HDFC ERGO General Insurance Company Limited

Insurance Policy: my:asset Loan Protect Total Relief

Part II

HDFC ERGO General Insurance Company Limited ("the Company"), having received a Proposal and the premium from the Proposer named in the Schedule referred to herein below, and the said Proposal and Declaration together with any statement, report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by the Company and the Proposer as the basis of this contract do, by this Policy agree, in consideration of and subject to the due receipt of the subsequent premiums, as set out in the Schedule with all its Parts, and further, subject to the terms and conditions contained in this Policy, as set out in the Schedule with all its Parts that on proof to the satisfaction of the Company of the compensation having become payable as set out in Part I of the Schedule to the title of the said person or persons claiming payment or upon the happening of an event upon which one or more benefits become payable under this Policy, the Sum Insured/ appropriate benefit will be paid by the Company.

Definitions

For the purposes of this Policy, the following words shall have the meanings as set forth below:

1. **Accident** means a sudden, unforeseen and involuntary event caused by external visible and violent means.

2. **Bank** means a banking Company which transacts the business of banking in India.

3. **Cancellation**: defines the terms on which the Policy contract can be terminated either by the Company. or the Insured by giving sufficient notice to the other of 15 days.

4. **Congenital Anomaly** means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

    - Internal Congenital anomaly: which is not in visible and accessible part of the body.

    - External Congenital Anomaly: which is visible and accessible parts of the body

5. **Compensation** means Sum Insured, total Sum Insured or percentage of the Sum Insured, as appropriate.

6. **Condition Precedent:** shall mean Policy term or condition upon which the Company's liability under the Policy is conditional upon.

7. **Disclosure to information norm:** The Policy shall be void and all Premium paid here on shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

8. **EMI or EMI Amount**[1] means and includes the amount of monthly payment required to repay the principal amount of Loan and Interest by the Insured as set forth in the amortization chart referred to in the loan agreement (or any amendments thereto) between the Bank/Financial Institution and the Insured prior to the date of occurrence of the Insured Event under this Policy. For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the Insured prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.

9. **Emergency Care**: means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and required immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

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

11. **Foreign War** means armed opposition, whether declared or not between two countries

12. **Grace Period**: means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

13. **Hospital/Nursing Home:** means any institution established for in-patient care and day care treatment of Illness and / or injuries and which has been registered as a hospital with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all the minimum criteria as under:

    - has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
    - has qualified nursing staff under its employment round the clock;
    - has qualified Medical Practitioner (s) in charge round the clock;

    has a fully equipped operation theatre of its own where surgical procedures are carried out, maintains daily records of patients and will make these accessible to the respective Insurance company's authorized personnel.

14. **Hospitalization**: means admission in a Hospital/Nursing Home for minimum period of 24 consecutive hours in Inpatient Care except for specified procedures/treatments, where such admission could be for period of less than 24 consecutive hours.

[1] **EMI refers to the EMI or Pre EMI on the loan or the Sum Insured, whichever is lower, on the date of the Insured Event.**

15. **Illness:** means sickness or disease or a pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy period and requires medical treatment.

    Acute condition - is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

    Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires your rehabilitation or for you to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back

16. **Injury** means Accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by Medical Practitioner

17. **Insured** means the Individual(s) whose name(s) are specifically appearing as such in the Schedule to this Policy. For the purpose of avoidance of doubt it is clarified that the heirs, executors, administrators, successors or legal representatives of the Insured may present a claim on behalf of the Insured to the Company.

18. **Inpatient Care:** means a treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

19. **Intensive Care Unit:** Intensive Care Unit means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

20. I**nsured Event** means any event specifically mentioned as covered under this Policy.

21. **Loan** means the sum of money lent at interest or otherwise to the Insured by any Bank/Financial Institution as identified by the Loan Account Number referred to in the Schedule of this Policy

22. **Medical Expenses/Hospitalization Expenses**: means those expenses that an Insured Person has has necessarily and actually incurred for medical treatment on account of illness or Accident on the advice of a Medical Practitioner as long as these are no more than what would have been payable if the Insured Person(s) had not been insured and no more than other hospitals and doctors in the same locality would have charged for the same medical treatment.

23. **Medical Advise:** Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

24. **Medically Necessary** treatment means any treatment, tests, medication, or stay in a Hospital/Nursing Home which

- is required for the medical management of the illness or injury suffered by the Insured Person(s);
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity; must have been prescribed by a Medical Practitioner;
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

25. **Medical Practitioner:** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license, provided that this person is not the Insured/Insured Person or a member of his/her family.

26. **Nominee means the pe**rson(s) nominated by the Insured to receive the insurance benefits under this Policy payable on the death of the Insured.

27. **Notification of a Claim**: is the process of notifying a claim to the Company or TPA by specifying the timelines as well as the address/telephone number to which it should be notified.

28. **Permanent Total Disablement** means disablement, as the result of a **Bodily Injury** resulting into total and irrecoverable:
    (i) Loss of sight of both eyes; or
    (ii) Actual loss by Physical Separation of both hands or both feet or one entire hand and one entire foot; or
    (iii) Loss of use of both hands or both feet or of one hand and one foot without Physical Separation;

    Provided that such disablement;

    (i) continues for a period of twelve (12) consecutive months, and
    (ii) is confirmed as total, continuous and permanent by a Physician after the twelve (12) consecutive months, and
    (iii) such disablement shall as a direct consequence thereof permanently disable the Insured from resuming his normal occupation or engaging in similar gainful employment.

29. **Period of Insurance** means the period commencing from the first Policy start date with the Company, under which the Insured is covered, subject to the Insured continuously renewing the Policy with the Company without any break and terminating at midnight on the Policy end date as specified in the Schedule to this Policy. No benefit shall accrue to the Insured on account of the Period of Insurance unless the dates are evidenced in writing against the caption "Period of Insurance" of this Policy. For the purpose of avoidance of doubt it is clarified that if no dates are evidenced in writing against the caption "Period of Insurance" as mentioned above, then the Period of Insurance shall mean the Policy Period.

30. **Policy** means the Policy wordings, the Schedule, any Extension and applicable endorsements under the Policy. The Policy contains details of the extent of cover available to the Insured, the exclusions under the cover and the terms and conditions of the issue of the Policy.

31. **Policyholder** means the entity or person named as such in the Schedule.

32. **Policy Period** means the period commencing from Policy start date and hour as specified in the Schedule and terminating at midnight on the Policy end date as specified in of the Schedule to this Policy.

33. **Portability** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another or from one plan to another plan o f the same insurer, provided the previous policy has been maintained without any break.

34. **Physical Separation** means as regards the hand actual separation at or above the wrists, and as regards the foot means actual separation at or above the ankle.

35. **Public Authority** means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, exact obedience, and command, determine or judge.

36. **Principal Outstanding** means the principal amount of the Loan outstanding as on the date of occurrence of Insured Event less the portion of principal component included in the EMIs payable but not paid from the date of the loan agreement till the date of the Insured Event/s. For the purpose of avoidance of doubt, it is clarified that any EMIs that are overdue and unpaid to the Bank prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.

37. **Professional Sports** means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood.

38. **Pre-Existing** means any condition, ailment or injury or related condition(s) for which Insured had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment, within 48 months prior to first Policy with the Company.

Exclusion: Benefits will not be available for any condition(s) as defined in the Policy, until 48 months of continuous coverage have elapsed, since inception of the first Policy with the Company.

39. **Qualified Nurse** means a qualified person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

40. **Renewal:** Renewal defines the terms on which the contract of Insurance can be renewed on mutual consent with a provision of Grace Period for treating the renewal continuous for the purpose of all waiting periods.

41. **Schedule** means the Schedule and parts thereof, and any other annexure(s) appended, attached and / or forming part of this Policy.

42. **Spouse** means an Insured husband or wife who is recognized as such by the laws of the jurisdiction in which they reside.

43. **Subrogation:** Subrogation shall mean the right of the Company to assume the rights of the Insured
to recover expenses paid out under the Policy that may be recovered from any other source.

44. **Sum Insured** means and denotes the amount of cover available to the Insured subject to the terms and conditions of this Policy and as stated in the Table of Benefits of Part of Section 1 of the Schedule which is the maximum liability of the Company under this Policy.

45. **Scheduled Airline** means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier and is flown by authorized licensed pilot.

46. **Surgery or Surgical procedure** means manual and/or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life, performed in a Hospital/Nursing Home or Day Care centre by a Medical Practitioner.

47. **Terrorism** means activities against persons, organizations or property of any nature that involve the following or preparation for the following:
    - use or threat of force or violence; or
    - commission or threat of a dangerous act; or
    - commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and

    when one or both of the following applies:

- the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
- It appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

48. **War** means war, whether declared or not or any warlike activities, including use of the military force by any sovereign nations to achieve economic, geographic, nationalistic, political racial religious or other ends.
49. **Alternative Treatment:** are forms of treatments other than treatment under"Allopathy" or "Modern Medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

50. **Unproven/Experimental treatment**: Treatment including drug experimental therapy which is not based on established medical practice in India and is a treatment experimental or unproven.

51. **We/Us/Our/Company** means HDFC ERGO General Insurance Company Limited.

52. **You/Your/Insured :** It means the person(s) named as Insured in the Schedule

PART III

1. COVERAGE UNDER THE POLICY – Standard Coverage

1.1 SECTION I: MAJOR MEDICAL ILLNESSES & PROCEDURES

Insured event: For the purposes of this Section and the determination of the Company's liability under it, the ***Insured Event*** in relation to the Insured , shall mean any illness, medical event or surgical procedure as specifically defined below whose signs or symptoms first commence more than 90 days after the commencement of Period of Insurance and shall only include:

Major Medical Illnesses and Procedures covered as per the Plan below as opted by the Insured and mentioned in Part I of the Schedule.

(A) First diagnosis of following illnesses	**Silver Protect Plan**	**Gold Protect Plan**	**Diamond Protect Plan**	**Platinum Protect Plan**
1. Cancer of specified severity	Covered	Covered	Covered	Covered
2. Kidney Failure requiring regular dialysis	Covered	Covered	Covered	Covered
3. Multiple Sclerosis with persisting symptoms	Covered	Covered	Covered	Covered
4. Benign Brain Tumor	Not Covered	Covered	Covered	Covered
5. Parkinson's Disease	Not Covered	Covered	Covered	Covered

6. End Stage Liver disease	Not Covered	Not Covered	Covered	Covered
7. Alzheimer's Disease	Not Covered	Not Covered	Covered	Covered
(B) Undergoing following surgical procedures for the first time				
8. Major Organ/Bone marrow Transplant	Covered	Covered	Covered	Covered
9. Open Heart replacement or repair of heart Valves	Covered	Covered	Covered	Covered
10. Coronary Artery Bypass Graft	Covered	Covered	Covered	Covered
11. Surgery of Aorta	Not Covered	Not Covered	Covered	Covered
(C) Occurrence of following medical procedures for the first time				
12. Stroke resulting in permanent symptoms	Covered	Covered	Covered	Covered
13. Permanent Paralysis of Limbs	Covered	Covered	Covered	Covered
14. First Heart attack of specified severity	Covered	Covered	Covered	Covered
15. Coma of specified severity	Not Covered	Covered	Covered	Covered
16. Major Burns	Not Covered	Not Covered	Not Covered	Covered
17. Deafness	Not Covered	Not Covered	Not Covered	Covered
18. Loss of Speech	Not Covered	Not Covered	Not Covered	Covered
Total Major Medical Procedures Covered	**9**	**12**	**15**	**18**

The Insured Event under this Section I and the conditions applicable to the same are more particularly defined below:

1. Cancer of Specified Severity

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy and confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- Tumors showing the malignant changes of carcinoma in situ and tumors which are histologically described as pre-malignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
- Any skin cancer other than invasive malignant melanoma

- All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
- Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- Chronic lymphocytic leukemia less than RAI stage 3
- Micro carcinoma of the bladder
- All tumors in the presence of HIV infection.

2. Kidney Failure requiring regular dialysis

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

3. Multiple Sclerosis with persisting symptoms

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- Investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis.
- There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.

Other causes of neurological damage such as SLE and HIV are excluded.

4. Benign Brain Tumor

First diagnoses of A benign intracranial tumor where the following conditions are met:

i. The tumor is life threatening
ii. It has caused damage to the brain and
iii. It has undergone surgical removal or, if inoperable has caused permanent neurological deficit certified by a neuro-surgeon

The following are excluded: Cysts, Granulomas, Vascular Malformations, Haematomas,

5. Parkinson's Disease

The occurrence of Parkinson's Disease where there is an associated Neurological Deficit that results in Permanent Inability to perform independently atleast three of the activities of daily living as defined below.

i. Transfer: Getting in and out of bed without requiring external physical assistance
ii. Mobility: The ability to move from one room to another without requiring any external physical assistance
iii. Dressing: Putting on and taking of all necessary items of clothing without requiring any external physical assistance
iv. Bathing/Washing: The ability to wash in the bath or shower (including getting in and out of the bath or shower) or wash by other means

v. Eating: All tasks of getting food into the body once it has been prepared

Parkinson's disease secondary to drug and/or alcohol abuse is excluded

6. End Stage Liver Disease

End stage liver disease resulting in cirrhosis and evidenced by all of the following criteria: a) permanent jaundice, b) ascites, c) encephalopathy, d) portal hypertension. Liver disease secondary to alcohol or drug misuse is excluded.

7. Alzheimer's Disease

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

8. Major Organ/Bone marrow Transplant

The actual undergoing of a transplant of :

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using hematopoietic stem cells

The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
The following are excluded:

- Other stem-cell transplants
- Where only islets of langerhans are transplanted it means human to human transplant from a donor to the recipient

9. Open Heart Replacement or Repair of Heart Valves

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

10. Coronary Artery Bypass Graft

The actual undergoing of open-heart valve surgery to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s).

The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

11. **Surgery of Aorta**

The actual undergoing of medically necessary surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. Traumatic injury of the aorta is excluded

12. **Stroke resulting in Permanent Symptoms**

Any cerebral vascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
The following are excluded:

i. Transient Ischemic Attacks (TIA)
ii. Traumatic injury of the brain
iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

13. **Permanent Paralysis of Limbs**

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

14. **First Heart Attack of Specified Severity**

The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.
The diagnosis for this will be evidenced by all of the following criteria:

- A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain).
- New characteristic electrocardiogram changes c) elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponins I or T
- Other acute Coronary Syndromes
- Any type of Angina Pectoris

15. **Coma of Specified Severity**

A state of unconsciousness with no reaction or response to external stimuli or internal needs.
This diagnosis must be supported by evidence of all of the following:

- No response to external stimuli continuously for at least 96 hours;
- Life support measures are necessary to sustain life.
- Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner.
Coma resulting directly from alcohol or drug abuse is excluded.

16. **Major Burns**

Third Degree burns covering at least 50% of body surface area

17. **Deafness**

Total and irreversible loss of hearing in both ears as a result of Illness or Injury. The diagnosis has to be confirmed by an ear, nose and throat specialist (ENT specialist) and proven by means of audiometry.

18. **Loss of Speech**

Total and irreversible loss of the ability to speak due to physical damage to the vocal chords due to Illness or Injury. The condition has to be medically documented for at least 6 months.

1.1.2 BENEFIT PAYABLE UNDER SECTION I

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in this Policy, to pay the Sum Insured in relation to the Insured as stated against Section I under Schedule I on the occurrence of an Insured Event as stated above, under this Section.

AC3: SURVIVAL PERIOD

Notwithstanding anything to the contrary stated herein the Company shall not be liable to make any payment arising out of any claim under Section I for any Insured event if the Insured does not survive a period of at least 30 days after the date of occurrence of the Insured Event.

1.1.3 CLAIMS SETTLEMENT PROCESS APPLICABLE TO SECTION I

In the event of a claim arising out of an Insured Event covered under this Section, the Insured Event as described above shall be intimated to the Company within **forty five (45)** days date of first diagnosis of the Illness, date of surgical procedure or date of occurrence of the medical event, as the case may be, and the Insured shall arrange for submission of the following documents to the Company:

1. Certificate from the attending Doctor of the Insured confirming, inter alia,
   a. name of the Insured ;
   b. name, date of occurrence and medical details of the Insured Event

c. confirmation that the Insured Event does not relate to any Pre-Existing Illness or any Illness or Injury which existed within the first 90 days of commencement of Period of Insurance.

2. Certificate, if applicable, from the Bank/Financial Institution stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.
3. Duly completed claim forms;
4. Original Discharge Certificate/ Card from the Hospital/ Doctor;
5. Original investigation test reports, indoor case papers.;
6. Other documents as listed below against each Major Medical illness & Procedure as may be required by the Company.

Major Medical Illness & procedures	Documents / Reports Needed
Cancer of specified severity	1. Histopathology
	2. CT Scan / MRI
Kidney failure requiring regular dialysis	1. Renal Profile
	2. Renal Biopsy (if available)
	3. Neutrophil gelatinase-associated lipocalin
	4. Renal CT Scan / MRI
	5. Radio - isotope Renography (DMSA or MAG - 3 scan)
Multiple Sclerosis with persisting symptoms	1. Certificate from Neurologist for symptoms & signs of multiple sclerosis.
	2. Evoked potential test for afferent or efferent CNS pathways.
	3. Cerebro Spinal Fluid Report:
Benign Brain Tumor	1. CT scan
	2. MRI Brain
	3. Histopathology / Biopsy (if available)
Parkinson's Disease	1. Clinical features of Parkinson's disease supplemented with –
	a. Position emission tomography (PET)
	b. Single Photon emission computed tomography (SPECT) Or
	c. MRI of brain.
End Stage Liver Disease	1. Liver Function tests
	2. Liver Biopsy
	3. Child Pugh Score
	4. MELD / SCOLE
Alzheimer's Disease	1. MRI or CT scan
	2. Functional imaging studies
Major Organ /Bone marrow transplant	Basic claim documents with certification from the surgeon for the need of Organ Transplant.
Open heart Replacement or repair of heart valves	1. ECG
	2. 2D Echo or Trans - esophageal echo
	3. Cardiac catherisation studies
	4. Coronary angiography report.

Coronary Artery Bypass Graft	1. 2D Echo studies
	2. Coronary Angiography report or CT coronary angiogram
	3. Trop – T, Trop – I and CPK – MB (In case of recent Acute Coronary syndrome)
Surgery of Aorta	1. CT Scan of chest
	2. 2D Echo / Trans esophageal echocardiogram-
	3. Coronary Angiography
	4. MRI Angiography
Stroke resulting in permanent symptoms	1. CT Scan or MRI
	2. Certification from neurologist for permanent neurological deficit with duration
Permanent paralysis of limbs	Certification from a neurologist describing type of paralysis with duration
First heart attack of specified severity	1. Clinical History and serial ECGs
	2. Trop T, Trop I and CPK – MB
	3. Coronary Angiography report
	4. 2D Echo
Coma of specified severity	1. Clinical Papers showing detailed clinical history and neurological examination findings.
	2. Certification from Neurologist for severity of coma with the Glasgow coma scale Report of toxicology Reports of serum glucose, calcium, sodium, potassium, magnesium, phosphate urea and creatinine
	3. CT or MRI scan
	4. EEG
	5. Coma Assessment certification from Neurologist at least after 30 days from onset of coma.
Major Burns	1. Classification of Burns from treating doctor as thermal, chemical electrical or radiation
	2. Certificate from the plastic surgeon for severity of burns.
Deafness	1. The diagnosis has to be confirmed by an ear, nose and throat specialist (ENT specialist)
	2. Audiometry.
Loss of Speech	1. Certificate from ENT Specialist with duration of the condition.

1.1.4 EXCLUSIONS APPLICABLE TO SECTION I

The Company shall not be liable to make any payment directly or indirectly arising out of the following events:

a) Any Pre-Existing Illness– Any Insured Event arising on account of or in connection with any Pre-Existing Illness.Benefits will not be available for any condition(s) as defined in the Policy, until 48 months of continuous coverage have elapsed, since inception of the first Policy with the Company.

b) If the Insured does not submit a medical certificate from the Doctor evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical / surgical procedure in relation to the claim of the Insured.
c) The Company shall not be liable to make any payment under this Policy in connection with or in respect of any Insured Event, as stated in this Section, occurred or suffered before the commencement of Period of Insurance or arising within the first 90 days of the commencement of the Period of Insurance.
d) Any congenital Illness or condition;
e) Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor.
f) Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy in Part I of the Schedule under Special Conditions.
g) Treatment relating to birth defects and external congenital Illnesses.
h) Birth control procedures and hormone replacement therapy.
i) Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery /complications/illness arising as a consequence thereof.
j) Treatment by a family member and self-medication or any treatment that is not scientifically recognized.

1.1.5 SPECIFIC CONDITION APPLICABLE TO SECTION I

1. The cover under this Policy, for the specific Insured , shall terminate in the event of claim in respect of such Insured becoming admissible and accepted by the Company under this Section. In consequence thereof no benefit shall be payable under any other Section of this Policy except 1.4 - Section IVA if opted.

1.2 SECTION II: PERSONAL ACCIDENT

Insured event: For the purposes of this Section and the determination of the Company's liability under it, ***Insured Event*** in relation to any Insured , shall mean Injury sustained during the Policy Period which shall within twelve months of its occurrence be the sole and direct cause of a) Accidental death or b) Permanent Total Disablement (more specifically defined herein below). For the purposes of this Section, Permanent Total Disablement shall mean total and irrecoverable:

(iv) Loss of sight of both eyes; or
(v) Actual loss by Physical Separation of both hands or both feet or one entire hand and one entire foot; or
(vi) Loss of use of both hands or both feet or of one hand and one foot without Physical Separation;

Provided that, such disablement shall as a direct consequence thereof permanently disable the Insured from resuming his normal occupation or engaging in similar gainful employment.

1.2.1 BENEFIT PAYABLE UNDER SECTION II

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in the Policy, to pay the Sum Insured as stated against Section II under Schedule I, on occurrence of the Insured Event as stated above under this Section

1.2.2 CLAIM SETTLEMENT APPLICABLE TO SECTION II

(i) Upon the happening of any Injury giving rise or likely to give rise to a claim under this Policy, the Injury as described above shall be intimated to the Company as soon as possible but not later than 30 days from the date of its occurrence.

(ii) The Insured shall deliver to the Company, within 30 days of the date of occurrence of the Insured Event, a detailed statement in writing as per the claim form and any other material particular, relevant to the making of such claim.

(iii) The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.

(iv) Any medical or other agent of the Company shall be allowed to examine the Insured on the occasion of any alleged Injury when and so often as the same may reasonably be required on behalf of the Company. Such evidence as the Company may from time to time require shall be furnished and a post-mortem examination report wherever applicable, shall be furnished to the Company within a period of 30 days.

The Company shall not be liable to pay any claims under this Section II unless the claim under the Policy is accompanied by the following documents:

For Accidental Death:

1) Claim Form duly filled in and signed.
2) Doctors report
3) Death certificate.
4) Copy of post Mortem report if conducted
5) Newspaper cutting (in case the accident has been reported by press)
6) F.I.R, Police Panchanama / Final Investigation report (in case of accident outside residence)
7) Copy of treatment papers, if any
8) Copy of loan agreement and outstanding loan statement from the bank as on last EMI

For Permanent Total Disablement Claim

1) Claim Form duly filled in and signed.
2) Copy of treatment papers, if any
3) Disability Certificate or Medical Report determining disability.
4) FIR, Police Panchanama (in case of accident outside residence)
5) Copy of loan agreement and outstanding loan statement from the bank as on last EMI

1.2.2 EXCLUSIONS APPLICABLE TO SECTION II

The Company shall not be liable under this Section for:

(i) Payment under more than one of the categories specified (Death or Permanent Total Disablement) in the Benefit Payable in respect of the Insured .

(ii) Payment of compensation in respect of Insured Event which occurs whilst the Insured is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in aviation or ballooning, or whilst the Insured is mounting into, or dismounting from or traveling in

any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airline anywhere in the world;

(iii) Payment of compensation in respect of death, injury or disablement of Insured (a) from engaging in or participation in adventure sports including but not limited to winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters, participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which the Insured is untrained, unless specifically covered under the Policy (b) directly or indirectly caused by venereal disease or insanity;

(iv) Payment of compensation in respect of Death or Permanent Total Disablement arising from or resulting directly or indirectly from any Illness to any Insured.

(v) No sum shall be payable under this Section in case of any Permanent Total Disability for which medical care, treatment, or advice was recommended by or received from a Doctor or from which the Insured suffered or which was present before the commencement of the Policy Period.

1.2.2 SPECIAL CONDITIONS APPLICABLE TO SECTION II

The cover under this Policy, for the specific Insured , shall terminate in the event of claim in respect of that Insured becoming admissible and accepted by the Company under this Section. In consequence thereof no benefit shall be payable under any other Section of this Policy except under 1.4 - Section IVB if opted.

1.3 SECTION III: LOSS OF JOB

Insured event: For the purposes of this Section and the determination of the Company's liability under it, ***Insured Event*** *in relation to any Insured , shall mean termination from employment of the Insured or his dismissal, temporary suspension or retrenchment from employment imposed on him by the employer during the Policy Period as per the employer's rules/regulations or executed/implemented by the employer in compliance of any laws for the time being in force or any directives by any Public Authority.*

1.3.1 BENEFIT PAYABLE UNDER SECTION III

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in the Policy, to pay, on occurrence of the Insured Event as stated above under this Section, in relation to the Insured maximum of 3 EMI Amount(s) falling due in respect of the Loan (Loan account number as stated in Schedule I of this Policy) after the commencement of the Insured Event till the reinstatement of employment with the same employer or new employer or expiry of Policy Period, whichever is earlier, subject to a maximum of Sum Insured as stated under Schedule I against Section III for the Insured mentioned in the Policy. In case of Term Loan, the amount payable is 3 months pro-rata proportion of Total Loan amount.

1.3.2 CLAIM SETTLEMENT APPLICABLE TO SECTION III

In the event of a claim arising out of an Insured Event covered under this Section, the Insured Event as described above shall be intimated by the Insured to the Company within thirty (30)

days from the date of termination from employment of the Insured or his dismissal, temporary suspension or retrenchment from employment as the case may be and the Insured shall arrange for submission of the following documents to the Company:

1. Duly completed claim form;
2. Certificate if applicable from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.
3. Certificate from the employer of the Insured confirming the termination, dismissal, temporary suspension or retrenchment from employment of the Insured furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment of the Insured with the reasons for the same. In case of temporary suspension the period of suspension should also be mentioned in such certificate.
4. Declaration from the insured confirming the tenure of unemployment in support of his/her claim

1.3.3 EXCLUSIONS APPLICABLE TO SECTION III

1. The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured being attributed to any dishonesty or fraud or poor performance on the part of the Insured or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.
2. The Company shall not be liable to make any payment under this Policy in connection with or in respect of:
   a) Self employed persons;
   b) Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
   c) Any voluntary unemployment;
   d) Unemployment at the time of inception of the Policy Period or arising within the first 90 days of inception of the Policy Period.
3. Any unemployment from a job under which no salary or any remuneration is provided to the Insured .
4. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority
5. Any unemployment due to resignation, retirement whether voluntary or otherwise
6. Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.

1.3.4 SPECIFIC CONDITIONS APPLICABLE TO SECTION III

1. A claim under this Section shall become admissible provided the period of termination, dismissal, temporary suspension or retrenchment from employment of the Insured shall not be less than 30 consecutive days (“Retrenchment Period”).
2. The benefit under Section III is available only for salaried employees.
3. The cover as described under this Section, for specific Insured, shall terminate in the event one or more claim(s) in respect of that Insured becoming admissible and accepted by the Company.

1.4 Section IV – Lifestyle Protect

Insured event: For the purposes of this Section and the determination of the Company's liability under it, ***Insured Event*** in relation to any Insured , shall be as given under 1.1 Section I – Major Medical Illness and Procedure and 1.2 Section II – Personal Accident.
Coverage under this section is not applicable to Loss of Job

1.4.1 BENEFIT PAYABLE UNDER SECTION IV

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in the Policy, to pay the Sum Insured as stated against;

Section IVA – Lifestyle Protect – Major Medical Illnesses & Procedure

and

Section IVB – Lifestyle Protect – Personal Accident

mentioned under Schedule I, on occurrence of the Insured Event as stated above under this Section.

For the purpose of this Section, all terms, conditions, exclusions and procedure shall be same as mentioned under Sections I and II

2. GENERAL EXCLUSIONS APPLICABLE TO THE POLICY:

The Company shall not be liable for claims under the Policy arising out of the following:

1. arising or resulting from the Insured committing any breach of the law with criminal intent
2. due to, or arising out of, or directly or indirectly connected with or traceable to, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all Heads of State and citizens of whatever nation and of all kinds and acts of Terrorism, Riots, Strike, Malicious Acts etc.
3. directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this Exclusion, combustion shall include any self-sustaining process of nuclear fission
4. directly or indirectly caused by or contributed to by or arising from nuclear weapon materials.
5. directly or indirectly caused by or contributed to by or arising out of usage, consumption or abuse of alcohol and/or drugs
6. arising out of or as a result of any act of self-destruction or self inflicted injury, attempted suicide or suicide.
7. any sexually transmitted diseases. Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases caused by and/ or related to the HIV.
8. any consequential or indirect loss or expenses arising out of or related to any Insured Event.
9. arising out of or resulting directly or indirectly due to or as a consequence of pregnancy or treatment traceable to pregnancy and childbirth, abortion, miscarriage and its consequences, tests and treatment relating to infertility and invitro fertilization.
10. arising out of or resulting directly or indirectly while serving in any branch of the Military or Armed Forces of any country during war or warlike operations.

11. arising out of or resulting directly or indirectly caused by, resulting from or in connection with any act of terrorism/sabotage regardless of any other cause or event contributing concurrently or in any other sequence to the loss. The Policy also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism/sabotage.

3. GENERAL CONDITIONS APPLICABLE TO THE SECTIONS I, II, III and IV

3.1 AGE LIMIT

To be eligible to be covered under the Policy or get any benefits under the Policy, the Insured should have attained the age of at least 20 years and shall not have completed the age of 65 years on the date of commencement of the Policy Period as applicable to such Insured .

3.2 OTHER CONDITIONS

At any time during the Policy Period the Company shall be entitled to inspect any or all records of the Insured that may be relevant to this Policy. The Company shall also have the right of interaction with any and or all those agencies or agents of the Insured as may be relevant for examination/verification of the data/documents in connection with the process and disposal of any claims under this Policy. The Insured shall provide reasonable support to the Company in this regard.

If so required by the Company, the Insured will have to submit to a medical examination by the Company's nominated Doctor or undergo diagnostic or other medical tests as often as the Company considers necessary, in its sole discretion.

3.3 PAYMENTS

The Company shall be duly discharged of its obligations under this Policy and the Insured shall hold the Company harmless, upon making the payment of the claim to the Insured, the Bank/Financial Institution or his nominee/ legal heirs, as the case may be.

3.4 REFUND OF PREMIUM

The Company shall refund the premium as per the Company's short period scales in case of receipt of notice of cancellation from the Insured, provided there is no claim under the Policy.

3.5 Claims

- All documents must be submitted by the Insured within 30 days of intimation of claim at the below mentioned address:

  CLAIMS DEPARTMENT
  HDFC ERGO General Insurance Company Limited
  6th Floor, City 2, Plot no. 177,
  CST Road, Kalina, Santacruz East,
  Mumbai – 400098, INDIA

- Completed claim forms and documents must be furnished to the Company within the stipulated timelines. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim, if Insured can satisfy the Company that it was not reasonably possible for him/her to submit/give proof within such time.

- The due submission of documents and compliance with requirements by the Insured as mentioned above shall be essential, failing which the Company shall not be bound to entertain a claim.

- The Company may carry out verification/investigation on a case to case basis to ascertain the facts/collect additional information/documents of the case to determine the assessment of loss. Verification carried out, if any, will be done by individuals or entities authorized by Us to carry out such verification/investigation(s) and the costs for such verification/investigation shall be borne by Us.

- The original documents submitted by Insured can be returned back if required, alternatively attested copies from Insurer/Hospital may be submitted.

- In case of delay in settlement of claims, Interest will be payable at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by the Company as per Reg. 9(6) of IRDA (Protection of PolicyHolder's Interests) Regulations 2002 and as amended time to time.

- Where rejection is communicated by the Company, the Insured may if so desired, represent to the Company within 15 days for reconsideration of the decision.

PART IV

Standard Terms and Conditions

1. Incontestability and Duty of Disclosure

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the Proposal Form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured or any one acting on his behalf to obtain any benefit under this Policy.

2. Observance of terms and conditions

The due observance and fulfillment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the Insured, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

3. Records to be maintained

The Insured shall keep an accurate record containing all relevant particulars and shall allow the Company to inspect such record. The Insured shall within one month after the expiry of each period of insurance furnish such information as the Company may require.

4. No constructive notice

Any of the circumstances in relation to these conditions coming to the knowledge of any official of the Company shall not be construed as notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

5. Notice of charge etc.

The Company shall not be bound to notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy but the receipt of the Insured, nominee or legal representative shall in all cases be an effectual discharge to the Company.

6. Special Provisions

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

7. Electronic Transactions

The Insured agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. The Insured agrees that the Company may exchange, share or part with any information to or with other Group Companies or any other person in connection with the Policy, as may be determined by the Company and shall not hold the Company liable for such use/application.

8. Right to inspect

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

9. Fraudulent claims

If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured, or anyone acting on his behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no court action or suit is commenced within twelve months after such rejection

or, in case of arbitration taking place as provided herein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

10. Policy Disputes

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

11. Arbitration Clause

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no dispute or difference shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

12. Cancellation/Termination

The Company may at any time cancel this Policy on the grounds of mis-representation, fraud, non-disclosure of material facts as sought to be declared on the Proposal Form or non-cooperation by the Insured, by giving fifteen (15) days notice in writing by registered post / acknowledgement due post to the Insured at his last known address in which case the Company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of cancellation.

The Insured may also cancel this Policy by giving fifteen (15) days notice in writing to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice cancel the Policy and retain the premium for the period his Policy has been in force at the Company's short period scale as mentioned below provided that no refund of premium shall be made if any claim has been made under the Policy by or on behalf of the Insured.

For Fixed Sum Insured Option:

a. If the Policy is issued for 1 Year:

Period on risk	% of Premium to be Refunded
Upto 1 month	75% of premium
Upto 3 months	50% of premium

Upto 6 months	25% of premium
Exceeding 6 months	No Refund

b. If the Policy is issued for 2 & 3 Years

a. If the Policy is issued for 2 and 3 years

% Refund Premium				
	Policy Period (Years)			
Year of Cancellation	2	3		
Year 1	25%	45%		
Year 2		11%		

13. Renewal

- The Company shall not be bound to accept any renewal premium nor give notice that such is due. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured that may result to enhance the risk of the Company under the guarantee hereby given.
- Policy can be renewed up to maximum of age 65 years for the maximum tenure of 3 years. Renewals are deemed to be continuous when received within a period of 30 days from the date of expiry of last policy, subject to however, to the effective policy inception date being reckoned from such period when the renewal premium is received by Us.
- Policy will be considered as a fresh policy if there is a break of more than 30 days between the previous policy expiry date and current policy start date.
- Any disease/ condition contracted in the break in period will not be covered and will be treated as Pre-existing condition.
- The Policy can be renewed on payment of Premium applicable according to Age and Policy period at the time of Renewal without any Individual Claims experience loading.
- On completing age 65 years, Insured shall be eligible for buying the Insurance Cover under the Individual Health Policy as available at such time. Insured shall be eligible for waiver of 90 days waiting period subject to renewal being done without break. Period of continuous Insurance under my:asset Loan Protect Total Relief Policy shall be counted for the purpose of calculating the waiting Period for Pre existing diseases.
- The Policy shall be ordinarily renewable unless:

- any fraud, misrepresentation or suppression of material facts as sought to be declared on the Proposal form by You or on Your behalf is found either in obtaining insurance or subsequently in relation thereto or,
- We have discontinued issuance of Policy under this Product, in which event You will have the option of renewal under any similar Policy being issued by Us; provided however, benefits payable shall be subject to the terms contained in such other Policy. Such modification or revision of the terms and conditions of the Product shall be intimated to you 3 months in advance along with reasons of modification and revision.

- Based on the experience of the Product, Premium, terms and conditions may be revised subject to prior approval of Insurance Regulatory and Development Authority. Such revision shall be intimated to you 3 months in advance with an option of renewal under any similar Policy being issued by Us. However, benefits payable shall be subject to the terms contained in such other Policy. Individual Claims experience loading is not applicable under the Policy.

14. **Endorsements**: Following type of endorsement are permissible under the Policy.

Premium Bearing

- Policy cancellation
- In case of increase in loan sanction amount, new Policy will be issued against the new Loan account number.

Non Premium Bearing

- Address change
- Corrections – Names, address etc
- Change of Occupation

GRIEVANCE REDRESSAL PROCEDURE

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

- Customer Service No: 022 - 6234 6234 / 0120 - 6234 6234
- Emails – care@hdfcergo.com
- Designated Grievance Officer in each branch.
- Company Website – www.hdfcergo.com
- Courier : Any of our Branch office or corporate office

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

HDFC ERGO General Insurance Company Limited

If you are not satisfied with our redressal of your grievance through one of the above methods, you may contact our Head of Customer Service at
The Grievance Cell, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West) Mumbai-400078

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

The Compliance Officer, Registered & Corporate Office: HDFC House, 1st Floor, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400020

You may also approach the nearest Insurance Ombudsman for resolution of your grievance. The contact details of Ombudsman offices are mentioned below if your grievance pertains to:

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

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES

Office Details	**Jurisdiction of Office Union Territory, District**
Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, **Ahmedabad** – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
1.1. Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1.2. Ist Phase, **Bengaluru** – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in 1.3.	Karnataka.

HDFC ERGO General Insurance Company Limited

Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, **Bhopal** – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh Chattisgarh.
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.
Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, **Chandigarh** – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
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).
1.4. 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.
Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
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.
Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.	Rajasthan.

HDFC ERGO General Insurance Company Limited

Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	
1.5. Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA 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 Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
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.
Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P – 201 301. 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, Bulandshehar, 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.

HDFC ERGO General Insurance Company Limited

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.
Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, **Pune** – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.