



HDFC ERGO General Insurance

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Sr. No.	Title	Description	Policy Clause Number
1	Name of Insurance Product/Policy	my: Optima Secure	NA
2	Policy Number	Policy number shall be as on Policy Schedule issued post policy issuance	NA
3	Type of Insurance Product / Policy	Both Indemnity and Benefit	NA
4	Sum Insured (Basis)	<ul style="list-style-type: none"> Individual Sum Insured -Where each member has a separate sum insured under the policy), or Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members Sum Insured opted shall be as opted and the same will be mentioned in your policy schedule	NA
5	Policy Coverage (What the policy covers?)	Base Covers: Coverages in force for the Insured Persons shall be as per the plan opted.	Section B.1.
		Expenses in respect of:	
		1. Hospitalization Expenses: <ul style="list-style-type: none"> Admission in Hospital for minimum 24 hours All Day Care procedures requiring less than 24 hours of hospitalization 	Section B.1.1.
		2. Home Health Care: Medical Expenses incurred on availing treatment at Home	Section B.1.2.
		3. Domiciliary Hospitalization: Treatment at home due to <ul style="list-style-type: none"> Non-availability of room in a Hospital or As patient could not be removed/admitted to a Hospital 	Section B.1.3.
		4. AYUSH Treatment: Medical Expenses incurred for Inpatient Care under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy	Section B.1.4.
		5. Pre-hospitalization expenses: Upto 60 days prior to admission in hospital	Section B.1.5.

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	6. Post-hospitalization expenses: Upto 180 days from date of discharge	Section B.1.6.
	7. Organ Donor Expenses: Cost of Organ donor's hospitalization for harvesting of the donated organ where an Insured Person is the recipient	Section B.1.7.
	8. Cumulative Bonus [Applicable only to Optima Suraksha plan]: 10% of the Basic Sum Insured maximum upto 100% post completion of each policy year irrespective of claims.	Section B.1.8.
	9. Preventive Health Check-up: Cost of a Preventive Health Check-up for the Insured Person will be paid	Section B.3.
	Optional Covers: Optional coverages for the Insured Persons shall be in force only if the same is available under the plan and/or is opted.	Section B.2.
	1. Emergency Air Ambulance: Cost incurred by the Insured Person towards Ambulatory transportation in an airplane or helicopter to the nearest hospital for Emergency Care	Section B.2.1.
	2. Daily Cash for Shared Room: Daily cash amount for each continuous and completed 24 hours of Hospitalization if the Insured Person is Hospitalized in shared accommodation in a Network Provider Hospital and such Hospitalization exceeds 48 consecutive hours	Section B.2.2.
	3. Protect Benefit: Payment towards Non-Medical Expenses listed under Annexure B of Policy Wordings	Section B.2.3.
	4. Plus Benefit: 50% of the Base Sum Insured of the expiring Policy will be added to the Sum Insured and made available under the Renewed Policy	Section B.2.4.
	5. Secure Benefit: An additional amount will be available to the Insured Person as Sum Insured for all admissible claims	Section B.2.5.
	6. Automatic Restore Benefit: Restoration of Sum Insured in the event of complete or partial utilization of the Base Sum Insured due to any claim admitted during the Policy Year	Section B.2.6.
	7. Aggregate Deductible: Aggregate Deductible is an amount as specified in the Policy Schedule that Insured Person shall bear post which the coverage kicks in	Section B.2.7.
	8. E-Opinion for Critical Illness: Expenses towards E-Opinion for Critical Illness availed from a Medical Practitioner in respect of any Major Medical Illness	Section B.2.8.
	9. Global Health Cover (Emergency Treatments Only): Emergency Medical Expenses which are diagnosed and incurred outside India.	Section B.2.9.
	10. Global Health Cover (Emergency & Planned Treatments): Emergency & Planned Medical Expenses which are incurred & paid outside India.	Section B.2.10.
	11. Overseas Travel Secure: Covers overseas travel & accommodation expenses	Section B.2.11.

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6	Exclusions (what the policy does not cover)	List of Exclusions	Section C
		Standard Exclusions (applicable to all benefits under the policy)	Section C
		1. Investigation & Evaluation: Code Excl04 i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.	Section C
		2. Rest Cure, rehabilitation and respite care: Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.	Section C
		3. Obesity/Weight control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions: i. Surgery to be conducted is upon the advice of the Doctor ii. The surgery/Procedure conducted should be supported by clinical protocols iii. The member has to be 18 years of age or older and iv. Body Mass Index (BMI) A. greater than or equal to 40 or B. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: 1) Obesity-related cardiomyopathy 2) Coronary heart disease 3) Severe sleep apnea 4) Uncontrolled type2 diabetes	Section C
		4. Change-of-Gender treatments: Code – Excl07:	Section C

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	Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex	
	<p>5. Cosmetic or plastic Surgery: Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner</p>	Section C
	<p>6. Hazardous or Adventure Sports: Code – Excl09: Expenses related to any treatment necessitated due to participation as a professional in Hazardous or Adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p>	Section C
	<p>7. Breach of Law: Code – Excl10: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p>	Section C
	<p>8. Excluded Providers: Code – Excl11: Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the Policyholders are not admissible. However, in case of Life Threatening Situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.</p>	Section C
	<p>9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12.</p>	Section C
	<p>10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13.</p>	Section C
	<p>11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or Day Care procedure. Code – Excl14.</p>	Section C
	<p>12. Refractive Error: Code – Excl15: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.</p>	Section C

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	<p>13. Unproven Treatments: Code – Excl16: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p>	Section C
	<p>14. Sterility and Infertility: Code – Excl17: Expenses related to sterility and infertility. This includes:</p> <ul style="list-style-type: none"> i. Any type of contraception, sterilization ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI iii. Gestational Surrogacy iv. Reversal of sterilization 	Section C
	<p>15. Maternity: Code – Excl18</p> <ul style="list-style-type: none"> i. Medical treatment expenses traceable to childbirth(including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy Period. 	Section C
	<p>Specific Exclusions (applicable to all benefits under the policy)</p>	Section C
	<p>a. War or any act of war, invasion, act of foreign enemy, (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, Chemical or Biological attack or weapons, radiation of any kind.</p>	Section C
	<p>b. Aggregate Deductible - Claims/claim amount falling within Aggregate Deductible limit if opted and in force, as specified in the Policy Schedule.</p>	Section C
	<p>c. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide.</p>	Section C
	<p>d. Any Insured Person’s participation or involvement in naval, military or air force operation.</p>	Section C
	<p>e. Investigative treatment for sleep-apnoea, general debility or exhaustion (“run-down condition”).</p>	Section C
	<p>f. Congenital external diseases, defects or anomalies.</p>	Section C
	<p>g. Stem cell harvesting.</p>	Section C
	<p>h. Investigative treatments for analysis and adjustments of spinal sub luxation, 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.</p>	Section C

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		i. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).	Section C
		j. Vaccination including inoculation and immunisations (except post animal bite treatment).	Section C
		k. Non-Medical expenses such as food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical Expenses is attached as ANNEXURE B of Policy Wordings and also available at www.hdfcergo.com .	Section C
		l. Treatment taken on outpatient basis.	Section C
		m. The provision or fitting of hearing aids, spectacles or contact lenses.	Section C
		n. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any nonsurgical hair replacement methods, optometric therapy.	Section C
		o. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intraoperatively), prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident.	Section C
		p. Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. Drugs or treatments which are not supported by a prescription.	Section C
		q. Any permanent exclusion applied on any medical or physical condition or treatment of an Insured Person as specifically mentioned in the Policy Schedule and as specifically accepted by Policyholder/Insured Person. Such exclusions shall be applied for the condition(s) or treatment(s) that otherwise would have resulted in rejection of insurance coverage under this Policy to such Insured Person as per Company's Underwriting Policy.	Section C
7	Waiting Period <ul style="list-style-type: none"> Time period during which specified disease / treatments are not covered 	Pre-existing diseases waiting period (Code-Excl01): 36 months	Section C
		Specified Disease/Procedure waiting period (Code-Excl02): 24 months	Section C

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	<ul style="list-style-type: none"> It is counted from the beginning of the policy coverage 	Initial waiting Period (Code-Excl03): 30 days for all illnesses except accidents	Section C
8	Financial limits of coverages	The policy will pay only up to the limits as per plan opted:	
	<ul style="list-style-type: none"> Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit) 	Base Cover	
		1. Preventive Health Check-up (basis plan chosen): <ul style="list-style-type: none"> Individual Policies: Upto INR 1,500 / 2,000 / 4,000 / 5,000 / 8,000 Family Floater Policies: Upto INR 2,500 / 5,000 / 8,000 / 10,000 / 15,000 	Section B.3.
		Optional Covers:	
		1. Emergency Air Ambulance: Up to 5 L	Section B.2.1.
		1. Daily Cash for Shared Room (basis plan chosen): <ul style="list-style-type: none"> INR 800 per day max upto 4,800 or INR 1,000 per day max up to 6,000 	Section B.2.2.
	Deductible - It is a specified amount <ul style="list-style-type: none"> up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount) 	2. Overseas Travel Secure: Accommodation Expenses: upto INR 15,000 per day max upto 30 days	Section B.2.11.
		Deductibles:	
		1. Aggregate Deductible (Optional Cover on Annual Aggregate basis in INR): <ul style="list-style-type: none"> 25,000 / 50,000 / 1,00,000 / 2,00,000 / 3,00,000 / 5,00,000 / 10,00,000 / 20,00,000 / 25,00,000 	Section B.2.7.
		2. Per Claim Deductible (Applicable for each and every claim arising out of India in Global plans): <ul style="list-style-type: none"> INR 10,000 per claim 	Section B.2.9. and Section B.2.10.

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9	Claims/Claims Procedure	A. Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization in India.	Section E.1
		Turn Around Time (TAT) for claims settlement: For Cashless Process :	Section E.1
		i. TAT for preauthorization of cashless facility: Decision on cashless authorization to be provided within 1 hour from the time of receipt of request. ii. TAT for cashless final bill authorization: Within 3 hours of the receipt of discharge authorization request from the hospital.	
		B. Procedure for Cashless Claims Outside India: You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website.	Section E.1
		<ul style="list-style-type: none"> Global Contact No: +800 08250825 (accessible from locations outside India only) Landline no (Chargeable): 0120-4507250 Email: travelclaims@hdfcergo.com 	Section E.1
		For Reimbursement Process :	Section E.1
		<ul style="list-style-type: none"> TAT for Claim settlement – 30 days from the time the last necessary document is received. (Note: In case of internal verification, the final stand will be confirmed within 45 days from the time the last necessary document is received by us) 	Section E.1
		Provide the details /web link for following:	Not Applicable
		Network Hospital details: https://www.hdfcergo.com/locators/cashless-hospitals-networks	Not Applicable
		Helpline number: https://www.hdfcergo.com/customercare/grievances Call: 022 6234 6234 / 0120 6234 6234	Not Applicable
Hospitals which are excluded or from where no claims will be accepted by insurer http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf	Not Applicable		
Downloading/getting claim form https://www.hdfcergo.com/download/claim-form	Not Applicable		
10	Policy Servicing	Call centre number:	Section E.2.

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		<ul style="list-style-type: none"> Contact Us at: 022 6234 6234 / 0120 6234 6234 Or visit help section on www.hdfcergo.com 	Section E.2.
		<p>Details of Company officials: Customer Happiness Centre: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400078.</p>	Not Applicable
11	Grievances/Complaints	In case of any grievance the insured person may contact the Company through:	Section D.1.17.
		<ul style="list-style-type: none"> Website: www.hdfcergo.com Contact Us: 022 6234 6234 / 0120 6234 6234 E-mail: grievance@hdfcergo.com Contact Details for Senior Citizen: 022 – 6242 – 6226 E-mail specific for Senior citizens : seniorcitizen@hdfcergo.com 	Section D.1.17.
		Insured Person may contact the Grievance officer at cgo@hdfcergo.com	Section D.1.17.
		For updated details of grievance officer, kindly refer the link: https://www.hdfcergo.com/customer-voice/grievances	Section D.1.17.
		Ombudsman: https://bimabharosa.irdai.gov.in/ .	Section D.1.17.
12	Things to remember	<p>Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy.</p> <p>Process for free look cancellation:</p> <ol style="list-style-type: none"> The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable. 	Section D.1.8.
		<p>Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p>	Section D.1.9.
		<p>Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p>	Section D.1.10. and Section D.1.11.

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		Process for migration: The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration.	Section D.1.11.
		Process for portability: The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability.	Section D.1.10.
		Change in Sum Insured: Sum Insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the company. In case of increase in Sum Insured, waiting periods shall apply afresh only for the enhanced portion of the sum insured.	Not Applicable
		Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.	Section D.1.6.
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s and fill in the complete details in the proposal form before buying a policy. Non-disclosure may affect the claim settlement.	Not Applicable



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Note:

1. Web-link of the product documents: << <https://www.hdfcergo.com/download> >>
2. In case of any conflict, the terms and conditions mention in the policy document shall prevail.

Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place:

Date: _____ (Signature of the Policyholder)

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

S.No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	my:health Koti Suraksha	NA
2	Policy number	Policy number shall be as on Policy Schedule issued post policy issuance.	NA
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit	NA
4	Sum Insured	<ul style="list-style-type: none"> • Individual Sum Insured -Where each member has a separate sum insured under the policy), or • Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members <p>Sum Insured shall be as opted and the same will be mentioned in your Policy Schedule</p>	NA
5	Policy Coverage (What the policy covers?)	<p>Base Covers: Coverages in force for the Insured Persons shall be as per the plan opted</p> <p><u>Section 1: Health</u></p> <p>Expenses in respect of:</p> <ol style="list-style-type: none"> 1. Admission in Hospital for minimum 24 hours <ul style="list-style-type: none"> • Procedure Sub Limits 2. Home Health Care (Medical Expenses 	<p>1.A 1</p> <p>1.A 2</p>



		incurred on availing treatment at Home)	
		3. Domiciliary Hospitalization (Treatment at home due to non-availability of room in a Hospital or patient could not be removed/admitted to a Hospital)	1.A I 3
		4. Pre-hospitalisation of 60 days (treatment prior to admission in hospital)	1.A I 4
		5. Post-hospitalisation (treatment after discharge from hospital) within 180 days from date of discharge	1.A I 5
		6. All Day Care procedures requiring less than 24 hours of hospitalization	1.A I 6
		7. Road Ambulance cover expenses incurred on Road Ambulance Services	1.A I 7
		8. Alternative Treatment (Medical Expenses incurred for Inpatient Care under Ayurveda, Unani, Siddha, Homeopathy, Yoga & Naturopathy upto Sum Insured)	1.A I 9
		Organ Donor Expenses (Cost of Organ donor's hospitalization for harvesting of the donated organ where an Insured Person is the recipient)	1.A I 8
		Section A II - Value added services	
		1. Health Coach (Access to Health Coaching Services in listed areas via HDFC ERGO Mobile App)	1.A II 1
		2. Wellness Services (Discounts, Consultations & Specialized programs)	1.A II 2
		Section A III - my:health Active	
		1. Preventive Health Check up(Cost of a Preventive Health Check-up for the Insured Person will be paid)	1.A III 1
		2. Fitness discount @ renewal (Discount on Renewal Premium by accumulating Healthy Weeks as defined)	1.A III 2
		3. Health Incentive (This Program encourages Insured Persons to maintain	1.A III 3



		<p>good health and avail incentives) Cumulative Bonus (10% of the Basic Sum Insured maximum upto 100% post completion of each policy year irrespective of claims)</p>	1.A III 4
		<p>Section A IV - Optional Covers Optional coverages for the Insured Persons shall be in force only if the same is available under the plan and/or is opted</p>	
		1.	1.A IV 1
		2.	1.A IV 2
		3.	1.A IV 3
		4.	1.A IV 4
		5.	1.A IV 5
		6.	1.A IV 6
		7.	1.A IV 7



		Coverage on the Policy Schedule)	
		8. Medical Evacuation (Air Ambulance transportation in an airplane or helicopter for Emergency Care)	1.A IV 8
		9. Sum Insured Rebound (Amount equivalent to the Claim amount paid under Basic Sum Insured)	1.A IV 9
		10. Waiver of Co-Payment (On availing this option, applicable Co-Payment stands waived under the Policy)	1.A IV 10
		11. Cumulative Bonus – Booster (On availing this cover, Cumulative Bonus percentage stands modified)	1.A IV 11
		<u>Section 2: Personal Accident Cover</u>	
		1. Accidental Death (We will pay the Sum Insured, if insured died due to accidental injuries)	2.A I 1
		Optional Cover under Accidental Death	
		a) Burns (If Insured Person sustains Injury during Policy Period, which solely and directly results into burns)	2.A I 2
		2. Permanent Disablement (We will pay the Sum Insured, if insured become permanently disable due to accidental injuries)	2.A I 3
		3. Temporary Total Disability (We will pay the Sum Insured, if insured become temporary total disable due to accidental injuries)	2.A I 4
		4. Broken Bones (We will pay the Sum Insured, If Injury, solely and directly results into Fracture)	2.A I 5
		5. Emergency Medical Expenses (Medical Expenses for an Emergency Care of an Insured Person due to an Injury)	
		6. Hospital Cash – Accident Only (Daily cash benefit, if Insured Person sustains Injury which result in hospitalization)	2.A I 6
		7. Chauffeur Benefit (Daily cost of hire of a transportation or driver to maintain the	2.A I 7



		<p>mobility of Insured Person)</p> <p>Section 2.A II – Value added services</p> <p>1. Health Coach (Access to Health Coaching Services in listed areas via HDFC ERGO Mobile App)</p> <p>Section 2.A III – Optional Covers</p> <p>1. Preventive Health Check (Cost of a Preventive Health Check-up for the Insured Person will be paid)</p> <p>2. Last Rites (Sum Insured towards Last Rites of Insured Person is paid)</p> <p>3. Dependent Child Education Benefit (Sum Insured towards education of Dependent Children)</p> <p>4. Renewal Premium Benefit (amount equivalent to the Renewal premium of the Coverage for all other Insured Person covered)</p> <p>5. Parental Care Benefit (Sum Insured towards parental care of Dependent Parents)</p> <p>6. Medical Evacuation (Air Ambulance transportation in an airplane or helicopter for Emergency Care)</p>	<p>2.A II 1</p> <p>2.A III 1</p> <p>2.A III 2</p> <p>2.A III 3</p> <p>2.A III 4</p> <p>2.A III 5</p> <p>2.A III 6</p>
6	Exclusions (what the policy does not cover)	<p><u>Section 1 – Health</u></p> <p>Standard Permanent Exclusions :</p> <p>1) Investigation & Evaluation: Code Excl04</p> <p>a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.</p> <p>b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</p>	1.B.III.i

		<p>2) Rest Cure, rehabilitation and respite care: Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <ul style="list-style-type: none"> i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. 	1.B.III.ii
		<p>3) Obesity/Weight control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:</p> <ul style="list-style-type: none"> i. Surgery to be conducted is upon the advice of the Doctor ii. The surgery/Procedure conducted should be supported by clinical protocols iii. The member has to be 18 years of age or older and iv. Body Mass Index (BMI) <ul style="list-style-type: none"> A. greater than or equal to 40 or B. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: <ul style="list-style-type: none"> 1) Obesity-related cardiomyopathy 2) Coronary heart disease 3) Severe sleep apnea 4) Uncontrolled type2 diabetes 	1.B.III.iii
		<p>4) Change-of-Gender treatments: Code – Excl07: Expenses related to any treatment, including</p>	1.B.III.iv



	<p>surgical management, to change characteristics of the body to those of the opposite sex</p> <p>5) Cosmetic or plastic Surgery: Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner</p> <p>6) Hazardous or Adventure Sports: Code – Excl09: Expenses related to any treatment necessitated due to participation as a professional in Hazardous or Adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p> <p>7) Breach of Law: Code – Excl10: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p> <p>8) Excluded Providers: Code – Excl11: Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the Policyholders are not admissible. However, in case of Life Threatening Situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.</p>	<p>1.B.III.v</p> <p>1.B.III.vi</p> <p>1.B.III.vii</p> <p>1.B.III.vii i</p>
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	<p>9) Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12.</p>	1.B.III.ix
	<p>10) Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13.</p>	1.B.III.x
	<p>11) Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or Day Care procedure. Code – Excl14.</p>	1.B.III.xi
	<p>12) Refractive Error: Code – Excl15: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.</p>	1.B.III.xii
	<p>13) Unproven Treatments: Code – Excl16: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p>	1.B.III.xii i
	<p>14) Sterility and Infertility: Code – Excl17: Expenses related to sterility and infertility. This includes:</p> <ul style="list-style-type: none"> i. Any type of contraception, sterilization ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies 	1.B.III.xi v



		<p>such as IVF, ZIFT, GIFT, ICSI</p> <p>iii. Gestational Surrogacy</p> <p>iv. Reversal of sterilization</p> <p>15) Maternity: Code – Excl18</p> <p>a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;</p> <p>b) Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy Period.</p> <p>Specific Permanent Exclusions:</p> <p>i. War or any act of war, invasion, act of foreign enemy, (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, Chemical or Biological attack or weapons, radiation of any kind.</p> <p>ii. Aggregate Deductible - We are not liable for Claims/Claim amount falling within Aggregate Deductible limit if opted and as mentioned on the Schedule of Coverage in the Policy Schedule.</p> <p>iii. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.</p> <p>iv. Any Insured Person's participation or involvement in naval, military or air force operation.</p> <p>v. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").</p>	<p>1.B.III.xv</p> <p>1.B.IV.i</p> <p>1.B.IV.ii</p> <p>1.B.IV.iii</p> <p>1.B.IV.iv</p> <p>1.B.IV.v</p>
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		vi. Congenital external diseases, defects or anomalies,	1.B.IV.vi
		vii. Stem cell harvesting.	1.B.IV.vii
		viii. Investigative treatments 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).	1.B.IV.vii i
		ix. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).	1.B.IV.ix
		x. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.	1.B.IV.x
		xi. Preventive care,; 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	1.B.IV.xi
		xii. Vaccination including inoculation and immunisations (Except post Animal bite treatment),	1.B.IV.xii
		xiii. Non-Medical expenses such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com .	1.B.IV.xii i
		xiv. Treatment taken on Outpatient basis	1.B.IV.xi v
		xv. The provision or fitting of hearing aids, spectacles or contact lenses.	1.B.IV.xv
		xvi. Any treatment and associated expenses for alopecia, baldness including	1.B.IV.xv i



		<p>corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.</p> <p>xvii. 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.</p> <p>xviii. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively). prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical expenses attached and also available on www.hdfcergo.com</p> <p>xix. Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.</p>	<p>1.B.IV.xv ii</p> <p>1.B.IV.xv iii</p> <p>1.B.IV.xi x</p>
		<p><u>Section 2 – Personal Accident</u></p> <p>Specific General Exclusions :</p> <p>1) The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol unless prescribed by Medical Practitioner</p> <p>2) War or any act of war (whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, , civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, Nuclear, Chemical,</p>	<p>2.B.A.I.i</p> <p>2.B.A.I.ii</p>



		Biological attack or weapons/ materials or radiation of any kind	2.B.A.I.iii
		3) Whilst travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.	2.B.A.I.iv
		4) Death or Disability suffered by the Insured Person on account of his participation as the driver, co-driver or passenger during trial runs (excluding Test Drives)using a motorized vehicle or bicycle.	2.B.A.I.v
		5) Death or Disability caused by or arising from or in consequence of or contributed to Nuclear, Chemical or Biological attack/ weapons, material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self sustaining process of nuclear fission).	2.B.A.I.vi
		6) Any Insured Person committing or attempting to commit intentional self-Injury(except in an attempt to save human life) or suicide while mentally sound or suffering from Mental illness	2.B.A.I.vi i
		7) From engaging in or participation in naval, military or air force operation.	2.B.A.I.vi ii
		8) Injury sustained whilst or as a result of participation as a professional in Hazardous or Adventure sports	2.B.A.I.ix
		9) Breach of Law: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.	2.B.A.I.x
		10) Injury sustained whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.	2.B.A.I.xi
		11) Injury sustained whilst on service or on duty	



	<p>with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the Injury occurred whilst the Insured Person was on leave or not in uniform.</p> <p>Standard Permanent Exclusions:</p> <p>1. Investigation & Evaluation: Code Excl04</p> <p>a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.</p> <p>b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</p> <p>2. Rest Cure, rehabilitation and respite care: Code – Excl05:</p> <p>Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <p>i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.</p> <p>ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</p> <p>3. Obesity/Weight control: Code – Excl06:</p> <p>Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:</p> <p>i. Surgery to be conducted is upon the advice of the Doctor</p> <p>ii. The surgery/Procedure conducted should be supported by clinical protocols</p> <p>iii. The member has to be 18 years of age or</p>	<p>2.B.B.I.i</p> <p>2.B.B.I.ii</p> <p>2.B.B.I.iii</p>
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	<p>older and</p> <p>iv. Body Mass Index (BMI)</p> <p>C. greater than or equal to 40 or</p> <p>D. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:</p> <p>5) Obesity-related cardiomyopathy</p> <p>6) Coronary heart disease</p> <p>7) Severe sleep apnea</p> <p>8) Uncontrolled type2 diabetes</p> <p>4. Change-of-Gender treatments: Code – Excl07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex</p> <p>5. Cosmetic or plastic Surgery: Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner</p> <p>6. Hazardous or Adventure Sports: Code – Excl09: Expenses related to any treatment necessitated due to participation as a professional in Hazardous or Adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p>	<p>2.B.B.I.iv</p> <p>2.B.B.I.v</p> <p>2.B.B.I.vi</p> <p>2.B.B.I.vi</p>
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	<p>7. Breach of Law: Code – Excl10: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p> <p>8. Excluded Providers: Code – Excl11: Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the Policyholders are not admissible. However, in case of Life Threatening Situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.</p> <p>9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12.</p> <p>10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13.</p> <p>11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or Day Care procedure. Code – Excl14.</p> <p>12. Refractive Error: Code – Excl15: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.</p>	<p>i</p> <p>2.B.B.I.vi</p> <p>ii</p> <p>2.B.B.I.ix</p> <p>2.B.B.I.x</p> <p>2.B.B.I.xi</p> <p>2.B.B.I.xi</p> <p>i</p>
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		<p>13. Unproven Treatments: Code – Excl16: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p> <p>14. Sterility and Infertility: Code – Excl17: Expenses related to sterility and infertility. This includes:</p> <ul style="list-style-type: none"> v. Any type of contraception, sterilization vi. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI vii. Gestational Surrogacy viii. Reversal of sterilization <p>15. Maternity: Code – Excl18</p> <ul style="list-style-type: none"> a) Medical treatment expenses traceable to childbirth(including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; b) Expenses towards miscarriage (unless due to an accident)and lawful medical termination of pregnancy during the Policy Period. <p>Specific Exclusions: In addition to the foregoing general exclusions, the Company shall not be liable to make any payment under this Policy caused by or arising out of or attributable to any of the following:</p> <ul style="list-style-type: none"> 1) War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, 	<p>2.B.B.I.xi ii</p> <p>2.B.B.I.xi v</p> <p>2.B.B.I.x v</p> <p>2.B.B.III. i</p>
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		rebellion, revolution, insurrection, military or usurped acts, Nuclear, Chemical or Biological attack or weapons, radiation of any kind.	2.B.B.III. ii
		2) Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.	2.B.B.III. iii
		3) Any Insured Person's participation or involvement in naval, military or air force operation.	2.B.B.III. iv
		4) Investigative treatment for Sleep-apnoea, general debility or exhaustion ("run-down condition").	2.B.B.III. v
		5) Congenital external diseases, defects or anomalies,	2.B.B.III. vi
		6) Stem cell harvesting.	2.B.B.III. vii
		7) Investigative treatment 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).	2.B.B.III. viii
		8) Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).	2.B.B.III. ix
		9) Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.	2.B.B.III. x
		10) Preventive care, 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.	2.B.B.III. xi
		11) Vaccination including inoculation and immunisations (Except post bite treatment),	2.B.B.III. xii
		12) Non-Medical expenses such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges	



		<p>etc. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com.</p> <p>13)The provision or fitting of hearing aids, spectacles or contact lenses.</p> <p>14)Any treatment and associated expenses for alopecia, baldness,including corticosteroids and topical immunotherapy, wigs, toupees, hair pieces,any non-surgical hair replacement methods. Optometric therapy</p> <p>15)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.</p> <p>16)Expenses for Artificial limbsand/or device used for diagnosis or treatment (except when used intra-operatively).prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical expenses attached and also available on www.hdfcergo.com</p> <p>17)Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.</p>	<p>2.B.B.III. xiii</p> <p>2.B.B.III. xiv</p> <p>2.B.B.III. xv</p> <p>2.B.B.III. xvi</p> <p>2.B.B.III. xvii</p>
7	<p>Waiting period</p> <ul style="list-style-type: none"> Time period during which specified diseases/treatments are not covered. It is counted from the beginning of the policy coverage. 	<p>The below waiting period are applicable to Section A : Health & Temporary Total Disablement due to Illness under Section 2 A</p> <p>Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p>Specific Waiting periods (Not applicable for claims arising due to an accident):</p> <ul style="list-style-type: none"> 24 months for listed diseases/procedure 	<p>1.B.I.i</p> <p>1.B.I.ii</p>



		Pre-existing diseases: Covered after 36 months Note: Waiting Periods in force for Insured Persons shall be as per the plan opted or option selected	1.B.I.iii
8	Financial limits coverage of i. Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit)	The policy will pay only up to the limits specified here under for the following diseases/ procedures: Section A : Health Base Cover (limits basis plan/ sum insured chosen): a. Room Rent : Single Standard AC Room b. Capping on Disease/Procedure : INR 75K c. Road Ambulance: Up to 2/10K d. Organ Donor Expenses : 5% of Sum Insured (Platinum Plan) Section 2 A : Personal Accident a. Comatose Benefit : 50% of Sum Insured, max 25 L b. Temporary Total Disability: INR (500 - 1L) Upto 104 weeks c. Broken Bones: INR (1L to 25L) d. Emergency Medical Expenses: INR (50K to 10L) e. Hospital Cash - Accident Only : INR (500 - 20,000) per day for 7/10/15/20/30/60 days f. Chauffeur Benefit : INR 250/750/1000 for 7/15/30 days Optional Covers(limits basis plan / sum insured chosen) : Section A : Health a. Non-Medical Expenses Cover : Upto 5% of claim amount b. Emergency Worldwide Coverage: Covered 25% of Base SI,max upto 25 L	1.A I 2 1.A I 2 1.A I 7 1.A I 9 2.A I 1 2.A I 3 2.A I 6 2.A I 4 2.A I 6 2.A I 7 1.A IV1



		<p>c. Medical Evacuation: Upto 5 L</p> <p>d. Cumulative Bonus – Booster : Covered 50% of Sum Insured, maximum of 100%</p>	<p>1.A IV3</p> <p>1.A IV9</p>
		<p>Section 2 A : Personal Accident</p>	<p>1.A IV12</p>
		<p>a. Burns : Up to INR 10 L</p> <p>b. Emergency Medical Expenses – Global : 7.5L to 75L</p> <p>c. Companion Benefit : .5/1 times per day of Hospital Cash (Max. upto total Sum Insured selected in Hospital cash)</p> <p>d. Hospital Cash – ICU : 2/3/4/5/10 times of Hospital Cash (Max. upto total Sum Insured selected in Hospital cash)</p> <p>e. Time Deductible modification Option: 3 / 5 days</p> <p>f. Hospital Cash – Global : 2/3/5 times of Hospital Cash (Max. upto total Sum Insured selected in Hospital cash)</p> <p>g. Last Rites : Upto INR 50K</p> <p>h. Dependent Child Education Benefit : 10% of Base Sum Insured</p> <p>i. Renewal Premium Benefit : Upto INR 2.5L</p> <p>j. Parental Care Benefit: Upto 25% of Base Sum Insured</p> <p>k. Medical Evacuation : Upto 5L</p>	<p>2.A I 1</p> <p>2.A I 4</p> <p>2.A I 6</p> <p>2.A I 6</p> <p>2.A I 6</p> <p>2.A I 6</p> <p>2.A III 2</p> <p>2.A III 3</p> <p>2.A III 4</p> <p>2.A III 5</p>
	<p>ii.Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured)</p>	<p>In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits:</p> <p>a. Premium Tier Co-payment: 20%</p> <p>b. High Age Co-Payment or PED: 20%</p> <p>c. 'Co-Payment' Options : 10%/15%/20%</p>	<p>2.A III 6</p> <p>C.II.6</p> <p>1.B.II</p> <p>2.A 5.II.ii</p>
		<p>Deductibles :</p>	



	<p>iii. Deductible (It is a specified amount:</p> <ul style="list-style-type: none"> - up to which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount) 	<p>a. Aggregate deductible (Optional Cover) : 5/10/25L</p>	<p>1.A IV2</p>
9	<p>Claims/Claims Procedure</p>	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p><u>For Cashless Process :</u></p> <ul style="list-style-type: none"> i. TAT for preauthorization of cashless facility: Decision on cashless authorization to be provided within 1 hour from the time of receipt of request.. ii. TAT for cashless final bill authorization: Within 3 hours of the receipt of discharge authorization request from the hospital. <p><u>For Reimbursement Process :</u></p> <ul style="list-style-type: none"> i. TAT for Claim settlement – 30 days from 	<p>1.C & 2.C</p>



		<p>the time the last necessary document is received.</p> <p>(Note: In case of internal verification, the final stand will be confirmed within 45 days from the time the last necessary document is received by us)</p> <p>Provide the details /web link for following:</p> <ol style="list-style-type: none"> i. Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks ii. Helpline number : https://www.hdfcergo.com/customercare/grievances <p>Call (Within India) - : 022 6234 6234 / 0120 6234 6234</p> <p>Outside India :</p> <p>Global Contact No: +800 08250825 (accessible from locations outside India only)</p> <ol style="list-style-type: none"> i. Hospitals which are excluded or from where no claims will be accepted by insurer http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf ii. Downloading/getting claim form https://www.hdfcergo.com/download/claim-form <p>Claim Intimation(Outside India):</p> <ul style="list-style-type: none"> • • Global contactNo: +800 08250825 (accessible from locations outside India only) • Landline no (Chargeable) : 0120-4507250 	
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HDFC ERGO General Insurance

		<ul style="list-style-type: none">Email: travelclaims@hdfcergo.com	
10	Policy Servicing	<p>Call center number : 022 6234 6234 / 0120 6234 6234 Or visit help section on www.hdfcergo.com</p> <p>Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.</p>	C.I.18
11	Grievances/Compl aints	<p>In case of any grievance the insured person may contact the Company through:</p> <ul style="list-style-type: none">- Website: www.hdfcergo.com- Contact us: 022 6234 6234 / 0120 6234 6234- E-mail: grievance@hdfcergo.com- Contact Details for Senior Citizen: 022 – 6242 – 6226- E-mail specific for Senior citizens : seniorcitizen@hdfcergo.com <p>Insured Person may contact the Grievance officer at cgo@hdfcergo.com</p> <p>For updated details of grievance officer, kindly refer the link: https://www.hdfcergo.com/customer-voice/grievances</p> <p>Ombudsman: https://bimabharosa.irdai.gov.in/.</p>	C.I.18
12	Things to remember	<p>Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30days from the beginning of the policy.</p> <p>Process for free look cancellation:</p> <ol style="list-style-type: none">1. The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time	C.I.1

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. For more details on the risk factors, terms and conditions, please read the policy document carefully before concluding a sale. UIN: my:health Koti Suraksha - HDFHLIP21131V012021.



		<p>of porting/migrating the policy.</p> <p>2. The insured person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.</p> <p>Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p>Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p><u>Process for migration:</u> The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration.</p> <p><u>Process for portability:</u> The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability.</p> <p>Change in Sum Insured: Sum Insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p>Moratorium Period: After completion of 5</p>	<p>C.I.8</p> <p>C.I.9 & C.I.10</p> <p>C.I.6</p>
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		<p>continuous years under the policy no look back to be applied. This period of 5 years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and applicable for the sums insured of the first policy and subsequently completion of 5 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p> <p>After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p>	
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s and fill in the complete details in the proposal form before buying a policy. Non-disclosure may affect the claim settlement.	

Note:

1. Web-link of the product documents: <<<https://www.hdfcergo.com/download>>>
2. In case of any conflict, the terms and conditions mention in the policy document shall prevail.

Declaration by the Policy Holder;

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides only key information about your policy. Please refer to the policy document for detailed terms and conditions.

Sl No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number /
1	Product Name	HDFC ERGO Cyber Sachet Insurance	NA
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN125RP0026V02202122	NA
3	Structure	Sum Insured on <<Section Basis/Floater Basis>>	NA
4	Interests Insured	Covers Individuals and proprietors against cyber attacks.	NA
5	Sum Insured	<<as stated in the policy schedule>>	Policy schedule
6	Policy Coverage	<p>HDFC ERGO Cyber Sachet Insurance offers you a wide variety of cyber risk covers that you can choose as per your needs:</p> <ol style="list-style-type: none"> 1. Theft of Funds <ul style="list-style-type: none"> • Unauthorized Digital Transactions • Unauthorized Physical Transactions 2. Identity theft 3. Data Restoration/ Malware Decontamination 4. Replacement of Hardware 5. Cyber Bullying, Cyber Stalking and Loss of Reputation 6. Cyber Extortion 7. Online Shopping 8. Online Sales 9. Social Media and Media Liability 10. Network Security Liability 11. Privacy Breach and Data Breach Liability 12. Privacy Breach and Data Breach Liability by Third Party 13. Smart Home Cover 14. Liability arising due to Underage Dependent Children 15. Social Media Account <p>You may choose any number of sections from the covers mentioned above for your own customized policy</p>	Part A: Insured Events



7	Add-on Cover	<<coverage & limits as stated in the policy schedule under add on section>>	Policy schedule
8	Loss Participation	<<as per policy schedule>>	Policy schedule
9	Exclusions	<p>We will not cover any claim by you under this policy arising directly or indirectly from the following:</p> <ol style="list-style-type: none"> 1. Any Event or circumstances which were known to You prior to inception of this policy that could reasonably lead to an Insured Event under this Policy. 2. Your business activities unless specifically covered and mentioned in your policy schedule/certificate of insurance. 3. Any action or omission of You or any misbehavior of You which is intentional, malicious, dishonest, deliberate or reckless. 4. Any action or omission in Your capacity as an employee. 5. Loss of or damage to tangible property and any consequential losses resulting therefrom, including the loss of use of tangible property. 6. Investment or trading losses including without limitation any inability to sell, transfer or otherwise dispose of securities. 7. Bodily injury, psychological harm (save that this exclusion shall not apply to anxiety or mental stress as set forth in Section 2 – Identity Theft and Section 5 – Cyber Bullying, Cyber Stalking and Loss of Reputation), trauma, illness or death. 8. Misappropriation, theft, infringement or disclosure of any intellectual property (such as patents, trademarks, copyrights). This exclusion shall not apply to Section 9 – Social Media and Media Liability. However, theft, infringement, misuse or abuse of patents will always remain excluded. 9. Third party claims made by Your family members, any person residing with You, made from Your account or any joint account holder with You. 10. Any Contractual liability. 11. Any costs of betterment of Your personal devices beyond the state existing prior to the Insured Event, unless unavoidable. 12. Loss, misplacement, destruction, modification, unavailability, inaccessibility of and/or delay in trading with cryptocurrencies, consisting of coins (e.g. Bitcoin, Ethereum, Ripple, IOTA), tokens 	Part C: General Exclusions



		<p>(e.g. EOS, Nem, Tether) or public and/or private keys being used in conjunction with the aforementioned.</p> <ol style="list-style-type: none"> 13. Gambling online and or otherwise. 14. Any Director and Officer Liability or any professional liability. 15. Any loss sustained by You by accessing any restricted or websites banned by the relevant authority over internet. 16. Any loss sustained due to incident of data compromise or data breach at platform provider / financial entity. 17. Losses sustained by You resulting directly or indirectly from any fraudulent or dishonest acts committed by Your employee or family, acting alone or in collusion with others. 18. Losses due to the failure, outage/disturbance of infrastructure (e.g. electricity, gas, water, internet service, satellite, cable, telecommunications, or other utility services). 19. Failure, interruption, degradation or outage of infrastructure (e.g. any communication equipment, air conditioning, power supply installations, standalone generators, frequency inverter units, transformers and any other facilities that are used to maintain the functioning of electronic facilities that support computer systems and data) or related services of the following third party providers that are not under your control: telecommunication (including the internet), internet service (including internet service providers responsible for the provision of services, hardware and technical equipment for accessing and use/operation of the internet; domain name system service providers; other internet and external network service providers responsible for internet exchanges; network providers; and cable network, satellite and radio communication network operators), satellite, cable, electricity, gas or water providers. 20. War, Cyber War and Cyber Operation Exclusion war or cyber operation (whether war be declared or not). Discharge of a nuclear weapon will be deemed to arise from war even if accidental. Notwithstanding our burden of proof, which shall remain unchanged by this exclusion clause, for determining attribution of a cyber operation to a sovereign state, you and we 	
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		will consider any available, objectively reasonable evidence. This may include formal or official attribution by the government of the sovereign state in which the computer systems affected by the cyber operation are physically located to another sovereign state or those acting at its direction or under its control.											
10.	Special Conditions and Warranties (if any)	<<as per policy schedule>>	Policy schedule										
11.	Admissibility of Claim	<p>1. Intimation of a claim or any circumstances which may give rise to any claim should be reported immediately.</p> <p>2. No admission, offer, promise or payment of liability without Insurer consent.</p> <p>3. Provide all such information and assistance to company which is required.</p> <p>4. Company has right to defend the claim against Insured.</p> <p>Claim shall be paid as per following calculation:-</p> <table border="1"> <thead> <tr> <th>Head</th> <th>Example</th> </tr> </thead> <tbody> <tr> <td>Legal Liability as covered under the policy (a)</td> <td>INR 1,00,000</td> </tr> <tr> <td>Defense Cost (b)**</td> <td>INR 20,000</td> </tr> <tr> <td>Total Loss Amount (c= a+b)</td> <td>INR 1,20,000</td> </tr> <tr> <td>Net Payable Amount</td> <td>INR 1,20,000</td> </tr> </tbody> </table> <p>** If applicable under the policy</p>	Head	Example	Legal Liability as covered under the policy (a)	INR 1,00,000	Defense Cost (b)**	INR 20,000	Total Loss Amount (c= a+b)	INR 1,20,000	Net Payable Amount	INR 1,20,000	NA
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Legal Liability as covered under the policy (a)	INR 1,00,000												
Defense Cost (b)**	INR 20,000												
Total Loss Amount (c= a+b)	INR 1,20,000												
Net Payable Amount	INR 1,20,000												
12.	Policy Servicing - Claim Intimation and Processing	<ul style="list-style-type: none"> Toll free / IVRS number of the Insurer 120 6234 6234 / 022-6234 6234 Website - www.hdfcergo.com Email- care@hdfcergo.com Details of designated company officials to be contacted in time of claim: Liability Claims Manager – email ID - care@hdfcergo.com Details of procedure to be followed for Turn Around Time (TAT) for claims settlement <ol style="list-style-type: none"> Registration of claim – T +1 days List of requirement – 7 days from registration Claim settlement / Denial = T+30 days (T = date of receipt of last documents) Escalation Matrix when TAT is not satisfied: 	NA										



		<p>Email to – liabilityclaims@hdfcergo.com</p>	
<p>13.</p>	<p>Grievance Redressal Policyholders and Protection</p>	<p>If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address Your grievance as follows:</p> <p>1. Our Grievance Redressal Officer If you have a grievance that you wish us to redress, you may contact us with the details of your grievance through:</p> <ul style="list-style-type: none"> • Call Centre - 120 6234 6234 / 022-6234 6234 • Emails – grievance@hdfcergo.com • Contact Details for Senior Citizens: 022 6242 6226 Email ID: seniorcitizen@hdfcergo.com Designated Grievance Officer in each branch. • Company Website – www.hdfcergo.com • Courier - Any of our Branch office or corporate office <p>You may also approach the Complaint & Grievance (C&G) Redressal Cell at any of our branches with the details of your grievance during our working hours from Monday to Friday.</p> <p>If you are not satisfied with our redressal of your grievance through one of the above methods, you may contact our Head of Customer Service at</p> <p>The Complaint & Grievance Redressal Cell , HDFC ERGO General Insurance The Company Ltd. D-301,3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra</p> <p>In case you are not satisfied with the response / resolution given / offered by the C&G cell, then you can write to the Chief Grievance Officer of the Company at the following address</p> <p>To the Chief Grievance Officer HDFC ERGO General Insurance The Company Limited D-301, 3rd Floor, Eastern Business District</p>	<p>Grievance Redressal Procedure:</p>

		<p>(Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400078, Maharashtra e-mail: cgo@hdfcergo.com</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System- https://bimabharosa.irdai.gov.in</p> <p>You may also approach the nearest Insurance Ombudsman for resolution, if your grievance is not redressed by the Company. The contact details of Ombudsman offices are below if your grievance pertains to:</p> <ul style="list-style-type: none"> • Insurance claim that has been rejected or dispute of a claim on legal construction of the policy • Delay in settlement of claim • Dispute with regard to premium • Non-receipt of your insurance document <p>You may also refer Our website www.hdfcergo.com"https://www.hdfcergo.com/customer-voice/grievances for detailed grievance redressal procedure.</p>	
14.	Obligations of the Policyholder	<ul style="list-style-type: none"> • To disclose all information correctly sought by the insurer at time of filling the proposal form • In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the Insurer immediately • Non-disclosure of material information may affect the claim settlement. <p>Disclosure of other material information during the policy period.</p>	NA

Declaration by the Policyholder;

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

HDFC ERGO General Insurance



Note: In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides only key information about your policy No.

<<XXXXXXXXXX.>>

. Please refer to the policy document for detailed terms and conditions.

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
1	Product Name	Home Shield Insurance	
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN125RP0001V01201718	
3	Structure	As per policy schedule	Refer special conditions in the policy schedule
4	Interests Insured	Occupancy: <<Individual Dwellings>>	Refer policy schedule (Occupancy)
5	Sum Insured	<<as stated in the policy schedule>>	Refer "Details of Property Insured & Location of Risk Covered" in the policy schedule
6	Policy Coverage	The Insurer hereby agrees subject to the Terms, Conditions and Exclusions herein contained or endorsed or otherwise expressed herein, that, if during the policy period stated in the Schedule, if Insured's belonging as described in the Schedule be lost, destroyed or damaged by any fortuitous cause other than those specifically excluded.	Refer Scope of Cover -Policy wordings
7	Add-on Cover	As per policy schedule	Refer optional add ons given under the "Details of Inbuilt / Add on covers" in the policy schedule
8	Loss Participation	Deductible : Rs 5000/- for each and every claim. Terrorism Excess: 1% of the claim amount for	Refer Excess or deductibles under



		each and every claim subject to minimum limit of Rs 10,000/- and maximum limit of Rs 5,00,000/- (applicable only if terrorism cover has been opted)	policy schedule
9	Exclusions	<p>We do not cover losses and expenses for any loss or damage or destruction of the Insured Property that is directly or indirectly as a result of or is caused by or arising from events, stated below:</p> <ol style="list-style-type: none"> 1. This Policy does not cover the excess of Rs. 5000/- for each and every claim irrespective of claim amount. 2. Any consequential loss or 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, civil commotion assuming the proportions of or amounting to a popular rising, military rising, rebellion, revolution, insurrection, or military or usurped power or seizure, capture, arrests, restraints and detainments of all kings, princess and people of whatever nation, condition or quality what so ever. 3. Any consequential loss or loss, destruction or Damage directly or indirectly caused to the property insured by a) ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel b) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof. 4. Any consequential loss or loss, destruction or Damage caused to the insured property by pollution or contamination excluding a) pollution or contamination which itself results from a peril 	Clause F: General Exclusions



		<p>hereby insured against. b) any peril hereby insured against which itself results from pollution or contamination.</p> <ol style="list-style-type: none"> 5. Expenses necessarily incurred on (i) Architects, Surveyors and Consulting Engineer's Fees and (ii) Debris Removal by the Insured following a loss, destruction or Damage to the property insured by an insured peril in excess of 3% and 1% of the claim amount respectively. 6. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or Damage of any kind or description whatsoever. 7. Loss or Damage or collapse of "Building" due to structural defects, latent defects, poor maintenance, defective workmanship, termites, natural ageing or any other gradually operating cause. 8. Loss or Damage to Contents due to defective workmanship, material or design, latent defect, wear and tear, depreciation, moth, vermin, termites, Fungi, insects or mildew, process of cleaning, dyeing or bleaching, restoring, repairing, retouching or renovation, inherent vice, warping or shrinkage, the action of light or atmospheric conditions, natural ageing or any other gradually operating cause. 9. Loss or Damage due to manufacturing defects in Electrical, Mechanical and Electronic Items for which the manufacturer is responsible. 10. Loss of or Damage to the Property Insured under this Policy falling under the terms of the maintenance agreement. 	
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		<p>11. Loss or Damage due to improper handling, dismantling, fitting adjustment, repair alteration or modification not approved by the makers/manufacturers and/or the agents of makers/manufacturers or use of such property contrary to the directives of the makers/manufacturers and/or his agents.</p> <p>12. Loss, destruction or Damage due to breakage, cracking or scratching of Crockery, Glass, Cameras, Binoculars, Lenses, Musical Instruments, Sports Gear and similar articles of brittle or fragile nature, unless caused by fire or accidental external means.</p> <p>13. Loss, destruction or Damage arising from or occasioned by overloading or Strain, Overrunning Excessive Pressure, or test requiring imposition of abnormal conditions in case of Electrical, Mechanical and Electronic Items.</p> <p>14. Loss or Damage to Money, Securities, Manuscript, Deeds, Bonds, Bills of Exchange, Promissory Notes, Stock or Share Certificate, Stamp and Travel Ticket or Traveler cheques, Business Books or Documents, Plans, Designs, Blueprints, Credit/ Debit/ ATM cards, Club Membership Cards.</p> <p>15. Any Portable Equipment's unless specifically covered by separate add-on cover.</p> <p>16. Loss of insured property from a safe inside insured "Building" / "Premises", following the use of the key or any duplicate thereof or access code to the safe belonging to the Insured, unless this has been obtained by threat or by violence.</p> <p>17. Loss or Damage liable to be</p>	
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		<p>repaired or made good by a third party under any contract of agreement.</p> <p>18. Loss, destruction of or Damage to articles of Consumable Nature.</p> <p>19. Loss, destruction or damage directly occasioned by pressure wave caused by aircraft and other aerial devices travelling at sonic or supersonic speed.</p> <p>20. Loss Damage or consequential loss directly or indirectly caused by, consisting of, or arising from:</p> <p>21. 20.1 Any functioning or malfunctioning of the internet or similar facility or of any intranet or private network or similar facility,</p> <p>22. 20.2 Any corruption, destruction, distortion, erasure or other loss or damage to data, software or any kind of programming or instruction set.</p> <p>23. 20.3 Loss of use or functionality whether partial or entire of data, coding, program, software, any computer or computer system or other device dependent upon any microchip or embedded logic, and any ensuing liability.</p> <p>24. Loss or Damage or attempted burglary or theft caused by or arising out of willful act or willful gross negligence of the insured and/or an employee or Domestic staff of the insured.</p> <p>25. Mysterious disappearance and Unexplained Losses</p> <p>26. Any loss or Damage to the insured property or to the general public and/ or legal liability arising out of immoral or unethical use of insured property</p> <p>27. Damage to property not belonging to or held in trust by or in the custody or control of the Insured</p>	
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		<p>28. Any loss or Damage to, or on account of loss of, livestock, motor vehicles, pedal cycles (unless covered by add on for Pedal Cycles)</p> <p>29. Loss or Damage howsoever caused to Electronic and Electrical Equipments, Domestic Appliances older than 10 Years</p> <p>30. Loss, destruction or Damage to the Contents or items in Refrigerator/Fridge or similar type of Cold Storage caused by change of temperature.</p> <p>31. Permanent or temporary dispossession resulting from confiscation, commandeering, requisition or destruction by order of the Government or any lawfully constituted Authority</p> <p>32. Any loss, Damage, Accident, occurring before the cover commences under the Policy.</p> <p>33. Loss or Damage by Theft after the occurrence of any insured peril</p> <p>34. Loss or Damage to Property insured if removed from any Building or place other than in which it is herein stated to be insured, except machinery and equipment temporarily removed for repairs, cleaning, renovation or other similar purposes for a period not exceeding 60 days.</p>	
10.	Special Conditions and Warranties (if any)	<ul style="list-style-type: none"> • Sanction and Embargo Clause • NMA 2915-End B • Communicable Disease Exclusion Clause <p>For more details refer policy schedule</p>	Refer Special conditions / clauses /warranties under policy schedule
11.	Admissibility of Claim	<ul style="list-style-type: none"> • Following are the key parameters leading to admissibility or denial of claims: <ul style="list-style-type: none"> ○ The policy will covers loss to your insured property due to unforeseen 	



		<p>and sudden physical damage by any cause not excluded.</p> <ul style="list-style-type: none"> ○ The policy shall exclude losses as specified in the exclusion/exception section of the policy wording. ○ The coverage is subject to compliance of policy clause/conditions/warranties. <ul style="list-style-type: none"> ● Duty of care & loss minimization post-accident <ul style="list-style-type: none"> ○ The Insured shall take all reasonable steps to maintain the insured property in efficient working order and to ensure that no item is habitually or intentionally overloaded. ○ If You suffer a loss because of an unforeseen and sudden physical damage by any cause not excluded, You must make a claim for Your financial loss at Your cost. ○ The procedure for making a claim is given below. <ol style="list-style-type: none"> 1. Immediate notice to Us <ol style="list-style-type: none"> a. As soon as any sudden, unforeseen and physical loss or damage occurs to insured property due to unforeseen and sudden physical damage and does not fall under exclusion / exception, You must immediately give notice to Us of the loss or damage. This is necessary for Us to survey/ investigate the loss or damage, as may be required. b. You can give notice to any of Our offices or call centres. c. You must state in this notice <ol style="list-style-type: none"> i. the Policy Number, ii. Your name, iii. details of report to the police that You made, 	
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		<ul style="list-style-type: none"> iv. details of report to any Authority that You made, v. details of the incident, vi. a brief statement of the loss, vii. particulars of any other insurance of insured property, viii. details of loss or damage under any Optional Cover or Add-ons, ix. submit photographs of loss or physical damage, wherever possible. <p>2. Steps to prevent loss and damage</p> <ul style="list-style-type: none"> a. You must take all reasonable steps to prevent further loss or damage to insured property. b. Until We have inspected insured property and have given Our consent, <ul style="list-style-type: none"> i. You must not sell, give away or dispose of any damaged items of any property for which You are making a claim; ii. You must not wash or clean, or remove any damaged item or debris, except for any urgent necessity; iii. You must not carry out repairs, unless such repairs are urgent and You cannot contact Us. <p>3. Act as if not insured and try all possible measures to minimize the loss.</p> <p>4. Inform fire brigade / police or any other govt statutory body, if applicable</p> <p>5. Seek the assistance of the insurance surveyor or any other</p>	
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		<p>agencies appointed for loss minimization efforts and also in claim procedure</p> <ol style="list-style-type: none"> 6. Take photos or videos of damaged property and preserve all damaged property for detailed inspection by the surveyors 7. Preserve documentary evidence for assessment of quantum of loss. 8. The loss will be assessed by the surveyors as per the claim bill, supporting documents provided and in accordance with policy terms and conditions. The assessment will be subject to following deduction, if any, a) betterment, b) depreciation, c) applicable salvage value, d) underinsurance/average clause, e) policy excess / deductible /franchise etc, f) reinstatement premium. 	
12.	Policy Servicing - Claim Intimation and Processing	<ul style="list-style-type: none"> • Toll free / IVRS number of the Insurer : 120 6234 6234 / 022-6234 6234 • Website - www.hdfcergo.com Email- care@hdfcergo.com • Turn Around Time (TAT) in working hours / days for claims settlement <ul style="list-style-type: none"> ○ Surveyor appointment- 24 hours from claim intimation ○ Survey report- 15 days from allotment of survey ○ Decision of claim to insured - 7 days from survey report <p>Customer Escalation Matrix</p> <ul style="list-style-type: none"> • Level 1 In case the Complainant has not received a response or is not satisfied with the 	



		<p>response / resolution given / offered, then the Customer can write to:</p> <p>The Complaints & Grievance Cell HDFC ERGO General Insurance Company Limited D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra e-mail: grievance@hdfcergo.com</p> <ul style="list-style-type: none"> • Level 2 In case the Complainant has not received a response or is not satisfied with the response / resolution given / offered by the C&G cell, then the Customer can write to the Chief Grievance Officer of the Company at the following address: <p>The Chief Grievance Officer HDFC ERGO General Insurance Company Limited D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra e-mail: cgo@hdfcergo.com</p> 	
13.	Grievance Redressal and Policyholders Protection	<p>If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address Your grievance as follows:</p> <p>Our Grievance Redressal Officer</p> <p>If you have a grievance that you wish us to redress, you may contact us with the details of your grievance through:</p> <ul style="list-style-type: none"> • Call Centre - 120 6234 6234 / 022-6234 6234 • Emails – grievance@hdfcergo.com • Contact Details for Senior Citizens: 022 6242 6226 Email ID: seniorcitizen@hdfcergo.com Designated Grievance Officer in each branch. • Company Website – www.hdfcergo.com • Courier - Any of our Branch office or corporate office <p>You may also approach the Complaint &</p>	Section 6



		<p>Grievance (C&G) Redressal Cell at any of our branches with the details of your grievance during our working hours from Monday to Friday.</p> <p>If you are not satisfied with our redressal of your grievance through one of the above methods, you may contact our Head of Customer Service at</p> <p>The Complaint & Grievance Redressal Cell , HDFC ERGO General Insurance The Company Ltd. D-301,3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra</p> <p>In case you are not satisfied with the response / resolution given / offered by the C&G cell, then you can write to the Chief Grievance Officer of the Company at the following address</p> <p>To the Chief Grievance Officer HDFC ERGO General Insurance The Company Limited D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400078, Maharashtra e-mail: cgo@hdfcergo.com</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System- https://bimabharosa.irdai.gov.in</p> <p>You may also approach the nearest Insurance Ombudsman for resolution, if your grievance is not redressed by the Company. The contact details of Ombudsman offices are below if your grievance pertains to:</p>	
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		<ul style="list-style-type: none"> • Insurance claim that has been rejected or dispute of a claim on legal construction of the policy • Delay in settlement of claim • Dispute with regard to premium • Non-receipt of your insurance document <p>You may also refer Our website www.hdfcergo.com "https://www.hdfcergo.com/customer-voice/grievances" for detailed grievance redressal procedure.</p>	
14.	Obligations of the Policyholder	<ul style="list-style-type: none"> • To disclose all information correctly sought by the insurer at time of filling the proposal form • In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the Insurer immediately • Non-disclosure of material information may affect the claim settlement. <p>Disclosure of other material information during the policy period.</p>	

Declaration by the Policyholder;

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

Note:

- i. Insurer shall provide web-link where the product related documents including the



Customer Information sheet are available on the website of the Insurer.

Web-link of the product documents: << <https://www.hdfcergo.com/download> >>

- ii. **In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.**