76.780	109.686	1,000
Attained Age 51 to 60	133.866	191.237	1,000
Attained Age 61 to 65	229.332	327.617	1,000
Attained Age 66 to 80	384.596	549.423	1,000
Temporary Total Disablement - Accident Only - Rate Per Rs. 1 of Weekly Benefit	0.216	0.309	1
Temporary Total Disablement - Accident & Sickness - Rate Per Rs. 1 of Weekly Benefit	0.432	0.617	1
Hostage Release Fees	0.452	0.646	1,000
Assault	0.044	0.063	1,000
Mobility Extension	0.444	0.634	1,000
Ambulance Costs	1.112	1.589	1,000
Concussion Extension	0.900	1.286	1,000
Animal Attack	0.360	0.514	1,000
Chauffeur Benefit - Rate Per Rs. 10 of Daily Benefit	7.560	10.800	10
Spouse or Dependent Consolation	0.666	0.951	1,000
Insured Person's Counselling Benefit -Family	0.666	0.951	1,000
Family Counselling	0.444	0.634	1,000
Common Accident/Double Indemnity	0.044	0.063	1,000

Evacuation	0.052	0.074	1,000
Medical Insurance Premium Indemnity	0.444	0.634	1,000
Dependent Children Education	0.444	0.634	1,000
Comatose Benefit - Accident Only	0.044	0.063	1,000
Comatose Benefit - Accident & Sickness	0.220	0.314	1,000
Home Tuition - Rate Per Rs. 10 of Daily Benefit	7.560	10.800	10
Rehabilitation	2.700	3.857	1,000
Reconstructive Surgery	1.352	1.931	1,000
Parental Care Benefit	0.444	0.634	1,000
Dependent Child Wedding Benefit	0.444	0.634	1,000

Discount Table #1 Number of Insured	
Number of Insured	Discount
< 5	0.00%
< 20	5.00%
< 25	6.00%
< 50	8.00%
< 100	12.00%
< 250	16.00%
< 500	18.00%
< 750	25.00%
< 1000	30.00%
< 1500	35.00%
> 1500	40.00%

The Annual Gross Rate can be adjusted for the following risk considerations:

- Underwriting Risk Adjustments:
 - Deductible or Franchise Discounts:
 - Length of Time: Maximum Discount 0% to 50%
 - Percent of Sum Insured: Maximum Discount 0% to 40%
 - Fixed Amount in Rupees: Maximum Discount 0% to 15%
 - Reduced Benefit Period Discounts: Maximum Discount 0% to 15%
 - Operative Time Discounts: Maximum Discount 0% to 75%
 - Occupational Class Loads: Maximum Load 0% to 300%
 - Loads for Deletion of General Policy Exclusions: Maximum Load 10% to 15%
- Anti-Selection Load: Maximum Load 0% to 30%
- Discretionary Underwriting Discounts: Maximum Discount 0% to 60%
 - Adjusts for improved spread of risk, credibility, expense savings, and market competition issues.

RENEWAL

Life Long Renewability

Free Look Period:

The Policyholder have 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 policyholder has any objections to any of the terms and conditions, then the policyholder has the option of cancelling the Policy stating the reasons for cancellation and will be refunded the premium paid after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. The policyholder can cancel the Policy only if no claims have been made under the Policy. All the policyholder's 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.

CANCELLATION

This Policy may be cancelled at the request of the Policyholder by thirty (30) Days notice given in writing to the Company and the premium paid shall be adjusted on the basis of the Company retaining a minimum of twenty-five percent (25%) of the annual premium or earned premium calculated pro-rata, whichever is the higher. No refund will be made for such Insured Person for whom a claim has been paid or admitted by the Company. This Policy may also be cancelled by the Company by thirty (30) Days notice given in writing to the Policyholder at their last known address on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation and the premium paid shall be adjusted on the basis of the Company retaining earned premium calculated pro-rata.

Insurance is the subject matter of solicitation.

For more details on risk factors, terms & conditions, please read the sales brochure before concluding a sale.

DISCLAIMER: THE ABOVE IS DESCRIPTIVE ONLY. THE ACTUAL TERMS AND CONDITIONS CAN BE FOUND IN THE POLICY DOCUMENT. INSURED'S ARE ADVISED TO READ THE POLICY DOCUMENT COMPLETELY FOR A FULL DESCRIPTION OF THE TERMS AND CONDITIONS OF COVERAGE AND THE EXCLUSIONS RELATING THERETO.