

PARIVAR SURAKSHA BIMA - RETAIL

DEFINITIONS COMMON TO SECTIONS I AND II:

1. Accident or Accidental means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. Alternative treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
3. Any one illness means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
4. Bodily Injury means physical, external, Accidental bodily injury occurring suddenly in time and resulting solely and independently of any other cause or any physical defect or infirmity existing before the Period of Insurance.
5. Cashless facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
6. Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
7. Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - a. Internal Congenital Anomaly which is not in the visible and accessible parts of the body.
 - b. External Congenital Anomaly which is in the visible and accessible parts of the body.
8. Company means HDFC ERGO General Insurance Company Limited
9. Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.
10. Co-payment is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible costs. A co-payment does not reduce the sum insured.
11. Cumulative Bonus shall mean any increase in the Sum Insured granted by the insurer without an associated increase in premium.
12. CAPITAL SUM INSURED means the amount stated in the Policy Schedule as such or limited to the specific insurance details in any Section of this Policy. The CAPITAL SUM INSURED shall be subject at all times to the terms and conditions of the Policy, including but not limited to the exclusions and any additional limitations noted in the wording of each Section.
13. Disclosure of Information Norm- The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
14. Day Care Centre A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:
 - has qualified nursing staff under its employment;
 - has qualified medical practitioner/s in charge;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
15. Day Care Treatment refers to medical treatment, and/or surgical procedure which is:
 - i. Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hours because of technological advancement and
 - ii. Which would have otherwise required a hospitalization of more than 24 hours
- ii. Treatment normally taken on out-patient basis is not included in the scope of this definition
16. Deductible means an amount stated in the Schedule as a percentage, or a fixed amount, which will be deducted from the Compensation for a specific benefit, or a period of time for which the Company will not pay any benefit. A deductible is a cost-sharing requirement under a insurance policy that provides that the Insurer will not be liable for a specified rupee amount or percentage, of the covered expenses, which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.
17. Dental treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.
18. Dependent Child means an unmarried dependent child ordinarily residing with the Policyholder between the ages of three (3) months and up to and including the age of eighteen (18) years, or up to and including the age of twenty-one (21) years if in full time education at an accredited tertiary institution at the time of death, injury or disablement giving rise to a claim under the Policy, including legally adopted children and children from a previous marriage, of a Policyholder.
Unmarried Female child can be covered upto the age of twenty one (21) years.
19. Domiciliary Hospitalisation means medical treatment for an illness/ disease/ injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:
 - the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
 - the patient takes treatment at home on account of non availability of room in a hospital.
20. Emergency care means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
21. 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.
22. Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
 - a. has qualified nursing staff under its employment round the clock;
 - b. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - c. has qualified medical practitioner(s) in charge round the clock;
 - d. has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - e. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
23. Hospitalisation means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
24. Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
 - a. Acute condition: Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
 - b. Chronic condition: A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:—it needs

PARIVAR SURAKSHA BIMA - RETAIL

- 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 comeback.
25. Immediate Family Member means a Beneficiary's children; siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian, ward; adopted children; children from a previous marriage; step-parents; aunts, uncles; nieces, and nephews.
 26. Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
 27. Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
 28. 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.
 29. Loss of Use means the loss by the Beneficiary of the functional use of either one or both of his/her hands, feet or eye sight without actual physical separation of such part, as a result of a Bodily Injury.
 30. Maternity expenses shall include—(a). Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).(b). Expenses towards lawful medical termination of pregnancy during the policy period.
 31. Medical Advice means any consultation or advice from a Medical Practitioner / Physician including the issue of any prescription or repeat prescription.
 32. Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
 33. Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
 - is required for the medical management of the illness or injury suffered by the insured;
 - 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.
 34. Network Provider means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.
 35. Newborn baby means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.
 36. Nominee means the person(s) nominated by the Beneficiary to receive the insurance benefits under this Policy payable on the death of the Beneficiary.
 37. Non-Network Any hospital, day care centre or other provider that is not part of the network.
 38. Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
 39. OPD treatment is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient
 40. Policy means Your statements in the Proposal Form, this Policy Wording (including endorsements, if any), any attachments to the policy and the schedule (as the same may be amended from time to time).
 41. 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.
 42. Policyholder means the entity whose name(s) is/are specifically appearing as such in part I of the schedule to this Policy.
 43. 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
 44. Proposal means the proposal form for and forming part of this Policy and any other documentation or information provided to the Company for the purposes of determining whether and upon what terms to offer or renew the Policy.
 45. Pre-Existing Disease- Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the first policy issued by the insurer.
 46. Pre-hospitalization Medical Expenses- Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:
 - i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
 47. Post-hospitalization Medical Expenses: Medical Expenses incurred immediately after the insured person is discharged from the hospital provided that:
 - i. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and
 - ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company
 48. Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
 49. Reasonable and Customary Charges' means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
 50. 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.
 51. Room rent Means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.
 52. Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
 53. Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.
 54. Sum Insured means the amount stated in the table of benefits in the policy schedule as the total sum insured or limited to the specific insurance details in any section of this Policy. The Sum Insured shall be subject at all times to the terms and conditions of the Policy, including but not limited to the exclusions and any additional limitations noted in the wording of each section. The total sum insured is a sublimit of liability. It is part of, and not in addition to the accumulation limit stated in the schedule, if any. It further reduces, and does not increase, the accumulation limit as stated in the schedule.
 55. Unproven/Experimental treatment- Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
 56. Endorsement means written evidence of an agreed change in the policy including but not limited to increase or decrease in the period, extent and

PARIVAR SURAKSHA BIMA - RETAIL

nature of the cover.

57. Insured Person means the Policyholder over the age of eighteen (18) years and aged sixty five (65) years old or younger and his / her eligible family members, for whom premium has been paid and who are identified in the Policy Schedule as Insured Person(s). Eligible family members shall comprise the Policyholder's Spouse(as defined) residing permanently with the Policyholder; Dependent Children(as defined) and dependent parents of the Policyholder permanently residing in India , up to sixty-five (65) years of age.
58. Period of Insurance means the Operative Time stated in the Schedule, commencing on or after the Policy Effective Date and terminating on or before the Policy Expiration Date.
59. Permanent Total Disablement means disablement, as the result of a Bodily Injury, which:
- continues for a period of twelve (12) consecutive months, and
 - is confirmed as total, continuous and permanent by a Physician after the twelve (12) consecutive months, and entirely prevents an Insured Person from engaging in or giving attention to gainful occupation of any and every kind for the remainder of his/her life.
60. Spouse means an Insured Person's husband or wife who is recognised the laws of jurisdiction in which they reside.
61. 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.

The term MEDICAL PRACTITIONER includes qualified physicians, specialists and surgeons other than:

- an INSURED PERSON under this policy;
- an INSURED PERSON'S employer or business partner;
- an employee of the POLICYHOLDER; or
- an IMMEDIATE FAMILY MEMBER of the INSURED PERSON. For purposes of this definition only, the term IMMEDIATE FAMILY MEMBER shall not be limited to natural persons resident in the same country as the INSURED PERSON. IMMEDIATE FAMILY MEMBER means an INSURED PERSON'S Spouse; children; children-in-law; siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian, ward; step or adopted children; step-parents; aunts, uncles; nieces, and nephews, who reside in the same country as the INSURED PERSON.

GENERAL CONDITIONS APPLYING TO SECTIONS I AND II:

Due observance and fulfilment of terms and conditions of this policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by the POLICY HOLDER or a person covered under the policy shall be a condition precedent to any liability of the Company under this policy.

Free Look Period:

You 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 you have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amount spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel your Policy only if You have not made any claim under the Policy. All your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and is not available at the time of renewal of Policy.

Termination:

You 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. However, there will be no refund of premium if you have made a claim, or you are entitled to make any claim under this Policy.:

Period of risk	Rate of premium to be charged
Upto 1 month	¼ of the annual rate
Upto 3 months	½ of the annual rate
Upto 6 months	¾ of the annual rate
Exceeding 6 months	Full annual rate

The Company may cancel this Policy on grounds of misrepresentation, fraud, non disclosure of material facts, non cooperation by POLICY HOLDER, INSURED PERSON or anyone acting on POLICY HOLDER's behalf or on the behalf of INSURED PERSON. Such cancellation of the policy will be from inception date or the renewal date (as the case may be) upon 30 days notice and by sending an endorsement in this regard at your address shown in the schedule without refund of any premium.

Renewal:

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.

Portability:

Any Insured Person in the policy has the option to migrate to any suitable insurance policy available with us at the time of renewal subject to underwriting with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without break as per portability guidelines.

The policy, the schedule, the proposal form, riders, endorsements and any memorandum shall constitute the complete contract of insurance. No change or alteration in this policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the policy.

Upon the happening of any event which may give rise to a claim under this policy the person covered under the policy shall forthwith give notice thereof to the Company. Unless reasonable cause is shown, the person covered under the policy should within one Calendar month after the event which may give rise to a claim under the policy, give written notice to the Company with full particulars of the claim.

Every notice, communication or intimation required or contemplated under this policy to be given by the person covered under the policy or anyone on his behalf in respect of any claim or matter arising under or out of this policy shall be in writing and addressed to the Company's office through which this insurance is effected or the Company's corporate office currently located at

HDFC ERGO General Insurance Company Limited

HDFC House, 1st Floor, H.T. Parekh Marg,
165-166 Backbay Reclamation,
Churchgate, Mumbai- 400020
Tel.: 91 22 66383600. Fax: 91 22 66383699

unless otherwise directed by the Company in writing. No such notice, communication or intimation shall be valid unless it contains full particulars of the policy, persons covered under the policy and other details as may be necessary.

THIS POLICY SHALL BE VOIDABLE AT THE OPTION OF THE COMPANY IN THE EVENT OF MIS-REPRESENTATION, MIS-DESCRIPTION OR NON-DISCLOSURE OF ANY MATERIAL PARTICULAR BY THE POLICY HOLDER, PERSON INSURED UNDER THE POLICY OR A BENEFICIARY UNDER THIS POLICY IF HE IS DIFFERENT FROM THE PERSON INSURED. ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD THE INSURANCE COMPANY OR OTHER PERSONS, FILES A PROPOSAL FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH WILL RENDER THE POLICY VOIDABLE AT THE INSURANCE COMPANY'S SOLE DISCRETION AND RESULT IN A DENIAL OF INSURANCE BENEFITS.

IF A CLAIM IS IN ANY RESPECT FRAUDULENT, OR IF ANY FRAUDULENT OR FALSE PLAN, SPECIFICATION, ESTIMATE, DEED, BOOK, ACCOUNT ENTRY, VOUCHER, INVOICE OR OTHER DOCUMENT, PROOF OR EXPLANATION IS PRODUCED, OR ANY FRAUDULENT MEANS OR DEVICES ARE USED BY THE POLICYHOLDER, PERSON INSURED UNDER THE POLICY, BENEFICIARY, CLAIMANT OR BY ANYONE ACTING ON THEIR BEHALF TO OBTAIN ANY BENEFIT UNDER THIS POLICY, OR IF ANY FALSE STATUTORY DECLARATION IS MADE OR USED IN SUPPORT THEREOF, OR IF LOSS IS OCCASIONED BY

PARIVAR SURAKSHA BIMA - RETAIL

OR THROUGH THE PROCUREMENT OR WITH THE KNOWLEDGE OR CONNIVANCE OF THE POLICYHOLDER, PERSON INSURED, BENEFICIARY, CLAIMANT OR OTHER PERSON, THEN ALL BENEFITS UNDER THIS POLICY ARE FORFEITED.

Proof satisfactory to the Company shall be furnished of all matters upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the persons covered under the policy on the occasion of the alleged injury, disease or disablement whenever and as often as the same may reasonably be required on behalf of the Company and in the event of death to conduct a post mortem examination of the persons covered under the policy and such evidence as the Company may from time to time require shall be furnished within the period of 14 days after demand in writing. Provided that in the case of a claim by death or permanent total disablement under Section I, all sums will be payable only on the delivery of this policy appropriately cancelled and discharged.

No sum payable under this policy shall carry any interest or penalty.

The Company shall not be liable to make any payment under this policy in respect of any claim, if such claim be in any manner fraudulent or supported by any fraudulent statement or devise whether by the persons covered under the policy or by any person on their behalf.

If any 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 two disinterested persons as arbitrators, who shall together proceed to appoint an umpire. The two arbitrators respectively shall be appointed in writing by the Company and the POLICYHOLDER within two calendar months after having been required so to do in writing by the other party in accordance with the provisions of the Arbitration Act 1996, as amended from time to time and for the time being in force.

In case either the Company or the said POLICYHOLDER refuses or fails to appoint an arbitrator within two calendar months after receipt of notice in writing requiring an appointment, the other party shall be at liberty to appoint a sole arbitrator.

It is 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 or umpire of the amount of the loss or damage shall be first obtained.

The venue of the arbitration proceedings shall be at the Corporate Office of the Company which is currently situated at

HDFC ERGO General Insurance Company Limited

HDFC House, 1st Floor, H.T. Parekh Marg,
165-166 Backbay Reclamation,
Churchgate, Mumbai- 400020
Tel.: 91 22 66383600.
Fax: 91 22 66383699

This Policy shall be governed by the laws of India and the courts in India alone shall have jurisdiction in any dispute arising hereunder.

It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to any person covered under the policy for any claim hereunder and such claim shall not, within 12 calendar months from the date of such disclaimer have been made the subject of a suit in a court of law, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

This policy may be renewed only by mutual consent and subject to payment in advance of the total premium at the rate in force at the time of renewal. The Company, however, shall not be bound to give notice that the policy is due for renewal or to accept any renewal premium. Unless renewed as herein provided, this policy shall automatically terminate at the expiry of the period for which premium has already been paid.

The POLICY HOLDER shall point out to the Company, discrepancies, if any, in the information contained in the policy document within 15 days from policy issue date after which information contained in the policy shall be deemed to have been accepted as correct.

Any person who has a grievance against the Company, may himself or through his legal heirs make a complaint in writing to the Insurance Ombudsman in accordance with the procedure contained in The Redressal of Public Grievance Rules, 1998 (Ombudsman Rules). Proviso to Rule 16 (2) of the Ombudsman Rules however, limits compensation that may be awarded by the Ombudsman, to the lower of compensation necessary to cover the loss or damage suffered by the Insured as a direct consequence of the insured peril or Rs. 20 lakhs (Rupees Twenty Lakhs Only)

inclusive of ex-gratia and other expenses. A copy of the said Rules shall be made available by the Company upon prior written request by the insured.

Condonation of delay

The Company may condone delay in claim intimation/ document submission on merit, where it is proved that delay in reporting of claim or submission of claim documents, is due to reasons beyond the control of the insured.

Notwithstanding the above, delay in claim intimation or submission of claim documents due to reasons beyond the control of the insured shall not be condoned where such claims would have otherwise been rejected even if reported in time.

SECTION I :PERSONAL ACCIDENT BENEFIT

1. INSURANCE:

WHEREAS THE POLICYHOLDER designated in the Schedule hereto has by a Proposal and declaration dated as stated in the Schedule which shall be the basis of this contract and is deemed to be incorporated herein, applied to HDFC Chubb General Insurance Company Limited for the insurance hereinafter set forth in respect of the INSURED PERSONS and has paid premium as consideration for such insurance.

If the INSURED PERSON shall sustain any bodily injury resulting solely and directly from accident caused by outward, violent and visible means then the Company shall pay to the INSURED PERSON the sum hereinafter set forth that is to say:

- a. if such injury shall within twelve Calendar months of its occurrence be the sole and direct cause of death of an INSURED PERSON the Capital Sum Insured stated in the Schedule hereto.
- b. If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of sight of both eyes or both hands or both feet or of the actual loss of one eye and such loss of one of the two entire hands or two entire feet, or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of one entire hand or such loss of one entire foot of an INSURED PERSON the Capital Sum Insured stated in the Schedule hereto.
- c. If such injury shall within twelve calendar months of the occurrence be the sole and direct cause of the total and irrecoverable loss of sight of one eye, or of the actual loss of one entire hand or one entire foot of an INSURED PERSON, Fifty percent (50%) of the Capital Sum Insured stated in the Schedule hereto.
- d. If such injury shall as a direct consequence thereof immediately, permanently, totally and absolutely disable the INSURED PERSON from engaging in any employment or occupation of any description whatsoever, the Capital Sum Insured stated in the Schedule.
- e. (IF OPTED) DEPENDENT CHILD EDUCATION BENEFIT: In the event of death or permanent total disablement of the POLICYHOLDER due to an accident as defined in the policy, the Company shall pay as an Education Grant to the dependent children below eighteen (18) years of age who are undertaking studies and/or upto twenty one (21) years if in full time education at an accredited tertiary institution.:
 1. If one dependent child: a sum of Rs. 5,000/-
 2. If two dependent children: a sum of Rs.10,000/-
- f. (IF OPTED) DEPENDENT GIRL CHILD WEDDING BENEFIT: In the event of death or permanent total disablement of the POLICYHOLDER due to an accident as defined in the policy, the Company shall pay for Wedding of a dependent girl child below twenty-one (21) years an amount of Rs. 5,000/-.
 1. If one dependent girl child — Rs 5,000/-
 2. If two dependent girl child - Rs 10,000

The maximum compensation payable under the Dependent Child Education Benefit shall not exceed Rs.10000/- in respect of a POLICYHOLDER.

The maximum compensation payable under Dependent Girl Child Wedding Benefit shall not exceed Rs 10,000/- in respect of a POLICYHOLDER Where the dependent girl child is less than 18

PARIVAR SURAKSHA BIMA - RETAIL

years of age, the compensation shall be in the form of a Bank Deposit in favour of the minor / legal guardian which shall mature on the date of her attaining the age of 18 years.

EXCLUSIONS APPLICABLE TO SECTION I:

PROVIDED ALWAYS that this Policy does not cover (unless expressly agreed to by the Company in writing):

- a. Compensation to the INSURED PERSON under more than one of the sub-causes (a), (b), (c), or (d) of clause 1.2 in respect of same injury or disablement.
- b. Payment of compensation in respect of injury or disablement of the INSURED PERSON directly or indirectly arising out of or contributed to by or traceable to any disability existing on the date of issue of this Policy.
- c. Payment of compensation in respect of death, injury or disablement of the INSURED PERSON
 - i. from intentional self-injury, suicide, or attempted suicide
 - ii. whilst under the influence of intoxicating liquor or drug
 - iii. directly or indirectly caused by Venereal Disease(s), AIDS, or insanity
 - iv. arising or resulting from committing any breach of the law with criminal intent
 - v. Whilst engaging in aviation or ballooning or whilst mounting into, dismounting from any balloon or travelling in aircraft other than as a passenger (fare-paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world or engaging in hazardous sports of any kind whatsoever.
- d. Payment of compensation in respect of death, injury or disablement of the INSURED PERSON attributable directly or indirectly to:
 - i. War, war-like operations, act of foreign enemy, invasion of Indian territory or any part thereof, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion, military or usurped power, or loot or pillage in connection with the foregoing, seizure, capture, confiscation, arrests, restraints and detainment by order of any governments or any other authority, unless it is proved by the Insured to the satisfaction of the Company that such loss or damage or contingency or cost or expenses of whatsoever nature are not directly or indirectly caused by, resulting from or in connection with any war, war-like operations, act of foreign enemy, invasion of Indian territory or any part thereof, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion, military or usurped power, or loot or pillage in connection with the foregoing, seizure, capture, confiscation, arrests, restraints and detainment by order of any governments or any other authority. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.
 - ii. Ionising radiation or contamination by radioactivity from any source whatsoever.
 - iii. Nuclear weapons material.
- e. The policy shall not cover death or disablement directly or indirectly caused by, contributed to, or aggravated by, or prolonged by child birth or from pregnancy or as a consequence thereof.

Provided also that due observance and fulfilment of terms and conditions of this policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by the INSURED PERSON shall be a condition precedent to any liability of the Company under this policy.

SECTION II : HOSPITALISATION INSURANCE

- 1 NOW THIS POLICY WITNESSETH that subject to the terms, conditions, exclusions and definitions contained herein, or endorsed or otherwise expressed hereon, the Company undertakes that if during the period stated in the Schedule, or during the continuance of this policy by renewal, any INSURED PERSON shall contract any DISEASE or sustain any INJURY and if such DISEASE or INJURY shall require any such INSURED PERSON, upon the advice of a duly qualified MEDICAL PRACTITIONER to incur

hospitalisation or DOMICILIARY HOSPITALISATION EXPENSES for medical/surgical treatment at any HOSPITAL in India as an inpatient, the Company will pay the amount of such expenses as would fall under different heads mentioned below, and as are reasonably and necessarily incurred thereof by or on behalf of such INSURED PERSON but not exceeding the sum insured for the person in any one period of insurance as mentioned in the scheduled hereto.

- a. Room, Boarding Expenses as provided by the HOSPITAL;
- b. Nursing Expenses;
- c. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees;
- d. Anaesthesia, Blood, Oxygen, Operation theatre Charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-Ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, artificial Limbs and similar expenses.

NOTE: The insuring clause stated above shall be subject to the following monetary limits:

- Under the benefit sub clause a mentioned above, bed charges shall be limited to Rs. 100/- per day
- The amount payable under Clause 1 above per ILLNESS or per claim shall be restricted to the PER CLAIM LIMIT stated in the Schedule of the policy
- The Company's Liability in respect of expenses incurred towards treatment of Cataract shall be limited to Rs. 2,500/- per member of the INSURED FAMILY provided insurance cover under Parivar Suraksha Bima has remained in force for a continuous period of 12 months.
- The Company's Liability per INSURED FAMILY in respect of MATERNITY EXPENSES BENEFIT shall be restricted to Rs. 1,000/- for Normal Delivery and Rs. 2,500/- for Caesarean section or abdominal operation for extra uterine pregnancy.

MINIMUM PERIOD OF HOSPITALISATION:

A member of INSURED FAMILY shall be eligible to claim expenses of hospitalisation only if hospitalisation has been for minimum period of twenty-four (24) hours. However, this minimum time limit of twenty-four (24) hours shall not apply to the following treatment taken in a HOSPITAL / NURSING HOME where the member of INSURED FAMILY is discharged on the same day he / she is admitted:

- Lithotripsy (Kidney Stone Removal)
- Chemotherapy
- Radiotherapy
- Dialysis
- Tonsillectomy
- Eye Surgery
- Dilatation & Curretage
- Cataract

EXCLUSIONS APPLICABLE TO SECTION II:

The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any INSURED PERSON or a member of INSURED FAMILY in connection with or with respect to:

1. All DISEASES or INJURIES which are a PRE-EXISTING CONDITION when insurance cover under this policy incepts for the first time.
2. Any DISEASE other than those stated in clause 3, contracted during the first thirty (30) days from the commencement date of the policy. This condition shall not however, apply in case the claimant has been covered under this policy for a continuous preceding twelve (12) month period without any break.

Note: Exclusions 1 and 2 shall not however apply if:

- a. In the opinion of a panel of MEDICAL PRACTITIONERS constituted by the Company for the purpose, the claimant could not have known of the existence of the DISEASE or any symptoms or complaints thereof at the time the proposal for insurance was made to the Company; and
- b. The claimant had not taken any consultation, treatment or medication, in respect of the hospitalisation for which claim has been lodged under the policy, prior to taking the insurance.
3. During the first one (1) year of operation of the insurance cover, the expenses

PARIVAR SURAKSHA BIMA - RETAIL

for treatment of DISEASES such as cataract, benign prostatic hypertrophy, hysterectomy of menorrhagia or fibromyoma, hernia, hydrocele, congenital internal DISEASE / defect, fistula in anus, piles, arthritis, Gout and Rheumatism, Joint replacements, Sinusitis and related disorders are not payable. If these DISEASES are a PRE-EXISTING CONDITION at the time of proposal, they will not be covered even during subsequent period of renewal. If the claimant under the policy is aware of the existence of congenital internal DISEASE before inception of policy, the same will be treated as a PRE-EXISTING CONDITION.

4. INJURY or DISEASE directly or indirectly caused by or arising from or attributable:

i. War, war-like operations, act of foreign enemy, invasion of Indian territory or any part thereof, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion, military or usurped power, or loot or pillage in connection with the foregoing, seizure, capture, confiscation, arrests, restraints and detainment by order of any governments or any other authority, unless it is proved by the Insured to the satisfaction of the Company that such loss or damage or contingency or cost or expenses of whatsoever nature are not directly or indirectly caused by, resulting from or in connection with any war, war-like operations, act of foreign enemy, invasion of Indian territory or any part thereof, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion, military or usurped power, or loot or pillage in connection with the foregoing, seizure, capture, confiscation, arrests, restraints and detainment by order of any governments or any other authority.

In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

ii. Ionising radiation or contamination by radioactivity from any source whatsoever. (iii) Nuclear weapons material.

5. Circumcision unless necessary for treatment of a DISEASE not excluded hereunder or as may be necessitated due to an ACCIDENT, vaccination or inoculation; or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an ACCIDENT or as a part of any illness.

6. The cost of spectacles and contact lenses or hearing aids.

7. Any dental treatment or surgery which is a corrective, cosmetic or aesthetic procedure, including wear and tear, unless arising from disease or injury and which requires hospitalisation for treatment.

8. Convalescence, general debility, run-down condition or rest cure, obesity; congenital external DISEASE and Tetology of Fallot, treatment relating to schizophrenia / insanity; sterility, venereal DISEASE, intentional self INJURY and use of intoxicating drugs/alcohol.

9. All expenses arising out of any condition directly or indirectly caused to or associated with Human T-cell Lymphographic Virus Type 111 (HTLB-111) or Lymphadinopathy Associated Virus(LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.

10. Charges incurred at HOSPITAL/ NURSING HOME primarily for diagnostic, x-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any DISEASE or INJURY, for which confinement is required at a Hospital / Nursing Home.

11. Expenses on vitamins and tonics unless forming part of treatment for INJURY or DISEASES as certified by the attending MEDICAL PRACTITIONER.

12. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion, or complications of any of these including caesarean section. This exclusion will apply where Maternity Benefit is specifically excluded under scope of the policy.

13. Expenses incurred in connection with voluntary medical termination of pregnancy.

14. Naturopathy, Homeopathy, Ayurvedic and any other form of alternative medical treatment.

15. Durable medical equipment or accessories of any kind used.

16. Expenses incurred for pre and post hospitalisation medical care.

CONDITIONS APPLICABLE TO SECTION II:

Upon the happening of any event which may give rise to a claim under this policy, notice with full particulars shall be sent to the Company within seven (7) days from the date of hospitalisation.

All supporting documents relating to the claim must be filed within thirty (30) days from the date of discharge from the HOSPITAL/NURSING HOME.

The member of INSURED FAMILY shall obtain and furnish to the Company, all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim.

If, at the time when any claim arises under this policy, there is in existence any other insurance whether it be effected by or on behalf of any member of INSURED FAMILY in respect of whom the claim may have risen covering the same loss, liability, compensation, costs or expenses, the Company shall not be liable to pay or contribute more than its rateable proportion of any loss, liability, compensation, costs or expenses. The benefits under this policy shall be in excess of the benefits available under Cancer Insurance Policy:

All medical / surgical treatments under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency.

A policy shall reimburse only those expenses, which are incurred during the policy period. However, if a claim spreads over two policy periods the total benefit will not exceed the Sum Insured of the policy period during which the member of INSURED FAMILY was admitted to the HOSPITAL/ NURSING HOME

Special conditions applicable to extension of MATERNITY EXPENSES BENEFITS:

- These benefits are admissible only if the expenses are incurred in HOSPITAL/NURSING HOME as IN-PATIENTS in India.
- A waiting period of nine (9) months is applicable for payment of any claim relating to normal delivery or caesarean section or abdominal operation for extra uterine pregnancy from the date of inception of the policy. The waiting period may be relaxed only in case of delivery, miscarriage or abortion induced by accident. This condition is not applicable when the policy is renewed with the company
- Claim in respect of delivery for only first two (2) children and/or operations associated therewith will be considered in respect of any one POLICYHOLDER covered under the policy or any renewal thereof. Those POLICYHOLDERS who are already having two (2) or more living children will not be eligible for this benefit.
- Expenses incurred in connection with voluntary medical termination of pregnancy are specifically excluded under this extension.
- Pre-natal and post-natal expenses are not covered unless admitted in HOSPITAL/NURSING HOME and treatment is taken there.

EXTN 1: UNDER SECTION II OF THE POLICY FAMILY FLOATER EXTENSION

It is hereby declared and agreed that the policy has been amended to incorporate that the Company's liability in respect to all claims admitted during the period of insurance per INSURED FAMILY shall be limited to the SUM INSURED for the POLICYHOLDER stated in the Schedule. In consequence whereof, clause 1.1 of Section II of the policy shall stand amended as under:

substitute the words" but not exceeding the SUM INSURED for such member of the INSURED FAMILY in any one period of insurance as mentioned in the Schedule hereto." with the following:

"provided that the Company's liability in respect of all claims admitted during the period of insurance per INSURED FAMILY shall not exceed SUM INSURED for the POLICYHOLDER stated in the Schedule."

Subject to otherwise the terms, exclusions and conditions of the Policy issued.