

JANATA PERSONAL ACCIDENT INSURANCE

SCOPE OF COVER

The Insurance Policy compensates the Beneficiary in case of Accidental Death or Permanent Total Disability to the Beneficiary resulting solely and directly from an Accident

MAIN EXCLUSIONS

The Insurance Policy does not cover losses arising out of war and nuclear perils, pregnancy, intentional self-inflicted injury, suicide, influence of alcohol OR drugs or narcotics unless professionally administered, participating in any sport as a professional player, criminal act, HIV and AIDS, venereal or venereal related disease.

The above referred main exclusions are only illustrative. For a complete list of exclusions, kindly refer policy wordings.

SUM INSURED

The minimum sum insured for this JPA policy would be of Rs 25,000/- and maximum of Rs 300,000/-. Income proof to be submitted for Sum Insured above Rs. 100,000/- The Sum Insured to be in multiples of Rs. 25,000/-.

PREMIUM

Premium can be paid in cheque or demand draft in favour of "HDFC ERGO General Insurance Company Limited".

SUM INSURED	ANNUAL RATES (Rs.)
Premium per Sum Insured of Rs.25,000	15

GROUP DISCOUNT

Group discount can be granted based on the size of the group. The group discount is slab-wise and increases with the size of the group

RENEWAL CLAUSE

This policy shall ordinarily be renewable for life only by mutual consent except for grounds such as mis-representation, fraud, moral hazard or non co-operation by the Insured and subject to payment in advance of the total premium at the rate in force at the time of renewal and subject to the policy is renewed within the Grace period of 30 days from date of Expiry. Unless renewed as herein provided, this policy shall automatically terminate at the expiry of the period for which premium has already been paid.

CANCELLATION CLAUSE

The Policyholder may terminate this Policy any time by giving Us written notice. The cancellation shall be from the date of receipt of such written notice. If no claim has been made under the policy, then We will refund premium in accordance with table below:

Individual Policy – Long Term		
Policy Period	2	3
Year of cancellation		
1	50%	67%
2	NIL	35%
3	Not Applicable	NIL

PERIOD ON RISK RATE OF PREMIUM TO BE CHARGED

ANNUAL POLICY	
Length of time policy in force	Premium to be charged
Upto one month	¼ of the annual rate
Upto three months	½ of the annual rate
Upto six months	¾ of the annual rate
Exceeding six months	Full annual rate

The Company reserves the right to cancel the policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation of the insured without any refund of premium.

PORTABILITY

Individual members including the family members covered under this Janta Personal Accident Group Insurance policy shall have the right to migrate from such group policy to a suitable individual personal accident insurance policy offered by the Company only in cases of the employee leaving the group on account of retirement/resignation or account of members disassociation with the group in capacity of his membership.

This prospectus is not a contract of insurance. Please refer to the HDFC ERGO Janata Personal Accident Policy contract for complete details with regard to the terms and conditions of the Policy.

The Policy and the Schedule attached thereto shall be read together for claiming benefits under the Policy.

This product has been underwritten by HDFC ERGO General Insurance Company Limited.

CLAIMS PROCEDURE

Procedure	Cashless Hospitalization		Cashless claims for Hospitalizations outside India	Reimbursement Claims
	Emergencies	Planned		
Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website			
Claim Intimation Timelines	Within 24 hours of the Hospitalization	At least 72 hours prior to the planned Hospitalization	Within 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization	Within 48 hours of admission or before discharge from the Hospital whichever is earlier
Particulars to be provided to Us for Claim notification	i. The health card issued by Us ii. KYC documents iii. The Policy Number iv. Name of the Policyholder v. Name and address of Insured Person in respect of whom the request is being made vi. Nature of the Illness/Injury and the treatment/Surgery required vii. Name and address of the attending Medical Practitioner viii. Hospital where treatment/Surgery is proposed to be taken or /Hospital where the Insured person is admitted ix. Proposed /Actual Date of admission			
Particulars to be provided for pre-authorization	i. Policy Number ii. Name of the Insured person(s) named in the Policy schedule availing treatment iii. Nature of disease/Illness/Injury iv. Name and address of the attending Medical Practitioner/Hospital v. Date of admission & probable date of discharge vi. Approximate Claim Expenses vii. Any other relevant information as required			Not Applicable
Process for obtaining Pre-Authorization	i. If the particulars are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation ii. On receipt of duly filled pre authorization form from the Network Provider along with other sufficient details to assess the request, We may; a. Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable or Reject the request for pre-authorization specifying reasons for the rejection i. We shall send Release Of Information form to the Insured Person for signature and consent. ii. After receiving the signed Release Of Information form, We will retrieve hospitalization documents along with invoices iii. If these details are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation iv. On receipt of the complete documents We may a. issue the guarantee of payment specifying the sanctioned amount, any or			

JANATA PERSONAL ACCIDENT INSURANCE

		Reject the request for pre-authorization specifying reasons for the rejection specific limitation on the claim and non-payable items, if applicable
		or
		b. reject the request for pre-authorization specifying reasons for the rejection
List of Claim documents	Not Applicable	As enlisted below
Condonation of Delay	If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control	

1. List of documents for Reimbursement Claims

- Completely filled claim form, duly signed (by claimant/proposer) and stamped (by hospital).
- Photo ID & Age Proof
- Copy of claim intimation letter / reference of Claim Intimation Number in the absence of main claim documents
- Copy of the Hospital's Registration Certificate/Hospital Registration number in case of hospitalization in any non network hospital of HDFC ERGO GIC or certificate from hospital authorities providing facilities available including number of beds.
- Original Discharge Card / Day Care Summary / Transfer Summary
- Original final hospital bill with all original deposit and final payment receipt and refund receipt(s), if advance amount refunded
- Original invoice with payment receipt and implant stickers for all implants used during surgeries e.g. lens sticker and invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery.
- All previous consultation papers indicating history and treatment details for current illness and advice for current hospitalization.
- All original diagnostic reports (including imaging and laboratory) along with prescription by Medical Practitioner and invoice / bill with receipt from diagnostic centre
- All original medicine / pharmacy bills along with prescription by Medical Practitioner
- MLC / FIR Copy – in Accidental cases only
- History of alcohol consumption or any intoxication certified by first treating doctor in case of accidental cases.
- Copy of Death Summary and copy of Death Certificate (in death claims only)
- Pre and Post-Operative Imaging reports
- Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details, and patient's progress (to be submitted wherever required by the insurer).
- Original invoice for Vaccination and payment receipt
- KYC documents (in all claims above Rs 1 lakh) - (Ration Card/ Driving License/ Aadhar Card/ Passport /any other Government authorized identity proof of the Proposer carrying name, photograph & address) and duly filled KYC form with 1 signed across passport size coloured photograph of the Proposer. ***
- Duly filled NEFT form with cancelled blank cheque (with IFSC code, A/C number, and name mentioned on cheque leaf)
- Settlement letter(s), copy(-ies) of payment receipts, and entire certified copy of paid claims in case of partial claim settlement from other insurer.

*** In case of death of proposer, the same document requirement would be for nominee/legal heir of proposer(NOC in favour of 1 or more than 1 undisputedly selected legal heir(s) by remaining legal heir(s).

2 Conditions for obtaining Cashless facility

- Cashless facility can be availed only at Our Network Provider. The complete list of Network Providers and empanelled Service Providers is available on Our website and can be obtained by contacting Us.
- We reserve the right to modify, add or restrict any Network Provider for Cashless Facilities at Our sole discretion. The same shall be duly updated on Our website. You shall check the updated list of Network Providers before applying for Cashless Claim.
- Pre-authorization is valid for 15 days from date of issuance and if all the details of the Hospitalization/treatment, including dates, Hospital and locations match with the details as per Cashless authorized.
- We will make payment for the Cashless authorized amount directly to the Network Provider.
- If the claim is not notified to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for

reasons beyond the claimant's control

GRIEVANCE REDRESSAL PROCEDURE

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

Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contacts us at	022 6234 6234 / 0120 6234 6234	NA	NA
Write to us at	care@hdfcergo.com	grievance@hdfcergo.com	cgo@hdfcergo.com
Visit us	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West) Mumbai-400078	Chief Grievance Officer, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (w), Mumbai-400078

ii. 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.

Names of Ombudsman and Addresses of Ombudsmen Centres	
Office Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, JeevanPrakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, JeevanSoudhaBuilding, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh Chattisgarh
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa
CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101 - 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI - ShriSudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi

JANATA PERSONAL ACCIDENT INSURANCE

GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, JeevanNivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, BhagwanSahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: GautamBuddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.	PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building., Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand
JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, JeevanNidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan	PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, JeevanDarshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochín Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry		
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands		
LUCKNOW - Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharthnagar.		
MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.		

ANTI REBATING WARNING

1) Section 41 of Insurance Act 1938 (Prohibition of Rebates):

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
- Any person making default in complying with the provision of this section shall be punishable with fine which may extend to Ten Lakh Rupees.

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

DISCLAIMER

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

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