

Sampoorna Suraksha

I. Coverage

Section 1: my:health Suraksha

Section 2: my:health Critical Suraksha Plus

Section 3: my: health Medisure Super Top Up Insurance

Section 4: my:health Hospital Cash Benefit Add on

Section 5: Personal Accident Insurance

Section 6: Travel Insurance

Section 7: Home Insurance(Revision)- Multi Year Policy

Section 8: E@Secure Insurance

Section 1: my: health Suraksha

Section A: Hospitalization Cover

We will pay under below listed Covers On Medically Necessary Hospitalization of an Insured Person due to Illness or Injury sustained or contracted during the Policy Period. The payment is subject to Sum Insured and limits including Cumulative Bonus if applicable as specified on the Schedule of Coverage in the Policy Schedule. Subject to otherwise terms and conditions of the Policy.

1. Medical Expenses

- i. Room rent, boarding and Nursing charges
- ii. Intensive Care Unit charges
- iii. Consultation fees
- iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances
- v. Medicines, drugs and consumables
- vi. Diagnostic procedures
- vii. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section I1C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

Mental Healthcare

If an Insured Person is hospitalized for any Mental Illness contracted during the Policy period We will pay Medical Expenses under Section I1 A in accordance with The Mental Health Care Act, 2017, subsequent amendments and other applicable laws and Rules provided that;

- i. The Hospitalization is prescribed by a Medical Practitioner for Mental Illness
- ii. The Hospitalization is done in Mental Health Establishment

Sum Insured options available under Section I.1 A:

- | | | | |
|-----------|-------------|------------|-------------|
| • 1 Lac | • 2 Lacs | • 3 Lacs | • 4 Lacs |
| • 5 Lacs | • 6 Lacs | • 7.5 Lacs | • 9 Lacs |
| • 10 Lacs | • 12.5 Lacs | • 15 Lacs | • 17.5 Lacs |
| • 20 Lacs | • 22.5 Lacs | • 25 Lacs | • 30 Lacs |
| • 35 Lacs | • 40 Lacs | • 45 Lacs | • 50 Lacs |
| • 75 Lacs | • 1 Cr | • 1.5 Cr | • 2 Cr |
| • 2.5 Cr | • 3 Cr | • 3.5 Cr | • 4 Cr |
| • 4.5 Cr | • 5 Cr | | |

22. Home Healthcare

Insured Person can avail Hospitalization at home under Home Healthcare for Illnesses including but not limited to following Medically Necessary Treatment, if prescribed by treating Medical Practitioner. We will pay Medical Expenses incurred for treatment of such Illness where opted.

- Gastroenteritis
- Bronchopneumonia
- Respiratory tract infection
- Chemotherapy

- Pancreatitis
- Dengue
- COPD management
- Hepatitis
- Fever management

This Cover can be availed through Cashless Facility only as procedure given under Claims Procedure.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section I.1-C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

3. Domiciliary Hospitalization

We will pay the Medical Expenses incurred on Domiciliary Hospitalization of the Insured Person provided that:

- i. It has been prescribed by the treating Medical Practitioner and
- ii. the condition the Insured Person is such that he/she could not be removed to a Hospital or
- iii. the Medical Necessary Treatment is taken at Home on account of non-availability of room in Hospital

Expenses incurred on Domiciliary Hospitalization in respect to following treatment are excluded under the Policy

- a. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza
- b. Arthritis, Gout and Rheumatism
- c. Chronic Nephritis and Nephritic Syndrome
- d. Diarrhoea and all type of Dysenteries including Gastroenteritis,
- e. Diabetes Mellitus and Insipidus,
- f. Epilepsy,
- g. Hypertension,
- h. Psychiatric or Psychosomatic Disorders of all kinds,
- i. Pyrexia of unknown Origin.
- j. Post Hospitalization Expenses are excluded if Insured Person opts for Domiciliary Hospitalization

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim. If Co-payment under Section I.1-C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

4. Pre-Hospitalization cover

We will pay for the Medical Expenses incurred during the 60 days immediately before Hospitalization of an Insured Person, provided that such Medical Expenses are incurred for the same Illness/Injury for which subsequent Hospitalization was required and Claim under Section I1A-1 or 1A- 6 is admissible under the Policy.

Where Insured Person has opted for *Home Healthcare* treatment under Section I1 A-2, Pre-Hospitalization expenses are payable up to 60 days prior to start of the Medical treatment.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section I.1-C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

5. Post-Hospitalization cover

We will pay for the Medical Expenses incurred upto 180 days from the day Insured Person is discharged from Hospital provided that such costs are incurred in respect of the same Illness/Injury for which the earlier Hospitalization was required and Claim under Section I.1-A1 or I.1-A 6 is admissible under the Policy

Where Insured Person has opted for *Home Healthcare* treatment under Section I.1-A2, Post Hospitalization expenses are payable up to 180 days post completion of the medical treatment.

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Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section I.1- C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

6. Day Care Procedures

We will pay for the Medical Expenses as listed under Section I.1-A1 on Hospitalization of Insured Person in Hospital or Day Care Centre for Day Care Treatment.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section I.1-C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

7. Road Ambulance

We will pay for expenses incurred on Road Ambulance Services if Insured Person is required;

- to be transferred to the nearest Hospital following an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily alteration or occasion requiring immediate medical attention)
- or from one Hospital to another Hospital
- of from Hospital to Home (within same City) following Hospitalization provided that Claim under Section I.1 A1 and I 1.A6 is admissible under the Policy.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim. If **Co-payment** under Section I.1-C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

Sum Insured options available:

- Rs.2,000
- Rs.3,500,
- Rs 15,000

8. Organ Donor Expenses

We will pay Medical Expenses as listed under Section I.1 A1 towards organ donor's Hospitalization for harvesting of the donated organ where an Insured Person is the recipient, provided that;

- The organ donor is any person whose organ has been made available in accordance and in compliance with The Transplantation of Human Organ (amendment) Act, 2011, Transplantation of Human Organs and Tissues Rules, 2014 and other applicable laws and rules.
- Hospitalization Claim under Section I.1 A1 is admissible under the Policy
- The Organ Donor's Pre-Hospitalization and Post-Hospitalization expenses are excluded under the Policy
- Any other Medical Expenses or Hospitalization consequent to the harvesting is excluded under the Policy

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section I.1-C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

9. Alternative Treatments

We will pay Medical Expenses as listed under Section I.1 A1 on Hospitalization of Insured Person for following Alternative Treatments prescribed by Medical Practitioner

- Ayurvedic
- Unani
- Siddha
- Homeopathy

provided that;

- The procedure performed on the Insured Person cannot be carried out on Outpatient basis

- The treatment has been undertaken in a government Hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board or authorised medical council of the respective country/state as applicable
- In the event of admissible Claim under this Cover, no Claim shall be admissible under Section I.1 A 1 for Allopathic treatment of same Illness or Injury

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim. If Co-payment under Section I.1 C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

Section B: Renewal Benefits

1. Preventive Health Check-Up

After every four consecutive, continuous and Claim free Policy Years with Us, We will pay towards cost of Preventive Health Check- up to specified percentage (as mentioned on the Schedule of Coverage) of Sum Insured for those Insured Persons who were Insured under the previous 4 Policy years with Us.

Other terms and Conditions applicable to this Benefit

- This benefit will not be carried forward if not utilized.
- Eligibility to avail Health Check-up will be in accordance to lower of expiring Policy Sum Insured or Renewed Policy Sum Insured.
- This cover is applicable only to Insured Person covered under all four Policy Years and who continue to remain insured in the subsequent Policy Year/Renewal.
- Availing of Claim under this Cover will not impact the Sum Insured or the eligibility for Cumulative Bonus

2. Cumulative Bonus

On each Renewal of the Policy with Us, We will apply 5% of Basic Sum Insured under expiring Policy as Cumulative Bonus in the Policy provided that;

- There has been no claim under the Policy in expiring year under Section I.1 A
- Cumulative Bonus will be reduced at the same rate as accrued in the event of admissible Claim under Section 1 A of the Policy.
- Cumulative Bonus can be accumulated upto 50% of Basic Sum Insured.
- Cumulative Bonus applied will be applicable only to Insured Person covered under expiring Policy and who continue to remain insured on Renewal.
- In case of multiyear policies, Cumulative Bonus that has accrued for the second and third Policy Year will be credited on Renewal. Accrued Cumulative Bonus may be utilized in case of any Claim during Policy tenure

vi. my: Health Active

A. Fitness discount @ Renewal

Insured Person can avail discount on Renewal Premium by accumulating Healthy Weeks as per table given below.

One Healthy Week can be accumulated by;

- Recording minimum 50,000 steps in a week subject to maximum 15,000 steps per day, tracked through Your wearable device linked to Our my: health mobile app and Your Policy number OR
- burning total of 900 calories upto maximum of 300 calories in one exercise session per day, tracked Your wearable device linked to Our my: health mobile app and Your Policy number
- Fitness discount @ Renewal is applicable for Adult Insured Persons only. Any Person covered as Child Dependent, irrespective of the Age is excluded.

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Healthy Weeks Discounts

No. of Healthy Weeks Accumulated	Discount on Renewal Premium
1-4	0.50%
5-8	1.00%
9-12	2.00%
13-16	3.00%
17-26	6.00%
27-36	7.50%
Above 36	10.00%

Steps to accumulate Healthy Weeks

Step 1 - The my: Health App must be downloaded on the mobile.

Step 2 - You can start accumulating Healthy Weeks by tracking physical activity through the Wearable device linked to Our my: health mobile app and Your Policy number

We encourage and recognize all types of exercise/fitness activities by making use of wearable devices to track and record the activities Insured Person engages in.

Application of Fitness discount @ Renewal

- Annual Policy: Discount amount accrued based on Number of accumulated Healthy Weeks during the expiring Policy Year will be applied on the Renewal Premium for expiring Policy Sum Insured and for Insured Person covered under expiring Policy
- **Multi Year Policy:**
 - o Fitness discount earned on yearly basis will be accumulated till Policy End date.
 - o On Renewal of the Policy, total discount amount accrued each Policy Year will be applied on Renewal Premium of subsequent year and for Insured Person covered under expiring Policy
- For Policies covering more than one Insured Person, Healthy Weeks for each Insured Person will be tracked and accrued. Such discount will be applicable on individual Renewal Premium for both Individual and Floater Sum Insured basis Policies.
- Premium will be discounted to the extent applicable to coverage corresponding to expiring Policy.
- In case of Increase in Sum Insured at Renewal, discount amount will be applied on the premium corresponding to expiring Policy Sum Insured .
- Fitness discount @ Renewal will be applied only on Renewal of Policy with Us and only if accrued.

B. Health Incentive

This Program encourages Insured Persons to maintain good health and avail incentives as listed below.

Under this Program, Insured Person having Pre-Existing Diseases or Obesity (BMI above 30) as listed under table A below, will be eligible for reduction in Medical Underwriting Loading applied on first inception of the Policy with Us provided that;

- i. Insured Person shall undergo medical tests and/or BMI check-up as listed below minimum 3 months prior to expiry of Policy Year (For Multiyear Policies) or before Renewal (For Annual Policies).
- ii. Medical test shall be done at Your own cost through our Network Provider on Our my: health mobile app App.
- iii. If the test parameters are within normal limits, We will apply 50% discount on the Medical Underwriting loading applied for corresponding Pre-Existing Disease or Obesity as applicable on Renewal of the Policy with Us.
- iv. If the test parameters at subsequent Renewal are not within normal limits or Medical test reports are not submitted in accordance with i and ii above, the discount amount applied on Medical Underwriting loading will be zero

Table A

Pre-existing Diseases	Test
Diabetes	HbA1c
Hypertension	Blood Pressure reading
Hyperlipidemia	Total Cholesterol
Cardiovascular Diseases	ECG
Hypothyroidism	Thyroid function tests
Obesity	BMI

Application of Health Incentive

- **Annual Policy:** Discount amount accrued during the expiring Policy year will be applied on the Renewal Premium corresponding to expiring Policy Sum Insured and for Insured Person covered under expiring Policy
- **Multi Year Policy:**
 - o Discount amount earned on yearly basis will be accumulated till Policy End date.
 - o On Renewal of the Policy, total discount amount accrued each year will be applied on Renewal Premium of subsequent year and for Insured Person covered under expiring Policy
- For Policies covering more than one Insured Person, Healthy Weeks for each Insured Person will be tracked and accrued. Such discount will be applicable on individual Renewal Premium for both Individual and Floater Sum Insured basis Policies.
- Premium will be discounted to the extent applicable to coverage corresponding to expiring Policy.
- In case of Increase in Sum Insured at Renewal, discount amount will be applied on the premium corresponding to expiring Policy Sum Insured .
- Fitness discount @ Renewal will be applied only on Renewal of Policy with Us and only if accrued.

C. Wellness services:

The services listed below are available to all Insured Person through Our Network Provider on Our my: health mobile app only. Availing of services under this Section will not impact the Sum Insured or the eligibility for Cumulative Bonus.

i. Health Coach:

An Insured Person will have access to Health Coaching services in areas such as:

- Disease management
- Activity and fitness
- Nutrition
- Weight management.

These services will be available through Our my: health mobile app as a chat service or as a call back facility.

ii. Wellness services

- **Discounts:** on OPD, Pharmaceuticals, pharmacy, diagnostic centres.
- **Customer Engagement:** Monthly newsletters, Diet consultation, health tips
- **Specialized programs:** like stress management, Pregnancy Care, Work life balance management.

These services will be available through Our my: health mobile app

Disclaimer applicable to my: health Mobile app and associated services

It is agreed and understood that Our my:health mobile app and Wellness services intention is not to provide specific medical advice but rather to provide users with information to better understand their health and their diagnosed disorders. The information is not a substitute for professional medical care by a qualified doctor or other health care professional.

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The information provided is general in nature and is not specific to you. You must never rely on any information obtained using this app for any medical diagnosis or recommendation for medical treatment or as an alternative to medical advice from your physician or other professional healthcare provider. If you think you may be suffering from any medical condition you should seek immediate medical attention.

Reliance on any information on this App is solely at your own risk. HDFC ERGO General Insurance Company Limited do not assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations, any decision made or action taken or not taken in reliance upon the information.

Section C: Optional Covers

These Covers are optional and applicable only if opted for and upto the Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule.

1. Preventive Health Check-Up - Booster

On opting this Cover, Insured Person will be entitled for Health Check up every year as per option given below irrespective of Claims made under the Policy;

- i. We will reimburse the cost of Preventive Health Check-up up to limits mentioned on the Schedule of Coverage.
Or
- ii. Insured Person shall have the option to undergo Health Check-Up at our Network Service Provider in accordance to criteria given below.

Sum Insured	Tests
Upto 2 Lacs	Medical Examination Report, Complete Blood Count Urine R, Fasting Blood Sugar, Serum Creatinine, Lipid Profile, Electro Cardio Gram
3 Lac and above	Chest X Ray, 2D echo/ Stress test, PSA for Males, PAP smear for Females, Medical Examination Report, Complete Blood Count Urine R, Fasting Blood Sugar, Serum Creatinine, Lipid Profile, Electro Cardio Gram

Other Terms and Conditions applicable to this Cover

- This benefit will not be carried forward if not utilized within 60 days of Policy Anniversary/Renewal date.
- On opting this Cover, Renewal Benefit 1, Preventive Health Check up under Section B stands deleted.

2. Parent and Child care Cover - Basic

We will pay to the **Insured Person** subject to waiting period as mentioned in the Schedule of Coverage on the Policy Schedule under Covers as given below.

A. Parent Care

- i. **Medical Expenses** under Section I.1 A1 for **Maternity Expenses** limited up to 2 deliveries or 1 delivery and 1 termination or 2 terminations during the lifetime of the Insured Person
- ii. **OPD Treatment** in Pre-natal and Post-natal period provided Claim under Maternity Expenses is admissible under the Policy.

B. Child Care

We will pay/cover following expenses towards Child Care for **New Born Baby** under this cover if Claim for **Maternity Expenses** is admissible under the Policy.

- i. We will pay **Medical Expenses** listed under Section I.1 A1 within Sum Insured for **Parent Care** towards treatment of a **New Born Baby** as per limit mentioned on Schedule of Coverage.
- ii. **New Born Baby Cover** – We will cover **New Born Baby** immediately after the birth as per original terms of the

Policy on receipt of completed proposal form and Premium received within 90 days of birth of Baby and subject to acceptance by Us.

If this Cover is opted, General exclusion III B 1. ix) under General Exclusions, Section III B, stands deleted.

Exclusions applicable to this Cover.

- i. **Pre-Hospitalization and post-Hospitalization** expenses are not payable under this cover
- ii. We will not pay any expenses related to ectopic pregnancy under this cover. Ectopic pregnancy will be covered as a part of expenses under Section I.1 A1 only.
- iii. Treatment for impotency, treatment to effect infertility, surrogate or vicarious pregnancy, voluntary termination of pregnancy, procedures to assist birth control, contraceptive supplies.

Sum Insured options and applicability:

Sr. No	Normal Delivery	Cesarean Section	Termination of Pregnancy	OPD treatment in Pre & Post Natal period	Child Care
1	15,000	25,000	15,000	1,500	2,000
2	25,000	40,000	25,000	2,500	3,500
3	50,000	1,00,000	50,000	5,000	6,000
4	80,000	2,00,000	80,000	7,000	10,000

Entry age for this cover is restricted up to 45 years and coverage is available for lifetime subject to Renewal of the Policy.

3. Parent and Child care Cover – Booster

We will pay to the **Insured Person** subject to waiting period as mentioned in the Schedule of Coverage on the Policy Schedule under Covers as given below.

1. Parent Care

- i. **Maternity Expenses** - Medical Expenses for a delivery (including caesarean section) on Hospitalization or the lawful medical termination of pregnancy during the Policy Period.
- ii. **OPD Treatment** in Pre-natal and post-natal period up to the limit of this Cover provided Claim under Maternity Expenses is admissible under the Policy
- iii. **Infertility Treatment:** We will pay Medical Expenses listed under Section I.1A1 incurred for infertility treatment, assisted reproductive treatments like IVF undertaken on advice of a Medical Practitioner, up to 50% of Normal Delivery Sum Insured under this Cover. This cover is applicable for both Male and Female Insured Person

2. Child Care

We will pay following expenses towards Child Care for **New Born Baby** under this cover if Claim for **Maternity Expenses** is admissible under the Policy.

a) New Born baby cover:

We will pay **Medical Expenses** listed under Section I.1- A1 towards treatment of a **New Born Baby** within the limit of Sum Insured under this Cover as mentioned in Schedule of Coverage on the Policy Schedule

b) Vaccination Charges:

We will pay expenses incurred on vaccination for **New Born Baby** as per National Immunization Schedule until **New Born Baby** completes 1 year of age subject to maximum of sub limit of Sum Insured under this Cover.

If opted, this cover General exclusion ix), x), xx) under General Exclusions, Section III B 1 .ix), x), xx) and Optional Cover 2 "Parent and Child Cover – Basic" under Section I.1 C stands deleted.

3. Waiting Period modification Option

On availing this option, Waiting Period listed under Section- III A 1, iv, will stand modified as mentioned in the Schedule of Coverage on the Policy Schedule.

All other terms and conditions of the Parent & Child Care Cover - Booster shall remain unaltered.

Waiting period modification options under Parent and child cover are 2 years/3 years

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Exclusions applicable to this Cover.

- Pre-Hospitalization and post-Hospitalization expenses are not payable under this cover
- We will not pay any expenses related to ectopic pregnancy

under this cover. Ectopic pregnancy will be covered as a part of expenses under Section I.1-A1 only.

- Treatment for impotency, treatment to effect infertility, surrogate or vicarious pregnancy, voluntary termination of pregnancy, procedures to assist birth control, contraceptive supplies.

Sum Insured options and applicability:

Sr. No.	Normal Delivery	Cesarean Section	Termination of Pregnancy	OPD Treatment in Pre & Post Natal period	Child Care	Vaccination	Infertility
1	15,000	25,000	15,000	Upto limit of Sum Insured under Parent and Child care Cover	Upto limit of Sum Insured under Parent and Child care Cover	5,000	Upto 50% of Sum Insured for Normal Delivery Sum Insured under Parent & Child care Cover
2	20,000	40,000	20,000			5,000	
3	25,000	40,000	25,000			5,000	
4	35,000	50,000	35,000			5,000	
5	50,000	75,000	50,000			15,000	
6	50,000	1,00,000	50,000			15,000	
7	75,000	1,00,000	75,000			25,000	
8	80,000	2,00,000	80,000			25,000	
9	1,00,000	1,50,000	1,00,000			25,000	

Entry age for this cover is restricted upto 45 years and coverage is available for lifetime subject to Renewal of the Policy

4. Air Ambulance Cover

We will pay for Air Ambulance transportation in an airplane or helicopter for Emergency Care which requires immediate and rapid ambulance transportation as prescribed by a Medical Practitioner, from the site of first occurrence of the Illness/ Accident to the nearest Hospital, that ground transportation cannot provide. Claim would be reimbursed up to the actual expenses subject to a maximum of Sum Insured as specified on the Schedule of Coverage in the Policy Schedule.

Exclusion:

We will not pay for return transportation to the Insured Person's home by air ambulance

Sum Insured options available:

- Rs 2,00,000
- Rs 500,000
- Rs 1,000,000

5. Recovery Benefit

We will pay Sum Insured as specified on the Schedule of Coverage in the Policy Schedule upon Medically Necessary Hospitalization of an Insured Person exceeding 10 consecutive and continuous days and for which Claim is admissible under Section I.1A I – Hospitalization Cover.

This benefit is not applicable if Medical treatment is taken under Section I.1A2 - Home Healthcare and I.1A3 – Domiciliary Hospitalization

Sum Insured options available:

- Rs. 1,000
- Rs. 2,000

- Rs. 3,000
- Rs. 4,000
- Rs 5,000
- Rs. 7,500
- Rs 10,000
- Rs 15,000
- Rs 25,000
- Rs 40,000

6. Sum Insured Rebound

We will add to the Sum Insured, an amount equivalent to the admissible Claim amount, subject to maximum of Basic Sum Insured, on subsequent Hospitalization of the Insured Person during Policy Year subject to;

- Total of Basic Sum Insured under Hospitalization Cover, Cumulative/Extended Cumulative Bonus (if applicable) earned and Sum Insured Rebound will be available to all Insured Persons for all claims under Section I.1A during the current Policy Year and subject to the condition that a single claim in a Policy Year cannot exceed the sum of Basic Sum Insured and the Cumulative/Extended Cumulative Bonus (if opted) earned
- In case of treatment for Chemotherapy and Dialysis, Sum Insured Rebound will be applicable only once in lifetime of Policy
- This cover will be applicable annually for policies with term more than one year.
- Any unutilized amount of Sum Insured Rebound cannot be carried over to next Policy Year or Renewal Policy
- The Sum Insured Rebound can be utilized for Claims under Section I.1.A only.

Illustration 1							
Time	Claim no.	Sum Insured available	Cumulative Bonus available	Admissible Claim amount	SI Rebound Available	Total SI Rebound till date	Payable amount
3 months	1	3,00,000	30,000	2,50,000	0	0	2,50,000
5 months		50,000	30,000	1,40,000	0	0	80,000
9 months	2	0	0	2,50,000	3,00,000	3,00,000	2,50,000
11 months	4	0	0	70,000	50,000	3,00,000	50,000
Illustration 2							
Time	Claim no.	Sum Insured available	Cumulative Bonus	Admissible Claim amount	SI Rebound	Total SI Rebound till date	Payable amount
3 months	1	3,00,000	30,000	2,50,000	0	0	2,50,000
6 months	2	50,000	30,000	1,40,000	2,50,000	2,50,000	1,40,000
9 months	3	0	0	2,50,000	=250,000-60,000+50,000 =240,000	3,00,000	2,40,000
11 months	4	0	0	70,000	0	3,00,000	0

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7. Outpatient Dental Treatment

After three consecutive and continuous Policy Years with Us, We will pay 50% of Medical Expenses incurred by Insured Person towards Dental Treatment prescribed by Medical Practitioner up to the amount as mentioned in the Schedule of Coverage on the Policy Schedule. Claim under this Section can be availed only through our Network Provider. The Cover is applicable only to Insured Person covered under three consecutive and continuous Policy Years and who continue to remain insured in the subsequent Policy Year/ Renewal

The Coverage is applicable only towards cost of X-rays, extractions, amalgam or composite fillings, root canal treatments and prescribed drugs for the same.

Claim under this Section will not affect Cumulative Bonus under Section I1B2, condition ii.

Exclusions specific to Outpatient Dental Treatment

- Cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for the temporomandibular (jaw) joint, or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury due to an accident or cancer

Sum Insured options available:

- Upto 1% of Sum Insured subject to maximum of Rs5,000
- Up to 1% of Sum Insured subject to maximum of Rs20,000

8. External Medical Aids

After every two consecutive and continuous Policy Year with Us, We will pay up to 50% of cost incurred towards following Medical Expenses subject to maximum of Sum Insured as mentioned in the Schedule of Coverage, on the Policy Schedule;

- One pair of spectacles or one pair of contact lenses,
- A hearing aid

Other terms

- The Cover is applicable only to Insured Person covered under two consecutive and continuous Policy Years and who continue to remain insured in the subsequent Policy Year/Renewal
- Under a Family Floater Policy, Our liability shall be limited to either one pair of spectacles or contact lenses or hearing aid per family.
- Medical Expenses incurred under this Cover shall be prescribed by our Network Provider and is payable only once after block of every two consecutive and continuous Policy Year with Us.
- Claim under this Section will not affect Cumulative Bonus under Section I.1B2, condition ii

Sum Insured options available:

- Upto maximum of Rs. 5,000
- Upto maximum of Rs. 20,000

9. Major Illness Hospitalization Expenses

We will pay for Medical Expenses incurred and admissible under Section I1A1, up to additional Sum Insured equivalent to Basic Sum Insured, on Medically necessary Hospitalization of Insured Person for Major illnesses listed below whose diagnosis first commence/ occurs after the applicable waiting period from commencement of the first Policy with Us, subject to the following;

- Waiting Period – The coverage is subject to Waiting Period as mentioned on Schedule of Coverage on the Policy Schedule
- Claim for each Major Illness is payable only once during the lifetime of Policy with Us. However, Insured Person will continue to be covered under this Section for other Major Illnesses.
- Claim under this Cover is admissible only when total of Basic Sum Insured is completely utilized.
- The additional Sum Insured under this Cover is exclusive and specific for the treatment of the first occurrence of the

above Critical Illness undertaken in a Hospital/Nursing Home as an in-patient and will not be available for other illnesses/ hospitalization.

Major Illness Covered

1	Cancer of specified severity	6	Major Organ/Bone Marrow Transplant
2	Open Chest CABG	7	Stroke resulting in permanent symptoms
3	Myocardial Infarction((First Heart Attack of specific severity)	8	Surgery of Aorta
4	Kidney Failure requiring regular dialysis	9	Primary (Idiopathic) Pulmonary Hypertension
5	Multiple Sclerosis with Persisting Symptoms		

Sum Insured options available

The option can be availed only up to the age of 65 years (age last birthday) and for Sum Insured of Rs2 Lacs to 5 Lacs. Once the option is availed, Renewal shall be available for lifetime.

10. Non-Medical Expenses cover

We will pay for Non-Medical Expenses up to the limit mentioned in Schedule of Coverage in the Policy Schedule on Medically necessary Hospitalization of Insured Person for claims admissible under Section I.1-A1, 2 & 3.

In view of this Cover, Exclusion xxi) under section III B, shall stand covered up to the extent mentioned above.

11. Waiting period Modification Option

On availing this option, **Waiting Periods** listed under Section III A 1 – i, ii and iii Waiting Periods, will stand modified as mentioned in Schedule of Coverage on the Policy Schedule.

This modification is applicable under following sections;

Section I.1A – Hospitalization Cover

Section I.1C4 – Air Ambulance

Section I.1C5 – Recovery Benefit

Section I.1C9 – Major Illness Hospitalization Expenses

Section I.1C17 –Hospital Cash

Section I.1C18 – Global Health Cover

All other terms and Conditions of the respective Section and Policy shall remain unaltered.

Options Available:

Option	Conditions	Waiting period
Option 1	General Waiting Period	30 Days
	Waiting Period for listed illnesses and Procedures	24 Months
	Waiting Period for Preexisting conditions	36 Months
Option 2	General Waiting Period	30 Days
	Waiting Period for listed illnesses and Procedures	24 Months
	Waiting Period for Preexisting conditions	24 Months

12. Extended Cumulative Bonus

- On availing this cover, Cumulative Bonus percentage mentioned under Section I1-B2 – Cumulative Bonus will stand modified as mentioned in Schedule of Coverage on the Policy Schedule subject to;
- Once the Extended Cumulative Bonus benefit is availed by the Insured Person, it cannot be opted out at subsequent Renewal.
- All other terms and Conditions of Renewal Benefits Section I1- B, ii shall remain unaltered.

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Options available:

- 10% up to a maximum of 100%
- 25% up to a maximum of 200%
- 50% up to a maximum of 200%

13. Room Rent Modification Option

On availing this option, limits specified under Section I1A1 i and I1Aii will stand modified as below.

- Room Rent, boarding & Nursing – limit of 1% of the Basic Sum Insured subject to maximum of Rs. 5,000 per day
- Intensive care unit – limit of 2% of the Basic Sum Insured subject to maximum of Rs. 10,000 per day

Proportionate deduction:

In case expenses incurred on i and ii above exceed respective applicable limits, expenses incurred under Section I1 A1, iii and iv, shall be paid in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent charges

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section 1-C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

This cover is available for Sum Insured up to Rs 5 lacs only.

14. Co-Payment

On availing this option, Co-Payment as mentioned on the Schedule of Coverage in the Policy Schedule will be applied on each and every admissible claim after Deductible/Excess wherever applicable under the Policy. Once the Co-Payment option is availed by the Insured Person, it cannot be opted out of at subsequent Renewal.

Options available:

- 5%, 10%, 15%, 20%, 25%

15. Major Illness – Benefit

If the eldest Insured Person covered under the Policy suffers from Major Illness as listed below, whose diagnosis first commence/ occurs after the applicable Waiting Period from commencement of first Policy with Us, We will pay Sum Insured as mentioned on the Schedule of Coverage.

The Coverage under this benefit shall cease to exist upon occurrence of any one Major Illness covered for which Claim is admitted by the Company.

Major Illness Covered

1	Cancer of specified severity	7	Permanent Paralysis of Limbs
2	Open Chest CABG	8	Stroke resulting in Permanent Symptoms
3	Myocardial Infarction (First Heart Attack of specific severity)	9	Surgery of Aorta
4	Kidney Failure requiring regular dialysis	10	Primary (Idiopathic) Pulmonary Hypertension
5	Major Organ/Bone Marrow Transplant	11	Open Heart Replacement or Repair of Heart Valves
6	Multiple Sclerosis with Persisting Symptoms		

Survival Period

Claim under this Cover is payable only if Insured Person survives 30 days from the diagnosis, fulfillment of the definition of the Major illness covered and with confirmatory diagnosis of the conditions covered while the Insured Person is alive (A claim would not be admitted if the diagnosis is made post mortem)

Waiting Period

- A waiting period of 90 days shall apply for all claims under this cover

Sum insured available:

- 50% or 100% of Basic Sum Insured or Rs 10 Lacs whichever is lower

16. E-Opinion

We will pay expenses incurred towards second Medical Opinion availed from Medical Practitioner in respect of Major Illness covered and listed below under the Policy through our Network Provider.

The Coverage under this benefit shall cease to exist upon availing Second Opinion for any one Major Illness as listed below.

Major Illness Covered

1	Cancer of specified severity	7	Permanent Paralysis of Limbs
2	Open Chest CABG	8	Stroke resulting in Permanent Symptoms
3	Myocardial Infarction (First Heart Attack of specific severity)	9	Surgery of Aorta
4	Kidney Failure requiring regular dialysis	10	Primary (Idiopathic) Pulmonary Hypertension
5	Major Organ/Bone Marrow Transplant	11	Open Heart Replacement or Repair of Heart Valves
6	Multiple Sclerosis with Persisting Symptoms		

Disclaimer - E- Opinion Services are being offered by Network providers through its portal/mail/App or what so ever electronic form to Policyholders/Insured of HDFC ERGO GENERAL INSURANCE COMPANY LIMITED. In no event shall HDFC ERGO be liable for any direct, indirect, punitive, incidental, special consequential damages or any other damages whatsoever caused to the Policyholders/Insured of HDFC ERGO while receiving the services from Network providers.

17. Hospital Cash

We will pay per day Sum Insured up to maximum Number of days and in manner as specified in Schedule of Coverage on the Policy Schedule, for each continuous and completed period of 24 hours of Medically Necessary Hospitalization of an eldest Insured Person in the Policy and for which Claim is admissible under Section I.1A – Hospitalization Cover.

Sum insured available:

- Per day benefit: Rs500/Rs1,000/Rs1,500/Rs2,000/Rs2,500
- No of days: Maximum of 30 days/ 60 days

18. Global Health Cover

On availing this Cover, We will pay the Expenses incurred outside India under Sections and Covers given below.

Section A: Hospitalization Cover

A1	Medical Expenses	A7	Road Ambulance
A4	Pre-Hospitalization cover	A8	Organ Donor Expenses
A5	Post-Hospitalization cover	A9	Alternative Treatments
A6	Day Care Procedures		

Section C: Optional Covers

C1	Preventive Health Check-Up - Booster	C10	Non-Medical Expenses cover
C2	Parent and Child care Cover - Basic		
C3	Parent and Child care Cover – Booster	C15	Major Illness – Benefit
C4	Air Ambulance Cover	C16	E-Opinion
C5	Recovery Benefit	C17	Hospital Cash
C6	Sum Insured Rebound		
C7	Outpatient Dental Treatment		
C8	External Medical Aids		
C9	Major Illness Hospitalization Expenses		

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Global Cover is applicable subject to following terms and conditions

- Global coverage for expenses towards all the listed covers is applicable and effective only if mentioned on the Schedule of Coverage in the Policy Schedule.
- A Deductible of USD 100 will apply for expenses under all the respective covers separately for each and every claim.
- Claims on Reimbursement basis will be payable in INR only.

All other terms and conditions of the respective Section and Covers under the policy shall remain unaltered

Section 2: my:health Critical Suraksha Plus

Section A. Base Covers

I. Critical Illnesses Cover

1. Cancer Cover

If **Insured Person** suffers from **Critical illness** or undergoes **Surgical Procedure** as listed below, whose diagnosis first commence/occurs after the applicable Waiting Period from commencement of first **Policy** with Us, **We** will pay **Sum Insured** or percentage of **Sum Insured** in accordance with table below:

	Critical illness /Surgical Procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	Malignant Cancer of specified Sites Specified Sites- Female Breast Cervix Uterus Fallopian Tube Ovary Vagina/Vulva Specified Sites- Male Head and Neck Lung Stomach Colorectum Prostate	Major	100% of Sum Insured	90 days
2	Cancer of specified severity	Major	100% of Sum Insured	90 days
3	Aplastic Anemia	Major	100% of Sum Insured	90 days
4	Major Organ Transplant – Bone Marrow	Major	100% of Sum Insured	90 days
5	Early Stage Cancer	Minor	25% of Sum Insured subject to maximum of Rs. 1,000,000	180 days
6	Carcinoma in situ	Minor		

2. Heart Cover

If **Insured Person** suffers from **Critical illness** or undergoes **Surgical Procedure** as listed below, whose diagnosis first commence/occurs after the applicable Waiting Period from commencement of first **Policy** with Us, **We** will pay **Sum Insured** or percentage of **Sum Insured** in accordance with table below:

	Critical Ailments/ Procedures	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	Open Chest CABG	Major	100% of Sum Insured	90 days
2	Myocardial Infarction (First Heart Attack of specified severity)	Major		

	Critical Ailments/ Procedures	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
3	Open Heart Replacement or Repair of Heart Valves	Major	100% of Sum Insured	90 days
4	Major Organ Transplant – Heart	Major		
5	Surgery of Aorta	Major		
6	Primary (Idiopathic) Pulmonary Hypertension	Major		
7	Other serious coronary artery disease	Major		
8	Dissecting Aortic Aneurysm	Major		
9	Cardiomyopathy	Major		
10	Eisenmenger's Syndrome	Major		
11	Infective Endocarditis	Major	25% subject to maximum payout of INR 1,000,000	180 days
12	Angioplasty	Minor		
13	Balloon Valvotomy or Valvuloplasty	Minor		
14	Insertion of Pacemaker	Minor		

3. Nervous System Cover

If **Insured Person** suffers from **Critical illness** or undergoes **Surgical Procedure** listed below after the applicable Waiting Period from commencement of first **Policy** with Us, **We** will pay **Sum Insured** in accordance with table below:

	Critical illness /Surgical Procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	Multiple Sclerosis with persisting symptoms	Major	100% of Sum Insured	90 days
2	Permanent Paralysis of Limbs	Major		
3	Stroke resulting in permanent symptoms	Major		
4	Benign Brain Tumour	Major		
5	Coma of specified severity	Major		
6	Parkinson's Disease	Major		
7	Alzheimer's Disease	Major		
8	Motor Neurone Disease with permanent symptoms	Major		
9	Muscular Dystrophy	Major		
10	Apallic Syndrome	Major		
11	Bacterial Meningitis	Major		
12	Creutzfeldt-Jakob Disease (CJD)	Major		
13	Encephalitis	Major		
14	Major Head Trauma	Major		
15	Progressive Supranuclear Palsy	Major		
16	Brain Surgery	Major		
17	Loss of Speech	Major		

4. Other Major Organ Cover

If **Insured Person** suffers from **Critical illness** or undergoes **Surgical Procedure** listed below after the applicable Waiting Period from commencement of first **Policy** with Us, **We** will pay percentage of **Sum Insured** in accordance with table below:

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	Critical illness / Surgical Procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	Kidney failure requiring regular dialysis	Major	100% of Sum Insured	90 days
2	Major Organ Transplant – Kidney, Lung, Liver and Pancreas	Major		
3	End Stage Liver Failure	Major		
4	Medullary Cystic Disease	Major		
5	Systemic Lupus Erythematosus with Lupus Nephritis	Major		
6	End Stage Lung Failure	Major		
7	Fulminant Hepatitis	Major		
8	Chronic Adrenal Insufficiency (Addison's Disease)	Major		
9	Progressive Scleroderma	Major		
10	Chronic Relapsing Pancreatitis	Major		
11	Elephantiasis	Major		
12	HIV due to blood transfusion and occupationally acquired HIV	Major		
13	Terminal Illness	Major		
14	Myelofibrosis	Major		
15	Pheochromocytoma	Major		
16	Crohn's Disease	Major		
17	Severe Rheumatoid Arthritis	Major		
18	Severe Ulcerative Colitis	Major		
19	Deafness	Major		
20	Blindness	Major		
21	Third Degree Burns	Major		
22	Severe Osteoporosis	Minor	25% subject to maximum payout of INR 1,000,000	180 days

Covers and General Conditions applicable to Section I2AI, 1 to 4

1. Reduced Premium Benefit

If **Insured Person** is diagnosed with any covered Minor condition covered under this section and for which Claim is admissible under the **Policy**, **We** will waive 50% of the applicable Annual **Renewal** Premium on subsequent **Renewal** of **Policy** with **Us** subject to:

- Premium will be waived for the **Renewal** of **Insured Person** for whom the claim has been made, to the extent applicable to Coverage, terms and conditions corresponding to expiring year **Policy**.
- Premium will be waived for subsequent **Renewal** of 5 **Policy** **Years** only.

2. Survival Period

Claim under Section I2AI, 1 to 4 is payable only if **Insured Person** survives 7 days from the diagnosis and fulfillment of the definition of the **Critical Illness** or **Surgical Procedure** covered.

The Claim is admissible only with confirmatory diagnosis of the conditions covered while the **Insured Person** is alive (A claim would not be admitted if the diagnosis is made post mortem)

3. Number of Claims and Benefits payable

Only one claim is payable under each of the stages given below

during lifetime of the **Policy** under this Section subject to maximum 100% of Sum Insured mentioned on the Policy Schedule irrespective of Number of Sections opted and Number of Policies held by the Insured Person.

Minor Stage - On the admissibility of Claim under Minor Stage condition under the **Policy**, coverage for all other Minor stage Conditions shall cease to exist. The **Policy** shall continue to Cover Major Stage condition for the Balance Sum Insured.

Major Stage - On the admissibility of Claim under Major Stage condition, coverage under this **Policy** shall cease to exist.

In the event where an Insured Person holds multiple Policies insuring different Covers under this Section of this Product, Claim will be admissible under one Cover only and Total Sum Insured as applicable under such Cover across all Policies of this Product will be paid by the Company. Insurance for other Covers, if applicable, shall cease to exist.

II. Multi pay Critical Illnesses Cover

1. Cancer Cover

If **Insured Person** suffers from **Critical illness** or undergoes **Surgical Procedure** as listed below, whose diagnosis first commence/occurs after the applicable Waiting Period from commencement of first **Policy** with Us, **We** will pay **Sum Insured** or percentage of **Sum Insured** in accordance with table below:

	Critical illness /Surgical Procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	Cancer of Specified Severity	Major	100% of Sum Insured	90 days
2	Aplastic Anemia	Major		
3	Major Organ Transplant – Bone Marrow	Major		

2. Heart Cover

If **Insured Person** suffers from **Critical illness** or undergoes **Surgical Procedure** as listed below, whose diagnosis first commence/occurs after the applicable Waiting Period from commencement of first **Policy** with Us, **We** will pay **Sum Insured** or percentage of **Sum Insured** in accordance with table below:

A	Critical Ailments / Surgical Procedures	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	Open Chest CABG	Major	100% of Sum Insured	90 days
2	Myocardial Infarction (First Heart Attack of specified severity)	Major		
3	Open Heart Replacement or Repair of Heart Valves	Major		
4	Major Organ Transplant – Heart	Major		
5	Surgery of Aorta	Major		
6	Primary (Idiopathic) Pulmonary Hypertension	Major		
7	Other serious coronary artery disease	Major		
8	Dissecting Aortic Aneurysm	Major		
9	Cardiomyopathy	Major		
10	Eisenmenger's Syndrome	Major		
11	Infective Endocarditis	Major		
B*	Angioplasty	Minor	25% subject to maximum payout of INR 1,000,000	180 days

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***B - Angioplasty**

We will pay 25% of **Sum Insured** subject to maximum of INR 10,00,000 if **Insured Person** undergoes Angioplasty, whose diagnosis and/or manifestation first commence/occurs more than 180 days after the commencement of first Policy with Us.

On the admissibility of Claim under Angioplasty, coverage for Angioplasty shall cease to exist. The **Policy** shall continue to cover other **Critical illness** or **Surgical Procedure** under this cover, for Balance **Sum Insured** in accordance with table above.

3. Nervous System Cover

If **Insured Person** suffers from **Critical illness** or undergoes **Surgical Procedure** listed below after the applicable Waiting Period from commencement of first **Policy** with Us, We will pay percentage of **Sum Insured** in accordance with table below:

	Critical illness /Surgical Procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	Multiple Sclerosis with persisting symptoms	Major	100% of Sum Insured	90 days
2	Permanent Paralysis of Limbs	Major		
3	Stroke resulting in permanent symptoms	Major		
4	Benign Brain Tumour	Major		
5	Coma of specified severity	Major		
6	Parkinson's Disease	Major		
7	Alzheimer's Disease	Major		
8	Motor Neurone Disease with permanent symptoms	Major		
9	Muscular Dystrophy	Major		
10	Apallic Syndrome	Major		
11	Bacterial Meningitis	Major		
12	Creutzfeldt-Jakob Disease (CJD)	Major		
13	Encephalitis	Major		
14	Major Head Trauma	Major		
15	Progressive Supranuclear Palsy	Major		
16	Brain Surgery	Major		
17	Loss of Speech	Major		

4. Other Major Organ Cover

If **Insured Person** suffers from **Critical illness** or undergoes **Surgical Procedure** listed below after the applicable Waiting Period from commencement of first **Policy** with Us, We will pay percentage of **Sum Insured** in accordance with table below:

	Critical illness /Surgical Procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	Kidney failure requiring regular dialysis	Major	100% of Sum Insured	90 days
2	Major Organ Transplant – Kidney, Lung, Liver and Pancreas	Major		
3	End Stage Liver Failure	Major		
4	Medullary Cystic Disease	Major		
5	Systemic Lupus Erythematosus with Lupus Nephritis	Major		
6	End Stage Lung Failure	Major		
7	Fulminant Hepatitis	Major		

	Critical illness /Surgical Procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
8	Chronic Adrenal Insufficiency (Addison's Disease)	Major	100% of Sum Insured	90 days
9	Progressive Scleroderma	Major		
10	Chronic Relapsing Pancreatitis	Major		
11	Elephantiasis	Major		
12	HIV due to blood transfusion and occupationally acquired HIV	Major		
13	Terminal Illness	Major		
14	Myelofibrosis	Major		
15	Pheochromocytoma	Major		
16	Crohn's Disease	Major		
17	Severe Rheumatoid Arthritis	Major		
18	Severe Ulcerative Colitis	Major		
19	Deafness	Major		
20	Blindness	Major		
21	Third Degree Burns	Major		

Covers and General Conditions applicable to Section I 2 All, 1 to 4**1. Reduced Premium Benefit**

If **Insured Person** is diagnosed with any covered **Critical Illness** under any Cover from Section I.2 All, 1 to 4 and for which Claim is admissible under the **Policy**, We will waive 50% of the applicable Annual **Renewal** Premium on subsequent **Renewal** of **Policy** subject to:

- Premium will be waived for the renewal of **Insured person** for whom the claim has been made, to the extent applicable to Coverage, terms and conditions corresponding to expiring **Policy**.
- Premium will be waived for subsequent **Renewal** of 5 **Policy** Years, following every admissible claim under each Cover.

2. Survival Period

Each Claim under Section I.2 A II, 1 to 4 is payable only if **Insured Person** survives 7 days from the diagnosis and fulfillment of the definition of the **Critical Illness** or **Surgical Procedure** covered.

The Claim is admissible only with confirmatory diagnosis of the conditions covered while the **Insured Person** is alive (A claim would not be admitted if the diagnosis is made post mortem)

3. Number of Claims and Waiting Period

Coverage under this Section shall cease to exist; once a Claim has been admitted under each of the Covers as opted by the Insured Person and maximum 100% of the Sum Insured is paid by the Company under such Covers subject to 12 months waiting period between Claims under any two Covers.

In the event where an Insured Person holds multiple Policies under this Section of this product, Total Sum Insured under this section across all policies of this product will be paid by the Company for each admissible claim subject to 12 months waiting period between Claims under any two Covers.

*For Example: If an Insured Person suffers a **Stroke resulting in permanent symptoms** and at any time within 12 months also suffers from **Myocardial Infraction (First Heart Attack of specified severity)** thereby triggering claims under both Nervous System Cover and Cardiac Cover, the Company will pay maximum 100% of Sum Insured under one Cover only. However, if the two incidences were separated by more than 12 months' time period, the Company will pay maximum 100% of Sum Insured under each Cover.*

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Section B. my: health Active

1. Fitness discount @ Renewal

Insured Person can avail discount on **Renewal** Premium by accumulating Healthy Weeks as per table given below.

One Healthy Week can be accumulated by;

- Recording minimum 50,000 steps in a week subject to maximum 15,000 steps per day, tracked through **Your** wearable device linked to **Our my: health mobile app** and **Your Policy** number OR
- burning total of 900 calories up to maximum of 300 calories in one exercise session per day, tracked **Your** wearable device linked to **Our my: health mobile app** and **Your Policy** number

Healthy Weeks Discounts

No. of Healthy Weeks Accumulated	Discount on Renewal Premium
1-4	0.50%
5-8	1.00%
9-12	2.00%
13-16	3.00%
17-26	6.00%
27-36	7.50%
Above 36	10.00%

Steps to accumulate Healthy Weeks

Step 1 - The **my: Health App** must be downloaded on the mobile.

Step 2 - **You** can start accumulating Healthy Weeks by tracking physical activity through the Wearable device linked to **my: Health App**

We encourage and recognize all types of exercise/fitness activities by making use of wearable devices to track and record the activities **Insured Person** engages in.

Application of Fitness discount @ Renewal

- Annual Policy:** Discount amount accrued based on Number of accumulated Healthy Weeks during the expiring **Policy** year will be applied on the **Renewal** Premium for expiring **Policy Sum Insured**.
- Multi Year Policy:**
 - Fitness discount earned on yearly basis will be accumulated till **Policy** End date.
 - On **Renewal** of the **Policy**, total discount amount accrued each year will be applied on **Renewal** Premium of subsequent year.
- For Policies covering more than one **Insured Person**, Healthy Weeks for each **Insured Person** will be tracked and accumulated. Such discount will be applicable on individual **Renewal** Premium. Premium will be discounted to the extent applicable to coverage corresponding to expiring **Policy**.
- In case of Increase in **Sum Insured** at **Renewal**, discount percentage will be applied on the **Sum Insured** applicable under expiring **Policy**.
- Fitness discount @ Renewal will be applied only on **Renewal** of **Policy** with **Us**.

2. Health Incentive

This Program encourages **Insured Person** to maintain good health and avail incentives as listed below.

Under this Program, **Insured Person** having **Pre-Existing Diseases** or Obesity (BMI above 30) as listed under table A below, will be eligible for reduction in Medical Underwriting Loading applied at first inception of the **Policy** with **Us** provided that;

- Insured Person** shall undergo medical tests and/or BMI check-up below minimum 3 months prior to expiry of **Policy** Year (For Multiyear Policies) or before Renewal (For Annual Policies).
- Medical test shall be done at **Your** own cost through our **Network Provider** and through **Our my: health mobile app** App.

- If the test parameters are within normal limits, **We** will apply 50% discount on the Medical Underwriting loading applied for corresponding Obesity as applicable on **Renewal** of the **Policy** with **Us**.
- If the test parameters at subsequent renewal is not within normal limits or Medical test reports are not submitted in accordance with i and ii above, the discount amount applied on Medical Underwriting loading will be zero

Table A

Pre-existing Diseases	Test
Diabetes	HbA1c
Hypertension	Blood Pressure reading
Hyperlipidemia	Total Cholesterol
Hypothyroidism	Thyroid function tests
Obesity	BMI

Application of Health Incentive

- Annual Policy:** Discount amount accrued during the expiring **Policy** year will be applied on the **Renewal** Premium for expiring **Policy Sum Insured**.
- Multi Year Policy:**
 - Discount amount earned on yearly basis will be accumulated till **Policy** End date.
 - On **Renewal** of the **Policy**, total discount amount accrued each year will be applied on **Renewal** Premium of subsequent renewal.
- For Policies covering more than one **Insured Person**, tests shall be done for each **Insured Person** basis which such reduction in loading will be applicable on individual **Renewal** Premium.
- Medical Underwriting loading will be discounted only on **Renewal** of **Policy** with **Us**
- Discount on Medical Underwriting loading under this cover is applicable only on next **Renewal** and cannot be utilized if **Policy** is not renewed with **Us**.

3. Wellness services:

The services listed below are available to all **Insured Person** through **Our Network Provider** on **Our my: health mobile app** only.

i. Health Coach:

An **Insured Person** will have access to Health Coaching services in areas such as:

- Disease management
- Activity and fitness
- Nutrition
- Weight management.

These services will be available through **Our my: health mobile app** as a chat service or as a call back facility.

ii. Wellness services

- Discounts:** on OPD, Pharmaceuticals, pharmacy, diagnostic centres.
- Customer Engagement:** Monthly newsletters, Diet consultation, health tips
- Specialized programs:** like stress management, Pregnancy Care, Work life balance management

These services will be available through **Our my: health mobile app**

Disclaimer applicable to my: health Mobile app and associated services

It is agreed and understood that **Our my: health mobile app** and **Wellness services** are not providing and shall not be deemed to be providing any **Medical Advice**, they shall only provide a suggestion for the **Insured Person's** consideration and it is the **Insured Person's** sole and absolute choice to follow the suggestion for any health related advice. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations suggested under this benefit.

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Section C. Renewal Benefit

1. Preventive Health Check Up

Insured Person will be entitled for Preventive Health Check-up on **Renewal** of the **Policy** with **Us**, at our Network Diagnostic centers or hospitals in accordance to r list of tests, eligibility criteria and waiting period as specified below:

Health Checkup- on each **Policy** Renewal

Age / Expiring Policy Sum Insured	1 Lac to 10 Lacs	11Lacs to 50 Lacs	Above 50 Lacs
18 to 40 Years	Set 1	Set 1, Thyroid, USG abdomen and pelvis	Set 1, Thyroid, USG abdomen and pelvis, Lipid Profile, Renal Profile
41 Yrs and Above	Set 1, Sr Creat	Set 1, SrCreat, Thyroid, USG abdomen and pelvis	Set 1, Thyroid, USG abdomen and pelvis, Lipid Profile, Renal profile, ECG

Set 1 -Comprises of, Complete Blood Count, Urine R,FBS, Sr Cholesterol

Health Checkup – Additional Tests

Age	Gender	Type of Test	Waiting Period	Sum Insured
Below 40 years	Female	PAP Smear & Mammography	Once in two years	All Sum Insured
	Male	PSA		
Above 40 years	Female	PAP Smear & Mammography	Once in four years	All Sum Insured
	Male	PSA		

Other terms and Conditions applicable to this Benefit

- This benefit will not be carried forward if not utilized within 60 days of **Renewal Policy** Inception date.
- Eligibility to avail Health Check-up will be in accordance to expiring Policy Sum Insured.
- The test reports received under this benefit shall not be utilized for re-underwriting the **Policy**

Procedure for availing this benefit

- Insured person** will be intimated to undergo the health check-up at our **Network Provider**, through **Our my: health App**.
- Test reports from our **Network Provider** will be made available to You on **Our my: health App**
- You** have the option to avail this benefit at our **Network Provider** through Phone/Email or other modes of communication available time to time.

Section D. Optional Covers

Insuring Clause

In consideration of payment of additional **Premium** by **You**, **We** will provide insurance to the **Insured Person(s)** under below listed Covers, up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the **Policy Schedule**. These Covers are optional and applicable only if opted for.

1. Pre Diagnosis Cover

If a Claim is admissible under Section I.2A I or I 2A II as op ted, **We** will pay the expenses incurred towards diagnostic tests/ procedures incurred up to 30 days prior to the diagnosis of such **Critical Illness** or Undergoing of such **Surgical Procedure**.

Indicative list of Procedures covered

Sr. No.	List of Diagnostic tests/ Procedures
1	Renal/Cardiac Angiogram.
2	Intravenous Pyelogram.
3	Ultrasonography.

Sr. No.	List of Diagnostic tests/ Procedures
4	Ultrasound Guided FNAC.
5	Colour Doppler.
6	Mammography.
7	CT Scan.
8	MRI Scan.
9	Treadmill Test ECHO.
10	Cardiogram.
11	Electrophysiology.
12	Endoscopic Procedures.
13	Special Radiological Procedures such as barium meal investigations
14	Arthrogram, ERCP, Intravenous Urogram, Cystourethrogram,
15	Nephrostogram.
16	Special Blood Investigations such as Assay of Various Blood Factors.
17	Virology Markers, Complete Coagulation Work up

2. Post Diagnosis Support

a. Second Medical Opinion

We will pay expenses incurred towards second Medical Opinion availed from **Medical Practitioner** in respect of **Critical Illness/ Surgical Procedure** for which Claim is admissible under the **Policy**.

b. Molecular Gene Expression Profiling Test

We will pay the expenses incurred towards the expenses for Molecular Gene Expression Profiling Test for Treatment Guidance on diagnosis of any Major stage Cancer for which Claim is admissible under Section I.2A I.1 or I2 A II.1, Cancer Cover as opted. The benefit under this cover can be availed only once during lifetime of the **Policy**.

c. Post Diagnosis Assistance

We will pay **Sum Insured** towards outpatient counseling required upon diagnosis of **Critical Illnesses and Surgical Procedures** for which Claim is admissible under Section I.2 A I or I.2 A II as opted. The Cover is subject to maximum number of sessions as specified on Schedule of Coverage.

Applicability of Cover (Applicable to a. and c.)

Section I.2 A I – if Base Coverage is opted under Section I.2A I, the Claim under this cover is admissible only once in life time of the Policy

Section I.2A II – if Base Coverage is opted under Section I.2A II, the Claim under this cover is admissible after every admissible Claim under the Policy

3. Loss of Job

We will pay **Sum Insured** if **Insured Person** suffers from Loss of Job due to his/her Voluntary Resignation or Termination from the employment within six months of diagnosis of any of the Major stage **Critical Illnesses** or undergoing any of the Major stage **Surgical Procedures** for which Claim is admissible under Section I.2A I or I.2A II of the **Policy**

Section 3: my:healthMedisure Super Top Up Insurance

If during the **Policy Period**, You suffer from any illness or accident which requires Hospitalization as an inpatient, **We** will reimburse the amount of such Medical Expenses as per the benefits given below, in excess of Aggregate Deductible and subject to a maximum of the **Sum Insured** as stated in the Schedule.

1. In-patient Hospitalization Expenses:

If any **Insured Person** suffers an Illness or Accident during the Policy Period requiring Inpatient Hospitalization, **We** will pay the Medical Expenses incurred for

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- 1.1 Room Rent/ Boarding & Nursing;
 - 1.2 ICU Rent/Boarding & Nursing;
 - 1.3 Fees of Surgeon, Anesthetist, Nurses and Specialists;
 - 1.4 Cost of Operation Theatre, diagnostic tests, medicines, blood, oxygen and cost of prosthetic and other devices or equipment if implanted internally like pacemaker during a surgical procedure.
- Occurrence of same illness after a lapse of 45 days will be considered as fresh illness for the purpose of this Policy

2. Pre-Hospitalization Medical Expenses –

The Medical Expenses incurred in the 30 days immediately before You were Hospitalized, provided that:

- i. Such Medical Expenses were in fact incurred for the same condition requiring subsequent Hospitalization, and;
- ii. We have accepted the Claim under Scope of Cover 1 “In-patient Hospitalization expenses”.

3. Post Hospitalization Medical Expenses –

The Medical Expenses incurred in the 60 days immediately after You were discharged, provided that:

- i. Such Medical Expenses were in fact incurred for the same condition for which Your Hospitalization was required, and;
- ii. We have accepted the Claim under Scope of Cover 1, “In-patient Hospitalization expenses”.

4. Day Care treatment –

The Medical Expenses for a day care treatment where the procedure or surgery

- is undertaken is under General or Local Anaesthesia in a Hospital/Day care centre for less than 24 hours because of technological advancement, and
- which would have otherwise required hospitalization of more than 24 hours does not cover any treatment in an outpatient department or diagnostic procedures.

Section 4: my:health Hospital Cash Benefit Add on

Section A: Coverage

1. Hospital Cash benefit

We will pay Sum Insured in accordance with Table A below on Medically Necessary Hospitalization of an Insured Person due to Illness or Injury sustained or contracted during the Policy Period. The payment is subject to Sum Insured as specified on the Schedule of Coverage in the Policy Schedule.

2. Companion Benefit:

We will pay additional amount up to the limit specified on the Schedule of Coverage in the Policy Schedule towards expenses of an accompanying person to take care of the Insured Person during Hospitalization

Section B: Optional Cover

Insuring Clause

In consideration of payment of additional Premium, it is hereby declared and agreed that We will pay under below listed Covers subject to all other terms, conditions, exclusions and waiting periods applicable to the Policy.

These Covers are optional and applicable only if opted for and up to the Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule.

1. Hospital Cash benefit - Global:

If You avail this option, We will pay Sum Insured in accordance with Table A, under Section I 4 A1 on **Medically Necessary Hospitalization** of an **Insured Person** outside India due to **Illness** or **Injury** sustained or contracted during the Policy Period

This benefit will only be applicable if worldwide cover is opted by the Insured

Benefit Chart

Type of Room

Normal	ICU	Companion Benefit	Benefit under Global Cover
500	1,000	500	2,500
1,000	2,000	1,000	5,000
1,500	3,000	1,500	7,500
2,000	4,000	2,000	10,000
2,500	5,000	2,500	12,500
3,000	6,000	3,000	15,000
5,000	10,000	5,000	25,000
7,500	15,000	7,500	37,500
10,000	20,000	10,000	50,000

2. Waiting period Modification Option

On availing this option, **Waiting Periods** listed under **Section III A 1: Waiting Periods** will stand modified as mentioned in Schedule of Coverage on the Policy Schedule.

Option	Conditions	Waiting period
Option 1	General Waiting Period	30 Days
	Waiting Period for listed illnesses and Procedures	24 Months
	Waiting Period for Preexisting conditions	36 Months
Option 2	General Waiting Period	30 Days
	Waiting Period for listed illnesses and Procedures	24 Months
	Waiting Period for Preexisting conditions	24 Months
Option 3	General Waiting Period	30 Days
	Waiting Period for listed illnesses and Procedures	12 Months
	Waiting Period for Preexisting conditions	12 Months
Option 4	General Waiting Period	30 Days
	Waiting Period for listed illnesses and Procedures	No waiting Period
	Waiting Period for Preexisting conditions	No waiting Period

All other terms and Conditions of the respective Section and Policy shall remain unaltered. Waiting period modification options

Section C: Renewal Benefits

1. my: Health Active

A. Fitness discount @ Renewal

Insured Person can avail discount on **Renewal** Premium by accumulating Healthy Weeks as per table given below.

One Healthy Week can be accumulated by;

Recording minimum 50,000 steps in a week subject to maximum 15,000 steps per day, tracked through **Our my: health mobile app** from wearable device linked to **Your Policy** number

OR

- burning total of 900 calories upto maximum of 300 calories in one exercise session per day, tracked through **Our my: health mobile app** from wearable device linked to **Your Policy** number
- Fitness discount @ **Renewal** is applicable for Adult Insured Persons only. Any Person covered as Child Dependent, irrespective of the Age is excluded.

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Healthy Weeks Discount

No. of Healthy Weeks Accumulated	Discount on Renewal Premium
1-4	0.50%
5-8	1.00%
9-12	2.00%
13-16	3.00%
17-26	6.00%
27-36	7.50%
Above 36	10.00%

Steps to accumulate Healthy Weeks

Step 1 - The **my: Health App** must be downloaded on the mobile.

Step 2 - **You** can start accumulating Healthy Weeks by tracking physical activity through the Wearable device linked to **my: Health App**

We encourage and recognize all types of exercise/fitness activities by making use of wearable devices to track and record the activities Insured Person engages in.

Application of Fitness discount @ Renewal

- Annual Policy:** Discount amount accrued based on Number of accumulated Healthy Weeks will be applied on the **Renewal** Premium for expiring Policy Sum Insured.
- Multi Year Policy:**
 - Fitness discount earned on yearly basis will be accumulated till the end of Policy End date.
 - On **Renewal** of the Policy, total discount amount accrued each year will be applied on **Renewal** Premium of subsequent year.
- For Policies covering more than one Insured Person, Healthy Weeks of each Insured Person will be tracked and accumulated. Such discount will be applicable on individual **Renewal** Premium for both Individual and Floater Sum Insured basis Policies.
- Premium will be discounted to the extent applicable to terms corresponding to expiring Policy.
- In case of Increase in Sum Insured at **Renewal**, discount amount will be applied on the Sum Insured applicable under expiring Policy.
- Fitness discount @ **Renewal** will be applied only on **Renewal** of **Policy** with **Us**.

Illustration

	Number of fitness weeks accumulated at the end of policy year			Discount on renewal premium
	Year 1	Year 2	Year 3	
Annual Policy 1 Insured Person	15	NA	NA	3%
Multi Year Policy 1 Insured Person (3 year tenure)	15	20	10	3+6+2=11%
2 Insured Persons on floater basis (3 year tenure)	Insured 1-15 Insured 2-10	Insured 1-30 Insured 2-15	Insured 1-20 Insured 2-15	Insured 1-(3+7.5+6) =16.5% Insured 2-(2+3+3) = 8 %

B. Health Incentive

This Program encourages Insured Persons to maintain good health and avail incentives as listed below.

Under this Program, **Insured Person** having **Pre-Existing Diseases** or **Obesity** (BMI above 30) as listed under table A below, will be eligible for reduction in Medical Underwriting Loading applied from first inception of the Policy with Us provided that;

- Insured Person** shall undergo medical tests and/or BMI check-up as listed below minimum 3 months prior to expiry of Policy Year (For Multiyear Policies) or before Renewal (For Annual Policies).
- Medical test shall be done at Your own cost through our **Network Provider** on my:Health mobile App.

- If the test parameters are within normal limits, **We** will apply 50% discount on the Medical Underwriting loading applied for corresponding **Pre-Existing Disease** or **Obesity** as applicable on **Renewal** of the Policy with **Us**.
- If the test parameters at subsequent renewal are not within normal limits or Medical test reports are not submitted in accordance with i and ii above, the discount amount applied on Medical Underwriting loading will be zero
- The test reports received to avail the health incentive benefit shall not be utilised for re underwriting the policy

Table A

Pre-existing Diseases	Test
Diabetes	HbA1c
Hypertension	Blood Pressure reading
Hyperlipidemia	Total Cholesterol
Cardiovascular Diseases	ECG
Hypothyroidism	Thyroid function tests
Obesity	BMI

Application of Health Incentive

- Annual Policy:** Discount amount accrued during the expiring Policy year will be applied on the **Renewal** Premium for expiring Policy Sum Insured.
- Multi Year Policy:**
 - Discount amount earned on yearly basis will be accumulated till Policy End date.
 - On **Renewal** of the Policy, total discount amount accrued each year will be applied on **Renewal** Premium of subsequent year.
- For Policies covering more than one Insured Person, tests shall be done for each Insured Person basis which such reduction in loading will be applicable on individual **Renewal** Premium for both Individual and Floater Sum Insured basis Policies.
- Discount on Medical Underwriting loading under this cover is applicable only on next **Renewal** and cannot be utilized if Policy not renewed with us.

C. Wellness services:

The services listed below are available to all Insured persons through **Our Network Provider** on Our mobile application only. Availing of services under this Section will not impact the Sum Insured or the eligibility for **Cumulative Bonus**.

i. Health Coach:

An Insured Person will have access to Health Coaching services in areas such as:

- Disease management
- Activity and fitness
- Nutrition
- Weight management.

These services will be available through **Our** mobile application as a chat service or as a call back facility.

ii. Online Wellness services

- Discounts:** on OPD, Pharmaceuticals, pharmacy, diagnostic centres etc.
- Customer Engagement:** Monthly newsletters, Diet consultation, health tips
- Specialized programs:** like stress management, Pregnancy Care, Work life balance management etc.

Disclaimer applicable to Wellness Services

It is agreed and understood that Our Wellness services are not providing and shall not be deemed to be providing any **Medical Advice**, they shall only provide a suggestion for the Insured Person's consideration and it is the Insured Person's sole and absolute choice to follow the suggestion for any health related advice. We do not

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assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations suggested under this benefit

Section 5: Personal Accident Insurance

1. Accidental Death

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

Specific Extensions

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

Specific Conditions

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

2. Permanent Disablement

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

Specific Extensions

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

Specific Provisions

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

Specific Conditions

- 1) The insurance shall terminate for an **Insured Person** under this Section upon payment of a benefit equal to the **Total Sum Insured**.
- 2) The total amount payable in respect of more than one disablement due to the same **Accident** is arrived at by adding together the various percentages shown in the Table of Benefits, but shall not exceed the **Total Sum Insured**.
- 3) The **Deductible** or **Franchise**, if applicable, shall apply to the total amount payable, irrespective of the number of benefits an **Insured Person** is entitled to.
- 4) If an **Insured Person** dies as the result of the **Bodily Injury** any amount claimed and paid to an **Insured Person** under the Permanent Disablement Section will be deducted from any payment under the **Accidental** Death Section.

Specific Definitions for all Tables of Benefits

- 1) **Limb** means the hand above the wrist joint or foot above the ankle joint.

- 2) **Loss of Hearing** means the total and irrecoverable **Loss of Hearing**.
- 3) **Loss of Mastication** means the total and irrecoverable loss of ability to chew food.
- 4) **Loss of Sight** means the total and irrecoverable **Loss of Sight**. This is considered to have occurred if the degree of sight remaining after correction is 3 / 60 or less on the Snellen Scale.
- 5) **Loss of Speech** means the total and irrecoverable **Loss of Speech**.

Specific Definitions for Table (A)

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

Specific Definitions for Table (B)

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

Specific Definitions for Table (C) and (D)

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

TABLE OF BENEFITS – TABLE (A)

	The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1)	Permanent Total Disablement	100%
2)	Permanent and incurable insanity	100%
3)	Permanent Total Loss of two Limbs	100%
4)	Permanent Total Loss of Sight in both eyes	100%
5)	Permanent Total Loss of Sight of one eye and one Limb	100%
6)	Permanent Total Loss of Speech	100%
7)	Complete removal of the lower jaw	100%
8)	Permanent Total Loss of Mastication	100%
9)	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10)	Permanent Total Loss of Hearing in both ears	75%
11)	Permanent Total Loss of one Limb	50%
12)	Permanent Total Loss of Sight of one eye	50%

TABLE OF BENEFITS – TABLE (B)

	The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1)	Permanent Total Disablement	100%
2)	Permanent and incurable insanity	100%
3)	Permanent Total Loss of two Limbs	100%
4)	Permanent Total Loss of Sight in both eyes	100%
5)	Permanent Total Loss of Sight of one eye and one Limb	100%
6)	Permanent Total Loss of Speech	100%
7)	Complete removal of the lower jaw	100%
8)	Permanent Total Loss of Mastication	100%
9)	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%

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	The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
10)	Permanent Total Loss of Hearing in both ears	75%
11)	Permanent Total Loss of one Limb	50%
12)	Permanent Total Loss of Sight of one eye	50%

TABLE OF BENEFITS – TABLE (C)

	The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1)	Permanent Total Disablement	100%
2)	Permanent and incurable insanity	100%
3)	Permanent Total Loss of two Limbs	100%
4)	Permanent Total Loss of Sight in both eyes	100%
5)	Permanent Total Loss of Sight of one eye and one Limb	100%
6)	Permanent Total Loss of Speech	100%
7)	Complete removal of the lower jaw	100%
8)	Permanent Total Loss of Mastication	100%
9)	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10)	Permanent Total Loss of Hearing in both ears	75%
11)	Permanent Total Loss of one Limb	50%
12)	Permanent Total Loss of Sight of one eye	50%
13)	Permanent Total Loss of Hearing in one ear	15%
14)	Permanent Total Loss of the lens in one eye	25%
15)	Permanent Total Loss of use of four fingers and thumb of either hand	40%
16)	Permanent Total Loss of use of four fingers of either hand	20%
17)	Permanent Total Loss of use of one thumb of either hand:	
	a) Both joints	20%
	b) One joint	10%
18)	Permanent Total Loss of one finger of either hand:	
	a) Three joints	5%
	b) Two joints	3.5%
	c) One joint	2%
19)	Permanent Total Loss of use of toes:	
	a) All – one foot	15%
	b) Big – both joints	5%
	c) Big – one joint	2%
	d) Other than Big – each toe	2%
20)	Established non-union of fractured leg or kneecap	10%
21)	Shortening of leg by at least 5 cms.	7.50%
22)	Ankylosis of the elbow, hip or knee	20%
23)	Permanent disablement not otherwise provided for under Items 2-22 inclusive up to a maximum of	75%

TABLE OF BENEFITS – TABLE (D)

	The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1)	Permanent Total Disablement	100%
2)	Permanent and incurable insanity	100%
3)	Permanent Total Loss of two Limbs	100%
4)	Permanent Total Loss of Sight in both eyes	100%
5)	Permanent Total Loss of Sight of one eye and one Limb	100%
6)	Permanent Total Loss of Speech	100%
7)	Complete removal of the lower jaw	100%
8)	Permanent Total Loss of Mastication	100%
9)	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10)	Permanent Total Loss of Hearing in both ears	75%
11)	Permanent Total Loss of one Limb	50%
12)	Permanent Total Loss of Sight of one eye	50%
13)	Permanent Total Loss of Hearing in one ear	15%
14)	Permanent Total Loss of the lens in one eye	25%
15)	Permanent Total Loss of use of four fingers and thumb of either hand	40%
16)	Permanent Total Loss of use of four fingers of either hand	20%
17)	Permanent Total Loss of use of one thumb of either hand:	
	a) Both joints	20%
	b) One joint	10%
18)	Permanent Total Loss of one finger of either hand:	
	a) Three joints	5%
	b) Two joints	3.5%
	c) One joint	2%
19)	Permanent Total Loss of use of toes:	
	a) All – one foot	15%
	b) Big – both joints	5%
	c) Big – one joint	2%
	d) Other than Big – each toe	2%
20)	Established non-union of fractured leg or kneecap	10%
21)	Shortening of leg by at least 5 cms.	7.50%
22)	Ankylosis of the elbow, hip or knee	20%

3. In-Hospital Medical Expenses – Accident Only

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

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Specific Conditions

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

Specific Definitions

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

Specific Exclusions

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

- 1) Any **Usual and Reasonable In-Hospital Medical Expenses** before the **Period of Insurance**.
- 2) any dental work.
- 3) any claim caused by or arising from or due to **Sickness** of any and every kind.
4. **Emergency Medical Expenses – Accident Only**

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

Specific Conditions

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

Specific Definitions

- 1) **Ambulatory Medical Centre** means a licensed facility providing ambulatory surgical or medical treatment, other than a **Hospital**, clinic or **Physician's** office.

- 2) **Usual and Reasonable Medical Expenses** means fees and prices generally charged in the locality where performed for medically necessary services and supplies required for treatment of cases of comparable severity and nature, but not to include charges that would not have been made if no insurance existed.

Specific Exclusions

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

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

5. Emergency Medical Expenses

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

Specific Conditions

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

Specific Definitions

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

Specific Exclusions

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

- 1) Any **Medical Expenses** incurred where an **Insured Journey** is undertaken against the advice of a qualified licensed medical practitioner.
- 2) Any **Medical Expenses** incurred when the specific purpose of a journey is to receive medical treatment or advice.

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- 3) Any **Medical Expenses** incurred within the territorial limits that are not stated in the Schedule.
- 4) any medical treatment, drugs or medicines, prescribed or applied, before the **Period of Insurance**.
- 5) any dental work.

6. Hospital Cash – Accident Only

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

Specific Provisions

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

Special Conditions

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

7. Hospital Cash & Home Convalescence – Accident Only

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

Specific Provisions

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

Specific Conditions

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

8. Hospital Cash – Accident & Sickness

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

Specific Provisions

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

Specific Conditions

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

9. Hospital Cash & Home Convalescence – Accident & Sickness

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

Specific Provisions

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

Specific Conditions

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

10. Broken Bones

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

TABLE OF BENEFITS

	Fracture	% of Sum Insured
1)	Fractures of the Skull:	
	a) Compound fracture with damage to the brain tissue	100
	b) Compound fracture without damage to the brain tissue	75
	c) All other fractures	50
2)	Fractures of hip or pelvis (excluding thigh or coccyx):	
	a) Multiple fractures (at least one compound & one complete)	100
	b) All other compound fractures	50
	c) Multiple fractures, at least one complete	30
	d) All other fractures	20
3)	Fracture of thigh or heel:	
	a) Multiple fractures (at least one compound & one complete)	50
	b) All other compound fractures	40
	c) Multiple fractures, at least one complete	30
	d) All other fractures	20
4)	Fracture of Lower Leg, Clavicle, Ankle, Elbow, Upper or Lower Arm (including wrist, but excluding Colles-type fracture):	
	a) Multiple fractures (at least one compound & one complete)	40
	b) All other compound fractures	30
	c) Multiple fractures, at least one complete	20
	d) All other fractures	12

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

Specific Conditions

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

11. Burns

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

TABLE OF BENEFITS

Description	Percentage of Total Sum Insured
1) Head	
a) Third degree burns of 8% or more of the total head surface area	100%
b) Second degree burns of 8% or more of the total head surface area	50%
c) Third degree burns of 5% or more, but less than 8% of the total head surface area	80%
d) Second degree burns of 5% or more, but less than 8% of the total head surface area	40%

Description	Percentage of Total Sum Insured
e) Third degree burns of 2% or more, but less than 5% of the total head surface area	60%
f) Second degree burns of 2% or more, but less than 5% of the total head surface area	30%
2) Rest of Body	
a) Third degree burns of 20% or more of the total body surface area	100%
b) Second degree burns of 20% or more of the total body surface area	50%
c) Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
d) Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
e) Third degree burns of 10% or more, but less than 15% of the total body surface area	60%
f) Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
g) Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
h) Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

Specific Conditions

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

12. Last Rites Costs – Accident & Sickness

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

13. In Hospital Surgery Benefit

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

Specific Conditions

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

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Specific Definitions

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

Specific Exclusions

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

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

Table Of Benefits

	Description of surgical procedure	The Benefit Expressed as a % of Sum Insured
1)	Abdomen	
	a) Two or more surgical procedures performed through the same abdominal incision will be considered as one operation.	
	i) Appendectomy	50
	ii) Resection of bowel	70
	iii) Resection of stomach	70
	iv) Gastro-enterostomy	60
	v) Removal of gall-bladder	70
	vi) Laparotomy for diagnostic or treatment purposes or the removal of one or more organs, unless herein provided	50
	vii) Laparoscopy for diagnostic or treatment purposes	50
2)	Abscess	
	a) Incision of superficial abscess, boil or furuncle, one or more	50
	b) Treatment of carbuncle or abscess requiring a Hospital stay, one or more	10
3)	Amputation Of	
	a) one finger or one toe	10
	b) hand, forearm or foot at ankle	20
	c) leg, arm or thigh	40
	d) thigh at hip	70
4)	Breast	
	a) Mastectomy of one or both, radical with resection into axilla	70
	b) Mastectomy one or both, partial	40
5)	Chest	
	a) Complete thoracoplasty	100
	b) Removal of lung or portion of lung	70
	c) Thoracoscopy for diagnostic, or treatment purposes	20
	d) Bronchoscopy – diagnostic	10
	e) Bronchoscopy - operative, excluding biopsy	20
	f) Cardiac surgery involving valvular replacement	100
	g) Cardiac surgery involving bypass surgery	75
	h) Cardiac surgery involving angioplasty	50

	Description of surgical procedure	The Benefit Expressed as a % of Sum Insured
6)	Ear	
	a) Myringotomy	5
	b) Mastoidectomy – radical – one side	50
	c) Mastoidectomy – radical – both sides	60
	d) Fenestration, one or both sides	100
7)	Esophagus	
	a) Operation for stricture	40
	b) Gastroscopy	10
8)	Eye	
	a) Detached retina – multiple fusions	100
	b) Cataract	50
	c) Glaucoma	30
	d) Removal of eyeball	30
	e) Removal of pterygium	20
	f) Incision of sty or chalazion	5
9)	Fractures treatment of simple	
	a) For compound fractures the benefit is increased by 50%, but will not exceed the Total Sum Insured in the Schedule.	
	b) For fractures requiring an open operation including bone grafting or bone splicing, the benefit is increased by 100%, but will not exceed the Total Sum Insured in the Schedule.	
	i) Collar bone, shoulder blade, or forearm, one bone	15
	ii) Coccyx, tarsals, metatarsals or Talar bone	10
	iii) Thigh	40
	iv) Upper arm or leg	25
	v) Fingers or toes, each, or rib	5
	vi) Forearm – two bones, knee cap, or pelvis not requiring traction	20
	vii) Leg, two bones	30
	viii) Jaw, lower	20
	ix) Carpals, metacarpals, nose, ribs (two or more) or Sternum	10
	x) Pelvis, requiring traction	30
	xi) Vertebrae, transverse processes, each	5
	xii) Vertebrae, compression fracture, one or more	40
	xiii) Wrist	10
10)	Genito – Urinary Tract	
	a) Removal of kidney	70
	b) Fixation of kidney	70
	c) Laparotomy for diagnostic or treatment purposes of tumours or stones in kidney, urethra, or bladder by Invasive Surgery	60
	d) Laparotomy for diagnostic or treatment purposes or the removal of tumours or stones in kidney, urethra, or bladder by cauterisation, endoscopic means or lithotripsy	20
	e) Stricture or urethra – open operation	30
	f) intra-urethral by Invasive Surgery	15
	g) Prostrate entire removal of open operation – complete procedure	70
	h) Prostrate partial removal – by endoscopic means	25
	i) Prostrate by other cutting operation	50
	j) Orchidectomy or epididymectomy	25

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	Description of surgical procedure	The Benefit Expressed as a % of Sum Insured
	k) Hydrocele or varicocele	10
	l) Removal of fibroid tumours, without abdominal approach	20
11)	Thyroid	
	a) partial or total removal of thyroid, including all stages of operative procedure	70
12)	Hernia	
	a) Invasive Surgery – single hernia	20
	b) Invasive Surgery – double hernia	25
	c) Radical operation, including injection treatment for cure of single hernia	40
	d) Radical operation, including injection treatment for cure of double hernia	50
13)	Joints And Dislocations	
	a) For dislocations requiring an open operation the benefit is increased by 100%, but will not exceed the Total Sum Insured in the Schedule.	
	i) Incision into joint for disease or disorder, except as herein otherwise provided and except tapping	15
	ii) Arthroscopy of shoulder, elbow, hip or knee joint, tapping excepted	40
	iii) Excision, open fixation, disarticulation or arthroplasty on shoulder, hip or spine	75
	iv) Excision, open fixation, disarticulation or arthroplasty on knee, elbow, wrist or ankle	35
	v) Dislocation of fingers or toes, each	5
	vi) Dislocation of shoulder or elbow, wrist or ankle	15
	vii) Dislocation of lower jaw	5
	viii) Dislocation of hip or knee, knee cap excepted	20
	ix) Dislocation of knee cap	5
14)	Nose	
	a) Intranasal sinus operation	15
	b) extra nasal sinus operation	35
	c) polyps, removal one or more	5
	d) submucous resection	25
	e) turbinectomy	10
15)	Paracentesis tapping of:	
	a) Abdomen	10
	b) chest or bladder, catheterization excepted	5
	c) ear drum, hydrocele, joints or spine	5
16)	Rectum And Rectoscopy	
	a) radical resection for malignancy, all stages including colostomy	100
	b) haemorrhoids, external only, excision – complete procedure	10
	c) haemorrhoids internal or internal and external including prolapsed rectum, total for excision or complete injection treatment	20
	d) fistula in ano	15
	e) fissure in ano	5
	f) rectoscopy with or without biopsy	10
	g) colonoscopy with or without biopsy	15
	h) other cutting operations on rectum	20
17)	Skull	
	a) Craniotomy for urgent removal of hematoma	100
	b) Craniotomy involving vascular surgery	75
	c) Craniotomy for removal of tumours	75

	Description of surgical procedure	The Benefit Expressed as a % of Sum Insured
18)	Throat	
	a) Tonsillectomy or tonsillectomy and adenoidectomy for adults and children 15 years of age and older	15
	b) Tonsillectomy or tonsillectomy and adenoidectomy for children under 15 years of age	10
	c) use of laryngoscope for diagnosis	5
19)	Tumours– surgical removal of:	
	a) Malignant tumours except those of the mucous membrane, skin and subcutaneous tissue	50
	b) Malignant tumours of the mucous membrane, skin and subcutaneous tissue	25
	c) Pilonidal sinus or cyst, cutting operation	25
	d) benign tumours of the testicle or breast	20
	e) ganglion	5
	f) benign tumours, one or more, except as otherwise herein provided	10
	g) varicose – complete procedure on all veins whether cutting operation or injection treatment – one leg	20
	h) varicose – complete procedure on all veins whether cutting operation or injection treatment – two legs	30

14. Temporary Total Disablement – Accident Only

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

Specific Conditions

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

Specific Definitions

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

Specific Exclusions

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

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Insured Person for any claim caused by or arising from or due to **Sickness** of any and every kind.

15. Temporary Total Disablement– Accident And Sickness

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

Specific Conditions

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

Specific Definitions

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

16. Hostage Release Fees

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

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

Specific Definitions

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

person or group making a **Ransom** demand or series of **Ransom** demands for the release of such **Insured Persons**.

- 4) **Ransom** means the amount demanded by any person or group who have **Kidnapped** the **Insured Person**, or the amount paid to a person or group for the release of the **Insured Person**.

Specific Exclusions

The **Company** will not be liable for:

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

17. Assault

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

Specific Conditions

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

Specific Definitions

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

Specific Exclusions

The **Company** shall not be liable to pay any benefit in respect of any **Insured Person** for an act of **Assault** by an **Immediate Family Member**.

18. Mobility Extension

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

- 1) a self-powered, climbing wheelchair; and/or
- 2) his/her motor vehicle with the controls suitably adjusted; and/or
- 3) a lift, necessary ramps, railings and holds to usual place of residence, then
the **Company** agrees to pay for 95% of the costs of such equipment and the installation thereof up to the Total **Sum Insured** stated in the Schedule.

19. Ambulance Costs

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

20. Concussion Extension

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

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

21. Animal Attack Extension

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

Specific Definition

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

22. Chauffeur Plan Benefit

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

Specific Exclusions

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

23. Spouse Or Dependent Child Consolation Benefit

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

Specific Extensions

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

24. Insured Person's Counselling Benefit

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

Specific Extensions

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

Specific Conditions

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

25. Family Counselling Benefit

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

Specific Extensions

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

Specific Conditions

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

26. Common Accident

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

This benefit applies only if:

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

Specific Extensions

- 1) Disappearance: In the event of the disappearance of the **Insured Person**, following a forced landing, stranding, sinking or wrecking of a conveyance in which such **Insured Person** was known to have been travelling as an occupant, it shall be

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deemed after twelve (12) months, subject to all other terms and conditions of this Policy, that such **Insured Persons** shall have died as the result of an **Accident**. If at any time, after the payment of a benefit under this Section, it is discovered that an **Insured Person** is still alive, all payments shall be reimbursed in full to the **Company**.

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

27. Evacuation Benefit

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

Specific Definitions

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

28. Medical Insurance Premium Indemnity

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

Specific Extensions

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

Specific Conditions

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

29. Dependent Child Education Benefit

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

Specific Conditions

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

Specific Extensions

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

Insured Person is still alive, all payments shall be reimbursed in full to the **Company**.

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

30. Comatose Benefit – Accident Only

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

Specific Provisions

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

Specific Conditions

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

Specific Definitions

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

31. Comatose Benefit – Accident & Sickness

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

Specific Provisions

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

Specific Conditions

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

Specific Definitions

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

32. Home Tuition Benefit

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

Specific Conditions

- 1) In the event of a dispute arising as to when **Temporary Total Disablement** ceased, the date shall be finally determined by a **Physician** commissioned by the **Company** who certifies:
 - a) the date upon which the **Insured Person** recovered; or

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b) the date upon which the **Insured Person** recovered as far as he/she ever will; or

c) the date from which the **Insured Person** is declared to have suffered **Permanent Total Disablement**;

- 2) The benefit shall not in any event exceed the Total **Sum Insured** or the Maximum Number of Weeks as stated in the Schedule.
- 3) If an **Insured Person** has other insurance against a loss covered by this Section, then the **Company** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Definitions

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

Specific Exclusions

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

33. Rehabilitation Benefit

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

Specific Definitions

Rehabilitation means:

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

Specific Exclusions

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

34. Reconstructive Surgery Benefit

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

Specific Definitions

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

Specific Exclusions

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

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

35. Parental Care Benefit

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

then the **Company** agrees to pay the **Compensation** shown in the Schedule in equal shares to each **Dependent Parent** of the **Insured Person**.

Specific Definitions

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

36. Dependent Child Wedding Benefit

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

Section 6: Travel Insurance

1. Accidental Death

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

Specific Extensions

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

Specific Conditions

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

2. Permanent Disablement

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

Specific Extensions

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

Specific Provisions

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

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Specific Conditions

- 1) The insurance shall terminate for an **Insured Person** under this Section upon payment of a benefit equal to the **Total Sum Insured**.
- 2) The total amount payable in respect of more than one disablement due to the same **Accident** is arrived at by adding together the various percentages shown in the Table of Benefits, but shall not exceed the **Total Sum Insured**.
- 3) The **Deductible** or **Franchise**, if applicable, shall apply to the total amount payable, irrespective of the number of benefits an **Insured Person** is entitled to.
- 4) If an **Insured Person** dies as the result of the **Bodily Injury** any amount claimed and paid to an **Insured Person** under the Permanent Disablement Section will be deducted from any payment under the **Accidental** Death Section.

Specific Definitions for all Tables of Benefits

- 1) **Limb** means the hand above the wrist joint or foot above the ankle joint.
- 2) **Loss of Hearing** means the total and irrecoverable **Loss of Hearing**.
- 3) **Loss of Mastication** means the total and irrecoverable loss of ability to chew food.
- 4) **Loss of Sight** means the total and irrecoverable **Loss of Sight**. This is considered to have occurred if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.
- 5) **Loss of Speech** means the total and irrecoverable **Loss of Speech**.

Specific Definitions for Table (A)

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

Specific Definitions for Table (B)

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

Specific Definitions for Table (C) & Table (D)

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

Table Of Benefits – Table (A)

	The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1)	Permanent Total Disablement	100%
2)	Permanent and incurable insanity	100%
3)	Permanent Total Loss of two Limbs	100%
4)	Permanent Total Loss of Sight in both eyes	100%
5)	Permanent Total Loss of Sight of one eye and one Limb	100%
6)	Permanent Total Loss of Speech	100%
7)	Complete removal of the lower jaw	100%
8)	Permanent Total Loss of Mastication	100%
9)	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10)	Permanent Total Loss of Hearing in both ears	75%
11)	Permanent Total Loss of one Limb	50%
12)	Permanent Total Loss of Sight of one eye	50%

Table Of Benefits – Table (B)

	The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1)	Permanent Total Disablement	100%
2)	Permanent and incurable insanity	100%
3)	Permanent Total Loss of two Limbs	100%
4)	Permanent Total Loss of Sight in both eyes	100%
5)	Permanent Total Loss of Sight of one eye and one Limb	100%
6)	Permanent Total Loss of Speech	100%
7)	Complete removal of the lower jaw	100%
8)	Permanent Total Loss of Mastication	100%
9)	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10)	Permanent Total Loss of Hearing in both ears	75%
11)	Permanent Total Loss of one Limb	50%
12)	Permanent Total Loss of Sight of one eye	50%

Table Of Benefits – Table (C)

	The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1)	Permanent Total Disablement	100%
2)	Permanent and incurable insanity	100%
3)	Permanent Total Loss of two Limbs	100%
4)	Permanent Total Loss of Sight in both eyes	100%
5)	Permanent Total Loss of Sight of one eye and one Limb	100%
6)	Permanent Total Loss of Speech	100%
7)	Complete removal of the lower jaw	100%
8)	Permanent Total Loss of Mastication	100%
9)	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10)	Permanent Total Loss of Hearing in both ears	75%
11)	Permanent Total Loss of one Limb	50%
12)	Permanent Total Loss of Sight of one eye	50%
13)	Permanent Total Loss of Hearing in one ear	15%
14)	Permanent Total Loss of the lens in one eye	25%
15)	Permanent Total Loss of use of four fingers and thumb of either hand	40%
16)	Permanent Total Loss of use of four fingers of either hand	20%

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	The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
17)	Permanent Total Loss of use of one thumb of either hand:	
	a) Both joints	20%
	b) One joint	10%
18)	Permanent Total Loss of one finger of either hand:	
	a) Three joints	5%
	b) Two joints	3.5%
	c) One joint	2%
19)	Permanent Total Loss of use of toes:	
	a) All – one foot	15%
	b) Big – both joints	5%
	c) Big – one joint	2%
	d) Other than Big – each toe	2%
20)	Established non-union of fractured leg or kneecap	10%
21)	Shortening of leg by at least 5 cms.	7.50%
22)	Ankylosis of the elbow, hip or knee	20%
23)	Permanent disablement not otherwise provided for under Items 2-22 inclusive up to a maximum of	75%

Table Of Benefits – Table (D)

	The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1)	Permanent Total Disablement	100%
2)	Permanent and incurable insanity	100%
3)	Permanent Total Loss of two Limbs	100%
4)	Permanent Total Loss of Sight in both eyes	100%
5)	Permanent Total Loss of Sight of one eye and one Limb	100%
6)	Permanent Total Loss of Speech	100%
7)	Complete removal of the lower jaw	100%
8)	Permanent Total Loss of Mastication	100%
9)	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10)	Permanent Total Loss of Hearing in both ears	75%
11)	Permanent Total Loss of one Limb	50%
12)	Permanent Total Loss of Sight of one eye	50%
13)	Permanent Total Loss of Hearing in one ear	15%
14)	Permanent Total Loss of the lens in one eye	25%
15)	Permanent Total Loss of use of four fingers and thumb of either hand	40%
16)	Permanent Total Loss of use of four fingers of either hand	20%

	The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
17)	Permanent Total Loss of use of one thumb of either hand:	
	a) Both joints	20%
	b) One joint	10%
18)	Permanent Total Loss of one finger of either hand:	
	a) Three joints	5%
	b) Two joints	3.5%
	c) One joint	2%
19)	Permanent Total Loss of use of toes:	
	a) All – one foot	15%
	b) Big – both joints	5%
	c) Big – one joint	2%
	d) Other than Big – each toe	2%
20)	Established non-union of fractured leg or kneecap	10%
21)	Shortening of leg by at least 5 cms.	7.50%
22)	Ankylosis of the elbow, hip or knee	20%

3. Emergency Medical Expenses

If, during the **Period of Insurance**, an **Insured Person** sustains **Bodily Injury** or sudden unexpected **Sickness**, then the **Company** will reimburse the **Insured Person** the necessary **Usual and Reasonable Medical Expenses**, incurred within two (2) months from the **Date of Loss** up to the **Sum Insured** stated in the Schedule. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.

Specific Conditions

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

Specific Definitions

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

Specific Exclusions

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

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

4. Emergency Dental Treatment

If during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** or **Acute Pain** which directly and independently of all other causes results in necessary emergency dental work, then the **Company** agrees to pay for such costs up to the **Total Sum Insured** stated in the Schedule. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.

Specific Conditions

If a **Policyholder** or **Insured Person** has other insurance against a loss covered by this Section, then the **Company** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Definitions

Acute Pain means unexpected and sudden pain that requires immediate treatment.

Specific Exclusions

The **Company** shall not be liable to pay any benefit in respect of any **Insured Person** for permanent crowns or artificial teeth.

5. Emergency Travel Benefits

The benefits below will only be insured as part of the Policy if the **Assistance Provider** Services Section has been purchased and contact has been made with the **Assistance Provider**. Contact must be made prior to any arrangements being made for such benefits.

- 1) **Medical Repatriation:** If the **Insured Person** is unable to continue his/her journey after a **Hospital** stay or medical treatment due to **Bodily Injury** or **Sickness**, then the **Company** agrees to pay the actual costs or the **Total Sum Insured** stated in the Schedule, whichever is the lesser, for the repatriation of the **Insured Person** back to the **Insured Person's** Country of Residence or Country of Citizenship (for **Operative Times** within the country of residence, the **Insured Person** will be returned to his / her home town). If the gravity of the situation so dictates, then the **Company** will pay for appropriate medical authorities to accompany the **Insured Person** during the return journey.
- 2) **Body Repatriation:** If during the **Period of Insurance**, an **Insured Person** dies as the result of **Bodily Injury** or **Sickness** then the **Company** agrees to pay the actual costs or the **Total Sum Insured** stated in the Schedule, whichever is the lesser, for the repatriation of the corpse of the **Insured Person** to his / her Country of Residence or Country of Citizenship (for **Operative Times** within the country of residence, the corpse will be returned to his / her home town).

Specific Conditions

- 1) The decision on the most appropriate means, timing and course of action belongs to the **Assistance Provider** only.
- 2) If a **Policyholder** or **Insured Person** has other insurance against a loss covered by this Section, then the **Company** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Exclusions

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

- 1) if an **Insured Person** or anyone acting on behalf of an **Insured Person** has not contacted the **Assistance Provider**, prior to any arrangements that may give rise to a claim under this Section.
- 2) Any **Medical Expenses** incurred where an **Insured Journey** is undertaken against the advice of a qualified licensed medical practitioner.
- 3) Any **Medical Expenses** incurred when the specific purpose of a journey is to receive medical treatment or advice.

6. Contingency Travel Benefits

The benefits below will only be insured as part of the Policy if the **Assistance Provider** Services Section has been purchased and contact has been made with the **Assistance Provider**. Contact must be made prior to any arrangements being made for such benefits.

Emergency Hotel Extension: If during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** or **Sickness** which directly and independently of all other causes results in a **Hospital** stay as an in-patient for more than five (5) **Days** and misses his / her scheduled flight back to the country of residence, then the **Company** agrees to pay for the costs of Hotel accommodation up to the **Total Sum Insured** stated in the Schedule, or until a return flight becomes available, whichever is the earlier.

Specific Conditions

- 1) The decision on the most appropriate means, timing and course of action belongs to the **Assistance Provider** only.
- 2) If a **Policyholder** or **Insured Person** has other insurance against a loss covered by this Section, then the **Company** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Exclusions

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

- 1) if an **Insured Person** or anyone acting on behalf of an **Insured Person** has not contacted the **Assistance Provider**, prior to an event that may give rise to a claim under this Section.
- 2) Any **Medical Expenses** incurred where an **Insured Journey** is undertaken against the advice of a qualified licensed medical practitioner.
- 3) Any **Medical Expenses** incurred when the specific purpose of a journey is to receive medical treatment or advice.

7. Accidental Death - Common Carrier

If during the **Period of Insurance** an **Insured Person** is riding as a passenger in or on, boarding or alighting from a **Common Carrier** and sustains **Bodily Injury** which directly and independently of all other causes results within twelve (12) calendar months of the **Accident** in death, then the **Company** agrees to pay to the **Insured Person's Beneficiary** or legal representative **Compensation** stated in the Schedule.

Specific Conditions

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

8. Permanent Disablement – Common Carrier

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

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Specific Conditions

- 1) This insurance shall terminate for an **Insured Person** under this Section upon payment of a benefit equal to the **Total Sum Insured**.
- 2) The total amount payable in respect of more than one disablement due to the same Accident is arrived at by adding together the various percentages shown in the Table of Benefits, but shall not exceed the **Total Sum Insured**.
- 3) The **Deductible** or **Franchise**, if applicable, shall apply to the total amount payable, irrespective of the number of benefits an **Insured Person** is entitled to.
- 4) If an **Insured Person** dies as the result of the **Bodily Injury** any amount claimed and paid to an **Insured Person** under the Permanent Disablement or Permanent Disablement – **Common Carrier** Section will be deducted from any payment under the **Accidental Death – Common Carrier** Section.

Specific Provisions

Ankylosis of the fingers (other than thumb and forefinger) and of the toes (other than the big toe) shall be limited to fifty percent (50%) of the **Compensation** payable for the loss of the said members.

Specific Definitions for all Tables of Benefits

- 1) **Limb** means the hand above the wrist joint or foot above the ankle joint.
- 2) **Loss of Hearing** means the total and irrecoverable **Loss of Hearing**.
- 3) **Loss of Mastication** means the total and irrecoverable ability to chew food.
- 4) **Loss of Sight** means the total and irrecoverable **Loss of Sight**. This is considered to have occurred if the degree of sight remaining after correction is 3/60 or less on the Snellen Scale.
- 5) **Loss of Speech** means the total and irrecoverable **Loss of Speech**.

Specific Definitions for Table (B)

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

TABLE OF BENEFITS – TABLE (B)

	The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1)	Permanent Total Disablement	100%
2)	Permanent and incurable insanity	100%
3)	Permanent Total Loss of two Limbs	100%
4)	Permanent Total Loss of Sight in both eyes	100%
5)	Permanent Total Loss of Sight of one eye and one Limb	100%
6)	Permanent Total Loss of Speech	100%
7)	Complete removal of the lower jaw	100%
8)	Permanent Total Loss of Mastication	100%
9)	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance.	100%
10)	Permanent Total Loss of Hearing in both ears	75%
11)	Permanent Total Loss of one Limb	50%
12)	Permanent Total Loss of Sight of one eye	50%

9. Hospital Cash – Accident & Sickness

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

Specific Provisions

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

Specific Conditions

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

10. LOSS OF BAGGAGE & PERSONAL DOCUMENTS

If, during the **Period of Insurance**, the Baggage, **Personal Documents** and/or Personal Effects owned by or in the custody of an **Insured Person** are damaged or lost, then the **Company** will reimburse the **Insured Person** the cost of replacement of the articles for any amount up to the **Total Sum Insured** stated in the Schedule. The **Deductible**, if applicable, shall be deducted from the **Compensation** payable.

Specific Conditions

- 1) Any valid claim involving a motor vehicle, and at all time subject to Specific Exclusion (5), will be limited to a maximum of fifty percent (50%) of the **Sum Insured** stated in the Schedule.
- 2) All claims will be subject to the **Company** at its own discretion assessing the value of the claim based on the age and estimated wear and tear of the article that forms the basis of the claim.
- 3) If applicable and if payment has been made under the Baggage Delay Section, any amounts paid would be deducted from payment of a claim under this Section of the Policy.
- 4) If a **Policyholder** or **Insured Person** has other insurance against a loss covered by this Section, then the **Company** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Definitions

Personal Documents means an **Insured Person's** identity card (if applicable), ration card, voter identity card, passport, driving licence and car licence.

Specific Claims Provisions

In the event of a claim the **Insured Person** must:

- 1) give immediate written notice:
 - a) to the relevant **Common Carrier** in the event of loss or damage in transit;
 - b) to the relevant police authority in the event of loss or theft;
- 2) submit a copy of the relevant **Common Carrier** or police report when a claim is made;
- 3) obtain a **Common Carrier** or police report where the loss occurred;
- 4) in the event of loss by a **Common Carrier**, retain original tickets and baggage slips and submit them when a claim is made;
- 5) submit original purchase receipts in the event of claims regarding goods purchased during the **Insured Journey**; and
- 6) for claims involving jewellery, submit original or certified copies of valuation certificates issued prior to the commencement of the **Period of Insurance**, when a claim is made.

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For purposes of any claim hereunder:

- 1) a pair of skis, ski boots and accessories shall be regarded as one item;
- 2) bottles of perfume, aftershave, and make up shall together be regarded as one item;
- 3) the equipment and accessories of any sport that an **Insured Person** takes on a trip shall be regarded as one item.

Specific Exclusions

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

Person for:

- 1) loss of cash, bank or currency notes, cheques, debit or credit cards or unauthorised use thereof, postal orders, travellers cheques, travel, tickets, securities of any kind and petrol or other coupons.
- 2) mechanical or electrical breakdown or derangement or breakage of fragile or brittle articles, or damage caused by such breakage unless caused by fire or by **Accident** to the conveying vehicle.
- 3) destruction or damage due to wear and tear, moth or vermin.
- 4) baggage, clothing and personal effects despatched as unaccompanied baggage.
- 5) theft from a motor vehicle unless the property is securely locked in the boot and entry to such vehicle is gained by visible, violent and forcible means.
- 6) loss or damage to sports equipment whilst in use, contact lenses, samples, tools.
- 7) for loss, destruction, or damage due to delay, confiscation or detention by order of any government or Public Authority.
- 8) for loss, destruction or damage directly occasioned by pressure waves, caused by aircraft or other aerial devices travelling at sonic or supersonic speeds.
- 9) for loss, destruction or damage caused by any process of cleaning, dyeing, repairing or restoring.
- 10) for loss, destruction, or damage caused by atmospheric or climatic conditions or any other gradually deteriorating cause.
- 11) a claim involving animals.
- 12) loss, including but not limited to loss by theft, or damage to vehicles or other accessories.
- 13) for any loss that is not reported either to the appropriate police authority or transport carrier within twenty four (24) hours of discovery or if the carrier is an airline if a property irregularity report is not obtained.
- 14) baggage and/or personal effects sent under an airway-bill or bill of lading.
- 15) computer equipment, cameras, musical instruments, radios and portable radio /cassette/compact disc players.
- 16) contact lenses, glasses, hearing aids or bridges or dentures for a tooth or teeth.

11. Loss Of Checked Baggage

If, during the Period of Insurance, the Baggage, **Personal Documents** and/or Personal Effects that have been checked in on the same **Common Carrier** as a travelling **Insured Person**, are damaged or lost, then the **Company** will reimburse the **Insured Person** the cost of replacement of the articles for any amount up to the Total **Sum Insured** stated in the Schedule. The **Deductible**, if applicable, shall be deducted from the **Compensation** payable.

Specific Conditions

- 1) All claims will be subject to the **Company** at its own discretion assessing the value of the claim based on the age and estimated wear and tear of the article that forms the basis of the claim.

- 2) If applicable and if payment has been made under the Baggage Delay Section, any amounts paid would be deducted from payment of a claim under this Section of the Policy.
- 3) If a **Policyholder** or **Insured Person** has other insurance against a loss covered by this Section, then the **Company** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Definitions

Personal Documents means an **Insured Person's** identity card (if applicable), ration card, voter identity card, passport, driving licence and car licence.

Specific Claims Provisions

In the event of a claim the **Insured Person** must:

- 1) give immediate written notice:
 - a) to the relevant **Common Carrier** in the event of loss or damage in transit;
 - b) to the relevant police authority in the event of loss or theft;
- 2) submit a copy of the relevant Common Carrier or police report when a claim is made;
- 3) obtain a Common Carrier or police report where the loss occurred;
- 4) in the event of loss by a carrier, retain original tickets and baggage slips and submit them when a claim is made;
- 5) submit original purchase receipts in the event of claims regarding goods purchased during the Insured Journey; and
- 6) for claims involving jewellery, submit original or certified copies of valuation certificates issued prior to the commencement of the Period of Insurance, when a claim is made.

For purposes of any claim hereunder:

- 1) a pair of skis, ski boots and accessories shall be regarded as one item;
- 2) bottles of perfume, aftershave, and make up shall together be regarded as one item;
- 3) the equipment and accessories of any sport that an **Insured Person** takes on a trip shall be regarded as one item.

Specific Exclusions

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

- 1) loss of cash, bank or currency notes, cheques, debit or credit cards or unauthorised use thereof, postal orders, travellers cheques, travel, tickets, securities of any kind and petrol or other coupons.
- 2) mechanical or electrical breakdown or derangement or breakage of fragile or brittle articles, or damage caused by such breakage unless caused by fire or by **Accident** to the conveying vehicle.
- 3) destruction or damage due to wear and tear, moth or vermin.
- 4) baggage, clothing and personal effects despatched as unaccompanied baggage.
- 5) theft from a motor vehicle unless the property is securely locked in the boot and entry to such vehicle is gained by visible, violent and forcible means.
- 6) loss or damage to sports equipment whilst in use, contact lenses, samples, tools.
- 7) for loss, destruction, or damage due to delay, confiscation or detention by order of any government or Public Authority.
- 8) for loss, destruction or damage directly occasioned by pressure waves, caused by aircraft or other aerial devices travelling at sonic or supersonic speeds.
- 9) for loss, destruction or damage caused by any process of cleaning, dyeing, repairing or restoring.

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- 10) for loss, destruction, or damage caused by atmospheric or climatic conditions or any other gradually deteriorating cause.
- 11) a claim involving animals.
- 12) loss, including but not limited to loss by theft, or damage to vehicles or other accessories.
- 13) for any loss that is not reported either to the appropriate police authority or transport carrier within twenty four (24) hours of discovery or if the carrier is an airline if a property irregularity report is not obtained.
- 14) baggage and/or personal effects sent under an airway-bill or bill of lading.
- 15) computer equipment, cameras, musical instruments, radios and portable radio /cassette/compact disc players.
- 16) contact lenses, glasses, hearing aids or bridges or dentures for a tooth or teeth.

12. Baggage Delay

If, during the **Period of Insurance**, the baggage and/or personal effects owned by or in the custody of an **Insured Person** is delayed or misdirected for more than the **Deductible** stated in the Schedule, then the **Company** will reimburse the **Insured Person** the cost of necessary personal effects up to the **Sum Insured** stated in the Schedule.

Specific Conditions

- 1) The baggage and/or personal effects must have been checked in as registered baggage by the airline operating under a licence issued by a governmental authority having jurisdiction for the transportation of fare paying passengers on fixed established routes, for any benefit to be payable under this Section.
- 2) If upon further investigation it is later determined that the baggage and/or personal effects has been lost, then any amount claimed and paid to an **Insured Person** under the Baggage Delay Section will be deducted from any payment under the Baggage Loss Section.
- 3) An **Insured Person** shall exercise all reasonable measures and precautions for the safety of, and recovery of, any property insured hereunder. Notification of any apparent delay to baggage must be made immediately to the airline concerned.
- 4) If a **Policyholder** or **Insured Person** has other insurance against a loss covered by this Section, then the **Company** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.
- 5) If the **Insured Person** receives any form of compensation from the **Common Carrier** in the form of vouchers, tickets or coupons, then these items will be surrendered to the **Company**.

Specific Exclusions

The **Company** will not indemnify the **Insured Person** for delayed baggage as a result of the following:

- 1) chartered flights, unless such flights are registered in the International Data System.
- 2) confiscation of baggage by customs or any government authority.
- 3) purchases made after arriving in the final destination mentioned on the airline ticket.
- 4) baggage and/or personal effects sent under an airway-bill or bill of lading.
- 5) delays due to a strike or industrial action existing or announced before the start of the journey.
- 6) delays due to withdrawal of aircraft from service by any civil aviation authority of which notice had been given before the start of the journey.
- 7) any delays of the return journey.

13. Flight Delay

If during the **Period of Insurance**, the flight on which an **Insured Person** is due to travel is delayed in excess of the **Deductible**, then the **Company** agrees to reimburse up to the amount stated in the Schedule per hour, or up to the Total **Sum Insured**, whichever is the lesser, for essential purchases, such as meals, refreshments or other related expenses directly resulting from the:

- 1) delay or cancellation of the **Insured Person's** booked and confirmed flight.
- 2) late arrival of the **Insured Person's** connecting flight causing the **Insured Person** to miss his or her onward connection.
- 3) or a late arrival (of more than 1 hour) of public transport causing the **Insured Person** to miss the flight.

Specific Conditions

- 1) If a **Policyholder** or **Insured Person** has other insurance against a loss covered by this Section, then the **Company** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.
- 2) If the **Insured Person** receives any form of compensation from the **Common Carrier** in the form of vouchers, tickets or coupons, then these items will be surrendered to the **Company**.

Specific Claims Provisions

All claims must be submitted in writing to the **Company** by the **Insured Person**, or his/her legal representative and all information, documents, and evidence required by the **Company** shall be furnished at no expense to the **Company** and shall be in such form and of such nature as the **Company** may prescribe. All claims must be reported to the **Company** within twenty-one (21) **Days** of a delay occurring, and must contain:

- a) the Policy number.
- b) detailed circumstances of the delay.
- c) a copy of declaration of delay made by the public transport company (other than an airline).
- d) all receipts, all invoices serving as proof of purchases made in connection with the flight delay, as well as proof of the delay and the flight number and place where the delay occurred.

Specific Exclusions

The **Company** shall not be liable for any claim:

- 1) arising or as the result of chartered flights, unless such flights are registered in the International Data System.
- 2) if comparable alternative transport has been made available within six (6) hours after scheduled departure time or within six (6) hours of an actual connecting flight arrival time.
- 3) if an **Insured Person** fails to check-in according to the itinerary supplied, unless it is due to a strike.
- 4) if the delay is due to a strike or industrial action existing or announced before the start of the journey.
- 5) if the delay is due to withdrawal of aircraft from service by any civil aviation authority of which notice had been given before the start of the journey.

14. Hijacking

If during the **Period of Insurance** an **Insured Person** is travelling on board a **Common Carrier** which is **Hijacked**, then the **Company** agrees to pay to the **Insured Person** the **Compensation** stated in the Schedule for every six (6) continuous hours in excess of the **Deductible** up to the Total **Sum Insured**.

Specific Definitions

Hijacked means the unlawful seizure or wrongful exercise of control of a **Common Carrier**, or the crew thereof.

Specific Exclusions

The **Company** shall not be liable to pay any benefit in respect of any **Insured Person** for any claim caused by civil authority.

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15. Personal Liability

Property Damage

If while this Policy is in force a claim is made or a suit brought against an **Insured Person** for **Property Damage** that occurred during the **Period of Insurance**, then the **Company** agrees to pay to the **Insured Person** the **Compensation** stated in the Schedule, up to the **Total Sum Insured**, for the damages for which the **Insured Person** is legally liable.

Medical Payments to Others

If while this Policy is in force a claim is made or a suit brought against an **Insured Person** for **Medical Expenses** as the result of an **Accident** that occurred during the **Period of Insurance** caused by the **Insured Person** and resulting in **Bodily Injury** to another person, then the **Company** agrees to pay to the **Insured Person** the **Compensation** stated in the Schedule, up to the **Total Sum Insured**, for the damages for which the **Insured Person** is legally liable.

In no event with the **Company** pay more than the **Total Sum Insured** for all **Property Damage** or **Medical Expenses** arising out of one event.

Specific Conditions

- 1) If a **Policyholder** or **Insured Person** has other insurance against a loss covered by this Section, then the **Company** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.
- 2) The **Total Sum Insured** is the total amount payable for Property Damage and Medical Payments to Others combined, not for each one.

Specific Definitions

- 1) **Medical Expenses** means reasonable charges for medical, surgical, X-ray, dental, ambulance, **Hospital**, professional nursing, prosthetic devices and funeral services.
- 2) **Property Damage** means physical injury to, destruction of or loss of use of tangible property.

Specific Exclusions

The **Company** will not be liable for any claims caused by or resulting either directly or indirectly from:

- 1) liability which is expected or intended by an **Insured Person**.
- 2) liability arising out of or in connection with a business engaged in by an **Insured Person**. This exclusion applies but is not limited to an act or omission,
- 3) regardless of its nature or circumstance, involving a service or duty rendered, promised, owed, or implied to be provided because of the nature of the business.
- 4) liability arising out of the rental or holding for rental of any part of any premises or a motor vehicle of any kind by an **Insured Person**.
- 5) liability arising out of the rendering of or failure to render professional services.
- 6) liability arising out of a premises, watercraft or aircraft that is owned by, rented to or rented by an **Insured Person**.
- 7) liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles, all other motorised land conveyances, water craft or aircraft.
- 8) liability arising out of the transmission of a communicable disease by an **Insured Person**.
- 9) liability arising out of sexual molestation, corporal punishment, or physical or mental abuse.
- 10) liability arising out of the use, sale, manufacture, delivery, transfer or possession by any person of a controlled substance or contraband as defined by the appropriate authority or government agency.

- 11) liability under any contract or agreement.
- 12) **Property Damage** to property owned by an **Insured Person**.
- 13) **Property Damage** to property rented to, occupied, or used by or in the care of an **Insured Person**.
- 14) **Bodily Injury** to any person eligible to receive any benefits voluntarily provided or required to be provided by an **Insured Person** under any worker's compensation law, non occupational disablement law or occupational diseases law.
- 15) any claims or suits arising from any **Immediate Family Member**, **Close Business Associate** or an **Immediate Family Member** of a **Close Business Associate** against an **Insured Person**.

16. Financial Emergency Assistance

The deductible excess in respect of this benefit will be applicable for each separate claim, and shall be of an amount as specified in the Schedule of this Policy. For the purpose of this benefit, 'financial emergency' shall mean a situation wherein the Insured loses all or a substantial amount of his/her travel funds due to theft, robbery, mugging or dacoity, such that there is a detrimental effect on his/her travel plans.

The **Company** shall have the sole discretion to determine whether a 'financial emergency' has occurred in any instance.

This is an assistance provided by the company through service provider. The assistance would be provided subject to the terms and conditions of the service provider, as stated below.

Exclusions Applicable - Financial Emergency Assistance

The **Company** shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured in connection with or in respect of

- 1) A shortage or loss of funds due to currency fluctuation, errors omissions, exchange, loss or depreciation in value.
- 2) Any loss not reported to the police authorities having jurisdiction at the place of loss within 24 hours of the occurrence of the incident and a written report being obtained for the same.
- 3) Any claim in respect of a loss of traveller's cheques not immediately reported to the local branches or agents of the issuing authority.
- 4) Loss of funds not kept in the personal custody of the Insured.
- 5) Any reimbursement under Financial Emergency Assistance is excluded if the claim is put up after arrival of the Insured to the Republic of India
- 6) Any exclusion mentioned in the 'General Exclusions' section of this Policy

Section 7: Home Insurance – Revision

A. – Fire and Special Perils

The **Company** will indemnify the Insured in respect of loss or damage to the building wherein the home of the Insured is situated and/or contents which shall for purposes of this Section, mean and include items of property in the Insured's home and/or items of property there in for which the Insured is accountable, due to:

I. Fire

Excluding destruction of or damage caused to the property insured by:

- a. i. Its own fermentation, natural heating or spontaneous combustion;
- ii. Its undergoing any heating or drying process.
- b. Burning of property insured by order of any Public Authority.

II. Lightning

III. Explosion/Implosion

Excluding loss, destruction of or damage:

- a. To boilers (other than domestic boilers), economisers or other vessels, machinery or apparatus (in which steam is generated) or their contents resulting from their own explosion/implosion;

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- b. Caused by centrifugal forces.
- IV. **Aircraft Damage**
Loss, destruction of or damage caused by aircraft, other aerial or space devices and articles dropped there from excluding those caused by pressure waves.
- V. **Riot, Strike and Malicious Damage**
Loss or visible physical damage or destruction by external violent means directly caused to the property insured but excluding those caused by:
- Permanent or temporary dispossession resulting from confiscation, commandeering, requisition or destruction by order of the Government or any lawfully constituted authority;
 - Permanent or temporary dispossession of any building resulting from the unlawful occupation by any person of such building or prevention of access to the same;
 - Burglary, house breaking, theft, larceny or any such attempt or omission of any kind by any person (whether or not such act is committed in the course of a disturbance of public peace) by any malicious act.
- VI. **Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood and Inundation**
Loss, destruction or damage directly caused by storm, cyclone, typhoon, tempest, hurricane, tornado, flood or inundation.
- VII. **Impact Damage**
Loss or visible physical damage or destruction caused to the property insured due to impact by any rail/road vehicle or animal by direct contact not belonging to or owned by
- The Insured or any occupier of the property insured ;or
 - Their employees while acting in the course of their employment.
- VIII. **Subsidence and Land slide including Rockslide**
Loss, destruction or damage directly caused by Subsidence of part of the site on which the property stands or Landslide/ Rockslide excluding:
- The normal cracking, settlement or bedding down of new structures.
 - The settlement or movement of made up ground.
 - Coastal or river erosion.
 - Defective design or workmanship or use of defective materials.
 - Demolition, construction, structural alterations or repair of any property or ground works or excavations.
- IX. **Bursting and/or Over flowing of Water Tanks, Apparatus & Pipes**
- X. **Missile Testing Operations**
- XI. **Leakage from Automatic Sprinkler Installations**
Excluding loss, destruction or damage caused by
- Repairs or alterations to the buildings or premises.
 - Repairs, removal or extension of the sprinkler installation.
 - Defects in construction known to the Insured.
- XII. **Bush Fire**
Excluding loss, destruction or damage caused by forest fire.
- XIII. **Earthquake, Volcanic Eruption & Other Convulsions of Nature**
Loss, destruction or damage (including loss, destruction or damage by fire) to any of the property insured by this policy occasioned by or through or in consequence of earthquake including flood or overflow of the sea, lakes, reservoirs and rivers and/or Landslide/Rockslide resulting there from.

Exclusions

This Section does not cover -

- Loss, destruction or damage caused by war, invasion, act of foreign

enemy, hostilities or war like operations (whether war be declared or not), civil war, mutiny or civil commotion assuming the proportions of or amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.

- Loss, destruction or damage, directly or indirectly, caused to the property insured by a) ionising, radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel; b) radioactive toxic, explosives or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
- Loss, destruction or damage caused to the insured property by pollution or contamination excluding a) pollution or contamination which itself results from a peril hereby insured against; b) any peril hereby insured against which itself results from pollution or contamination.
- Loss, destruction or damage to manuscripts, plans, drawings, securities, documents of any kind, stamps, coins, cash/paper money, deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, promissory notes, or any other negotiable instrument, books of accounts or any other business books, and explosives.
- Loss, destruction or damage to articles of consumable nature, livestock and motor vehicles.
- Loss, destruction or damage to Specified Items including jewellery, curios, antiques, pictures and other works of art, guns, collection of stamps, coins and medals for an amount collectively in excess of Rs. 10,000 unless specifically stated to the contrary in the Schedule.
- Loss, destruction or damage to any electrical machine, apparatus, fixture or fitting arising from or occasioned by over-running, excessive pressure, short circuiting, arcing, self heating or leakage of electricity from whatever cause (lightning included) provided that this exclusion shall apply only to the particular electrical machine, apparatus, fixture or fitting so affected and not to other machines, apparatus, fixtures or fittings which may be destroyed or damaged by fire so setup.
- Expenses necessarily incurred on (i) Architects, Surveyors and Consulting Engineer's Fees and (ii) debris removal by the Insured following loss, destruction or damage to the property insured by any of the insured perils in excess of 3% and 1% of the claim amount respectively.
- Loss of earnings, or other consequential or indirect loss or damage of any kind or description what so ever.
- Loss by the ft during or after the occurrence of any of the insured perils except as provided under riot, strike, and malicious damage cover

Terrorism Damage Exclusion Warranty

Notwithstanding any provision to the contrary within this insurance it is agreed that this insurance excludes loss, damage cost or expense of what so ever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. For the purpose of this warranty, an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group (s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear. The warranty 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. If the Company alleges that by reason of this exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the insured. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect

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SUMINSURED

The basis of valuation shall be

- Reinstatement value for buildings and all contents excepting personal effects, and
- Market value for personal effects.

BASIS OF INDEMNITY

- The indemnity shall be on the basis of reinstatement value or market value as applicable and as stated above.
- In the event of property insured being damaged by any of the insured perils, the Company shall pay for the amount of damage or loss or at its option replace or repair the damaged property.
- If the property hereby insured shall, at the breaking out of any fire or at the commencement of any destruction of or damage to the property by any of the insured perils be collectively of greater value than the Sum Insured there on, then the Insured shall be considered as being his own insurer for the difference and shall bear a rateable portion of the loss accordingly. Provided, however, that if the Sum Insured here by on the property insured shall at the breaking out of such fire or at the commencement of such destruction or damage be not less than 85% (eighty five percent) of the collective value of the property insured, clause 3 of Basis of Indemnity under this Section shall not apply, not with standing anything to the contrary contained in the policy.

B. BURGLARY AND HOUSE BREAKING INCLUDING LARCENY AND THEFT (AS DEFINED IN INDIAN PENAL CODE)

What is covered

- The Company will indemnify the Insured in respect of loss or damage to contents, by burglary and house breaking including larceny and theft.
- The Company will further indemnify the Insured in respect of damage to the Insured's home and / or safe resulting from burglary and/or house breaking or any attempt thereat subject to a maximum of 5% of the Sum Insured under this Section. Provided however that no loss under clauses a) and b) herein above, shall together exceed the Sum Insured under this Section.

EXCLUSIONS

This Section does not cover loss, destruction or damage:

- Caused by burglary and/or house breaking and/or theft and/or larceny where any member of the Insured's family is concerned as principal or accessory.
- To securities, documents of any kind, stamps, coins, cash/ paper money, deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, promissory notes, or any other negotiable instrument, books of accounts or any other business books, and explosives.
- To articles of consumable nature, live stock and motor vehicles.
- To curios, antiques, pictures and other works of art, guns, collection of stamps, coins and medals for an amount collectively in excess of Rs. 10,000 unless specifically stated to the contrary in the Schedule.
- To jewellery and valuables in excess of Rs. 10,000 per single article unless stated to the contrary in the Schedule.

SPECIAL CONDITION

- Jewellery is covered subject to its being kept in locked safe within the home premises.
- Where any item insured hereunder consists of articles in pair or set the Company's liability in respect thereof shall not exceed the value of any article which may be lost or damaged without reference to any special value which such article may have as part of such pair or set.
- The cover under this section becomes inoperative if the premises remain unoccupied for more than 60 consecutive days unless prior written notice is sent to the Company and its consent obtained, subject to fulfilment of terms and conditions that may be stipulated by the Company for extending cover in such circumstances.

4. For Multi year policy-

Extends to cover the property of the insured up to policy period as specified in the schedule provided that:

- The policy shall be issued for a minimum period of 2 years.
- Refund shall be allowed as per below rules.
 - No refund shall be allowed if there has been a claim under the policy.
 - If the policy is cancelled within 3 years of inception, the premium to be retained shall be worked out as per normal rates applicable - that is with out all owing any discount.
 - If the policy is cancelled after 3 years of inception, the discounts lab shall be reworked for the number of years the policy was actually in force. For this purpose fraction of a year shall be rounded to the next higher year.
 - Refund, if any, shall be subject to the retention of minimum premium of Rs.100/-
- Mid-term inclusion of perils shall not be allowed.
- Premium for entire policy period shall be collected in advance.
- Mid-term increase in sum insured shall be allowed on prorata basis for the balance period.
- Mid-term reduction in Sum Insured is not allowed
- Policy with long term extension can be issued to only to house/ flat owners and not to others who do not own the house/flat.
- Discounts for Earthquake Cover for Long term policies cannot be allowed.
- All Other terms and conditions remain same as per Policy wording

SUM INSURED

The basis of valuation shall be

- Reinstatement value for all contents excepting personal effects, and
- Market value for personal effects.

BASIS OF INDEMNITY

- The indemnity shall be on the basis of reinstatement value or market value as applicable and as stated above.
- In the event of property insured being damaged by any of the insured perils, the Company shall pay for the amount of damage or loss or at its option replace or repair the damaged property.

If the property hereby insured shall, at the commencement of any destruction of or damage to the property by any of the insured perils be collectively of greater value than the Sum Insured there on, then the Insured shall be considered as being his own insurer for the difference and shall be at a rateable portion of the loss accordingly. Provided, however, that if the Sum Insured hereby on the property insured shall at the breaking out of such fire or at the commencement of such destruction or damage be not less than 85% (eighty five percent) of the collective value of the property insured, clause 3 of Basis of Indemnity under this Section shall not apply, not withstanding anything to the contrary contained in the policy.

Section 8: E@SECURE INSURANCE

1. Legal Protection

If You have a legal dispute over any of the **Specified Events**, We will provide You the necessary legal protection against the costs of pursuing and defending legal actions maximum up to the amount of the sub limit set forth under "Legal Protection" specified on the Policy Schedule:

- Professional Legal Advice
We will pay for the legal advice sought by You based on the laws of India.
- Legal Costs
We will cover Your legal costs to:

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- Pursue or defend any legal actions against or by the **Third Party**;
- Remove any criminal or civil judgments wrongly entered against **You**; or
- Challenge the accuracy or completeness of any information in a credit report.

Provided that:

1. The **Specified Event** occurred on the internet during the **Period of Insurance**;
2. Our prior written consent must be obtained before any costs are incurred (which shall not be unreasonably withheld or delayed);
3. The legal action pursued / defended is within the jurisdiction of the Indian courts.

B. SPECIFIED EVENTS

2. Damage to e-Reputation

If **You** suffer damage to **Your** personal reputation which arises directly from a **Harmful Publication** (whether in the form of videos, photographs or published statements) by any **Third Party** on the internet, **We** will reimburse for the costs incurred by **You**:

- a) For the services of an IT specialist to remove and / or **Flood** such **Harmful Publication** from the internet maximum up to the amount of the sub limit set forth under "Damage to e-Reputation" on the Policy Schedule; and

For the Face – to – face consultation with a Psychologist / an accredited Psychiatrist for post – traumatic stress disorder, suicidal tendencies, self-harm, depression, anxiety disorder, insomnia, eating disorders or similar serious medical condition that makes consultation **Deemed Necessary**, maximum up to the amount of the sub limit set forth under "Psychological counselling" on the Policy schedule. Any sub limit of liability available for counselling service under this is part of, and not in addition to, the sub limit of liability set forth under limit mentioned in "Damage to e-reputation" on Policy Schedule; the payment by **Us** of any such sub limit of liability erodes the sub limit of liability set forth in "Damage to e-reputation" of the Policy Schedule.

Provided that:

1. This **Specified Event** occurred on the internet during the **Period of Insurance**;
2. **You** lodge an FIR within Seventy – two (72) hours upon discovering the **Harmful Publication**, giving details of the contents and specific internet sites where the **Harmful Publication** is published.

What **We** will not cover under this Section:

In addition to the General Exclusions, **We** will also not pay any claim in respect of:

1. Loss that occurs within the first forty – five (45) days of the inception date of this insurance cover.
2. Any non-digital media (e.g. in print), radio and television broadcast
3. Damage caused by a **Journalist**.
4. Any legal proceedings (pending or settled) with a **Third Party** prior to the commencement of this cover.

3. Identity Theft

If **Your Personal Information** is stolen over the internet, and a **Third Party** knowingly and unlawfully uses it subsequently without **Your** express consent to obtain money, goods or services, **We** will provide for reimbursement of the costs / expenses that **You** incurred maximum up to the amount of the sub limit set forth under "Identity Theft" on the Policy Schedule for / to :

- a) amend or rectify records regarding **Your** true name or identity, including but not limited to:
 - To notarize affidavits for financial institutions or credit bureau agencies to restore **Your Bank Accounts** and credit rating;

- To re-submit loan applications which were declined solely because the lender received incorrect credit information; and

- Costs of telephone calls, postage and bank charges to resolve the Identity Theft.

- b) Any lost wages due to time taken off from work, not exceeding 7days solely for the purpose of meeting with the relevant organizations and/or authorities to amend or rectify records as a result of an Identity Theft

- If **You** are self - employed, lost wages will be calculated based on **Your** tax returns in the prior year and limited to wages lost within 12 months upon discovery of the Identity Theft.

- c) For the Face – to – face consultation with a Psychologist / an accredited Psychiatrist for post – traumatic stress disorder, suicidal tendencies, self-harm, depression, anxiety disorder, insomnia, eating disorders or similar serious medical condition that makes consultation **Deemed Necessary**, maximum up to the amount of the sub limit set forth under "Psychological counselling" on the Policy schedule. Any sub limit of liability available for counseling service under this is part of, and not in addition to, the sub limit of liability set forth under limit mentioned in "Identity Theft" on Policy Schedule; the payment by **Us** of any such sub limit of liability erodes the sub limit of liability set forth in "Identity Theft" of the Policy Schedule.

Provided that:

1. This **Specified Event** occurred on the internet during the **Period of Insurance**;
2. **You** lodge an FIR detailing the Identify Theft within 72 hours upon discovery of Identity Theft by **You**;
3. **You** notify **Your** bank or Credit / Debit Card issuer(s) of the Identity Theft by **You** within 72 hours upon discovery of the Identity Theft by **You** (if applicable).
4. **You** provide evidence of lost wages.

All losses resulting from the same, continuous, related or repeated acts shall be treated as arising out of a single Identity Theft occurrence.

What **We** will not cover under this Section:

In addition to the General Exclusions, **We** will also not pay any claim in respect of:

1. Expenses incurred (e.g. loan application fees, telephone charges etc.) six (6) months after the expiry of the cover.

4. Unauthorized Online Transactions

If **You** suffer loss as a direct result of the fraudulent use of **Your Bank Account** and / or **Credit/Debit Cards** and /or E-Wallets by a **Third Party** for purchases made over the internet, **We** will indemnify **You** maximum up to the amount of the sub limit set forth under "Unauthorized Online Transaction" on the Policy Schedule for:

- a) Any Unauthorized Online Transactions that are charged to **Your Credit/Debit Card** or **Bank Account** or E-Wallets that are legally unrecoverable from any other sources.
- b) Any lost wages due to time taken off from work, not exceeding 7days solely for the purpose of meeting with the relevant organizations and authority to amend or rectify records regarding **Your** true name or identity as a result of the Unauthorized Online Transactions.
 - If **You** are self-employed, lost wages will be based on **Your** tax returns in the prior year and limited to wages lost within 12 months upon discovery of the theft.
- c) Costs of telephone calls, postage and bank charges to resolve the breach of payment.

Provided that:

1. This **Specified Event** occurred on the internet during the **Period of Insurance**;

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2. **You** lodge an FIR detailing the Unauthorized Online Transaction within 72 hours upon discovery of the breach by **You**;
3. **You** notify to the issuing bank and/or **Credit/Debit Card** and/or E-Wallet provider within 72 hours upon discovery of the breach by **You**;
4. **You** provide evidence that the bank is not reimbursing **You** for the fraudulent transactions;
5. **You** provide evidence of lost wages.

What We will not cover under this Section:

In addition to the General Exclusions, **We** will also not pay any claim in respect of:

1. Reimbursement by the bank for the transaction.
2. Cash advances (or cash withdrawn through an ATM or **Bank Account**) made through **Your** stolen **Bank Accounts** and/or **Credit/Debit Cards**.
5. **E-Extortion**

If **You** suffer financial loss solely and directly as a result of **Extortion Threat**, **We** will reimburse **You** or pay on **Your** behalf **Extortion Loss** that **You** incur solely and directly as result of **Extortion Threat** maximum up to the amount of the sub limit set forth under "E-Extortion" on the Policy Schedule

Provided that:

1. This **Specified Event** occurred on the internet during the **Period of Insurance**;
2. **You** lodge an FIR within seventy two (72) hours upon receiving the **Extortion Threat**;
3. **You** shall use your best efforts at all times to ensure that knowledge regarding the existence of the insurance for **Extortion Loss** afforded by this policy is kept confidential, unless disclosure to law enforcement authorities is required.
4. **You** shall allow **Us** (or the **our** nominated representatives) to notify the police or other responsible law enforcement authorities of any **Extortion Threat**.

What We will not cover under this Section:

In addition to the General Exclusions, **We** will also not pay any claim in respect of:

1. Loss that occurs within the first forty five (45) days of the inception date of this insurance cover.
2. Any claim or legitimate demand or even confiscation of the assets by bonafide governmental or judicial authority.

6. **Cyber Bullying or Harassment**

If **You** are the victim of **Cyber Bullying** or **Harassment** by a **Third Party**, resulting in or possibly leading to lower self-esteem, increased suicidal ideation, and a variety of emotional responses including retaliating, being scared, frustrated, angry, and depressed as certified by a qualified **Psychologist / Psychiatrist** being the direct result of **Cyber Bullying or Harassment**, **We** will reimburse **You** maximum up to the amount of the sub limit set forth under "**Cyber Bullying**" on the Policy Schedule for

- a) Face – to – face consultation with a Psychologist / an accredited Psychiatrist for post – traumatic stress disorder, suicidal tendencies, self-harm, depression, anxiety disorder, insomnia, eating disorders or similar serious medical condition that makes consultation **Deemed Necessary**.

Provided that:

1. This **Specified Event** occurred on the internet during the **Period of Insurance**;
2. **You** lodge an FIR detailing the perpetrators or in event of victim being a minor, an FIR following a psychological consultation or a written complaint to the school authorities.

In addition to the General Exclusions, **We** will also not pay any claim in respect of:

1. Event that occurs within the first 45(forty five) days of the inception date of this insurance cover.

2. Any non-digital media (e.g. in print, radio or television broadcast)
3. Any act of government or authority putting **You** under surveillance or monitoring.
4. Any disciplinary act or related disciplinary action initiated by authorities against **You** at work place, clubs, social forums or school.
5. Any legal proceedings (pending or settled) with a **Third Party** prior to the commencement of this cover.

7. **Phishing & Email Spoofing**

If **You** suffer financial loss directly due to **Phishing**, **we** will indemnify **You** for the **Money You** lost as a direct result of **Phishing** maximum up to the amount of sub-limit set forth under "**Phishing**" on the Policy Schedule. In the event, the **Phishing** is of the nature of **Email Spoofing** as defined, **We** will indemnify **You** for the **Money You** lost, maximum up to the amount of sub-limit set forth under "**Email Spoofing**" on the Policy Schedule.

Provided that:

1. This **Specified Event** occurred on the internet during the **Period of Insurance**;
2. **You** lodge an FIR detailing the loss within 72 hours upon discovery of the loss by **You**
3. In event of **Email Spoofing**, the onus is on **You** to prove and establish that **You** had every reason to expect such email and **You** had the requirement to make payment against same

What We will not cover under this Section:

In addition to the General Exclusions, **We** will also not pay any claim in respect of:

1. Any Illegal transactions e.g bribes, commissions or illegal gratifications
2. **Phishing** resulting in revelation of personal information including passwords
3. Any payments or charges towards lottery, unexpected bequeath of wealth, or any other similar unsolicited promises or dishonest incentives

C. **LIMIT OF COVER**

- (a) Limit of Liability: **Our** maximum limit of liability for any one **Period of Insurance** is limited to the amount specified in the Policy Schedule.
- (b) Deductible: **We** shall be liable only in excess of the Deductible stated in the Policy Schedule. The Deductible shall apply to all claims resulting from one event (or a series of events) occurring at the same time or from the same originating cause.

II. **Waiting Period and Exclusions**

A. **Waiting Periods**

1. **Waiting Periods applicable to Section 1: my:health Suraksha 2.my:health Hospital Cash Benefit Add on**

Claims under the Policy are covered subject to waiting Period as specified below.

- i) **General waiting period:** claim arising due to condition for which appearance of signs/symptoms, consultation, investigation, treatment or admission started within 30 days from Policy Commencement Date, except for the claims arising due to an Accident.
- ii) **Waiting Period for listed illnesses and Procedures:** 24 months for all Illnesses and Surgical Procedures listed below however this waiting period will not be applicable where the underlying cause is cancer(s).

a. **Illnesses**

Internal Congenital diseases	Non infective Arthritis
Diseases of gall bladder including cholecystitis	Urogenital system e.g.Kidney stone, Urinary Bladder Stone

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Pancreatitis	Ulcer and erosion of stomach and duodenum
All forms of Cirrhosis	Gastro Esophageal Reflux Disorder (GERD)
Perineal Abscesses	Perianal Abscesses
Cataract	Fissure/fistula in anus, Haemorrhoids including
Pilonidal sinus	Gout and rheumatism
Benign tumors, cysts, nodules, polyps including breast lumps	Osteoarthritis and osteoporosis
Polycystic ovarian diseases	Fibroids (fibromyoma)
Sinusitis, Rhinitis	Tonsillitis
Skin tumors	Benign Hyperplasia of Prostate

b. Surgical Procedures

Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy
Dilatation and curettage (D&C)	Nasal concha resection
Myomectomy for fibroids	Surgery of Genito urinary system
Surgery on prostate	Cholecystectomy
Hernia	Hydrocele/Rectocele
Surgery for prolapsed inter vertebral disc	Joint replacement surgeries
Surgery for varicose veins and varicose ulcers	Surgery for Nasal septum deviation
Surgery for Perianal Abscesses	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries

iii) Waiting Period for Pre-existing conditions:

A waiting period of 48 months shall apply for all Pre-existing Conditions declared and/or accepted at the time of applying first policy with us.

iv) Waiting Period for Parent & Child Care Cover- Basic/Parent Child Cover - Booster (Section 1C, 2 and 3)

A waiting period of 48 months shall apply for all Claims under Parent & Child Care Cover – Basic/Parent & Child Cover - Booster

Waiting period for Parent & Child care cover – Basic & Booster is applicable only under my:health Suraksha .

2. Waiting Periods applicable to Section 3: my:health Medisure Super Top Up Insurance

i) **General waiting period:** claim arising due to condition for which appearance of signs/symptoms, consultation, investigation, treatment or admission started within 30 days from Policy Commencement Date, except for the claims arising due to an Accident.

This Exclusion doesn't apply for those having any health insurance indemnity policy in India at least for 1 year prior to taking this Policy as well as for subsequent renewals with Us without a break

ii) **Waiting Period for listed illnesses and Procedures:** 24 months for all Illnesses and Surgical Procedures listed below however this waiting period will not be applicable where the underlying cause is cancer(s).

- Cataract
- Hysterectomy other than for malignancy
- Uterine prolapse including any condition requiring Hysterectomy
- Polycystic Ovarian Diseases, Myomectomy for Fibroids
- Knee Replacement Surgery (other than caused by an accident)

- Osteoarthritis and Osteoporosis
- Arthritis, Arthroscopic Surgery, Rheumatism, Joint Replacement Surgery (other than caused by accident), Prolapse of Intervertebral discs (other than caused by accident)
- Varicose Veins and Varicose Ulcers, Hernia, Stones in the urinary, uro-genital and biliary systems, Benign Prostate Hypertrophy, Hydrocele
- Congenital internal anomaly
- Fistula in anus, Piles, Fissures
- Fibroids, Dilatation & Curettage for treatment purposes, Pilonidal sinus, Chronic Suppurative Otitis Media (CSOM)
- Deviated Nasal Septum, Sinusitis and related disorders
- Surgery on tonsils/Adenoids
- Gastric and duodenal ulcer, any type of Cysts/Nodules/ Polyps, and any type of Breast lumps, benign ear, Nose and Throat disorders and surgeries Chronic Nephritis and Nephropathy (Kidney diseases).
- Hypertension, Diabetes and related complications

iii) Waiting Period for Pre-existing conditions:

A waiting period of 36 months shall apply for all Pre-existing Conditions declared and/or accepted at the time of applying first policy with us.

B. General Exclusions

1. General Exclusions applicable for Section 1: my:health Suraksha,

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

- War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide while mentally sound or unsound.
- Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing of a professional or semi-professional nature.
- The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- Treatment of Obesity and any weight control program.
- sleep-apnoea, Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down condition").
- Congenital external diseases, defects or anomalies,
- Stem cell harvesting, or growth hormone therapy. Venereal disease, sexually transmitted disease or Illness;
- Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy.
- treatment to treat infertility any fertility, sub-fertility or assisted conception procedure,
- Sterility, treatment whether to affect infertility, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services.

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- xii) Dental Treatment and surgery of any kind, unless requiring Hospitalization.
- xiii) Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).
- xiv) Circumcisions (unless necessitated by Illness or Injury an forming part of treatment); treatment for correction of vision due to refractive error, aesthetic or change-of-life treatments of any description such as sex transformation operations.
- xv) Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of Medically Necessary Treatment certified by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns.
- xvi) Experimental, investigational or Unproven treatments, devices and pharmacological regimens.
- xvii) Admission primarily for diagnostic purposes not related to Illness for which Hospitalization has been done and Conditions for which In patient Hospitalization is not warranted.
- xviii) Any Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
- xix) Preventive care, any physical, psychiatric or psychological examinations or testing if doesn't required Hospitalization; enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xx) vaccination including inoculation and immunisations (Except post bite treatment),
- xxi) Non-Medical expenses such as charges for admission, discharge, registration, Items of personal comfort and convenience including but not limited to television (wherever specifically charged for) , charges for access to telephone and telephone calls (wherever specifically charged for) , foodstuffs(except patient's diet) , cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and medical supplies including elastic stockings, diabetic test strips, Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to, administration, documentation and filing. Full list of Non-Medical expenses is available at www.hdfcergo.com.
- xxii) vitamins and tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxiii) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who is a member of an Insured Person's family, or stays with him,
- xxiv) Treatment taken on Outpatient basis
- xxv) The provision or fitting of hearing aids, spectacles or contact lenses.
- xxvi) any treatment and associated expenses for alopecia, baldness, wigs, or toupees, and similar products. optometric therapy.
- xxvii) Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.
- xxviii) Expenses for Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
- xxix) Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form

2. General Exclusions applicable for Section2: my:health Critical Suraksha Plus

1. General Exclusions applicable to all Covers

- i. A waiting period of 48 months shall apply for all Pre-existing Conditions declared and/or accepted at the time of applying first **Policy** with us.
- ii. Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- iii. Any Illness, sickness or disease other than those opted and specified as **Critical Illnesses or Surgical Procedure** under this **Policy**;
- iv. Any claim with respect to any Critical Illness diagnosed or which manifested prior to Policy Inception Date
- v. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, whether or not arising out of any **Pre-existing diseases**.
- vi. Any Critical Illness arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen;
- vii. Narcotics used by the **Insured Person** unless taken as prescribed by a registered Medical Practitioner,
- viii. Any Claim directly or indirectly caused due to intentional self-injury, suicide or attempted suicide; whether the person is medically sane or insane
- ix. Any Critical Illness directly or indirectly, caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power;
- x. Any claim caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- xi. Working in underground mines, tunneling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
- xii. Congenital External Anomalies or any complications or conditions arising therefrom including any developmental conditions of the Insured;
- xiii. Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation;
- xiv. Participation by the **Insured Person** in any flying activity, except as a bona fide, fare paying passenger of a recognized airline on regular routes and on a scheduled timetable.

2. General Exclusions applicable to Loss of Job:

- i. Loss of job due to retirement whether voluntary or otherwise
- ii. Resignation due to non-confirmation of employment after or during such period under which the Insured was under probation

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3. General Exclusions applicable for Section 3: my:healthMedisure Super Top Up Insurance

- i. Domiciliary hospitalization expenses
- ii. Co-payment: All person(s) named in the Schedule to this Policy above the age of 80 years (age last birthday) shall bear a co-pay of 10% for each and every claim.
- iii. Aggregate Deductible: We are not liable for Claims/Claim amount falling within Aggregate Deductible limit as opted and mentioned on the Schedule
- iv. Any treatment arising from or traceable to pregnancy, childbirth including caesarean section. However, this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means.
- v. Circumcision unless necessary for treatment of a illness or injury not excluded hereunder or due to an accident.
- vi. Ambulance charges.
- vii. Genetic disorder and stem cell implantation/surgery.
- viii. Dental treatment or surgery of any kind unless necessitated due to an accident and requiring minimum 24 hours Hospitalization or treatment of irreversible bone disease involving the jaw which cannot be treated in any other way, but not if it is related to gum disease or tooth disease or damage.
- ix. Birth control procedures, hormone replacement therapy and voluntary termination of pregnancy during the first 12 weeks from the date of conception.
- x. Routine medical, eye and ear examinations, cost of spectacles, laser surgery for cosmetic purposes or corrective surgeries, contact lenses or hearing aids, vaccinations except post-bite treatment, issue of medical certificates and examinations as to suitability for employment or travel.
- xi. All expenses arising out of any condition directly or indirectly caused due to or associated with human T-cell Lymph tropic virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases / illness / injury caused by and/or related to HIV and sexually transmitted diseases.
- xii. Vitamins and tonics unless forming part of treatment for illness or injury and prescribed by a Medical Practitioner.
- xiii. Instrument used in treatment of Sleep Apnoea Syndrome (C.P.A.P.) and Continuous Peritoneal Ambulatory Dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump or any other external devices used during or after treatment.
- xiv. Treatment for developmental problems including learning difficulties eg. Dyslexia, behavioural problems including attention deficit hyperactivity disorder(ADHD).
- xv. Treatment for general debility, ageing, convalescence, run down condition or rest cure, Congenital external anomaly/ies or defects, sterility, infertility including IVF, impotency, venereal disease, puberty or menopause.
- xvi. Committing or attempting to commit a criminal or illegal act, or intentional self injury or attempted suicide while sane or insane.
- xvii. Certification / Diagnosis / Treatment by a family member or from persons not registered as Medical Practitioners under the respective Medical Councils, or any diagnosis or treatment that is not scientifically recognized or experimental or unproven.
- xviii. Ailment requiring treatment due to use, abuse or a consequence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen and treatment for de-addiction, or rehabilitation.
- xix. Any illness or hospitalization arising or resulting from You or any of Your family members committing any breach of law with criminal intent.
- xx. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.

- xxi. Prostheses, corrective devices and medical appliances, which are not required intra-operatively for the illness/ injury for which You were hospitalised.
- xxii. Any stay in Hospital/Nursing Home without undertaking any treatment or where there is no active line of treatment by the Medical Practitioner.
- xxiii. Treatment of any mental illness or sickness including a psychiatric condition, disorganization of personality or mind, or emotions or behavior, Parkinson's or Alzheimer's disease even if caused or aggravated by or related to an accident or illness or general debility or exhaustion ("run-down condition").
- xxiv. Any cosmetic surgery unless forming part of treatment for cancer or burns, surgery for sex change or treatment of obesity/ morbid obesity or treatment/surgery /complications/illness arising as a consequence thereof.
- xxv. Charges incurred primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment even if the same requires confinement at a Hospital/Nursing Home.
- xxvi. Costs of donor screening and organ.
- xxvii. Costs incurred on Alternative treatments.
- xxviii. whilst You are engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports or involving a naval military or air force operation.
- xxix. Whilst You are flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular Scheduled airline or air Charter Company.
- xxx. All expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
- xxxi. All expenses directly or indirectly, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, military or usurped power. .
- xxxii. All non-medical expenses as per annexure 2 attached.
- xxxiii. Any condition after the point at which it is certified by the attending Medical Practitioner to be of such a nature that further medical treatment may serve to stabilize or maintain it but it is unlikely to result in a material improvement within a reasonable time.
- xxxiv. Service charges or any other charges levied by the Hospital/ Nursing Home, except registration/admission charges.

4. General Exclusions applicable for Section 4: my:health Hospital cash Benefit Add on

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following **unless expressly stated to the contrary in this Policy**:

- i. War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- ii. Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide while mentally sound or unsound.
- iii. Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba

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diving, parachuting, hang-gliding, rock or mountain climbing of a professional or semi-professional nature.

- iv. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- v. Treatment of Obesity and any weight control program.
- vi. sleep-apnoea, Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down condition").
- vii. Congenital external diseases, defects or anomalies,
- viii. Stem cell harvesting, or growth hormone therapy. Venereal disease, sexually transmitted disease or **Illness**; Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or **Illness**), maternity or birth (including caesarean section) except in the case of ectopic pregnancy.
- ix. treatment to treat infertility any fertility, sub-fertility or assisted conception procedure,
- x. Sterility, treatment whether to affect infertility, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services.
- xi. **Dental Treatment** and surgery of any kind, unless requiring **Hospitalization**.
- xii. Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).
- xiii. Circumcisions (unless necessitated by **Illness** or **Injury** forming part of treatment); treatment for correction of vision due to refractive error, aesthetic or change-of-life treatments of any description such as sex transformation operations.
- xiv. Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of **Medically Necessary Treatment** certified by the attending Medical Practitioner for reconstruction following an **Accident**, cancer or burns.
- xv. **Experimental**, investigational or **Unproven** treatments, devices and pharmacological regimens.
- xvi. Admission primarily for diagnostic purposes not related to **Illness** for which **Hospitalization** has been done and Conditions for which In patient **Hospitalization** is not warranted.
- xvii. Any Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
- xviii. Preventive care, any physical, psychiatric or psychological examinations or testing if doesn't required **Hospitalization**; enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xix. vaccination including inoculation and immunisations (Except post bite treatment),
- xx. Charges related to a **Hospital** stay not expressly mentioned as being covered, including but not limited to, administration, documentation and filing.
- xxi. charges for admission, discharge, registration, Items of personal comfort and convenience including but not limited to television (wherever specifically charged for) , charges for access to telephone and telephone calls (wherever specifically charged for) , foodstuffs(except patient's diet) , cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services

and supplies, and medical supplies including elastic stockings, diabetic test strips,

- xxii. Vitamins and tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxiii. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who is a member of an Insured Person's family, or stays with him,
- xxiv. Treatment taken on Outpatient basis
- xxv. The provision or fitting of hearing aids, spectacles or contact lenses.
- xxvi. Any treatment and associated expenses for alopecia, baldness, wigs, or toupees, and similar products. Optometric therapy.
- xxvii. Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.
- xxviii. Expenses for Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
- xxix. Any Claim arising due to Non-disclosure of Pre-existing **Illness** or Material fact as sought to be declared on the Proposal form

5. General Exclusions applicable for Section 5: Personal Accident Insurance and section 6: Travel Insurance

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

- i. For **Bodily Injury** or **Sickness** occasioned by **Civil War** or **Foreign War**.
- ii. For **Bodily Injury** or **Sickness** caused or provoked intentionally by the **Insured Person**.
- iii. for **Bodily Injury** or **Sickness** due to wilful or deliberate exposure to danger, (except in an attempt to save human life), intentional self-inflicted injury, suicide or attempt thereof, or arising out of non-adherence to **Medical Advice**.
- iv. For **Bodily Injury** or **Sickness** sustained or suffered whilst the **Insured Person** is or as a result of the **Insured Person** being under the influence of alcohol or drugs or narcotics unless professionally administered by a **Physician** or unless professionally prescribed by and taken in accordance with the directions of a **Physician**.
- v. For **Bodily Injury** due to a gradually operating cause.
- vi. For **Bodily Injury** sustained whilst or as a result of participating in any sport as a professional player.
- vii. for **Bodily Injury** sustained whilst or as a result of participating in any competition involving the utilisation of a motorised land, water or air vehicle.
- viii. for **Bodily Injury** sustained whilst or as a result of riding or driving a motorcycle or motor scooter over one hundred fifty (150) cc.
- ix. for **Bodily Injury** whilst the **Insured Person** is travelling by air other than as a fare paying passenger on an aircraft registered to an airline company for the transport of paying passengers on regular and published scheduled routes.
- x. for **Bodily Injury** sustained whilst or as a result of participating in any criminal act.
- xi. for **Bodily Injury** or **Sickness** resulting from pregnancy within twenty-six (26) weeks of the expected date of birth.
- xii. for **Bodily Injury** or **Sickness** caused by or arising from the conditions commonly known as Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) and/or any related **illness** or condition including derivatives or variations thereof howsoever acquired or caused. The onus shall always be upon the **Insured Person** to show that **Bodily Injury** or **Sickness** was not caused by or did not arise through AIDS or HIV.

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- xiii. For **Bodily Injury** or **Sickness** caused by or arising from or due to venereal or venereal related disease.
 - xiv. For **Bodily Injury** sustained whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.
 - xv. for **Bodily Injury** sustained whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the **Bodily Injury** occurred whilst the **Insured Person** was on leave or not in uniform.
 - xvi. for treatments for nervous or mental problems, whatever their classification, psychiatric or psychotic conditions, depression of any kind, or mental insanity.
 - xvii. any pathological fracture.
 - xviii. for cures of any kind and all stays in long term care institutions (retirement homes, convalescence centres, centres of detoxification etc.).
 - xix. for investigations, operations or treatment of a purely cosmetic nature; or for obesity; or undertaken to facilitate pregnancy or to cure impotence or to improve potency.
 - xx. for **Bodily Injury** sustained whilst or as a result of engaging in, practicing for, or taking part in training peculiar to any kind of hazardous sport such as parachuting, hangliding, parasailing, off-piste skiing or bungee jumping.
 - xxi. Any Medical Expenses incurred, the need of which arises out of a Pre-existing Condition
 - xxii. For **Bodily Injury** caused by or arising from or as a result of **Terrorism**.
- 6. General Exclusions applicable for Section 8: E@Secure Insurance**
- i. Your failure to take due care and precaution to safe guard Your Personal Information, Bank Accounts and/or Credit/Debit Cards information and internet communication.
 - ii. Deliberate, fraudulent, Illegal or malicious acts or failure to act by You or intentional or knowing violation of any duty, obligation, contract, law or regulation by You.
 - iii. Facts or circumstances existing prior to the commencement of this cover, which You knew or ought to have reasonably known to be facts or circumstances likely to give rise to a claim.
- iv. Your business activities (including but not limited to e-trading and blogging where You receive remuneration or benefits in any form), Occupation or political affiliations.
 - v. Loss that You have directly or indirectly and intentionally created or endorsed by You.
 - vi. Any unexplained loss or mysterious disappearance.
 - vii. Any loss or damage caused by the order of any government authority.
 - viii. Consequential loss or damage of any kind including loss suffered by any Third Party.
 - ix. Any claim in connection with the ownership, driving or use of a motor vehicle.
 - x. Fees and costs incurred before acceptance of a claim.
 - xi. Any claims made in connection: failure or interruption, caused by whatsoever reason, of access to a Third Party infrastructure or service provider, including telecommunications, internet service, satellite, cable, electricity, gas, water or other utility service providers.
 - xii. Losses arising from the theft, disappearance, loss of value or inaccessibility of any cryptocurrency"
 - xiii. Any claim reported to Us more than six (6) months after the occurrence of the Specified Event.
 - xiv. Any damage to or destruction of any tangible property, including loss of use thereof.
 - xv. Any liability under any contract, agreement, guarantee or warranty assumed or accepted by except to the extent that such liability would have attached to You in the absence of such contract, agreement, guarantee or warranty.
 - xvi. Any actual or alleged plagiarism or infringement of any Trade Secrets, patents, trademarks, trade names, copyrights, licenses or any other form of intellectual property.
 - xvii. War, Terrorism, looting and Governmental Acts.
 - xviii. Any losses or liabilities connected with any inherent product defect/wear and tear or any types of purchase or sale transactions or other dealing in securities, commodities, derivatives, foreign or Federal Funds, currencies, foreign exchange, and the like.
 - xix. Any distribution of unsolicited correspondence or communications (whether in physical or electronic form), wire tapping, audio or video recordings or telephone marketing.

III Policy details

Policy Type	<ul style="list-style-type: none"> Individual Sum Insured Basis Floater Sum Insured Basis for <ul style="list-style-type: none"> Section 1: my: health Suraksha Section 2: my:health Medisure top up Section 3: my:health Hospital cash Add on Benefit Travel 	
Family Definition for Floater Policies	<ul style="list-style-type: none"> Self, Spouse, dependent children* and dependent parents/parents in law can be covered under floater option Floater option of 2 Adult, 2 Parents and 2 Children is not available for Sum Insured below 3 lacs. (applicable for my:health Suraksha & my:health Hospital Cash Benefit Add-On) 	
	<ul style="list-style-type: none"> * Dependent children: A child is considered a dependent for insurance purposes until his 25th birthday provided he is financially dependent, on the proposer. (applicable for my:health Suraksha & my:health Hospital Cash Benefit Add-On) 	
	Self, Spouse and Dependant Children up to 23 years (applicable for my:health Medisure Super Top Up Insurance)	
Relations covered under Individual Sum Insured	<ul style="list-style-type: none"> Individual Sum Insured Option: 	
	<ul style="list-style-type: none"> Proposer Dependent Children Grand Mother Grand Son Daughter in Law Sister Sister in law Niece 	<ul style="list-style-type: none"> Spouse Dependant Parents/in laws Grand Father Grand Daughter Son in law Brother Nephew Brother in law

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Age Limit (Age last Birthday as at Policy Inception date)	Section 1: my:health Suraksha		
	Entry Age		
	Base Cover:		
	Proposer	Adult Dependent	Child/Children
	Minimum Entry Age – 18 Years Maximum Entry Age – Lifetime Entry	Minimum Entry Age – 18 Years Maximum Entry Age – Lifetime Entry	Minimum Entry Age – 91 days Maximum Entry Age - 25 years
	Optional covers: Proposer	Adult Dependent	Child/Children
	<ul style="list-style-type: none">• Minimum Entry Age – 18 Years• Maximum Entry Age – Lifetime Entry Except for Critical Illness cover for which maximum Entry Age is restricted to 65 years• Parent & Child Care Cover – Basic & Booster – Entry Age Up to 45 Years	<ul style="list-style-type: none">• Minimum Entry Age – 18 Years• Maximum Entry Age - Lifetime EntryExcept for Critical Illness cover for which maximum Entry Age is restricted to 65 years• Parent & Child Care Cover – Basic & Booster – Entry Age Up to 45 Years	<ul style="list-style-type: none">• Minimum Entry Age – 91 Years• Maximum Entry Age - 25 years
	Section 2: my:health Critical Suraksha Plus		
	Proposer	Adult Dependent	
	Minimum Entry Age – 18 Years	Minimum Entry Age – 18 Years	
	Maximum Entry Age – 65 years	Maximum Entry Age - 65 years	
	Section 3: my:health Medisure Super top up		
	Proposer	Adult Dependent	Child/Children
	Minimum Entry Age – 18 Years	Minimum Entry Age – 18 Years	Minimum Entry Age – 91 days
	Maximum Entry Age – 65 years	Maximum Entry Age : 65 years	Maximum Entry Age - 23 years
	Section 4: my:health Hospital cash Benefit Add on		
	Proposer	Adult Dependent	Child/Children
	Minimum Entry Age – 18 Years	Minimum Entry Age – 18 Years	Minimum Entry Age – 91 days
	Maximum Entry Age – Life time	Maximum Entry Age- Life time	Maximum Entry Age - 25 years
	Section 5: Personal Accident policy		
	Proposer	Adult Dependent	Child/Children
	Minimum Entry Age – 18 Years	Minimum Entry Age – 18 Years	Minimum Entry Age – 91 days
	Maximum Entry Age – 85 years	Maximum Entry Age-85 years	Maximum Entry Age - 25 years
	Section 6: Travel Insurance		
	Proposer	Adult Dependent	Child/Children
	Minimum Entry Age – 18 Years	Minimum Entry Age – 18 Years	Minimum Entry Age – 91 days
	Maximum Entry Age – 60 years	Maximum Entry Age-60 years	Maximum Entry Age - 21 years
	<ul style="list-style-type: none">• 3 months to 60 yrs for Family Floater• 6 months to 70 yrs for Single Trips and Asia Plans• 18 yrs to 70 yrs for Annual Multi Trip Plans		
Policy Duration	1. my: health Suraksha , my:health Critical Suraksha Plus, my:health Hospital cash Add on : 1 Year/ 2 Years/ 3 Years 2. my:health Medisure Super top up, Home Insurance: 1 year/ 2 years 3. Personal Accident, E@Secure: 1 year 4. Travel Insurance: As per plan chosen for		
Basis of Payment	Reimbursement Basis for all Claims under Section 1: my:health Suraksha <ul style="list-style-type: none">• Inpatient Hospitalisation benefit on indemnity payment basis Section 3: my:health Medisure Super Top Up insurance Section 5: Personal Accident Insurance <ul style="list-style-type: none">• In-Hospital Medical Expenses – Accident Only• Emergency Medical Expenses – Accident Only• Emergency Medical Expenses• Hospital Cash – Accident Only• Hospital Cash & Home Convalescence – Accident Only		

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	<p>Section 6: Travel Insurance</p> <ul style="list-style-type: none"> • Emergency Medical Expenses • Emergency Dental Treatment <p>Section 7: Home Insurance – Revision</p> <p>Section 8: E@Secure Insurance</p> <p>Benefit Basis for all claims under</p> <p>Section 1: Health Suraksha</p> <ul style="list-style-type: none"> • Recovery Benefit • Critical Illness, • Hospital Cash, • my:health Critical Illness Add on, • my:health Hospital Cash Benefit Add on <p>Section 2: my:health Critical Suraksha Plus</p> <p>Section 4: my:health Hospital cash Benefit Add on</p> <p>Section 5: Personal Accident Insurance All covers except as specified above</p> <p>Section 6: Travel Insurance</p> <p>All covers except as specified above</p>
Eligibility	<p>i. Indian nationals residing in India</p> <p>ii. Non Resident Indians</p> <p>iii. Person of Indian Origin</p> <p>iv. Overseas Citizen of India</p>

Sum Insured:

Section1: my: health Suraksha

Hospitalization Cover	1 Lac	2 Lacs	3 Lacs	4 Lacs	5 Lacs	6 Lacs
	7.5 Lacs	9 Lacs	10 Lacs	12.5 Lacs	15 Lacs	17.5 Lacs
	20 Lacs	22.5 Lacs	25 Lacs	30 Lacs	35 Lacs	40 Lacs
	45 Lacs	50 Lacs	75 Lacs	1 Cr	1.5 Cr	2 Cr
	2.5 Cr	3 Cr	3.5 Cr	4 Cr	4.5 Cr	5 Cr
	<ul style="list-style-type: none"> • For other Sum Insured options linear interpolation methodology will be used along with professional judgment • The sum insured for the dependents should not exceed that of proposer 					
Road Ambulance	<ul style="list-style-type: none"> • SI 1 to 5 L - Rs 2000 • SI 7.5 to 50 L - 3,500 • Above SI 50 L - 15,000 					
Preventive Health check up	• 1% of Base SI upto a maximum of Rs.5000					

Sum insured/ Options under Optional/ Add on Covers:

Section1: my:health Suraksha

Preventive Health Check up-Booster	A As per grid in the policy wordings				
Parent and Child care Cover-Basic	Normal Delivery	Cesarean Section	Termination of Pregnancy	OPD treatment in Pre & Post Natal period	Child Care
	15,000	25,000	15,000	1,500	2,000
	25,000	40,000	25,000	2,500	3,500
	50,000	1,00,000	50,000	5,000	6,000
	80,000	2,00,000	80,000	7,000	10,000

Sum Insured

Parent and Child care Cover- Booster	Normal Delivery	Cesarean Section	OPD Treatment in Pre & Post Natal period	Child Care	Vaccination	Infertility
	15,000	25,000	Upto limit of Sum Insured under Parent and Child care Cover	Upto limit of Sum Insured under Parent and Child care Cover	Upto limit of Sum Insured under Parent and Child care Cover	Upto 50% of Sum Insured for Normal Delivery
	20,000	40,000				
	25,000	40,000				
	50,000	75,000				
	50,000	1,00,000				
	80,000	2,00,000				
	1,00,000	1,50,000				

Air Ambulance Cover	<ul style="list-style-type: none"> • Rs 2,00,000 • Rs 500,000 • Rs 1,000,000
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Recovery benefit	<ul style="list-style-type: none">• 1% of Sum Insured, max Rs 10,000• Rs 5,000• Rs 10,000• Rs 15,000• Rs 25,000• Rs 40,000				
Sum Insured Rebound	• Upto Basic Sum Insured				
Out Patient Dental Treatment	<ul style="list-style-type: none">• Up to 1% of Sum Insured subject to maximum of Rs 5,000• Up to 1% of Sum Insured subject to maximum of Rs 20,000				
External Medical Aids	<ul style="list-style-type: none">• Up to maximum of Rs 5,000• Up to maximum of Rs 20,000				
Major Illness Hospitalization Expenses	• Base SI upto 5 lacs				
Non-Medical Expenses Cover	• 5% of Admissible claim amount				
Waiting Period Modification Option	• 2 years/3 years				
Extended Cumulative Bonus	<ul style="list-style-type: none">• 10% upto a maximum of 100%• 25% upto a maximum of 200%• 50% upto a maximum of 200%				
Room Rent modification option	Room Rent , boarding & Nursing – limit of 1% of the Basic Sum Insured subject to maximum of Rs. 5,000 per day Intensive care unit – limit of 2% of the Basic Sum Insured subject to maximum of Rs. 10,000 per day				
Co-Payment	<ul style="list-style-type: none">• 10%,15%,20%,25%				
Major Illness Benefit	• 10 lacs				
E-Opinion	<ul style="list-style-type: none">• Expenses incurred towards second Medical Opinion availed from Medical Practitioner in respect of Major Illness covered under the Policy				
Hospital Cash	<ul style="list-style-type: none">• Rs 500/ Rs 1,000/ Rs 1,500/ Rs 2,000/ Rs 2,500				
	<ul style="list-style-type: none">• Maximum of 30 days/ 60 days				
Global Health Cover	<ul style="list-style-type: none">• 25 lacs to 5 crore				
Section 2: my:health Critical Suraksha Plus	<ul style="list-style-type: none">• Section AI, Critical Illness Cover: Rs 1 Lac to 5 Cr• Section A II, Multi Pay Critical IllnessCover : Rs 1 Lac to 5 Cr				
Section 3: my:health medisure top up	Aggregate Deductible	Sum Insured			
	2 Lakh	3 Lakh	8 Lakh		
	3 Lakh	7 Lakh	12 Lakh		
	4 Lakh	6 Lakh	11 Lakh	16 Lakh	
	5 Lakh	5 Lakh	10 Lakh	15 Lakh	20 Lakh
Section 4: my: health Hospital Cash Add on Benefit	Rs 500	Rs 1,000		Rs 1,500	
	Rs 2,000	Rs 2,500		Rs 3,000	
	Rs 5,000	Rs 7,500		Rs 10,000	
Section 5:Personal Accident Insurance	Rs 1000 to Rs 1 Cr				
Section 6: Travel Insurance	<ul style="list-style-type: none">• \$ 500,000• \$200,000• \$ 250,000• \$ 100,000• \$ 50,000• \$ 30,000• \$ 15,000				
Section 7: Home Insurance	On agreed value basis				
Section 8: E@Secure Insurance	<ul style="list-style-type: none">• Rs. 50,000• Rs. 100,000• Rs. 500,000• Rs. 2,000,000• Rs. 5,000,000• Rs. 10,000,000 <p><u>DEDUCTIBLE</u></p> <p>Limit of indemnity up to Rs. 500,000 – Nil deductible</p> <p>Above Rs. 500,000 – Rs.3500</p>				

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IV Pre Policy Check ups

No pre policy medical checkup required for Section 5: Personal Accident, Section 6: Travel Insurance

Pre Policy Check ups Applicable for Section 1 my:health Suraksha

The PPC tests required will be as per the below PPC grid. This grid may be subject to change based on the company policy in future & will be guided by our experience

Sum Insured for the purpose of Underwriting will be total of Base Sum Insured and optional/add-on covers which are offered on benefit basis **Pre Policy and Financial Underwriting Matrix**

Sum Insured in INR	Upto 17 Yrs	18 yrs to 45 Yrs	46 to 60 years	Age >61 yrs	Financial Underwriting
1 to 10 Lacs	NA	NA	Set 1	Set 2	Not Applicable
12.5- 20 Lacs	NA	NA	Set 2	Set 3	Not Applicable
25 Lacs to 1 Crore	NA	Set 1	Set 2	Set 3	Applicable
1.50 to 5 Crore	NA	Set 2	Set 3	Set 3	Applicable

- Set 1: ME, RUA, CBC, Sr Creatinine, Lipid Profile, SGPT, GGTP, SGOT, HBA1C, ECG
- Set 2 : Set 1, HBsAg, TMT/2D Echo, USG Abdomen & Pelvis, Chest X ray, CEA
- Set 3 : Set 2, PSA (Males), Pap Smear & Sonomamography (Females), Microalbumin, BUN, Sr Uric Acid, ANA

Medical tests:

ME = Medical Examination (Report)	CBC = Complete Blood Count
ECG = Electro Cardio Gram	FBS = Fasting Blood Sugar
Lipids = Lipid Profile	Sr Creatinine = Serum Creatinine
LFT = Liver Function Test	RFT = Renal Function Test
PSA = Prostate Specific antigen	TMT = Treadmill Test
RUA = Routine Urine Examination	SGPT = Serum Glutamic Pyruvic Transaminase
USG = Ultrasonogram	HBsAg = Hepatitis B Surface Antigen
GGT = Gamma-Glutamyl Transpeptidase	2D ECHO-2D Echocardiogram
CEA=Carcinoembryogenic Antigen	

For proposals where, Single Person is to be insured, he/she shall be required to undergo Pre Policy Checkup as given below.

Sum Insured	Up to 17 Yrs	18 yrs to 45 Yrs
Rs. 1 Lacs to 20 Lacs	No Pre Policy Check required	Set 1
25 Lacs and Above	No Pre Policy Check required	Set 2

Guidelines for Pre Policy Check ups

- Pre Policy Checkup will be conducted at our Network provider
- Where ever Pre Policy Checkup is conducted at our Network provider, 100% of the Medical test charges will be reimbursed on acceptance of proposal.
- Customer has the option to do Pre Policy Check up outside our Network provider in which case, 50% of the Medical test charges will be reimbursed on acceptance of Proposal.
- If Proposal is declined post Pre Policy Checkup, 50% of the Medical test charges will be reimbursed
- Medical Reports are considered valid for up to 3 months from date of check up
- In case of any positive health declaration on the proposal form the relevant medical tests shall be advised in addition to the above grid tests

Pre Policy Check ups Applicable for Section 2: my:health Critical Suraksha Plus

Pre Policy and Financial Underwriting Matrix

Pre Policy Underwriting Matrix for Cancer Cover (Where only Cancer Cover is opted)

The PPC tests required will be as per the below PPC grid. This grid may be subject to change based on the company policy in future & will be guided by our experience

Sum Insured in INR	18 yrs to 45 Yrs	Age above 45 years	Financial underwriting
3 to 10 Lacs	NA	Ca Set 1	Not Applicable
11 to 24Lacs	NA	Ca Set 2	Not Applicable
25 to 50Lacs	Ca Set 2	Ca Set 2, USG (A&P)	Applicable Above 25 Lacs
51 Lacs to 5 Crore	Ca Set 3, USG (A+P)	Ca Set 3, USG (A&P)	Applicable Above 25Lacs

Ca Set 1-ME, RUA, CBC with ESR, SrCreatinine, SGPT, GGTP, SGOT

Ca Set 2-Set 1 ,HBsAg, PSA (Males), Pap Smear(Females),CEA

Ca Set 3-Set 2,Sonomamography(Females)

Pre Policy Underwriting Matrix for all other Covers

The PPC tests required will be as per the below PPC grid. This grid may be subject to change based on the company policy in future & will be guided by our experience

Sum Insured in INR	18 yrs to 45 Yrs	Age above 45 years	Financial underwriting
3 to 10 Lacs	NA	Set 1	Not Applicable
11 to 24 Lacs	NA	Set1, TMT/2D Echo	Not Applicable
25 to 50 Lacs	Set 2	Set 2	Applicable Above 25 Lacs
51 Lacsto 1 Crore	Set 2	Set 2	Applicable Above 25Lacs
Above 1 crore to 5 crores	Set 3	Set 3	Applicable

Set 1: ME, RUA, CBC with ESR, SrCreatinine, Lipid Profile, SGPT, GGTP, SGOT, HBA1C, ECG

Set 2 : Set 1,HBsAg ,TMT/2D Echo ,USG Abdomen & Pelvis, Chest X Ray,CEA,

PSA (Males),Pap Smear(Females),

Set 3 :Set 2,Sonomamography

Medical tests:

ME = Medical Examination (Report)	CBC = Complete Blood Count
ECG = Electro Cardio Gram	FBS = Fasting Blood Sugar
Lipids = Lipid Profile	SrCreatinine = Serum Creatinine
LFT = Liver Function Test	RFT = Renal Function Test
PSA = Prostate Specific antigen	TMT = Treadmill Test

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RUA = Routine Urine Examination	SGPT = Serum Glutamic Pyruvic Transaminase
USG = Ultrasonogram	HBsAg = Hepatitis B Surface Antigen
GGT = Gamma-Glutamyl Transpeptidase	2D ECHO-2D Echocardiogram, CEA=Carcinoembryogenic Antigen

Guidelines for Pre Policy Check up

- Pre Policy Check-up will be conducted at our **Network provider**
- Where ever Pre Policy Check-up is conducted at our **Network provider**, 100% of the Medical test charges will be reimbursed on acceptance of proposal. In case Customer Insists on a Check-up outside our **Network provider**, 50% of the Medical test charges will be reimbursed on acceptance of Proposal.
- If Proposal is declined post Pre Policy Check-up, 50% of the Medical test charges incurred will be reimbursed
- Medical Reports are considered valid for up to 3 months
- In case of any positive health declaration on the proposal form the relevant medical tests shall be advised in addition to the above grid tests
- In case of any additional tests advised besides the ones mentioned above, 50% of the cost incurred on such test will be borne by Us

Pre Policy Check ups Applicable for Section 3: my:health Medisure super Top Up

- All Individuals up to 55 years (age last birthday) - The Company will rely on the declarations made on the Proposal Form. In case the declaration reveals any medical adversity, the Company may require the individual to undergo appropriate medical tests.
- For age group 56-65 years (age last birthday)- The Individuals would be required to undergo pre-acceptance medical tests as follows- Medical Examination Report, Treadmill Test, Lipid Profile, HbA1C, Serum Creatinine, Complete Blood Count, Urinalysis.

The Company reserves its right to require any individual to undergo such medical tests or where required any further additional tests, to determine the acceptance of a Proposal.

All Medical reports need to be within 30 days from date of Proposal Form and can be conducted at the Company's list of Network Hospitals/Clinics.

In case of accepted proposals, the Company shall reimburse 50% of the pre-acceptance medical test costs.

Pre Policy Check ups Applicable for Section 4: my:health Hospital cash Benefit Add on -

The PPC tests required will be as per the below PPC grid. This grid may be subject to change based on the company policy in future & will be guided by our experience

V Claim Procedure

Procedure	Cashless Hospitalization		Cashless claims for Hospitalizations outside India	Reimbursement Claims	Home Healthcare Claims
	Emergencies	Planned			
Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy , Health Card or our Website				
Claim Intimation Timelines	Within 24 hours of the Emergency Hospitalization	At least 72 hours prior to the planned Hospitalization	Within 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization	Within 48 hours of admission or before discharge from the Hospital , whichever is earlier	Immediately on diagnosis of Illness
Particulars to be provided to Us for Claim notification	i. The health card issued by Us, ii. KYC documents, iii. The Policy Number, iv. Name of the Policyholder, v. Name and address of Insured Person in respect of whom the request is being made, vi. Nature of the Illness/Injury and the treatment/Surgery required, vii. Name and address of the attending Medical Practitioner, viii. Hospital where treatment/Surgery is proposed to be taken or /Hospital where the Insured person is admitted, ix. Proposed /Actual Date of admission				Following particulars in addition to those listed under Hospitalization Claim: i. Treatment details, ii. Preferred date and time for initial assessment
Particulars to be provided for pre-authorization	i. Policy Number, ii. Name of the Insured person(s) named in the Policy schedule availing treatment, iii. Nature of disease/Illness/ Injury, iv. Name and address of the attending Medical Practitioner/ Hospital, v. Date of admission & probable date of discharge, vi. Approximate Claim Expenses. vii. Any other relevant information as required			Not Applicable	Following particulars in addition to those listed under Hospitalization Claim: Probable date of start of treatment

Pre Policy and Financial Underwriting Matrix

Per Day Benefit INR	Upto 18 Yrs	18 yrs to 45 Yrs	Age above 45 years	Financial Underwriting
500 to 3,000	NA	NA	NA	NA
5,000,7,500 and 10,000	NA	Set 1	Set 2	Applicable

Set 1: ME, RUA, CBC, Sr Creatinine, Lipid Profile, SGPT, GGTP, SGOT, HBA1C, ECG Set 2 :Set 1 + HBsAg+TMT/2D Echo,USG Abdomen & Pelvis, Chest X ray

Set 3 :Set 2 + PSA (Males), Sonomamography (Females),CEA

Medical tests:

ME = Medical Examination (Report)	CBC = Complete Blood Count
ECG = Electro Cardio Gram	FBS = Fasting Blood Sugar
Lipids = Lipid Profile	Sr Creatinine = Serum Creatinine
LFT = Liver Function Test	RFT = Renal Function Test
PSA = Prostate Specific antigen	TMT = Treadmill Test
RUA = Routine Urine Examination	SGPT = Serum Glutamic Pyruvic Transaminase
USG = Ultrasonogram	HBs Ag = Hepatitis B Surface Antigen
GGT = Gamma-Glutamyl Transpeptidase	2D ECHO-2D

Echocardiogram,CEA=Carcinoembryogenic Antigen

For proposals where, Single Person is to be insured,he/she shall be required to undergo Pre Policy Checkup as given below.

Per Day Benefit in INR	Upto 18 Yrs	18 yrs to 45 Yrs
500 to 5,000	No Pre Policy Check required	Set 1
7,500 and 10,000	No Pre Policy Check required	Set 2

Guidelines for Pre Policy Check ups

- Pre Policy Check-up will be conducted at our **Network provider**
- Where ever Pre Policy Check-up is conducted at our **Network provider**, 100% of the Medical test charges will be reimbursed on acceptance of proposal. In case Customer Insists on a Check-up outside our **Network provider**, 50% of the Medical test charges will be reimbursed on acceptance of Proposal.
- If Proposal is declined post Pre Policy Check-up, 50% of the Standard Medical test charges will be reimbursed
- Medical Reports are considered valid for up to 3 months
- In case of any positive health declaration on the proposal form the relevant medical tests shall be advised in addition to the above gridtes

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Procedure	Cashless Hospitalization		Cashless claims for Hospitalizations outside India	Reimbursement Claims	Home Healthcare Claims
	Emergencies	Planned			
Process for obtaining Pre-Authorization	<p>i. If the particulars are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation</p> <p>ii. On receipt of duly filled pre authorization form from the Network Provider along with other sufficient details to assess the request, We may;</p> <ul style="list-style-type: none"> • Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable or • Reject the request for pre-authorization specifying reasons for the rejection. 		<p>i. We shall send Release Of Information form to the Insured Person for signature and consent.</p> <p>ii. After receiving the signed Release Of Information form, We will retrieve hospitalization documents along with invoices.</p> <p>iii. If these details are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation</p> <p>iv. On receipt of the complete documents We may</p> <ul style="list-style-type: none"> • issue the guarantee of payment specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable or • reject the request for pre-authorization specifying reasons for the rejection 		<p>On receipt of duly filled pre authorization form with other sufficient details to assess the request, We will inform our Home Healthcare service provider who will follow the following process:</p> <p>i. Meet the treating medical practitioner and verify the requirement along with the prescription/discharge summary (if applicable) and the condition of the patient</p> <p>ii. Verify the past medical history of the patient</p> <p>iii. Complete physical examination of the patient</p> <p>iv. Check if the patient requires any equipment, devices etc</p> <p>v. Share the care plan and treatment cost estimation with Us.</p> <p>vi. On receipt of the complete documents We may;</p> <ul style="list-style-type: none"> • issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable or • reject the request for pre-authorization specifying reasons for the rejection.
List of Claim documents	Not Applicable			As enlisted below	Not Applicable

List of Documents for Reimbursement Claims:

- Duly signed, stamped and completed Claim Form
- Photo ID & Age Proof
- Copy of claim intimation letter / reference of Claim Intimation Number in the absence of main claim documents
- Copy of the **Network Provider's** Registration Certificate / **Hospital** registration no in case of **Hospitalization**
- Original Discharge Card / Day Care Summary / Transfer Summary
- Original final Hospital Bill with all original deposit and final payment receipt
- Original invoice with payment receipt and implant stickers for all implants used during surgeries e.g. lens sticker and invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery.
- All previous consultation papers indicating history and treatment details for current **Illness**
- All original diagnostic reports (including imaging and laboratory) along with prescription by **Medical Practitioner** and invoice / bill with receipt from diagnostic center
- All original medicine / pharmacy bills along with prescription by **Medical Practitioner**
- MLC / FIR Copy – in **Accidental** cases only
- Copy of Death Summary and copy of Death Certificate (in death claims only)
- Pre and Post-Operative Imaging reports
- Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details, and patient's progress
- Original invoice for Vaccination and payment receipt
- KYC documents

Conditions for obtaining Cashless facility:

- Cashless facility** can be availed only at **Our Network Provider**.

The complete list of **Network Providers** and empanelled Service Providers is available on **Our** website and can be obtained by contacting **Us**.

- We reserve the right to modify, add or restrict any **Network Provider** for Cashless Facilities at **Our** sole discretion. The same shall be duly updated on **Our** website. **You** shall check the updated list of **Network Providers** before applying for Cashless Claim.
- Pre-authorization is valid for 15 days from date of issuance and if all the details of the **Hospitalization/treatment**, including dates, **Hospital** and locations match with the details as per Cashless authorized.
- We will make payment for the Cashless authorized amount directly to the **Network Provider**.
- If the claim is not notified to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control
- Applicable for Section 2 : my:health Critical Suraksha Plus**

On the occurrence of any Critical Illness or undergoing Surgical Procedure that may give rise to a Claim under this **Policy**, the Procedure set out below shall be followed.

Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy , Health Card or our Website
Claim Intimation Timelines	Within 14 days of the diagnosis of Critical Illness or undergoing Surgical Procedure
Particulars to be provided to Us for Claim notification	<ul style="list-style-type: none"> • Policy Number, • Name of the Insured Person(s) named in the Policy Schedule availing treatment, • Nature of disease/illness/injury, • Name and address of the attending Medical Practitioner/Hospital

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	<ul style="list-style-type: none"> • Date of admission & probable date of discharge • Date and time of event if applicable • Date of admission if applicable
Claims documents for Critical Illnesses Cover and Multipay Critical Illness Cover	<ul style="list-style-type: none"> • Claim Form duly signed • Copy of Discharge Summary / Discharge Certificate; • First consultation letter from treating Medical Practitioner • Medical certificate confirming diagnosis, and the treatment from Medical Practitioner • certificate from treating Medical Practitioner, specifying the duration and etiology • OT Notes in case of Surgery • Medical certificate from treating Medical Practitioner specifying the diagnosis and need for the surgery • MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable • All pathological/Histopathological and radiological Investigation Reports • NEFT details & cancelled chequeProvide KYC (Know your customer) form along with photocopy of any one of following KYC documents for all claims amounting to Rs 1 lakh and above (Aadhaar Card, Passport, Driving Licence Voter ID, etc)We may require the Insured Person to undergo medical examination by Medical Practitioner authorized by Us to obtain an independent medical opinion for the processing of the claim. Any cost towards such medical examination will be borne by Us.
Claims documents and process for Second Expert medical Opinion	<ul style="list-style-type: none"> • Duly filled claim form along with the copy of all medical reports including investigation reports and discharge summary (if any)Consultation fees payment Receipt / invoice • For availing Second Expert medical Opinion from Network Service Provider • Select Our network Medical Practitioner from whom you would prefer to take the second opinion. (Please refer our Website or call at 24X 7 toll free line to obtain the list of Our panel doctors). • On receipt of the complete set of documents, We will forward the same to the concerned doctor. • The Second Opinion shall be forwarded to the member within 15 working days of receipt of the complete set of documents.
Claims documents for loss of Job	<ul style="list-style-type: none"> • Duly Completed Claim Form signed by Insured Person; • Form 16A • Termination letter/Resignation Letter/ Resignation Acceptance letter • NEFT details & cancelled cheque
Condonation of delay	<p>If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control</p>

- Policy Number,
- Name of the person(s) named in the Schedule to this Policy availing treatment,
- Nature of disease/illness/injury,
- Name and address of the attending Medical Practitioner/ Hospital
- Date of admission & probable date of discharge
- Approximate Claim Expenses
- Any other relevant information

Intimation of claim must be done at least 72 hours prior to Hospitalization in case of planned Hospitalization and within 24 hours of Hospitalization in case of an emergency Hospitalization.

In case where initial covered Medical expenses were not expected to exceed the deductible but subsequently found to be exceeding the opted deductible, notification must be done immediately along with the copy of intimation made to other Insurer.

2. Cashless Facility for Hospitalization

- We may provide Cashless facility for Hospitalization expenses either directly or through the Third Party Administrator (TPA) if treatment is undergone at a **Network Hospital** by issue of pre-authorization by Us or the TPA.
- For the purpose of considering pre-authorization and Cashless facility, You shall submit to the TPA complete information of the illness or injury requiring treatment along with necessary certification from the Medical Practitioner and/or Hospital.
- If claim for treatment appears admissible, We or TPA shall issue pre-authorization to the Hospital concerned for Cashless facility whereby Hospitalization expenses shall be paid directly by Us directly or through the TPA as confirmed in the pre-authorization.
- Cashless facility for Hospitalization will not be available for treatment in Non-Network Hospital and may be declined even for treatment at Network Hospital where the information available does not conclusively establish that a claim in respect of the treatment would be admissible. In such a case, You shall bear the expenses and claim reimbursement, immediately after discharge from Hospital/Nursing Home in accordance with the stipulations herein.
- Cashless facility for Hospitalization benefit shall be limited exclusively to Hospitalization Expenses incurred for treatment at a Network Hospital for illness or injury which are covered under the Policy and shall be extended only for Coverage mentioned under Scope of cover(A) "Inpatient Hospitalization expenses" and Scope of cover (B) "Day care Procedures"

3. Claims Processing for Reimbursement

- After intimation as aforesaid, further submit following documents to the TPA at Your own expense within 30 days of discharge from the Hospital, the following:-
 - Claim Form Duly filled with requisite information and signed by Insured & Hospital
 - Copy of the claim intimation
 - Original Hospital Main Bill
 - Original Hospital Bill break up (Where issued by the Hospital)
 - Original Hospital Bill Payment Receipt
 - Hospital Discharge Card/Summary
 - Original Pharmacy Bill with supporting prescriptions
 - Medical Investigation report: ECG/X-Ray/USG/CT/ MRI/Histopathology/pathological and all other medical investigation report in support of diagnosis as advised by the treating doctor.
 - All Doctor's consultation note: confirming provisional & final diagnosis/advise for admission/medical complication/ proposed line of treatment/past medical history

2) Applicable for Section 3 my:health Medisure Super Top Up Insurance

Notification of Claim

Give immediate notice to the Company named in this Policy/Health Card, by calling the Help Line number as specified in the Policy/ Health Card, or in writing to the address shown in the Schedule with particulars as below:

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- Original bills and receipts for claiming Ambulance charges(if any)
- By signing the claim form you are authorizing us to collect the following documents from the Hospital. If you have obtained these documents, then please submit the same
- Operation Theatre Notes in surgical cases
- Bar code sticker & Invoice for implants and prosthesis (if used)
- In case of Accidental Injuries, Medico Legal Certificate and/ or First information Report, where applicable and self statement giving description of the incident
- Indoor case papers

Pre and Post hospitalization Claims documents

- Duly filled claim form(s)(If claimed Separately)
 - Pharmacy Bills with supporting prescriptions
 - Medical investigation test reports and payment receipts with doctor's advice note for such investigations.
 - All Doctor's consultation note with original bills and receipts for claiming Doctors fees,
- Documents pertaining to the Post-Hospitalization claim shall be submitted to the TPA within 15 days from the date of expiry of Post-Hospitalisation coverage period.
 - At any time You may be required to authorize and permit the TPA and/or Us or anyone deputed by Us or TPA to obtain any further information or records from the Hospital, Medical Practitioner, Lab or other agency, in connection with the treatment relating to the claim.
 - You should under go medical examination by Medical Practitioner designated by Us or the TPA and the cost of such medical examination will be borne by Us.

We 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.

For determining the amount of admissible claim, applicable taxes prevailing at the time of the claim will be considered as part of claim amount and Our aggregate liability, including any payment towards such Taxes shall in no case exceed the Sum Insured.

4. TPA to Pay or Reject

The TPA where appointed, shall process and communicate rejection, if a claim is found to be not admissible under this Policy as authorized by Us. However all decisions shall be Our responsibility.

5. Representation against Rejection

Where rejection is communicated, You, may if so desired, represent to Us within 15 days for reconsideration of the decision.

6. Condition Precedent

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

The due intimation, submission of documents and compliance with requirements by You as mentioned above shall be essential, failing which We/TPA shall not be bound to entertain a claim.

7. Claims Service Assurance

- If You notify a cashless facility request by sending the pre-authorization form duly filled in and signed through email, fax to Us or Our representative, then within 6 hours of the actual receipt of such a request, We will respond with:
 - Approval, or
 - Rejection.

If such request has been notified during office hours (9 am to 9 pm) on Monday to Saturday and We fail to either approve or reject or seek further information after the expiry of 6 hours from the actual receipt of the request then, We shall be liable to pay You for the delay in the following manner:

- For delay beyond 6 hours: Rs.1,000/-
- The maximum amount that We shall be liable to pay to You for any delay, in respect of a single Hospitalization, shall at no time exceed Rs.1,000/-.

If such request has been notified after office hours on a working day or at any time during a holiday and We fail to either approve or reject after the expiry of 8 hours from the actual receipt of the request, then We shall be liable to pay You for the delay in the following manner:

- For delay beyond 8 hours: Rs.1,000/-
- The maximum amount that We shall be liable to pay You for any delay, in respect of a single Hospitalization, shall at no time exceed Rs.1,000/-.

2) In case of reimbursement claims, We shall communicate our decision on payment within 6 working days after You submit the complete details, information and document requirements in respect of the claim. If You have provided such information and documents as required by Us and We fail to communicate our decision, then We shall pay You Rs. 1,000/- for a delay beyond 6 days. The maximum amount that We shall be liable to pay You for any delay, in respect of a single Hospitalization, shall at no time exceed Rs.1,000/-.

3) We will not be liable to make any payments under Clauses 1 and 2 above in case of any natural event or manmade disturbance which impedes Our ability to make a decision or to communicate such decision to You.

4) Any amounts paid under this Clause will not affect the Sum Insured as specified in the Schedule. Our liability to make payments under this Clause shall at all times be restricted to the amounts specified in Clause 1 and 2 above including the maximum amount specified therein and You shall not be entitled to any sum whatsoever, in excess of those amounts. Any payment made under this Clause by Us will not amount to any admission of liability for a claim notified by You. Service Assurance is applicable only to the first response on a single claim and to no subsequent correspondence.

The above compensation shall be paid to You notwithstanding Our obligation to pay interest 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 in cases of delay in settlement of claims, as per Reg. 9(6) of IRDA (Protection of Policy Holder's Interests) Regulations 2002

8. Claim Settlement

Wherever a claim has not been settled within the stipulations of the Claims Service Assurance Clause above, We will settle the Claim within a period of 30 days from receipt of final completed set of documents/investigation reports (if applicable)

In the event that We decide to reject a claim made under this Policy, We shall intimate the same to you within a period of 30 days of receipt of the final completed set of documents/investigation reports (if applicable), in accordance with the provisions of IRDA (Protection of Policyholder's Interests) Regulations, 2002.

4) Applicable for Section 4 my:health Hospital cash Benefit Add on

On the occurrence of any **Injury Illness** or that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed.

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Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy , Health Card or our Website												
Claim Intimation Timelines	Within 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization												
Particulars to be provided to Us for Claim notification	<table border="1"> <tr> <td>a.</td><td>Policy Number,</td></tr> <tr> <td>b.</td><td>Name of the Insured person(s) named in the Policy schedule availing treatment,</td></tr> <tr> <td>c.</td><td>Nature of disease/illness/injury,</td></tr> <tr> <td>d.</td><td>Name and address of the attending Medical Practitioner/Hospital.</td></tr> <tr> <td>e.</td><td>Date of admission & probable date of discharge</td></tr> </table>	a.	Policy Number,	b.	Name of the Insured person(s) named in the Policy schedule availing treatment,	c.	Nature of disease/illness/injury,	d.	Name and address of the attending Medical Practitioner/Hospital.	e.	Date of admission & probable date of discharge		
a.	Policy Number,												
b.	Name of the Insured person(s) named in the Policy schedule availing treatment,												
c.	Nature of disease/illness/injury,												
d.	Name and address of the attending Medical Practitioner/Hospital.												
e.	Date of admission & probable date of discharge												
Claims documents	<table border="1"> <tr> <td>a.</td><td>Claim Form duly signed by the insured;</td></tr> <tr> <td>b.</td><td>Copy of Discharge Summary / Discharge Certificate;</td></tr> <tr> <td>c.</td><td>First consultation letter from treating Medical Practitioner</td></tr> <tr> <td>d.</td><td>certificate from treating Medical Practitioner's specifying the diagnosis, duration and etiology</td></tr> <tr> <td>e.</td><td>MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable.</td></tr> <tr> <td>f.</td><td>NEFT details & cancelled cheque</td></tr> </table>	a.	Claim Form duly signed by the insured;	b.	Copy of Discharge Summary / Discharge Certificate;	c.	First consultation letter from treating Medical Practitioner	d.	certificate from treating Medical Practitioner's specifying the diagnosis, duration and etiology	e.	MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable.	f.	NEFT details & cancelled cheque
a.	Claim Form duly signed by the insured;												
b.	Copy of Discharge Summary / Discharge Certificate;												
c.	First consultation letter from treating Medical Practitioner												
d.	certificate from treating Medical Practitioner's specifying the diagnosis, duration and etiology												
e.	MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable.												
f.	NEFT details & cancelled cheque												
Condonation of delay	If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control												

Claims process applicable for Section 5: Personal Accident Insurance

Claims documents for under Section 5: Personal Accident Insurance

- 1) Written notice of any occurrence which may give rise to a claim under this Policy must be given to the **Company** as soon as practicable and in any case within thirty (30) **Days** after such occurrence. Written Notice of Claim must be given to the **Company** immediately in the case of death, or within thirty (30) **Days** after the **Date of Loss** in all other cases.
- 2) All certificates, information and evidence required by the **Company** shall be furnished at no expense to the **Company** and shall be in such form and of such nature as the **Company** may prescribe. When required by the **Company**, at its own expense, the **Insured Person** shall submit to medical examination in respect of any alleged claim that may give rise to a benefit being paid.
- 3) Complete, written proof of loss must be given to the **Company** within sixty (60) **Days** after the **Date of Loss**, or as soon as reasonably possible. Such proof of loss must contain:
 - i) the Policy Number, and
 - ii) the preliminary medical report describing the nature and extent of all injuries or **Sicknesses**, and providing a precise diagnosis, and
 - iii) all invoices, bills, prescriptions, **Hospital** certificates which will permit the **Company** to accurately determine the total amount of **Medical Expenses** (if applicable) incurred by the **Insured Person**, and
 - iv) in the case where another party was involved (e.g. a car collision), the names, contact details and if possible insurance details of the other party, and
 - v) in the case of death, an official death certificate, succession certificate pursuant to the Indian Succession Act 1925, as amended, and any other legal documents establishing the identity of any and all beneficiaries, and

- vi) proof of age, where applicable, and
- vii) such other information as the **Company** may require to handle the claim.
- a) If an **Accident**:
 - i) detailed circumstances of the **Accident** and the names of any witnesses, and
 - ii) any police reports concerning the **Accident**, and
 - iii) the date a **Physician** was seen due to the **Bodily Injury**, and
 - iv) the **Physician's** contact details, or
- b) If a **Sickness**:
 - i) the date symptoms of the **Sickness** began, and
 - ii) the date a **Physician** was seen due to the **Sickness**, and
 - iii) the **Physician's** contact details.

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

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

No such legal action may be brought against the **Company** unless there has been full compliance with all the terms and conditions of this Policy. In the event of any failure to timely submit any claim or commence legal action with respect to any claim, all benefits under this Policy in respect of such claim shall be forfeited.

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

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- 13) An **Insured Person** has the right to designate a beneficiary. All beneficiary designations shall be in writing, filed with the **Company**, by the **Policyholder**, and provided to the **Company** at the time of claim and such other time as the **Company** may require.

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

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

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

- 14) In the event of a claim under this Policy, the **Policyholder**, the **Insured Person** and the **Beneficiary**, if applicable, must fully cooperate with the **Company** in its handling of the claim including, but not limited to, the timely submission of all medical and other reports, and full cooperation with all physical examinations and autopsies that the **Company** may require.
- 15) The **Company** shall not be bound or be affected by any notice of any trust, charge, lien, or other dealing with or in relation to this Policy.

Claims Procedure Applicable for Section 6: Travel Insurance

- 1) Written notice of any occurrence which may give rise to a claim under this Policy must be given to the **Company** as soon as practicable and in any case within thirty (30) Days after such occurrence. Written Notice of Claim must be given to the **Company** immediately in the case of death, or within thirty (30) Days after the **Date of Loss** in all other cases.
- 2) All certificates, information and evidence required by the **Company** shall be furnished at no expense to the **Company** and shall be in such form and of such nature as the **Company** may prescribe. When required by the **Company**, at its own expense, the **Insured Person** shall submit to medical examination in respect of any alleged claim that may give rise to a benefit being paid.
- 3) Complete, written proof of loss must be given to the **Company** within sixty (60) Days after the **Date of Loss**, or as soon as reasonably possible. Such proof of loss must contain:
- the Policy Number, and
 - the preliminary medical report describing the nature and extent of all injuries or Sicknesses, and providing a precise diagnosis, and
 - all invoices, bills, prescriptions, **Hospital** certificates which will permit the **Company** to accurately determine the total amount of **Medical Expenses** (if applicable) incurred by the **Insured Person**, and
 - in the case where another party was involved (e.g. a car collision), the names, contact details and if possible insurance details of the other party, and
 - in the case of death, an official death certificate, succession certificate pursuant to the Indian Succession Act 1925, as amended, and any other legal documents establishing the identity of any and all beneficiaries, and
 - proof of age, where applicable, and
 - such other information as the **Company** may require to handle the claim.

a) If an **Accident**:

- detailed circumstances of the **Accident** and the names of any witnesses, and
- any police reports concerning the **Accident**, and
- the date a **Physician** was seen due to the **Bodily Injury**, and
- the **Physician's** contact details, or

b) If a **Sickness**:

- the date symptoms of the **Sickness** began, and
- the date a **Physician** was seen due to the **Sickness**, and
- the **Physician's** contact details.

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

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

No such legal action may be brought against the **Company** unless there has been full compliance with all the terms and conditions of this Policy. In the event of any failure to timely submit any claim or commence legal action with respect to any claim, all benefits under this Policy in respect of such claim shall be forfeited.

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

The **Insured Person**, and no one else, unless there is an irrevocable

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assignment, has the right to change the beneficiary. The **Insured Person** does not need the consent of anyone to do so. Changes must be in writing, filed with the **Policyholder** and provided to the **Company** at the time of claim and such other time as the **Company** may require. The **Company** does not assume any responsibility for the validity of these changes.

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

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

- 14) In the event of a claim under this Policy, the **Policyholder**, the **Insured Person** and the **Beneficiary**, if applicable, must fully cooperate with the **Company** in its handling of the claim including, but not limited to, the timely submission of all medical and other reports, and full cooperation with all physical examinations and autopsies that the **Company** may require.
- 15) The **Company** shall not be bound or be affected by any notice of any trust, charge, lien, or other dealing with or in relation to this Policy.

Claims Procedure Applicable for Section 7: Home Insurance revision

The **Insured** shall upon the occurrence of any event giving rise or likely to give rise to a claim under this policy:

- a. In the event of theft lodge forthwith a complaint with the Police and take all practicable steps to apprehend the guilty person or persons and to recover the property lost.
- b. Give immediate notice thereof to the **Company** and shall within fourteen (14) days thereafter furnish to the **Company** at his own expense detailed particulars of the amount of the loss or damage together with such explanations and evidence to substantiate the claim as the **Company** may reasonably require.
- c. Tender to the **Company** all reasonable information, assistance and proof in connection with any claim.

Claims Procedure applicable for Section 8: E@Secure Insurance

- I. In the event of a claim, and to report a claim upon discovery of an occurrence of a **Specified Event**, **You** must give written notice to **Us** along with duly filled claim form at the address mentioned in the Policy Schedule with full details thereof, within 7 days after such claim is first made. Such notice shall be effective on the date of receipt by **Us** at such address.
 - a. It is the duty of the **Insured** to defend Claims and arrange for legal representation, hearing, investigation and experts. **We** shall have the right to effectively associate with **You** in respect of conduct and management of the Claim to which Policy may apply, and may, at **Our** option, elect to assume conduct of **Your** defense and /or investigation of any such claim.
 - b. The payment of claims is dependent on **You** providing all necessary information. Upon learning of any circumstances likely to give rise to a claim, **You** must provide all relevant documents including receipts, bills and other records in support of **Your** claim.
 - c. **You** must make no admission or settlement and must not enter into any correspondence or exchange of communications about the claim without **Our** prior written authorization.
 - d. All claims are paid in Indian Rupee. If **You** suffer a loss which is in a foreign currency, the amount will be converted into Indian Rupee at cash rate of exchange published in the currency conversion website, of Reserve Bank of India or, if it has ceased to be current, a currency conversion website selected by **Us**, on the date of the loss.

- II. On receipt of all required information/documents that can be considered relevant and necessary for the claim, **We** shall, within a period of 30 days offer a settlement of the claim to **You**. If, for any reasons to be recorded in writing and communicated to **You**, **We** decide to reject a claim under the policy, it shall be within a period of 30 days from the receipt of all required information/documents that are relevant and necessary for the claim.

- III. In the event the claim is not settled within 30 days as stipulated above, **We** shall be liable to pay interest at a rate, which is 2% above the **Bank Rate** from the date of receipt of last relevant and necessary document from **You** by **Us** till the date of actual payment.

All benefits are only payable when approved by **Us**.

* **Note – We** 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.

In the event of a claim, and to report a claim upon discovery of an occurrence of a **Specified Event**, **You** must give **Us** such information and co-operation as it may reasonably require including but not limited to:

- (a) Submission of fully completed and signed claim form
- (b) Copy of FIR lodged with Police Authorities / Cyber cell
- (c) Copies of legal notice received from any affected person/entity
- (d) Copies of summon received from any court in respect of a suit filed by an affected party/entity
- (e) Copies of invoices for expenses **You** incurred for the services of IT specialist
- (f) Copies of invoices for expenses **You** incurred in amending / rectifying **Your Personal Information**
- (g) Evidence of **Your** consultation with **Psychologist / Psychiatrist**
- (h) Evidence of unpaid wages
- (i) Copy of **Your** last drawn monthly salary.
- (j) Evidence of expenses incurred by **You** in rectifying records regarding your identity
- (k) Copies of correspondence with bank evidencing that bank is not reimbursing **You**

VI General Conditions

A) General Conditions Applicable to Section I. 1: my:healthSuraksha

1. Free Look period

A period of 15 days from the date of receipt of the Policy document is available to review the terms and conditions of this Policy. **You** have the option of cancelling the Policy stating the reasons for cancellation, if **You** have any objections to any of the terms and conditions.

- We shall refund the premium paid after adjusting the amounts spent on stamp duty charges, Medical examination (wherever applicable) and proportionate premium (If Policy has already commenced).
- Cancellation will be allowed only if there are no admissible claims under the Policy as on date of Cancellation.
- Free Look period is not applicable on **Renewal**

2. Other Insurance / Contribution

If **Insured Person** has two or more policies to indemnify treatment cost, which also covers any claim (in part or in whole) being made under this Policy, then the **Policy holder** has the right to require a settlement of claim under terms and conditions of any of his/her Policies.

3. Non Disclosure or Misrepresentation

If at the time of issuance of Policy or during continuation of the Policy,

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

- cancelled ab initio from the inception date or the **Renewal** date (as the case may be), or the Policy may be modified by Us at **Our** sole discretion, upon 30 day notice by sending an endorsement to **Your** address shown in the Schedule and
- the claim under such Policy if any, shall be prejudiced.

4. Fraudulent claim

If any Claim made or utilization of Covers under the Policy is found to be fraudulent, or is supported by any fraudulent means, devices or software by **Insured Person** or anyone acting on their behalf to obtain any benefit under this Policy;

- The policy shall be cancelled ab-initio from the inception date or the **Renewal** date (as the case may be),
- All benefits payable, if any, under such Policy shall be forfeited with respect to such claim

5. Geography

This Policy only covers Medical Treatment taken within India, except under the policies with Global Health Cover as may be specified in the on the Schedule of Coverage in the policy Schedule.

6. Loadings

- i. We may apply Medical Underwriting loading on the premium, based on the declarations made in the proposal form and the health status, habits and lifestyle, past medical records, and the results of the Pre-Policy medical examination of the persons proposed for insurance.
- ii. The maximum Medical Underwriting loading shall not exceed 35% for each diagnosis / medical condition and a total of 100% for each **Insured Person**
- iii. Medical Underwriting loadings will be applied from Commencement date of the Policy including subsequent **Renewal(s)** with Us or on increased Sum Insured. We will not apply any additional loading on **Your** policy premium at **Renewal** based on claim experience in **Your** Policy. However increase or decrease of discount in Medical Underwriting loading is subject to terms mentioned under **Section 3B – Health Incentives**
- iv. We will inform You about the applicable Medical underwriting loading with time bound exclusion (if any) through a counter offer letter and will issue the Policy only on **Your** acceptance within 15 days of the receipt of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 15 days, We shall cancel **Your** application and refund the premium paid within next 7 days.

7. Renewal:

- i. This policy is ordinarily renewable for lifetime except on grounds of fraud, non-disclosure of material facts or misrepresentation as sought to be declared in the proposal form or non-cooperation by the insured
- ii. We are not under any obligation to send renewal notice or reminders.
- iii. For dependent children, Policy is renewable up to 25 years. After the completion of maximum **Renewal** age of dependent children, a separate proposal form should be submitted to us at the time of **Renewal**. Credit of continuity/waiting periods, earned **Cumulative Bonus** and Healthy Weeks discount accrued for all the previous **Policy Years** would be extended in the **Renewal** under new Policy.
- iv. You can apply for enhancement of Sum Insured or change in plan at the time of **Renewal** by submitting a fresh proposal form to **Us**. All waiting periods as defined in the Policy shall apply afresh for the enhanced Sum Insured from the effective date of enhancement.

- v. Premium payable on **Renewal** and on subsequent continuation of cover are subject to the provisions under condition 10

8. Grace Period

- i. A **Grace Period** of 30 days is available for Renewal of the Policy. Any Illness, disease or condition contracted during **Grace Period** will not be covered and will be treated as **Pre-existing diseases**.
- ii. Policies for which Premium is received after the **Grace Period** shall be considered as a fresh policy.

9. Portability

Health Insurance portability can be availed under this Policy if;

- i. The proposed **Insured Person** was continuously covered under any similar health insurance policy with any other Insurance company
- ii. The proposed **Insured Person** was insured continuously and without a break under another retail or Group health insurance policy with Us.

Procedure to avail Portability:

- a. The **Portability** of Policy can be availed of by submitting the completed Proposal form, portability annexure along with previous policy documents and **Renewal** notice of expiring policy, at least 45 days in advance, but not earlier than 60 days, from the expiry of the existing health insurance policy.
- b. Policy can be ported on at the time of **Renewal** of the existing health insurance policy.
- c. Waiting period credits shall be extended to **Pre-Existing Diseases** and time bound exclusions/waiting periods.
- d. If the proposed **Sum Insured** is higher than the **Sum insured** under the expiring policy, all waiting periods under Section E shall be applicable on the increased Sum Insured.
- e. Portability shall be applicable to the Sum Insured under previous Policy and to the Cumulative Bonus acquired under that Policy
- f. We will process **Portability** application within 15 days of receiving the complete proposal form and Portability Form.

10. Endorsements

The following endorsements are permissible during the Policy Period:

1.1 Non-Financial Endorsements – which do not affect the premium

- a. Minor rectification/correction in name of the Proposer / Insured Person (and not the complete name change)
- b. Rectification in gender of the Insured Person (if this does not impact the premium)*
- c. Rectification in relationship of the Insured Person with the Proposer
- d. Rectification of date of birth of the Insured Person (if this does not impact the premium)*
- e. Change in the correspondence address of the Proposer (if this does not impact the premium)*
- f. Change in Nominee Details
- g. Change in Height, weight, marital status (if this does not impact the premium) *
- h. Change in bank details
- i. Any other non-financial endorsement

1.2 Financial Endorsements – which result in alteration in premium

- a. Change in Age/date of birth
- b. Change in Height, weight
- c. Addition of Insured Person (New Born Baby or newly wedded spouse)
- d. Deletion of Insured Person on death or Marital separation
- e. Any other financial endorsement

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The Policyholder shall apply in a proposal form along with birth certificate / marriage certificate as the case may be for addition of Insured person.

11. Cancellation (Other than free look Period)

You may cancel this **Policy** at any time by giving **Us** written notice. The cancellation shall be from the date of receipt of such written notice. In case of any claim made during **Policy Year**, no premium will be refunded for that Policy Year.

For Policies where instalment option is not availed and no claim has been made under the Policy, We will refund premium in accordance with the table below:

Month	Policy Tenure 1 Year	Policy Tenure 2 Year	Policy Tenure 3 Year
Up to 1 Month	85.0%	92.5%	95.0%
Up to 3 Month	70.0%	85.0%	90.0%
Up to 6 Month	45.0%	70.0%	80.0%
Up to 12 Month	0.0%	45.0%	60.0%
Up to 15 Month	NA	30.0%	50.0%
Up to 18 Month	NA	20.0%	45.0%
Up to 24 Month	NA	0.0%	30.0%
Up to 27 Month	NA	NA	20.0%
Up to 30 Month	NA	NA	12.5%
Up to 36 Month	NA	NA	0.0%

For Policies where Premium is paid by instalment, additional conditions as given below will be applicable.

- When yearly payment option is chosen, cancellation grid as per 1-Year Tenure policies will be applicable
- For all other options, 50% of current instalment premium will be refunded when the current period is less than 6 months in to the policy year. For instalment after 6 months, no refund will be payable.
- In case of admissible claim under the Policy, future instalments for the current policy year will be adjusted in the claim amount and no refund of any premium will be applicable during policy year

12. Premium Tier :

For the purpose of policy issuance, the premium will be computed basis the city of residence provided by the **Insured Person** in the proposal form. Classification of cities would be as under:

- Tier 1a:** Delhi and NCR region
- Tier 1b:** Mumbai, Mumbai Suburban and Navi Mumbai, Pune, Surat, Ahmedabad, Varodara
- Tier 2:** Rest of India

Conditions:

- On payment of Tier 1a premiums, an **Insured Person** can avail treatment all over India without any **co-payment**.
- On payment of Tier 1b premium, an **Insured Person** can avail treatment at Tier 1b cities and Tier 2 cities without any **Co-Payment**. However if an Insured Person avails a treatment in Tier 1a cities, 20% **Co-Payments** shall be applicable on admissible claim amount.
- On payment of Tier 2 premium, an **Insured Person** can avail treatment at Tier 2 cities without any **Co-Payment**. However if an Insured Person avails a treatment in Tier 1a or Tier 1b cities, 20% **Co-Payments** shall be applicable on admissible claim amount.
- Co-Payment** under ii and iii above will not be applied If an **Insured Person** opts for **Hospitalization** with **Room Rent** up to Rs 2,500 per day or on **Hospitalization** for **Medically Necessary** treatment following an **Accident**

13. Premium Payment Option

- Insured Person has the option to pay total premium at the commencement of policy or in instalments as per options below:

Options	Installment Premium Option	Grace Period applicable
Option 1	Yearly	30 days
Option 2	Half Yearly	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 days

- No Additional charges are levied if Premium is paid in Instalments.
- Grace Period** shall be applicable as mentioned in the table above. Diagnosis of **Critical Illness**, Undergoing of **Surgical Procedure** or any Illness contracted during the **Grace Period** will not be admissible under the **Policy**.
- If case of non-receipt of Instalment Premium before expiry of the **Grace Period**, the policy shall stand cancelled and the Premium for unexpired period will be refunded as below
 - When yearly payment option is chosen, cancellation grid as per 1 Year Tenure policies will be applicable
 - For all other Premium Payment options, 50% of current instalment premium will be refunded, when the current period is less than 6 months in to the policy year. For policy period after 6 months, no refund will be payable.
 - No refund of Premium in case any claim is paid or payable during the **Policy Year**.

14. Revision/ Modification of the product

We may revise the **Renewal** premium payable under the Policy or the terms of cover, with the prior approval from Insurance Regulatory and Development Authority of India. We will intimate You of any such changes at least 3 months prior to date of such revision or modification

15. Withdrawal of the Product

- We may withdraw this product with the prior approval from Insurance Regulatory and Development Authority of India.
- We will intimate You of any such changes at least 3 months prior to date of such revision or modification.
- In such an event of withdrawal of this product, You can choose to renew this policy under any of **Our** similar Health insurance products.
- Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on **Renewal** with **Us**

16. Payment of Claim

- If there are any deficiencies in the necessary claim documents which are not met or are partially met, We will send a maximum of 3 (three) reminders following which **We** will send a closure letter or make a part-payment if **We** have not received the deficiency documents after 45 days from the date of the initial request for such documents
- On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, **We** shall offer within a period of 30 days a settlement of the claim to the insured.
- Upon acceptance of an offer of settlement by the **Insured person**, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. In the cases of delay in the payment **We** shall be liable to pay interest 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 it.
- However, where the circumstances of a claim warrant an investigation, **We** will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, **We** will settle the claim within 45 days from the date of receipt of

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last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

- v. If **We**, for any reason decide to reject the claim the reasons regarding the rejection shall be communicated to **You** in writing within 30 days of the receipt of documents.
- vi. If requested by **Us** and at **Our** cost, the **Insured Person** must submit to medical examination by **Our Medical Practitioner** as often as **We** consider reasonable and necessary and **We/Our** representatives must be permitted to inspect the medical and **Hospitalization** records pertaining to the **Insured Person's** treatment and to investigate the circumstances pertaining to the claim.
- vii. **We** and **Our** representatives must be given all reasonable co-operation in investigating the claim in order to assess **Our** liability and quantum in respect of the claim

B) General Conditions Applicable for Section 2: my:health Critical Suraksha Plus

1. Free Look period

You have a period of 15 days from the date of receipt of the first **Policy** 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 to cancel the **Policy** stating the reasons for cancellation. If **you** have not made any claim during the Free look period, **you** shall be entitled to refund of premium subject to,

- i. a deduction of the expenses incurred by **Us** on **Your** medical examination, stamp duty charges, if the risk has not commenced,
- ii. a deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, If the risk has commenced
- iii. a deduction of such proportionate risk premium commensuration with the risk covered during such period, where only a part of risk has commenced
- iv. Free Look period is not applicable for renewed policies

2. Grace Period

- i. A grace period of 30 days for Renewals is permissible and the **Policy** will be considered as continuous for the purpose of all waiting periods. However, any treatment availed for an Illness contracted during the grace period will not be admissible under the **Policy**.
- ii. For **Renewal** received after completion of 30 days grace period, the **Policy** would be considered as a fresh policy. All the discounts, modifications of loading earned on the previous policies shall not be extended in the fresh **Policy**
- iii. All eligible claims reported in the installment grace period would be payable if otherwise admissible as per terms and conditions of the **Policy**

3. Sum Insured Enhancement:

The Insured Person member can apply for enhancement of Sum Insured at the time of renewal. The acceptance of enhancement of Sum Insured would be based on the health condition of the Insured Persons & claim history of the policy.

4. Renewal

- i. The **Policy** is ordinarily renewable for life except on grounds of fraud, moral hazard or non-disclosure of any material facts or misrepresentation or non-cooperation by the **Insured Person** (Subject to policy is renewed annually with us within the Grace period of 30 days from the date of Expiry)

5. Portability

An Insured person can avail Health Insurance portability under this policy, if

- i. The proposed Insured Person was continuously covered under

any similar health insurance policy with any other Insurance company

- ii. The proposed Insured Person was insured continuously and without a break under another retail or Group health insurance policy with Us.

Procedure to avail Portability:

- a. The Portability benefit, can be availed of by applying to Us with the completed Proposal form and portability annexure along with previous policy documents and Renewal notice of existing policy, at least 45 days before, but not earlier than 60 days, from the expiry of the existing health insurance policy.
- b. This benefit is available only at the time of Renewal of the existing health insurance policy.
- c. If the proposed Sum Insured is higher than the Sum insured under the expiring policy, then all waiting periods would be applied on the increased Sum Insured.
- d. Waiting period credits shall be extended to Pre-Existing Diseases and time bound exclusions/waiting periods.
- e. We will process Portability application within 15 days of receiving the complete proposal form and Portability Form.

6. Cancellation

We may cancel on grounds of misrepresentation, fraud, non-disclosure of material facts as sought to be in proposal form or noncooperation by any Insured Person. Cancelled ab initio from the inception date or the renewal date (as the case may be), at our sole discretion upon giving 30 days' notice

You may cancel this **Policy** at any time by giving **Us** written notice. The cancellation shall be from the date of receipt of such written notice. In case of any claim made during **Policy Year**, no premium will be refunded.

If no claim has been made under the Policy, We will refund premium in accordance with the table below:

Month	1 Year	2 Year	3 Year
Up to 1 Month	85.0%	92.5%	95.0%
Up to 3 Month	70.0%	85.0%	90.0%
Up to 6 Month	45.0%	70.0%	80.0%
Up to 12 Month	0.0%	45.0%	60.0%
Up to 15 Month	NA	30.0%	50.0%
Up to 18 Month	NA	20.0%	45.0%
Up to 24 Month	NA	0.0%	30.0%
Up to 27 Month	NA	NA	20.0%
Up to 30 Month	NA	NA	12.5%
Up to 36 Month	NA	NA	0.0%

7. Premium Payment Option

- i. Insured Person shall have the option to pay premium in total at the commencement of policy or in installments as per options below:

Options	Installment Premium Option
Option 1	Yearly
Option 2	Half Yearly
Option 3	Quarterly
Option 4	Monthly

- ii. No Additional charges, on the existing premium are applicable irrespective of the Installment Option selected.
- iii. Grace Period of 15 days in case of Monthly premium payment option and 30 days for half yearly and Quarterly premium payment option shall be applicable. Any treatment availed for an Illness contracted during the grace period will not be admissible under the Policy
- iv. If case of non-receipt of Installment Premium before expiry of the grace period, the policy shall stand cancelled and the Premium for unexpired period will be refunded as below:

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- d. When yearly payment option is chosen, cancellation grid as per 1 Year Tenure policies will be applicable
- e. For all other Premium Payment options, 50% of current installment premium will be refunded, when the current period is less than 6 months in to the policy year. For policy period after 6 months, no refund will be payable.
- f. No refund of any premium in case of any claim is paid during policy year

8. Discounts:

1	Family Discount	A discount of 10% on the premium shall be offered if 2 or more of any of eligible family members are covered under an Individual Sum Insured policy with the Company
2	Online Policy Discount	A discount of 5% on the premium shall be offered for all policies purchased online, through our website directly from the Company.
3	Employee Discount	10% discount will be offered on the premium, to Employees of HDFC and ERGO Group companies in case the policies are bought through direct channels of the Company
4	Loyalty Discount	If insured has purchased policies for more than 1 product from us, 2.5% discount of my:health Critical Suraksha Plus premium is offered

Maximum cap on all discounts from 1 to 4 combined is 20%

Other Discounts

Healthy Weeks

On the basis of number of Healthy Weeks recorded. Wellness Discount is accrued on a yearly basis according to the following grid

Healthy Weeks	Wellness discount
1-4	0.50%
5-8	1.00%
9-12	2.00%
13-16	3.00%
17-26	6.00%
27-36	7.50%
Above 36	10.00%

9. Revision/ Modification of the product

We may revise the Renewal premium payable under the Policy or the terms of cover, with the prior approval from Insurance Regulatory and Development Authority of India. We will intimate You of any such changes at least 3 months prior to date of such revision or modification

10. Withdrawal of the Product

- i. We may withdraw this product with the prior approval from Insurance Regulatory and Development Authority of India.
- ii. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.
- iii. In such an event of withdrawal of this product, You can choose to renew this policy under any of Our similar Health insurance products.
- iv. However benefits payable shall be subject to the terms contained in such other Policy which has been approved by Insurance Regulatory and Development Authority of India
- v. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been continuously renewed with Us

11. Additional Benefits

Income Tax Benefit as per Sec 80 D of the IT Act on the premiums paid for this policy,

C) General Conditions Applicable for Section 3: my:health Medisure Super Top Up Insurance

1. Duty of Disclosure

The Policy shall be null and void and no benefit shall be payable in the event of the following:

- In case of any untrue or incorrect statements or misrepresentation, mis-description or non-disclosure or suppression of any material particulars as sought to be declared on the Proposal Form
- if any material information has been withheld in the Proposal Form, personal statement, declaration or other documents,
- if a claim is found to be fraudulent or any fraudulent means or device is used by You or any one acting on Your behalf to obtain a benefit under this Policy.

Material information to be disclosed includes every matter that You know, or could reasonably be expected to know, that relates to questions in the Proposal Form and which is relevant to Our decision to accept the risk of insurance and if so on those terms. You must exercise the same duty to disclose those matters to Us before the renewal, extension, variation, endorsement or reinstatement of the Policy.

2. Observance of Terms and Conditions

The due observance and fulfilment of the terms, conditions and endorsements of this Policy insofar as they relate to anything to be done or complied with You shall be a condition precedent to any liability on Us to make any payment under this Policy.

3. Reasonable Care

You shall take all reasonable steps to safeguard against any accident or illnesses that may give rise to any claim under this Policy.

4. Notice of Charge

We shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but Our payment to You or Your nominees or Your legal representative or to the Hospital/Nursing Home, as the case may be, of any benefit under the Policy shall in all cases be a full, valid and an effectual discharge by Us.

5. Electronic Transactions

You agree to adhere to and comply with all such terms and conditions as We may prescribe from time to time, and hereby agree and confirm that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service 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 Us, for and in respect of this Policy or its terms, or Our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time. Sales through such electronic transactions shall ensure that all conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to the Insured. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent will be subsequently validated/confirmed by You.

6. Subrogation

In the event of payment under this Policy, We shall be subrogated to Your rights of recovery thereof against any person or organization, and You shall execute and deliver instruments and papers necessary to secure such rights. You and any claimant under this Policy shall at Our expense do and concur in doing and permit to be done, all such acts and things as may be necessary or required by Us, before or after Your indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which We shall be or would become entitled or subrogated. This clause does not apply to coverage provided on benefit basis.

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7. 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 You or anyone acting on Your behalf to obtain any benefit under this Policy then this Policy shall be void and all claims being processed shall be forfeited for all person(s) named in the Schedule to this Policy, all sums paid under this Policy shall be repaid to Us by all person(s) named in the Schedule to this Policy who shall be jointly liable for such repayment.

8. Cancellation/Termination

We reserve the right and may at any time, cancel Your Policy, on grounds of misrepresentation, fraud, non disclosure or suppression of material facts as sought to be declared on the Proposal form or non co-operation, by giving 15 days notice in writing by Registered Post Acknowledgment Due to You at Your last known address in which case, We shall not be liable to repay the premium for the unexpired term.

You may also give 15 days notice in writing, to Us, for the cancellation of this Policy, in which case We shall from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in force at Our short period scales as under:

Period On Risk	Rate of Premium Refunded
Up to 1 month	75% of annual Premium
Up to 3 months	50% of annual Premium
Up to 6 months	25% of annual Premium
Exceeding six months upto 365 days	Nil

In case of 2 year Policy;

If cancellation done before completion of 1 year: same grid as given above is applicable on first year Premium and second year Premium will be completely refunded.

If cancellation is done after completion of 1 year: same grid as given above is applicable however retention Premium on second year premium will be calculated on Annual Premium without long term Policy discount.

An individual policy with a single person named in the Schedule to this Policy shall automatically terminate in case of death of the Policyholder. In case of an individual Policy with multiple persons named in the Schedule to this Policy and in case of a floater, the Policy shall continue to be in force for the remaining members of the family upto the expiry of current Policy Period. The Policy may be renewed on an application by another adult person named in the Schedule to this Policy, whenever such is due.

However, in case of a valid claim having been paid or reported under this Policy, there would be no refund of premium.

Minimum premium of Rs 250 per Policy will be retained by Us towards administrative charges.

9. Free-look Period

A period of 15 days from the date of receipt of the Policy document is available to review the terms and conditions of this Policy. You have the option of cancelling the Policy stating the reasons for cancellation, if You have any objections to any of the terms and conditions. We shall refund the premium paid after adjusting the amounts spent on stamp duty charges, Medical examination (wherever applicable) and proportionate risk premium (If Policy has already commenced). Cancellation will be allowed only if there are no claims paid or reported under the Policy. Minimum premium shall not apply for free look cancellations.

10. Place/Currency: No claim shall be payable under this Policy for any treatment or expenses incurred outside India. All claims shall be payable in India and in Indian Rupees only.

11. Income Tax benefit: Premium paid under the Policy shall be eligible for benefits under the Income Tax laws prevailing from time to time.

12. Law Applicable: Laws of the Republic of India shall govern the

validity, construction, interpretation and effect of this Policy or any claim there under.

13. If a claim is rejected or partially settled and is not the subject matter of any pending suit or other proceeding or arbitration, as the case may be, within twelve months from the date of such rejection or settlement, the claim shall be deemed to have been abandoned and Our liability extinguished and shall not be recoverable thereafter.

14. Renewal

i. We shall not be bound to give notice that renewal is due.

ii. If You desire renewal, You shall apply to Us for the same prior to expiry of the Policy Period of Insurance.

iii. 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.

iv. Policy will be considered as a fresh policy if there is a break of 30 or more days between the previous policy expiry date and current policy start date.

v. We will not be liable to pay hospitalization expenses incurred during break period. Any disease/ condition contracted in the break in period will not be covered and will be treated as Pre-existing condition.

vi. Any enhanced Sum Insured during subsequent policy renewals will not be available for an illness, injury already contracted under the preceding policy periods. All Waiting periods as defined in the Policy shall apply for this enhanced limit from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy with Us. Sum Insured enhancement will be subject to Underwriting approval.

vii. Where an individual is added to this Policy, either by way of endorsement or at the time of renewal, the pre-existing disease clause, exclusions and waiting periods will be applicable considering such Policy Year as the first year of Policy with Us.

viii. In case of floater Policies, where dependent child crosses age 23 years, renewal can be done in a separate Policy under the same Product or any other available Products with continuity benefits.

ix. A Policy shall be ordinarily renewable for lifetime unless:

a. 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,

b. 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.

15. Continuity Benefits

For Portability Policies, continuity benefits shall be offered to all in accordance with the Portability Guidelines issued by Insurance Regulatory and Development Authority from time to time. Portability benefits are not automatically applicable under the Policy unless application for portability has been specifically made and subsequently accepted by the Company. Application for portability must be made 45 days before expiry of the Policy.

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Where the product is discontinued or offered to the customers of a specific institution, with which We have a tie up, continuity of benefits will be provided under the same or similar policies available with Us during such period in the event that such tie-up has been discontinued or Product is withdrawn.

16. Pre-acceptance Medical Test Requirement

- 1.1 All Individuals upto 55 years (age last birthday as at Policy inception date) - The Company will rely on the declarations made on the Proposal Form. In case the declaration reveals any medical adversity, the Company may require the individual to undergo appropriate medical tests.
- 1.2 For age group 56-65 years (age last birthday as at Policy inception date)- The Individuals would be required to undergo pre-acceptance medical tests as follows-Medical Examination Report, Treadmill Test/ECG, Lipid Profile, HbA1C, Serum Creatinine, Complete Blood Count, Urinalysis.

The Company reserves its right to require any individual to undergo such medical tests or where required any further additional tests, at the sole discretion of the Company to determine the acceptance of a Proposal.

The Health checkup and subsequent Medical reports are valid upto 30 days from date of Health Checkup.

In case of accepted proposals,

A 50% reimbursement of the medical test costs will be applicable for accepted proposals (on our pre agreed rates with the network provider).

17. Medical Underwriting

Proposers above 55 years of age and those having medical history are subject to Medical Underwriting by the Company. We reserve the right to accept such proposals on standard terms/Decline/Accept with exclusion or Premium loading (up to maximum of 100% on basic Premium). These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us.

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

Premium Bearing

- Increase in Sum Insured – Subject to medical underwriting permissible at Renewal
- Decrease in Sum Insured – Permissible at Renewal unless Policy wrongly issued by us
- Addition of member – Newly married spouse or New born baby permissible at Renewal
- Policy cancellation

Non Premium Bearing

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

Above list is indicative.

D) General Conditions Applicable for Section 4: my:health Hospital Cash Benefit Add on

1. Free Look period

A period of 15 days from the date of receipt of the Policy document is available to review the terms and conditions of this Policy. You have the option of cancelling the Policy stating the reasons for cancellation, if You have any objections to any of the terms and conditions.

- We shall refund the premium paid after adjusting the amounts spent on stamp duty charges, Medical examination (wherever applicable) and proportionate premium (If Policy has already commenced).
- Cancellation will be allowed only if there are no claims paid or reported under the Policy. Minimum premium shall not apply for free look cancellations.
- Free Look period is not applicable for renewed policies

2. Grace Period

- i) A **Grace Period** of 30 days for Renewals is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, we shall not be liable for any treatment availed for an **Illness** or **Accident** during the **Grace Period**
- ii) For Renewals received after completion of 30 days **Grace Period**, the policy would be considered as a fresh policy and all Waiting Periods including those mentioned under Section E will start afresh. All the **Renewal** benefits earned on the previous Policy will lapse.
- iii) All eligible claims reported in the grace period would be payable if otherwise admissible as per terms and conditions of the policy

3. Renewal:

- i. This policy is ordinarily renewable for lifetime except on grounds of fraud, non-disclosure of material facts or misrepresentation as sought to be declared in the proposal form or non-cooperation by the insured
- ii. For dependent children, Policy is renewable up to 25 years. After the completion of maximum **Renewal** age of dependent children, a separate proposal form should be submitted to us at the time of **Renewal**. Suitable credit of continuity/waiting periods and **Cumulative Bonus** for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break.
- iii. You can apply for enhancement of Sum Insured or change in plan at the time of **Renewal** by submitting a fresh proposal form to **Us**. All waiting periods as defined in the Policy shall apply afresh for the enhanced Sum Insured limit from the effective date of enhancement

4. Portability

An Insured person can avail Health Insurance portability under this policy, if

- i. The proposed **Insured Person** was continuously covered under any similar health insurance policy with any other Insurance company
- ii. The proposed **Insured Person** was insured continuously and without a break under another retail or Group health insurance policy with Us.

Procedure to avail Portability:

- a. The **Portability** benefit, can be availed of by applying to **Us** with the completed Proposal form and portability annexure along with previous policy documents and **Renewal** notice of existing policy, at least 45 days before, but not earlier than 60 days, from the expiry of the existing health insurance policy.
- b. This benefit is available only at the time of **Renewal** of the existing health insurance policy.
- c. If the proposed **Sum Insured** is higher than the **Sum insured** under the expiring policy, then all waiting periods would be applied on the increased Sum Insured.
- d. Waiting period credits shall be extended to **Pre-Existing Diseases** and time bound exclusions/waiting periods.

We will process **Portability** application within 15 days of receiving the complete proposal form and Portability Form.

5. Cancellation

- a. We may cancel on grounds of misrepresentation, fraud, non-disclosure of material facts as sought to be in proposal form or noncooperation by any Insured Person. Cancelled ab initio from the inception date or the renewal date (as the case may be), at our sole discretion upon giving 30 days' notice
- b. You may cancel this **Policy** at any time by giving **Us** written notice. The cancellation shall be from the date of receipt of such written notice. In case of any claim made during **Policy Year**, no premium will be refunded.

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- c. If no claim has been made under the Policy, We will refund premium in accordance with the table below

Month	1 Year	2 Year	3 Year
Up to 1 Month	85.0%	92.5%	95.0%
Up to 3 Month	70.0%	85.0%	90.0%
Up to 6 Month	45.0%	70.0%	80.0%
Up to 12 Month	0.0%	45.0%	60.0%
Up to 15 Month	NA	30.0%	50.0%
Up to 18 Month	NA	20.0%	45.0%
Up to 24 Month	NA	0.0%	30.0%
Up to 27 Month	NA	NA	20.0%
Up to 30 Month	NA	NA	12.5%
Up to 36 Month	NA	NA	0.0%

6. Premium Payment Option

- i. Insured Person shall have the option to pay premium in total at the commencement of policy or in installments as per options below:

Options	Installment	Premium Option
Option 1	Yearly	
Option 2	Half Yearly	
Option 3	Quarterly	
Option 4	Monthly	

- ii. No Additional charges, on the existing premium are applicable irrespective of the Installment Option selected.
- iii. **Grace Period** of 15 days in case of Monthly premium payment option and 30 days for half yearly, Quarterly and Yearly premium payment option shall be applicable.
- iv. If case of non-receipt of Installment Premium before expiry of the **Grace Period**, the policy shall stand cancelled and the Premium for unexpired period will be refunded as below
- When yearly payment option is chosen, cancellation grid as per 1 Year Tenure policies will be applicable
 - For all other Premium Payment options, 50% of current installment premium will be refunded, when the current period is less than 6 months in to the policy year. For policy period after 6 months, no refund will be payable.
 - No refund of any premium in case of any claim is paid during policy year

7. Discounts:

Family Discount	A discount of 10% on the premium shall be offered if 2 or more of any of eligible family members are covered under an Individual Sum Insured policy with the Company
Online Policy Discount	A discount of 5% on the premium shall be offered for all policies purchased online/ through website/ direct channels of the Company.
Long term policy discount	A discount of 7.5% and 12.5% shall be offered on premium, in case a policy is purchased for 2-year and 3-year tenure respectively with Annual Premium Payment option
Employee Discount	10% discount will be offered on the premium, to Employees of HDFC and ERGO Group companies in case the policies are bought through direct channels of the Company
Loyalty Discount	If insured has purchased policies for more than 1 product from us, 2.5% discount of my:health hospital cash benefit Add on premium is offered

Total maximum discount of all mentioned above, should not exceed 20% of the total premium per policy

8. Revision/ Modification of the product

We may revise the **Renewal** premium payable under the Policy or the terms of cover, with the prior approval from Insurance Regulatory

and Development Authority of India. We will intimate You of any such changes at least 3 months prior to date of such revision or modification

9. Withdrawal of the Product

- We may withdraw this product with the prior approval from Insurance Regulatory and Development Authority of India.
- We will intimate You of any such changes at least 3 months prior to date of such revision or modification.
- In such an event of withdrawal of this product, You can choose to renew this policy under any of **Our** similar Health insurance products.
- Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been continuously renewed with **Us**

10. Additional Benefits:

- Income Tax Benefit as per Sec 80 D of the IT Act on the premiums paid for this policy, except for Personal Accident Section.

E) General Conditions Applicable to Section 5: Personal Accident

- This Policy shall be governed by the laws of India and, except as otherwise provided in Section 4 (8) of this Policy, the Indian courts alone shall have jurisdiction in any dispute arising hereunder.
- This Policy shall be voidable in the event of misrepresentation, mis-description or nondisclosure by any or on behalf of the Insured Person of any material particular.
- Insured Persons** shall take all reasonable precautions to prevent **Accidents** and to avoid **Sickness** and shall comply with all statutory requirements, as a condition precedent to the **Company's** liability hereunder.
- Where the **Insured Person** is required in Terms of this Policy to perform any act or comply with any obligation timely performance or compliance shall be a condition precedent to the **Company's** liability hereunder.
- Insurance in respect of an **Insured Person** will begin under this Policy from 00.00 a.m. on the **Day** after (or a future date that has been agreed upon by the **Insured Person** and the **Company**) of the month after the date all of the following are true:
 - the **Insured Person** is eligible to be insured;
 - the required premium has been paid to the **Company**; and
 - the **Company** has approved the **Insured Person's** proposal for this insurance.
- This Policy may be cancelled at the request of the **Policyholder** by thirty (30) **Days** notice given in writing to the **Company** and the premium paid shall be adjusted on the basis of the **Company** retaining a minimum of twenty-five percent (25%) of the annual premium or earned premium calculated pro-rata, whichever is the higher. No refund will be made for such **Insured Person** for whom a claim has been paid or admitted by the **Company**. This Policy may also be cancelled by the **Company** by thirty (30) **Days** notice given in writing to the **Policyholder** at their last known address on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation and the premium paid shall be adjusted on the basis of the **Company** retaining earned premium calculated pro-rata.
- Insurance in respect of an **Insured Person** shall immediately terminate on the earliest of the following dates:
 - the date that the Policy is terminated;
 - the date that the Total **Sum Insured** is paid for covered loss under Section 6 (Accidental Death), Section 7 (Permanent Disablement) or any of the Hospital Cash sections of the Policy; or
 - in respect of **Immediate Family**, the date that such **Insured Person** ceases to be the **Insured Person's Immediate Family Member**.

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In the event that the initial premium payable is not paid and realized, this Policy shall be deemed to be void from the intended Policy Effective Date stated in the Schedule. If one or more premiums payable under this Policy has been paid, then the non-payment or non realization of any subsequent premium shall terminate this Policy as of the due date of such unpaid or unrealized premium.

- 8) The **Policyholder** and **Insured Person** understand that if a proposal has been completed for this insurance, then all statements and all particulars provided in such proposal, and any attachments thereto, are material to the **Company's** decision to provide this insurance. The **Policyholder** and **Insured Person** further understand that the **Company** has issued this Policy in reliance upon the truth of such statements and particulars.
- 9) **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.
- 10) **Free Look Period:** The Policyholder have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If the policyholder has any objections to any of the terms and conditions, then the policyholder has the option of cancelling the Policy stating the reasons for cancellation and will be refunded the premium paid after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. The policyholder can cancel the Policy only if no claims have been made under the Policy. All the policyholder's rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

Fraud warning:

Any person who, knowingly and with intent to defraud the **company** or Other person, 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 **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 if Any fraudulent means or devices are used by the **insured person, Policyholder**, 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 or through the procurement or with the knowledge or

Connivance of the **insured person, policyholder**, beneficiary, claimant Or other person, then all benefits under this policy are forfeited.

- 11) The titles of the various paragraphs of this Policy and any endorsements attached to this Policy are inserted solely for convenience of reference and do not limit or affect in any way the provisions to which they relate
- 12) The **Policyholder** shown in Item 1 of the Schedule is responsible for the collection and remittance of all premiums. Premiums are due on or prior to the Policy Effective Date shown in Item 2 of the Schedule and, in the case of a multi-year Policy, on or before the annual anniversary of such Policy Effective Date. Timely payment of all premium due in full is a condition precedent to the **Company's** liability under this Policy.
- 13) Notices: Notices to the **Company** under this Policy shall be given in writing addressed to the address shown in the preamble of this Policy. Such notices shall be effective on the date of receipt by the **Company** at such address.
- 14) Valuation and Foreign Currency: All premiums, benefit amounts, loss, **Sums Insured** and other amounts under this Policy are expressed and payable in Indian currency. If judgement is rendered, settlement is denominated or any benefit, **Sum Insured** or element of loss is stated in a currency other than Indian Rupees, then payment

under this Policy shall be made in Indian Rupees at the rate of exchange published by the Reserve Bank of India on the date the final judgement is entered, the amount of settlement is agreed upon or any benefit, **Sum Insured** or element of loss is due, respectively.

- 15) Subject to the terms and conditions of this Policy, payment of the renewal premium when due, will automatically renew this Policy. Renewal documents will not be issued as the existing Policy is evidence of cover, unless otherwise notified or terminated.
 - 16) Any general increase or decrease in premium will be advised by providing 30 days notification to the **Insured Person's** last known address.
- F) General Conditions Applicable for Section 6: Travel Insurance**
- 1) This Policy shall be governed by the laws of India and, except as otherwise provided in Section 4(8) of this Policy, the Indian courts alone shall have jurisdiction in any dispute arising hereunder.
 - 2) This Policy shall be voidable in the event of misrepresentation, misdescription or non-disclosure by any or on behalf of the Insured Person of any material particular.
 - 3) Insured Persons shall take all reasonable precautions to prevent Accidents and to avoid Sickness and shall comply with all statutory requirements, as a condition precedent to the Company's liability hereunder.
 - 4) Where the Insured Person is required in Terms of this Policy to perform any act or comply with any obligation timely performance or compliance shall be a condition precedent to the Company's liability hereunder.
 - 5) Insurance in respect of an Insured Person will begin under this Policy on the first Day of the Insured Journey (except the Trip Cancellation and Frequent Flyer Cancellation Sections) after the date all of the following are true:
 - a) this Policy is in force;
 - b) the Insured Person is eligible to be insured;
 - c) the required premium has been paid to the Company; and
 - d) the Company has approved the Insured Person's proposal for this insurance.
 - 6) This Policy may be cancelled at the request of the Policyholder by thirty (30) Days notice given in writing to the Company and the premium paid shall be adjusted on the basis of the Company retaining a minimum of Rs 251 (two fifty one only). Refund of premium on cancellation will be made under the Policy subject to no claims being paid or admitted by the Company.
 The Company reserves the right to cancel this Policy at any time by sending thirty (30) days notice in writing to the Insured. In the event of such cancellation refund of premium shall be on pro-rata basis.
 The Company also reserves the right to cancel this Policy from inception immediately upon becoming aware of any misrepresentation, fraud, non-disclosure of material facts or non-cooperation by or on behalf of the Insured. No refund of premium shall be allowed in such cases.
 Notice of cancellation will be mailed to the Insured at an address set forth in the Policy Schedule, and will indicate the date of termination. If notice of cancellation is mailed, proof of mailing will be sufficient proof of notice.
 - 7) Insurance in respect of an Insured Person shall immediately terminate on the earliest of the following dates:
 - a) the date that the Policy is terminated,
 - b) the date that the Total Sum Insured is paid for covered loss under Section 6 (Accidental Death), Section 7 (Permanent Disablement) of the Policy;
 - c) in respect of Immediate Family, the date that such person ceases to be the Insured Person's Immediate Family Member; or
 - d) the date when the actual number of travel days exceeds the Total Number of Travel Days mentioned under Item 6 of the Schedule.

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- 8) The Policyholder and Insured Person understand that if a proposal has been completed for this insurance, then all statements and all particulars provided in such proposal, and any attachments thereto, are material to the Company's decision to provide this insurance. The Policyholder and Insured Person further understand that the Company has issued this Policy in reliance upon the truth of such statements and particulars.

Fraud warning:

Any person who, knowingly and with intent to defraud the company or other person, 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 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 if any fraudulent means or devices are used by the insured person, policyholder, 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 or through the procurement or with the knowledge or connivance of the insured person, policyholder, beneficiary, claimant or other person, then all benefits under this policy are forfeited.

- 9) The titles of the various paragraphs of this Policy and any endorsements attached to this Policy are inserted solely for convenience of reference and do not limit or affect in any way the provisions to which they relate.
- 10) The Policyholder shown in Item 1 of the Schedule is responsible for the collection and remittance of all premiums. Premiums are due on or prior to the Policy effective Date shown in Item 2 of the Schedule and, in the case of a multiyear Policy, on or before the annual anniversary of such Policy Effective Date. Timely payment of all premium due in full is a condition precedent to the Company's liability under this Policy.
- 11) Notices: Notices to the Company under this Policy shall be given in writing to the address shown in the preamble of this Policy. Such notices shall be effective on the date of receipt by the Company at such address.
- 12) Valuation and Foreign Currency: All premiums, benefit amounts, loss, and other amounts under this Policy are expressed and payable in Indian currency. If judgement is rendered, settlement is denominated or any benefit, Sum Insured or element of loss is stated in a currency other than Indian Rupees, then payment under this Policy shall be made in Indian Rupees at the rate of exchange published by the Reserve Bank of India on the date the final judgement is entered, the amount of settlement is agreed upon or any benefit, Sum Insured or element of loss is due, respectively.

INTERNATIONAL SOS ASSISTANCE COMPANY

International SOS operates a twenty-four (24) hour, seven (7) Days a week, toll-free emergency telephone assistance service. To access the emergency assistance services while travelling, please call one of the following emergency telephone numbers:

Telephone numbers:

Land line: 011-41898872

Fax: 011-41898801

Email: hdfcergo@internationalsos.com

Toll Free No. 1866 202 4700 (For USA Only)

In the event of a travel-related emergency, International SOS will provide the following assistance services:

1) Pre-Departure Services

- Banking Facilities:** - information on currencies, banking procedures and bank hours in the country of destination.
- Car rental Agency Referral & Limousine Arrangements** - a referral to car rental companies in foreign countries.
- Destination Information** - general information on the destination, normally via fax.

- Foreign Exchange Information Services** - information concerning exchange rates of major foreign currencies.
- Hotel Accommodation Referral** - the names, addresses, contact numbers of hotels in major foreign cities world-wide.
- Inoculation Information Services** - information concerning inoculation requirements for foreign countries.
- Travel Advisory Services** - information concerning foreign ministry health and security advisories and circulars.
- Visa Information Service** - information concerning Visa requirements for foreign countries.
- Weather Information Services** - weather forecasts and temperatures of foreign countries.

2) Travel Assistance Services

- Arrangement of a Bail Bond** - the arrangement of a bail bond in the event that an **Insured Person** has been arrested following a car **Accident**. The **Assistance Provider** will only arrange the financial guarantee if payment has been secured through an **Insured Person's** credit card or personal assets.
- Arranging an Emergency Cash Advance:** assistance and will handle liaisons with banks to arrange a cash advance (s) to the **Insured Person**, subject to suitable guarantees.
- Arranging for Replacement of Lost Passports** - assistance in contacting with consular authorities in case of the loss or theft of an **Insured Person's** passport, and arranging its replacement.
- Arranging for Replacement of Lost Travel Documents** - assistance in replacing travel documents or tickets in the event of a theft or loss or emergency.
- Car Rental** - arrangement of a rented car in the event of an emergency. Payment is for the account of the **Insured Person**.
- Claims Assistance** - details to an **Insured Person** on how to correctly file a claim to the **Company**.
- Embassy Referral** - the address, contact numbers, and office hours for appropriate embassies and consulates in an emergency.
- Emergency Travel Services** - assistance in new travel arrangements and reservations in the event of pre-departure cancellation or interruption, curtailment or delay during the trip, or following a **Hospital stay** of the **Insured Person**.
- Interpreter Referral** - the name, address, contact numbers and office hours for interpreters world-wide.
- Interpreting Assistance** - an interpretation service over the telephone.
- Legal Referral** - the name, address, contact numbers, and office hours of lawyers or legal practitioners where and when necessary.
- Lost Luggage Assistance** - assistance for an **Insured Person** who has lost his or her luggage while travelling by contacting the appropriate authorities involved and advising the **Insured Person** who they should contact to recover their lost luggage.
- Lost Travel Documents / Credit Card Assistance** - directions on reporting the loss and requesting replacement in the event an **Insured Person** loses a travel document or credit card whilst abroad.
- Restaurant Referral** - a referral to restaurants in major foreign cities.
- Secretarial Services & Business Centres Referral** - wherever possible, a referral to secretarial services and business centres world-wide.

3) Emergency Medical and Related Services

- Medical Advice Over the Phone** - medical advice over the telephone.
- Medical Service Provider Referral** - information regarding **Physicians, Hospitals, Clinics, Dentists** when and where the **Insured Person** needs treatment.

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- c) **Arrangement of Doctors Appointments** – assistance in arranging appointments for an **Insured Person** with medical service providers if necessary.
- d) **Replacement of Essential Medicine** - arrangement for the replacement of essential medicines, subject to local regulations.
- e) **Arrangement of Hospital Admission** – arrangements for **Hospital** admission when the medical condition of the **Insured Person** requires such action.
- f) **Guarantee of Medical Expenses Incurred During a Hospital stay** – a guarantee for the medical treatment necessary during an **Insured Person's Hospital** stay. The guarantees will only be arranged if the **Assistance Provider** has secured payment through an **Insured Person's** credit card or through the **Insured Person's** assets or the insurance Policy.
- g) **Monitoring of Medical Condition during a Hospital stay** – Constant monitoring of the **Insured Person's** medical condition with the attending **Physician** if an **Insured Person** is hospitalised.
- h) **Emergency Message Transmission** – a messenger service to transmit messages or medical information, upon the **Insured Person's** request and consent, to the **Insured Person's** family, friends and / or business associates following a medical emergency.
- i) **Arranging Emergency Medical Evacuation** – arrangement of air / surface transportation, medical care during transportation, communications and all usual ancillary services when moving an **Insured Person** to the nearest **Hospital** where appropriate treatment can be received.
- j) **Arrangement of Medical Repatriation** – arrangement of air / surface transportation, necessary medical care during transportation, communications and all usual ancillary services when moving an **Insured Person** to his/her country of residence following an emergency medical evacuation for subsequent in-**Hospital** treatment.
- k) **Arrangement of Repatriation of Mortal Remains** - the transportation of the **Insured Person's** mortal remains from the place of death to his /her home country or arrange for local burial at the place of death.
- l) **Arrangement of Compassionate Visit** - the return airfare for an **Immediate Family Member** of the **Insured Person** to visit the **Insured Person** when outside their normal country of residence.
- m) **Arrangement of Return of a Dependent Child** - a one-way airfare for the return of a **Dependent Child** to his or her home country, if such **Dependent Child** is left unattended due to an **Insured Person** being hospitalised or expecting to be hospitalised for more than five (5) Days.
- n) **Arrangement of Hotel Accommodation** - hotel arrangements for a visiting family member or a Replacement Business Colleague if an **Insured Person** is hospitalised or is expected to be hospitalised for five (5) or more Days.

Specific Conditions

The decision on the most appropriate means and timing belongs to The **Assistance Provider**.

G) General Conditions Applicable for Section 7: Home Insurance Revision

1. This policy shall be voidable in the event of mis-representation, mis-description or non-disclosure of any material particular.
2. All insurances under this policy shall cease on expiry of seven days from the date of fall or displacement of any building or part thereof the whole or any part of any range of buildings or any of which such building forms part. Provided such a fall or displacement is not caused by insured perils, loss or damage which is covered by this policy or would be covered if such building, range of buildings structure were insured under this policy. Notwithstanding the above, the Company subject to an express notice being given as

soon as possible but not later than seven days of any such fall or displacement may agree to continue the insurance subject to revised rates, terms and conditions as may be decided by it and confirmed in writing to this effect.

3. Under any of the following circumstances the insurance ceases to attach as regards the property affected unless the insured, before the occurrence of any loss or damage, obtains the sanction of the Company signified by endorsement upon the policy by or on behalf of the Company:
 - i. If the interest in the property passes from the insured otherwise than by will or operation of law.
4. This insurance may be terminated at any time at the request of the insured, in which case the Company will retain the premium at customary short period rate for the time the policy has been in force. This insurance may also at any time be terminated at the option of the Company, on 15 days notice to that effect being given to the insured, in case of any fraud, misrepresentation, non-disclosure of material fact or non-cooperation of the insured as per Regulation 7(n) of IRDA (Protection on Policy Holders interests) Regulations, 2002 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.

TABLE OF SHORT PERIOD SCALES

Period of Risk	Premium to be retained (% of the Annual Rate)
Not exceeding 15 days	10%
Not exceeding 1 Month	15%
Not exceeding 2 Months	30%
Not exceeding 3 Months	40%
Not exceeding 4 Months	50%
Not exceeding 5 Months	60%
Not exceeding 6 Months	70%
Not exceeding 7 Months	75%
Not exceeding 8 Months	80%
Not exceeding 9 Months	85%
Exceeding 9 Months	Full Annual Premium

5. On the happening of any loss or damage the insured shall forthwith give notice thereof to the Company and shall within 15 days after the loss or damage, or such further time as the Company may in writing allow in that behalf, deliver to the Company
 - i. A claim in writing for the loss or damage containing as particular an account as may be reasonably practicable of all the several articles or items or property damaged or destroyed, and of the amount of the loss or damage thereto respectively, having regard to their value at the time of the loss or damage not including profit of any kind.
 - ii. Particulars of all other insurances, if any.

The Insured shall also at all the times at his own expense produce, procure and give to the Company all such further particulars, plans, specification books, vouchers, invoices, duplicates or copies thereof, documents, investigation reports (internal/ external), proofs and information with respect to the claim and the origin and cause of the loss and the circumstances under which the loss or damage occurred, and any matter touching the liability or the amount of the liability of the Company as may be reasonably required by or on behalf of the Company together with a declaration on oath in other legal form of the truth of the claim and of any matters connected therewith. No claim under this policy shall be payable unless the terms of this condition have been complied with.
- II. In no case whatsoever shall the Company be liable for any loss or damage after the expiry of 12 months from the happening of the loss or damage unless the claim is the subject of pending action or arbitration; it being expressly agreed and declared that if the Company shall disclaim liability for any claim hereunder

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and such claim shall not within 12 (twelve) calendar months from the date of the disclaimer have been made the subject matter of a suit in a court of law then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

6. On the happening of loss or damage to any property insured under this policy, the Company may
 - a. Enter and take keep possession of the building or premises where the loss or damage has happened.
 - b. Take the possession of or require to be delivered to it any property of the insured in the building or on the premises at the time of the loss or damage.
 - c. Keep possession of any such property and examine, sort arrange remove otherwise deal with the same.
 - d. Sell any such property or dispose of the same for account of whom it may concern. The powers conferred by this condition shall be exercisable by the Company at anytime until notice in writing is given by the insured that he makes no claim under the policy, or if any claim is made, until such claim is finally determined or withdrawn, and the Company shall not by any act done in the exercise or purported exercise of its powers hereunder, incur any liability to the Insured or diminish its rights to rely upon any of the conditions of this policy in answer to any claim. If the insured or any person on his behalf shall not comply with requirements of the Company or shall hinder or obstruct the Company, in the exercise of its powers hereunder, all benefits under this policy shall be forfeited. The Insured shall not in any case be entitled to abandon any property to the Company whether taken possession of by the Company or not
7. 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 insured, policyholder, 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 or through the procurement or with the knowledge or connivance of the insured, policyholder, beneficiary, claimant or other person, then all benefits under this policy are forfeited
8. If the Company at its option, reinstates or replaces the property damaged or destroyed, or any part thereof, instead of paying the amount of the loss or damage, or join with any other Company or Insurer(s) in so doing, the Company shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner, and in no case shall the Company be bound to expend more in reinstatement than it would have cost to reinstate such property as it was at the Company thereon. If the Company so elects to reinstate or replace any property the insured shall at his own expense furnish the Company with such plans, specifications, measurements, quantities and such other particulars as the Company may with a view to reinstatement or replacement shall be deemed an election by the Company to reinstate or replace. If in any case the Company shall be unable to reinstate or repair the property hereby insured, because of any municipal or other regulations in force affecting the alignment of streets or the construction of buildings or otherwise, the Company shall, in every such case, only be liable to pay such sum as would be requisite to reinstate or repair such property if the same could lawfully be reinstated to its former condition.
9. Reinstatement Value Clause
The insurance in respect of building and all contents except Personal Effects will be subject to the following provision:

"It is hereby declared and agreed that in the event of the building and/or any content other than Personal Effects insured under this Policy being lost, destroyed or damaged, the basis upon which the amount payable under the policy is to be calculated shall be cost of replacing or reinstating on the same site or any other site with property of the same kind or type but not superior to or more extensive than the insured property when new as on date of the loss, subject to the following Special Provisions and subject also to the terms and conditions of the policy except in so far as the same may be varied hereby." Special Provisions:

- a. The work of replacement or reinstatement (which may be carried out upon another site and in any manner suitable to the requirements of the insured subject to the liability of the Company not being thereby increased) must be commenced and carried out with reasonable dispatch and in any case must be completed within twelve (12) months after the date of loss, destruction or damage or within such further time as the Company may in writing allow, otherwise no payment beyond the amount which would have been payable under the policy if this Reinstatement Value Clause had not been incorporated there in shall be made.
- b. Until expenditure has been incurred by the Insured in replacing or reinstating the property lost, destroyed or damaged the Company shall not be liable for any payment in excess of the amount which would have been payable under the policy if this Reinstatement Value Clause had not been incorporated therein.
- c. If at the time of replacement or reinstatement the sum representing the cost which would have been incurred in replacement or reinstatement if the whole of the property covered had been destroyed, exceeds the Sum Insured thereon or at the commencement of any loss, destruction or damage to such property by any of the perils insured against by the policy, then the insured shall be considered as being his own insurer for the excess and shall bear a rateable proportion of the loss accordingly.
- d. This Reinstatement Value Clause shall be without force or effect if:
 1. The Insured fails to intimate to the Company within six (6) months after the date of loss, destruction or damage or such further time as the Company may in writing allow his intention to replace or reinstate the property lost destroyed or damaged; or
 2. The Insured is unable or unwilling to replace or reinstate the property lost, destroyed or damaged on the same or another site.
10. If at the time of any loss or damage happening to any property hereby insured there be any other subsisting insurance or insurances, whether effected by the Insured or by any other person or persons covering the same property, this Company shall not be liable to pay or contribute more than its rateable proportion of such loss or damage.
11. The Insured shall at the expense of the Company do and concur in doing, permit to be done, all such acts and things as may be necessary or reasonably required by the Company for the purpose of enforcing any rights and remedies or of obtaining relief or indemnity from other parties to which the Company shall be or would become entitled or subrogated, upon its paying for or making good any loss or damage under this policy, whether such acts and things shall be or become necessary or required before or after his indemnification by the Company.
12. 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 or if they cannot agree upon a single arbitrator to be 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 such two arbitrators shall be conducted under and in

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accordance with the provisions of the Arbitration and Conciliation Act, 1996, as amended. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as hereinbefore provided, if the Company has disputed 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 arbitrators of the amount of the loss or damage shall be first obtained.

13. Every notice and other communication to the Company required by these conditions must be written and be addressed to the Company at its corporate office address as follows:

HDFC ERGO General Insurance Company Limited
Registered & Corporate Office: 1st Floor, 165 - 166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020.

Customer Service Address: 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri (E), Mumbai – 400 059.

14. At all times during the period of insurance of this policy the insurance cover will be maintained to the full extent of the respective Sum Insured in consideration of which upon settlement of any loss under this policy, pro-rata premium for the unexpired period from the date of such loss to the expiry of period of insurance for the amount of such loss shall be payable by the insured to the Company.

The additional premium referred above shall be deducted from the net claim amount payable under the policy. This continuous cover to the full extent will be available notwithstanding any previous loss for which the Company may have paid hereunder and irrespective of the fact whether the additional premium as mentioned above has been actually paid or not following such loss. The intention of this condition is to ensure continuity of the cover to the insured subject only to the right of the Company for deduction from the claim amount, when settled, of pro-rata premium to be calculated from the date of loss till expiry of the policy. Notwithstanding what is stated above, the Sum Insured shall stand reduced by the amount of loss in case the insured immediately on occurrence of the loss exercises his option not to reinstate the Sum Insured as above.

15. The Insured shall take all reasonable steps to safeguard the property insured against any loss or damage.
16. Observation of Terms and Conditions:

The due observance and fulfillment of the terms, conditions and endorsements of this policy insofar 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.

General Exceptions

The Company shall not be liable in respect of:

- Loss or damage, whether direct or indirect occasioned by happening through or arising from any consequences of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection military or usurped power or civil commotion or loot or pillage in connection therewith.
- Loss or damage caused by depreciation or wear and tear.
- Consequential loss of any kind or description.
- Loss or damage, directly or indirectly, caused by or arising from or in consequence of or contributed to by
 - Nuclear weapons material.
 - Ionising radiations or contamination by radio activity from any nuclear fuel or any nuclear waste from the combustion of nuclear fuel. For this purpose only combustion shall include any self-sustaining process of nuclear fission.

4) General Conditions applicable for section 8: E@SecureInsurance

- Triggering Multiple Specified Event
Where one loss occurrence triggering multiple Specified Events, in such case Specified Events having highest sub limit will be payable.
- Changes in Your circumstances

You must notify **Us** as soon as possible in writing of any change in **Your** circumstances which may affect this insurance cover. **We** will advise **You** if there is any additional premium payable by **You**.

3. Taking Reasonable Precautions

You must take due care and reasonable precautions to safeguard **Your Personal Information**, details of **Your Bank Accounts** and/or **Credit/Debit Cards** and internet communications. **You** should also take all practical measures to minimize claims. Such measures include but are not limited to not sharing sensitive account information, regular data backup, logins, PIN/TAN and Personal Information with Third Parties, securing physical access to devices, only installing legal software from trusted sources such as manufacturer app-stores and maintaining an updated and secure state of their software and operating systems as recommended by the manufacturer. **You** have to keep **Yourself** informed of further recommendations and alerts made from time to time by **Us**, **Your Bank**, Social Networks, other service providers or software manufacturers, as well as relevant authorities such as the police, CERT-IN and RBI."

4. Fraud

You must not act in a fraudulent manner. If **You**, or anyone acting for **You**:

- Make a claim under the Policy knowing the claim to be false or fraudulently inflated;
- Cause any loss or damage by **Your** willful act or with **Your** knowledge;
- Send **Us** a document to support a claim knowing the document to be forged or false in anyway; or
- Make a statement to support a claim knowing the statement to be false in anyway,

We will not pay the claim and all cover under the Policy will be forfeited and would render the policy void at **Our** sole discretion and which would result in denial of insurance benefits under this policy. **We** also reserve the right to recover from **You** the amount of any claim **We** have already paid under the Policy.

5. Cancellation

This policy will terminate at the expiration of the period for which premium has been paid or on the expiration date shown in the policy Schedule.

You may cancel this Policy at any time by sending fifteen (15) days notice in writing to **Us** or by returning the Policy and stating when thereafter cancellation is to take effect. In the event of such cancellation we will retain the premium for the period that this Policy has been in force and calculated in accordance with the short period rate table, provided there is no claim under this Policy during the **Period of Insurance**.

We reserve the right to cancel this Policy from inception immediately upon becoming aware of any mis-representation, mis-declaration, fraud, non-disclosure of material facts or non-cooperation by **You** or on **Your** behalf. No refund of premium shall be allowed in such cases.

Notice of cancellation will be mailed to **You** at **Your** address set forth in the Policy Schedule, and will indicate the date on which coverage is terminated. If notice of cancellation is mailed, proof of mailing will be sufficient proof of notice.

In case of any claim under this Policy or any of its individual coverage no refund of premium shall be allowed.

Table of Short 'Period Scales	
Period of Risk (Not exceeding)	Annual Premium Rate (%)
1 month	15% of the Annual rate
2 months	30% of the Annual rate
3 months	40% of the Annual rate

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4 months	50% of the Annual rate
5 months	60% of the Annual rate
6 months	70% of the Annual rate
7 months	75% of the Annual rate
8 months	80% of the Annual rate
9 months	85% of the Annual rate
For a period exceeding 9 months	The full Annual rate.

6. Other Insurances

In the event of an incident which results in a claim under this Policy and **You** have other insurance covering the same loss, **We** will not pay more than **Our** share, subject to the maximum Limit of Cover granted under this Policy.

7. Subrogation

We shall at any time be entitled to take proceedings in **Your** name (at **Our** expense) to recover, for **Our** benefit, the amount of any payment made by **Us** under this Policy and in which case, **You** must cooperate fully with **Us** in this respect and must not do anything to prejudice **Our** rights.

8. Arbitration

Any and all disputes concerning the interpretation or difference of the terms, exclusions or conditions contained herein is understood and agreed to by both the parties are subject to Indian law.

If any difference arises as to the amount to be paid under this Policy (liability being otherwise admitted) or the interpretation of a clause under this Policy (including the Schedule and **Endorsements**), such difference shall be referred to arbitration, in accordance with the [Indian] Arbitration and Conciliation Act 1996, as amended, and the making of an award shall be a condition precedent to any liability for **Us** to make any payment under this Policy. Such arbitration panel shall consist of one arbitrator selected by **You**, one arbitrator selected by **Us**, and a third independent arbitrator selected by the first two arbitrators in accordance with the provisions of the [Indian] Arbitration and Conciliation Act, 1996 (as amended). The arbitration shall be governed by Indian Law and the venue of arbitration shall be within India.

- (i) All proceedings in any arbitration shall be conducted in English and a daily transcript in English of such proceedings shall be prepared.
- (ii) The cost of arbitration undertaken in accordance with this section shall be borne by the parties associated with the arbitration and shall share equally in the costs of the arbitration proceedings and presiding arbitrator.
- (iii) It is clearly agreed and understood that no reference to arbitration can be made if **We** have either not admitted or have disputed liability in respect of any claim under or in respect of this Policy.
- (iv) In the event that these arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

It is further expressly agreed and declared that if **We** shall disclaim liability in respect of any claim and is not within 12 calendar months from the date of such disclaimer be made the subject matter of a suit or proceeding before a Court of law or any other forum, it shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

9. Indian Contract Act 1872

A person or any entity who is not a party to this Policy shall have no rights under the Contracts (Rights of Third Parties) Act 2001 or any similar act, common law or any provision of law in any other jurisdiction to enforce any of its terms.

10. Premium Payment

It is hereby agreed that, as a condition precedent to any liability under this Policy, any premium due must be paid and actually realised by **Us** in full. In the event of non-realisation of the premium, the Policy shall be treated as void-ab-initio

11. Clerical Error

A clerical error by **Us** shall not invalidate the insurance cover otherwise validly in force, nor continue the insurance cover otherwise not validly in force.

12. Governing Law

This Policy shall be governed by the laws of India.

13. Assignment

No assignment of interest under this Policy shall be binding upon **Us**. **We** do not assume any responsibility for the validity of an assignment.

14. Sanctions/Embargoes

We shall not be deemed to provide cover and provide any benefit hereunder to the extent that the provision of such cover, payment of such loss or claim or provision of such benefit would expose **Us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, law or regulations of the European Union, United States of America and/or any other applicable national economic or trade sanction law or regulations.

15. Territorial scope

Where legally permissible by the law of this policy and the jurisdiction in which the payment is to be made and subject to all terms and conditions of this policy, this policy shall apply to any Loss incurred or claims made in India, unless otherwise stated in the schedule.

16. Jurisdiction

Subject to the provisions of Clause 9, this policy is subject to the exclusive jurisdiction of the Courts of India.

17. The Proposal Form

In issuing this policy, **We** have relied on the statements and particulars in the proposal form which shall form the basis of this policy and are considered as being incorporated therein. **You** shall not conceal or misrepresent or wrongfully declare any material fact or circumstance when making any representation.

18. No Third party Rights

Notwithstanding what is stated in any Law, this policy is not intended to confer any rights or benefits on and or enforceable by any Third Party other than **You** and accordingly no Third Party shall acquire any rights in relation to or under this policy nor can enforce any benefits or claim under term of this contract against **You**.

19. Policy Renewal

We shall be under no obligation to renew the policy on expiry of the period for which premium has been paid. **We** reserves the right to offer revised rates, terms and conditions at renewal based on claim experience and a fresh assessment of the risk. 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. **We**, 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 of Insurance**.

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Contact Us

	within India	Outside India
Claim Intimation:	Customer Service No : 022-62346234 / 0120-62346234 Phone (UAN) : 1860 2000 700 (Local charges applicable) Fax (UAN) : 1860 2000 600 (Local charges applicable) Email: healthclaims@hdfcergo.com	Toll Free No: 800 08250825 Global Toll Free No: +800 08250825 (accessible from locations outside India only) Landline no (Chargeable) : 0120-4507250 Email: travelclaims@hdfcergo.com
Claim document submission at address	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-15th Floor, C - 25, Sector 62 Noida – 0120 398 8360	HDFC ERGO General Insurance Co Ltd 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri East, Mumbai-400059, Ph-022 66383600

Grievance Redressal Procedure

i. If You have a grievance that You wish Us to redress, You may contact Us with the details of **Your** grievance as given below:

Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contacts us at	https://www.hdfcergo.com/customer-care/grievances Call - 022-62346234 / 0120-62346234 care@hdfcergo.com	https://www.hdfcergo.com/customercare/grievances/escalation level 1 Call - 022-62346234 / 0120-62346234 grievance@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call - 022-62346234 / 0120-62346234 cgo@hdfcergo.com
Write to us at	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri, Mumbai – 400059	Chief Grievance Officer, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078

ii. If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may approach the nearest Insurance Ombudsman for resolution of Your grievance.

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

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

IRDAI Regulation no 5- This policy is subject to regulation 5 of IRDAI (Protection of Policyholder's Interests) Regulation

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

Insurance is the subject matter of solicitation

Note: Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDAI.

Plans:

Section 1: my: health Suraksha

Plan Variants

Sr. No.	Covers	Silver Smart	Gold Essential	Gold Smart	Platinum Smart	Diamond	Global Smart
	Basic sum insured in '₹'	3 Lacs / 4 Lacs / 5 Lacs	6 Lacs / 7.50 Lacs / 9 Lacs / 10 Lacs / 12.50 Lacs / 15 Lacs	6 Lacs / 7.5 Lacs / 9 Lacs / 10 Lacs / 12.5 Lacs / 15 Lacs	17.50 Lacs / 20 Lacs / 22.50 Lacs / 25 Lacs / 30 Lacs / 35 Lacs / 40 Lacs / 45 Lacs / 50 Lacs / 75 Lacs	1 Crore / 1.50 Crore / 2 Crore / 2.50 Crore / 3 Crore / 3.50 Crore / 4 Crore / 4.50 Crore / 5 Crore	25 Lacs / 30 Lacs / 35 Lacs / 40 Lacs / 45 Lac / 50 Lacs / 75 Lacs / 1 Crore / 1.50 Crore / 2 Crore / 2.50 Crore / 3 Crore / 3.50 Crore / 4 Crore / 4.50 Crore / 5 Crore
Section A - Hospitalisation Cover							
1	Medical expenses	Covered	Covered	Covered	Covered	Covered	Covered
	room rent	At Actual	At Actual	At Actual	At Actual	At Actual	At Actual
	icu	At Actuals	At Actuals	At Actuals	At Actuals	At Actuals	At Actuals
a	Mental healthcare	Covered	Covered	Covered	Covered	Covered	Covered
2	home healthcare	Covered	Covered	Covered	Covered	Covered	Covered
3	Domiciliary hospitalisation	Covered	Covered	Covered	Covered	Covered	Covered
4	pre-hospitalisation cover	60 days	60 days	60 days	60 days	60 days	60 days
5	post-hospitalisation cover	180 Days	180 Days	180 Days	180 Days	180 Days	180 Days
6	Day care procedures	Covered	Covered	Covered	Covered	Covered	Covered
7	road ambulance	SI 1 to 5 L - Rs 2000	SI 6 to 50 L - 3,500	SI 6 to 50 L - 3,500	SI 6 to 50 L - 3,500 Above 50 L - 15,000	Above 50 L - 15,000	SI 25 to 50 L -3,500 Above 50 L - 15,000

Sampoorna Suraksha

Sr. No.	Covers	Silver Smart	Gold Essential	Gold Smart	Platinum Smart	Diamond	Global Smart
8	organ Donor expenses	Covered	Covered	Covered	Covered	Covered	Covered
9	alternative treatments	Covered	Covered	Covered	Covered	Covered	Covered
section B - Renewal Benefits							
1	my:health active	Covered	Covered	Covered	Covered	Covered	Covered
2	preventive health check up	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
3	cumulative Bonus	10% at each claim free yr, max 100%	10% at each claim free yr, max 100%	10% at each claim free yr, max 100%	25% at each claim free yr, max 200%	25% at each claim free yr, max 200%	25% at each claim free yr, max 200%
Section C - Optional Covers							
1	preventive health check up-Booster	Covered	Covered	Covered	Covered	Covered	Covered
2	parent and child care cover - Basic	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
2 I	parent care	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
i	Maternity expenses	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
ii	OPD expenses	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
2 II	child care	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
i	new Born Baby cover	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
3	parent and child care cover – Booster	(1) Optional–Upto 15,000 for Normal Delivery and 25,000 for C section Delivery – (2) Upto 25,000 for Normal Delivery and 40,000 for C section Delivery	(1) Optional–Upto 15,000for Normal Delivery and 25,000 for C section Delivery – (2) Upto 25,000 for Normal Delivery and 40,000 for C section Delivery	(1) Optional – Upto 15,000 for Normal Delivery and 25,000 for C section Delivery (2) Upto 25,000for Normal Delivery and 40,000 for C section Delivery	(1) Optional – Upto 25,000 for Normal Delivery and 40,000 for C section Delivery, Termination 25,000 (2) Upto 50,000 for Normal Delivery and 75,000 for C section Delivery. Termination limit 50,000	(1) Optional – Upto 50,000 for Normal Delivery and 75,000 for C section Delivery (2) Upto 1 Lac for Normal Delivery and 1.50 Lacs for C section Delivery	(1) Optional – Upto 50,000 for Normal Delivery and 75,000 for C section Delivery, Termination limit 50,000 (2) Upto 1 Lac for Normal Delivery and 1.50 Lacs for C section Delivery. Termination limit 100,000
3I	parent care	-	-	-	-	-	-
i	Maternity expenses	Covered	Covered	Covered	Covered	Covered	Covered
ii	pre and post natal expenses	Covered	Covered	Covered	Covered	Covered	Covered
iii	infertility treatment	Covered	Covered	Covered	Covered	Covered	Covered
3 II	child care	Covered	Covered	Covered	Covered	Covered	Covered
i	new Born Baby cover	Covered	Covered	Covered	Covered	Covered	Covered
ii	vaccination charges	Covered	Covered	Covered	Covered	Covered	Covered
3 III	waiting period Modification option	Optional - 3 Yr	Optional - 3 Yr	Optional - 3 Yr	Optional - 3 Yr	Optional - 3 Yr	Optional - 3 Yr
4	air ambulance cover	Not Covered	upto Rs 2 lacs	upto Rs 2 lacs	upto Rs 5 Lacs	upto Rs 10 Lacs	upto Rs 10 Lacs
5	Recovery Benefit	Rs 5,000	Rs 15,000	Rs 15,000	Rs 25,000	Rs 40,000	Rs 40,000
6	sum insured rebound	Covered	Covered	Covered	Covered	Covered	Covered
7	outpatient dental treatment	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
8	external Medical aids	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
9	Major illness hospitalisation expenses	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
10	non Medical expenses cover	Optional	Optional	Optional	Optional	Optional	Optional
11	waiting periodModification option	Covered	Optional - 3 Yr	Covered	Covered	Covered	Covered
12	extended cumulative Bonus	Optional 25% subject to max 200% 50% subject to max 200%	Optional 25% subject to max 200% 50% subject to max 200%	Optional 25% subject to max 200% 50% subject to max 200%	Optional 50% subject to max 200%	Optional 50% subject to max 200%	Optional 50% subject to max 200%
13	room rentModification option	Optional	Optional	Optional	Optional	Optional	Optional
14	co-payment	10% / 20%	15% / 25%	15% / 25%	15% / 25%	15% / 25%	15% / 25%
15	Major illness –Benefit	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
16	e-opinion	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
17	hospital cash	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
18	Global health cover	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Covered
	entry age	Any age Entry	Any age Entry	Any age Entry	Any age Entry	Any age Entry	Any age Entry
	renewal age	Lifetimere renewal	Lifetime renewal	Lifetime renewal	Lifetime renewal	Lifetime renewal	Lifetime renewal
	pre existng waiting period	3 years	4 years	3 years	3 years	3 years	3 Years
	parent and child care Booster - waiting period	4 years	4 years	4 years	4 years	4 years	4 years

Sampoorna Suraksha

Renewal Plans

Sr. No	Covers	Classic	Silver	Gold	Platinum	Global
	Basic sum insured in Rs	3 Lacs / 4 Lacs / 5 Lacs	1 lac/ 2 lacs / 3 Lacs / 4 Lacs / 5 Lacs / 7.5 Lacs / 10 Lacs / 15 Lacs / 20 Lacs / 25 Lacs / 50 Lacs	1 lac/ 2 lacs / 3 Lacs / 4 Lacs / 5 Lacs / 7.5 Lacs / 10 Lacs / 15 Lacs / 20 Lacs / 25 Lacs / 50 Lacs	2 lacs / 3 Lacs / 4 Lacs / 5 Lacs / 7.5 Lacs / 10 Lacs / 15 Lacs / 20 Lacs / 25 Lacs / 50 Lacs	25 Lacs / 50 Lacs / 75 Lacs / 1 Crore / 1.50 Crore / 2 Crore
Section A - Hospitalisation Cover						
1	Medical expenses	Covered	Covered	Covered	Covered	Covered
	Room rent	At Actual	At Actual	At Actual	At Actual	At Actual
	ICU	At Actuals	At Actuals	At Actuals	At Actuals	At Actuals
a	Mental healthcare	Covered	Covered	Covered	Covered	Covered
2	Home healthcare	Covered	Covered	Covered	Covered	Covered
3	Domiciliary hospitalisation	Covered	Covered	Covered	Covered	Covered
4	Pre-hospitalisation cover	60 days	60 days	60 days	60 days	60 days
5	Post-hospitalisation cover	180 Days	180 Days	180 Days	180 Days	180 Days
6	Day care procedures	Covered	Covered	Covered	Covered	Covered
7	Road ambulance	SI 1 to 5 L - Rs 2000	SI 1 to 5 L -Rs 2000 SI 7.5 to 50 L - 3,500	SI 1 to 5 L -Rs 2000 SI 7.5 to 25 L - 3,500	SI 1 to 5 L - Rs 2000 SI 7.5 to 25 L - 3,500	SI 25 to 50 L - 3,500 Above 50 L - 15,000
8	Organ Donor expenses	Covered	Covered	Covered	Covered	Covered
9	Alternative treatments	Covered	Covered	Covered	Covered	Covered
Section B - Renewal Benefits						
1	my:health active	Covered	Applicable	Applicable	Applicable	Covered
2	Preventive health check up	Covered	Covered	Covered	Covered	Covered
3	Cumulative Bonus	5% of Sum Insured, maximum 50%	5% of Sum Insured, maximum 50%	5% of Sum Insured, maximum 50%	5% of Sum Insured, maximum 50%	5% at each claim free yr, max 50%
Section B - Optional Covers						
1	Preventive health check up-Booster	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
2	Parent and child care cover - Basic	Covered 25,000 / 40,000	Optional with following options 15000 / 25,000 / 25,000 / 40,000 50,000 / 100,000 / 80,000 / 200,000	15,000 / 25,000 50,000 / 100,000	25,000 / 40,000	For SI 25 to 50L - From 75 L to 2 Cr - 80,000 / 200,000
2 I	Parent care	Covered	Optional	Covered	Covered	Covered
i	Maternity expenses	Various	Various	-	-	-
ii	OPD expenses	Various	Various	Rs. 1,500	Rs 2,500	Rs 5,000, Rs 7,000
2 II	Child care	Various	Various	-	-	-
i	New Born Baby cover	Various	Various	Rs 2,000	Rs 3,500	Rs 6,000, Rs 10,000
3	Parent and child care cover - Booster	Not Covered	Not Covered	Not covered	Not Covered	Not Covered
3I	Parent care	-	-	-	-	-
i	Maternity expenses	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
ii	Pre and post natal expenses	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
iii	Infertility treatment	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
3 II	Child care	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
i	New Born Baby cover	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
ii	Vaccination charges	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
3 III	Waiting periodModification option	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
4	Air ambulance cover	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
5	Recovery Benefit	10,000	Optional 1% of Sum Insured, max 10,000	1% of Sum Insured, max 10,000	1% of Sum Insured, max 10,000	Covered. Upto 40,000
6	Sum insured rebound	Covered	Optional	Optional	Optional	Optional
7	Outpatient dental treatment	Not Covered	Optional Upto 1% of Sum Insured subject to maximum of 5,000 or maximum of 20,000	Optional Upto 1% of Sum Insured subject to maximum of 5,000 or maximum of 20,000	Upto 1% of Sum Insured subject to maximum of 5,000	upto 1% of SI maximum upto 20,000
8	External Medical aids	Not Covered	Optional Upto maximum of 5,000 Upto maximum of 20,000	Optional Upto maximum of 5,000 Upto maximum of 20,000	Upto maximum of 5,000	Maximum upto 20,000
9	Major illness hospitalisation expenses	Optional	Not Covered	Not Covered	Not Covered	Not Covered

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Sr. No	Covers	Classic	Silver	Gold	Platinum	Global
10	Non Medical expenses cover	Optional	Not Covered	Not Covered	Not Covered	Optional
11	Waiting periodModification option	Covered	Not applicable	Not Covered	Not Covered	Not Covered
12	Extended cumulative Bonus	Not Covered	Optional10% subjecto to max 100%	Optional10% subjecto to max 100%	Optional10% subjecto to max 100%	Optional10% subjecto to max 100%
13	Room rentModification option	Optional	Not Applicable	Not Applicable	Not Applicable	Optional
14	Co-payment	10%/20%	Optional 10%, 15%,20%, 25%	Optional 10%, 15%,20%, 25%	Optional 10%, 15%,20%, 25%	Optional 10%, 15%,20%, 25%
15	Major illness –Benefit	Not Covered	Optional11 CI upto Basic SI of 50% or 100 % subject to max Rs 10 lacs only	Optional11 CI upto Basic SI of 50% or 100 % subject to max Rs 10lacs only	Optional11 CI upto Basic SI of 50% or 100 % subject to max Rs 10lacs only	Optional11 CI upto Basic SI of 50% or 100 % subject to max Rs 10 lacs only
16	E-opinion	Not Covered	Optional	Covered	Covered	Covered
17	Hospital cash	Not Covered	Optional500 / 1,000 / 1,500 /2,000 / 2,500 Maximum of 30 days Maximum of 60 days	Optional500 / 1,000 / 1,500 /2,000 / 2,500 Maximum of 30 days Maximum of 60 days	Optional500 / 1,000 / 1,500 /2,000 / 2,500 Maximum of 30 days Maximum of 60 days	Optional500 / 1,000 / 1,500 /2,000 / 2,500 Maximum of 30 days Maximum of 60 days
18	Global health cover	Not Covered	Not Covered	Not Covered	Not Covered	Covered
	Entry age	Any age Entry	Any age Entry	Any age Entry	Any age Entry	Any age Entry
	Renewal age	Lifetime renewal	Lifetime renewal	Lifetime renewal	Lifetime renewal	Lifetime renewal
	Pre existng waiting period	3 years	4 years	4 years	4 years	4 years
	Parent and child care Booster - waiting period	3 years	4 years	4 years	4 years	4 years

Section 2: my:health Critical suraksha Plus: Plans

	Coverage	Details	Cancer Suraksha	Cardiac Suraksha	Smart Suraksha	Comprehensive Surakasha	Multi Pay Suraksha Elite	Multi Pay Suraksha Supreme	Multi Pay Surakasha Comprehensive
Section A - Base Covers									
I Critical Illness Cover									
1	Cancer Cover	Cancer of Specified Severity of all the Organs/sites	Covered	X	X	Covered	X	X	X
2	Heart Cover	Illness and Procedures related to heart	X	Covered	Covered	Covered	X	X	X
3	Nervous System Cover	Illness and Procedures related to nervous system	X	X	Covered	Covered	X	X	X
4	Other Major Organ Cover	Illness and Procedures related to Major Organs and Functions	X	X	X	Covered	X	X	X
II Multi Pay Critical Illness Cover									
1	Cancer Cover	Cancer of Specified Severity of all the organs/sites	X	X	X	X	Covered	Covered	Covered
2	Heart Cover	Illness and Procedures related to heart	X	X	X	X	Covered	Covered	Covered
3	Nervous System Cover	Illness and Procedures related to nervous system	X	X	X	X	X	Covered	Covered
4	Other Major Organ Cover	Illness and Procedures related to Major Organs and Functions	X	X	X	X	X	X	Covered
Section B - my:health Active		Wellness Benefits as below:	Covered	Covered	Covered	Covered	Covered	Covered	Covered
		1. Fitness discount @ Renewal							
		2. Health Incentive							
		3. Wellness services							
Section C - Preventive Health Check Up		Free health check up for listed tests every year	Covered	Covered	Covered	Covered	Covered	Covered	Covered

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Section D - Optional Covers									
1	Pre Diagnosis Cover	Benefit for listed diagnostic tests for any of the covered illness, upto Rs. 25,000	Optional	Optional	Optional	Optional	Optional	Optional	Optional
2	Post Diagnosis Support		Optional	Optional	Optional	Optional	Optional	Optional	Optional
	a. Second Medical Opinion	a. Second expert medical opinion, E opinion as well as in person, upto Rs 10,000							
	b. Molecular Gene Expression Profiling Test	Molecular Gene Expression Profiling Test - once in Policy term, upto Rs. 10,000							
	c. Post Diagnosis Assistance	Post diagnosis counselling expenses, upto Rs 3,000 per session for up to maximum of 6 sessions							
3	Loss of Job	Benefit upon resignation or termination due to diagnosis of any of the covered illness upto 50% of Monthly Salary, upto six months	Optional	Optional	Optional	Optional	Optional	Optional	Optional

Section 3: my: health Medisure Super Top Up Insurance

Aggregate Deductible	Sum Insured			
2 Lakh	3 Lakh	8 Lakh		
3 Lakh	7 Lakh	12 Lakh		
4 Lakh	6 Lakh	11 Lakh	16 Lakh	
5 Lakh	5 Lakh	10 Lakh	15 Lakh	20 Lakh

Section 5: Personal Accident Insurance

Plan A

Plan B

Plan C

Section 6: Travel Insurance

Single Trip Plans (Including USA/Canada & Excluding USA/Canada)

Plans	Titanium	Platinum	Gold	Silver	Bronze
Coverage / Sum Insured	\$ 500,000	\$ 200,000	\$ 100,000	\$ 50,000	\$ 30,000
Emergency Medical Expenses	500,000	200,000	100,000	50,000	30,000
Deductible	100	100	100	100	100
Accidental Death - Common Carrier	5,000	5,000	5,000	3,000	3,000
Deductible	Nil	Nil	Nil	Nil	Nil
Permanent Disablement - Common Carrier	5,000	5,000	5,000	3,000	3,000
Deductible	Nil	Nil	Nil	Nil	Nil
Hospital Cash	15 per day/Max 150	15 per day/Max 150	15 per day/Max 150	15 per day/Max 150	15 per day/Max 150
Deductible	1 Day	3 Days	1 Day	4 Days	4 Days
Emergency Dental Treatment	500	500	500	300	300
Deductible	150	150	150	150	150
Loss of Baggage & Personal Documents	250	250	250	250	250
Deductible	30	30	30	30	30
Medical Evacuation	Included	Included	Included	Included	Included
Deductible	Nil	Nil	Nil	Nil	Nil
Repatriation	Included	Included	Included	Included	Included
Deductible	Nil	Nil	Nil	Nil	Nil
Loss of Checked Baggage	1,000	1,000	1,000	1,000	1,000
Deductible	Max 50% Per Bag/10% Per Item	Max 50% Per Bag/10% Per Item	Max 50% Per Bag/10% Per Item	Max 50% Per Bag/10% Per Item	Max 50% Per Bag/10% Per Item
Delay of Checked Baggage	200	200	200	100	100
Deductible	12 Hours/\$10 per 8 Hours	12 Hours/\$10 per 8 Hours	12 Hours/\$10 per 8 Hours	12 Hours/\$10 per 8 Hours	12 Hours/\$10 per 8 Hours

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Plans	Titanium	Platinum	Gold	Silver	Bronze
Accidental Death	25,000	20,000	15,000	10,000	10,000
Deductible	Nil	Nil	Nil	Nil	Nil
Permanent Disablement / Table B	25,000	20,000	15,000	10,000	10,000
Deductible	Nil	Nil	Nil	Nil	Nil
Personal Liability	200,000	200,000	100,000	100,000	50,000
Deductible	200	200	200	150	150
Financial Emergency Assistance	1,500	1,000	700	500	300
Deductible	Nil	Nil	Nil	Nil	Nil
Hijack Distress Allowance	75 per Day/Max 525	75 per Day/Max 525	75 per Day/Max 450	75 per Day/Max 450	75 per Day/Max 450
Deductible	1 Day	1 Day	1 Day	1 Day	1 Day
Flight Delay	\$10 per Hour/Max 120	\$10 per Hour/Max 120	\$10 per Hour/Max 120	\$10 per Hour/Max 120	\$10 per Hour/Max 120
Deductible	6 Hours	6 Hours	6 Hours	6 Hours	6 Hours
Hotel Accommodation	3,000	3,000	3,000	3,000	2,000
Deductible	Nil	Nil	Nil	Nil	Nil

Single Trip Asia (Excluding Japan)

Plans	Silver	Bronze
Coverage / Sum Insured	\$ 30,000	\$ 15,000
Emergency Medical Expenses	30,000	15,000
Deductible	50	50
Hospital Cash	10 per day/Max 150	10 per day/Max 150
Deductible	4 Days	4 Days
Emergency Dental Treatment	500	500
Deductible	150	150
Loss of Baggage & Personal Documents	150	150
Deductible	30	30
Medical Evacuation	Included	Included
Deductible	Nil	Nil
Repatriation	Included	Included
Deductible	Nil	Nil
Loss of Checked Baggage	300	300
Deductible	Max 50% Per Bag/10% Per Item	Max 50% Per Bag/10% Per Item
Delay of Checked Baggage	100	100
Deductible	12 Hours/\$10 per 8 Hours	12 Hours/\$10 per 8 Hours
Accidental Death	10,000	10,000
Deductible	Nil	Nil
Permanent Disablement / Table B	10,000	10,000
Deductible	Nil	Nil
Personal Liability	20,000	15,000
Deductible	200	200
Financial Emergency Assistance	300	300
Deductible	Nil	Nil
Hijack Distress Allowance	75 per Day/Max 525	75 per Day/Max 450
Deductible	1 Day	1 Day
Flight Delay	\$10 per Hour/Max 120	\$10 per Hour/Max 120

Plans	Silver	Bronze
Deductible	6 Hours	6 Hours
Hotel Accommodation	2,000	2,000
Deductible	Nil	Nil

Annual Multi Trip Plan (Worldwide)

Plans	Platinum	Gold
Coverage / Sum Insured	\$ 500,000	\$ 250,000
Emergency Medical Expenses	500,000	250,000
Deductible	100	100
Accidental Death - Common Carrier	5,000	5,000
Deductible	Nil	Nil
Permanent Disablement - Common Carrier	5,000	5,000
Deductible	Nil	Nil
Hospital Cash	15 per day/Max 150	15 per day/Max 150
Deductible	1 Day	1 Day
Emergency Dental Treatment	500	500
Deductible	150	150
Loss of Baggage & Personal Documents	250	250
Deductible	30	30
Medical Evacuation	Included	Included
Deductible	Nil	Nil
Repatriation	Included	Included
Deductible	Nil	Nil
Loss of Checked Baggage	1,000	1,000
Deductible	Max 50% Per Bag/10% Per Item	Max 50% Per Bag/10% Per Item
Delay of Checked Baggage	200	200
Deductible	12 Hours/\$10 per 8 Hours	12 Hours/\$10 per 8 Hours
Accidental Death	25,000	25,000
Deductible	Nil	Nil
Permanent Disablement / Table B	25,000	25,000
Deductible	Nil	Nil
Personal Liability	200,000	200,000
Deductible	200	200
Financial Emergency Assistance	1,500	1,500
Deductible	Nil	Nil

Sampoorna Suraksha

Plans	Platinum	Gold
Hijack Distress Allowance	75 per Day/ Max 525	75 per Day/ Max 525
Deductible	1 Day	1 Day
Flight Delay	\$10 per Hour/ Max 120	\$10 per Hour/ Max 120
Deductible	6 Hours	6 Hours
Hotel Accommodation	3,000	3,000
Deductible	Nil	Nil

Single Trip Family Floater Plan (Excluding USA/Canada)

Coverage / Sum Insured	\$ 50,000
Emergency Medical Expenses	50,000
Deductible	100
Hospital Cash	15 per day/Max 150
Deductible	4 Days
Emergency Dental Treatment	200
Deductible	75
Loss of Baggage & Personal Documents	200

Deductible	20
Medical Evacuation	Included
Deductible	Nil
Repatriation	Included
Deductible	Nil
Loss of Checked Baggage	400
Deductible	Max 50% Per Bag/10% Per Item
Delay of Checked Baggage	100
Deductible	12 Hours/\$10 per 8 Hours
Accidental Death	10,000
Deductible	Nil
Permanent Disablement / Table B	10,000
Deductible	Nil
Personal Liability	10,000
Deductible	200
Hijack Distress Allowance	75 per Day/Max 525
Deductible	1 Day