HDFC ERGO General Insurance Company Limited

Prospectus



GRAMIN SURAKSHA BIMA - RETAIL - CSC

OBJECTIVE

To provide accident insurance at an affordable cost to individuals in the rural or social sectors.

BENEFITS UNDER THE POLICY

Personal Accident cover to Insured Person and his / her spouse. An insured may nominate another to receive payment under the policy in the event of his / her death.

PERSONS WHO CAN BE INSURED

This Policy is available to persons between the age of 18 and 60 years who work and live in r«ral / social sectors

WHAT IS COVERED UNDER THE POLICY

Personal Accident benefits to the Insured Person shall be Rs.25.000/- or Rs.,50,000/-

Benefit Table:

| Event | Benefit as a percentage of Capital Sum Insured (CSI) |
|--|--|
| Accidental Death | 100% of CSI |
| Accidental Permanent Total Disablement | 100% of CSI |
| Accidental total and irrecoverable loss of both eyes or loss of use of both hands or both feet; or loss of sight of one eye and loss of use of one hand or foot. | 100% of CSI |
| Accidental Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot | 50% of CSI |

ADDITIONAL BENEFITS ON PAYMENT OF ADDITIONAL PREMIUM

- Dependent Child Education Benefit: On accidental death or permanent total disablement of the Insured Person, the policy shall pay compensation of Rs.5,000/- per dependent child below the age of 21 years (upto a maximum of two dependent children) by way of an education grant.
- Dependent Girl Child Wedding Benefit: On accidental death or permanent total disablement of the Insured Person, the policy shall pay maximum compensation of Rs. 5,000/- for marriage of only one dependent girl child below the age of 21 years. Where the dependent girl child is less than 18 years of age, the compensation shall be in form of a bank deposit in favour of the minor girl child or her legal guardian, maturing on her attaining the age of 18 vears.

EXCLUSIONS

No compensation will be paid under this policy:

- Under more than one head in the Benefit Table given before for the same injury or disablement.
- For death, injury or disablement (i) diredly or /indiredly arising out of or contributed by any preexisting disablement
 - from intentional self injury, suicide or attempted suicide
 - whilst under the insolence of intoxicating liquor or drug £r
 - arising out of or resulting from breach of law with criminal intention

 - directly or indirectly caused by venereal disease(s), AIDS, or insanity whilst engaging in aviation or ballooning or whilst mounting into, dismounting from any balloon or traveling in aircraft other than as a passenger (fare-paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world or engaging in hazardous sports of any kind whatsoever
 - (vii) attributable directly or indirectly to war or war-like operations, pionising radiation or contamination by radioactivity from any source and nuclear weapons material.
- For death or disablement directly or indirectly caused by, contributed to, or aggravated by, or prolonged by child birth or from pregnancy or as a consequence thereof.

CLAIMS PROCESS

Claims shall be assessed and paid on the basis of the following documents required to be submitted to the Company.

| Fatal Claims | Non Fatal Claims | Death Claims Due to Snake Bite |
|--|---|--|
| Completed Claim Form; | Completed Claim Form; | Completed Claim Form; |
| FIR | FIR/Report to Police Station | Post Mortem Report, (Forensic report may be called if PM is inconclusive) |
| Post Mortem Report; | Certificate regarding disability from a Government Hospital of a Doctor equivalent to CMO / Dy.CMO; | Statements From Neighbours; |
| Final Report from police; | Statement of witnesses; | Statement from Witness/ Person who discovered the body; |
| Copies of Inquest Report of criminal case filed by police (IF ANY); | Original Admission/ discharge card if hospitalized; | Investigation Report (may be called for depending on the case) |
| Statements of Gram Pradhan/ Municipal Councilor/PostMaster/ School Teacher; | Investigation / Lab reports (x-ray etc.) | If Claimant is not the spouse, succession certificate from Collector's Office |
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- On the happening of any event which may 9 e rise to a claim under this policy, prompt notice must be given to the Company. A written notice with full particulars of the claim must be given to the Company within one Calendar month after the event giving rise to a claim.
- Every notice, communication or intimation shall be in writing and addressed to the Company's office through which this insurance is effected or the Company's corporate office currently located at 5" Floor, Express Towers, Nariman Point, Mumbai 400 021, unless otherwise directed by the Company in writing. All such notices / communication / intimations should contain full particulars of the policy and other necessary details.
- Proof to the satisfaction of the Company relating to matters on which a claim is based would need to be furnished. Any medical or other agent of the Company shall be allowed to examine the Insured Person claiming under the policy. Evidence sought by the Company shall be furnished within 14 days from the Company making a request. Claims payments pursuant to death or permanent total disablement will be settled upon delivery of the policy and / or certificate of insurance appropriately cancelled and discharged.

PREMIUM (Exclusive of GST):

| Insured Person | CSI = 25000 | CSI = 50000 |
|--|-------------|-------------|
| Individual Insured Person | 15 | 30 |
| With Dependent Child Education off benefit | 20 | 35 |
| With Dependent Girl Child Wedding Benefit | 20 | 30 |
| With both additional benefits | 30 | 45 |

PAYMENT OF COMPENSATION

Compensation under the policy shall be paid by cheque / demand draft favoring the Insured Person or the nominee as the case may be.

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| A == (vee==) | 1 1: (0/) | A == (++====) |
|--|---|--|
| Age (years) | Loading (%) | Age (years) |
| Completed Claim Form; | Completed Claim Form; | Completed Claim Form; |
| FIR | FIR/Report to Police Station | Post Mortem Report, (Forensic report may be called if PM is inconclusive) |
| Post Mortem Report; | Certificate regarding disability from a Government Hospital of a Doctor equivalent to CMO / Dy.CMO; | Statements From Neighbours; |
| Final Report from police; | Statement of witnesses; | Statement from Witness/ Person who discovered the body; |
| Copies of Inquest Report of criminal case filed by police (IF ANY); | Original Admission/ discharge card if hospitalized; | Investigation Report (may be called for depending on the case) |
| Statements of Gram Pradhan/ Municipal Councilor/PostMaster/ School Teacher; | Investigation / Lab reports (x-ray etc.) | If Claimant is not the spouse, succession certificate from Collector's Office |
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| Hospitalization due to Accidental Injury | Hospitalization due to Illness / Disease |
|--|--|
| Claim form, | Claim form, |
| Police Report, if accident is reported to Police, | Medical papers, pathology reports, X-ray reports, as applicable, |
| Medical papers, pathology reports, X-ray reports, as applicable, | Doctor's prescription and line of treatment suggested, |
| Doctor's medical prescriptions, Itemized bills and cash memos showing the patient's name, date of treatment, the type of treatment given, the diagnosis or nature of condition being treated and the hospital/nursing home's name and address, | Itemized bills and cash memos showing the patient's name, date of treatment, the type of treatment given, the diagnosis or nature of condition being treated and the hospital / nursing home's name and address, |
| Hospital Discharge Card | Hospital Discharge Card |