HDFC ERGO General Insurance Company Limited

Customer Information Sheet
Individual Personal Accident - Standard Policy

TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
Product Name	Individual Personal Accident (Standard)	
What am I covered for:	**Benefits** **a. Accidental Death [AD] -** A lumpsum OR monthly payment as specified in policy schedule, would be made in the event of the Death due to an accident. **b. Transportation of mortal remains -** Expenses incurred on transporting the mortal remains of the Insured Person from the place of the Accident or the Hospital to his residence or to a cremation or burial ground. **c. Permanent Total Disablement -** A lumpsum or monthly payment would be made as per scale provided in policy in the event of Permanent Total Disablement due to an accident. **d. Permanent Partial Disablement -** A lumpsum payment would be made as per scale provided in policy in the event of Permanent Partial Disablement due to an accident. **e. Emergency Road Ambulance Charges -** Expenses incurred on transportation by of Insured Person to a Hospital for treatment in case of an Emergency due to accident. **f. Education Fund -** If a claim under AD or PTD is accepted for an Insured Person, We will pay upto the sum insured as mentioned in policy schedule, provided that such Dependent Child is pursuing an educational course as a full time student in an educational institution. **g. Family Transportation** - If a claim under AD or PTD is accepted, We will reimburse expenses incurred in transporting one Immediate Family Member to the Hospital. **h. Accidental Medical Expenses:** If We have accepted a claim under the AD, PTD, PPD or TTD, We will reimburse the Medical Expenses incurred by the Insured Person for use of Hospital facilities for medical treatment following an Accident **i. Temporary Total Disablement -** A Weekly Allowance would be paid to the Insured to compensate loss of income due to a disability caused by accident.	Section1 Benefit 1.1 Section1 Benefit 1.2 Section1 Benefit 2 Section1 Benefit 3 Section1 Benefit 5 Section1 Benefit 6 Section1 Benefit 7 Section1 Benefit 8 Section1 Benefit 4
What are the major exclusions in the policy:	**(Note: the below is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)** a) Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. b) Intentional self-inflicted injury, suicide or attempted suicide.. c) Hazardous or Adventure Sports d) 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 unless otherwise opted by Insured and mentioned. e) Cosmetic or Plastic Surgery: 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.).	Section 3
Waiting Period	None	NA
Payment basis	• Reimbursement of the covered expenses upto specified Limits. • Fixed amount for Accidental death, Permanent Total Disablement, Permanent Partial Disablement, Education Fund, broken bones and Temporary Total Disablement as per specified limits.	Section 1
Loss Sharing	Accidental Out–patient Benefit	Section 1
Renewal Conditions	The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person. • The Company shall endeavour to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal. • Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding policy years. • Request for Renewal along with requisite premium shall be received by the Company before the end of the policy period. • At the end of the policy period, the Policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without Break in Policy. Coverage is not available during the Grace Period. • No loading shall apply on renewals based on individual claims experience. • On renewal, the maximum sum insured available above 70 years of age is restricted upto Rs 10,00,000	Section 4 O)

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Renewal Benefits	5% increase in your sum insured for every claim free year, subject to a maximum of 50%. In case a claim is made during a policy year, the cumulative bonus would reduce by 5% in the following year.	Section 2
Cancellation	• The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 30 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.	Section 4 S)
Claims	• **For Cashless Service:** List of network hospitals is available on the following link https://www.hdfcergo.com/locators/cashless-hospitals-network • **For Reimbursement of Claims** For accidental death & permanent total disablement benefit, payment will be transferred to the customer account, details of which are shared by policyholder in the application form. On receipt of the complete set of claim documents, we will make payment for the admissible amount, along with a settlement statement within 30 days of receipt of last necessary document. • Intimation and submission of claim documents is as follows: **Intimation –** **Planned hospitalization -** 48 hours prior to an event which might give rise to a claim **Emergency Hospitalization -** No later than 24 hours of the event **Submission of Claim Documents -** The duly signed claim form and all the information/documents required to be submitted to us within 15 days of the completion of the treatment.	Section 4 E,F,G)
Policy Servicing / Grievances/ Complaints	**• Policy Servicing / Grievances / Complaints – you may contact us at any of our Branches.** You can also reach us on: Customer care : 022 6234 6234 / 0120 6234 6234 Email – care@hdfcergo.com **• IRDAI/(IGMS/Call Centre):** For complaint registration – login at http://www.igms.irda.gov.in/ **• Ombudsman** Refer Policy Wording for details	Section 8, 9
Insured's Rights	• Implied renewability - This Policy is ordinarily renewable for life unless the Insured Person or anyone acting on behalf of an Insured Person has acted in a dishonest or in a fraudulent manner or there has been any misrepresentation under or in relation to this Policy or the renewal of the Policy poses a moral hazard • Turn Around Time (TAT) for issue of Pre Authorization and settlement of Reimbursement is as under: Issue of Pre Authorization - Within 48 hours and 24 hours only for any emergency situation Settlement of Reimbursement - Within 30 days on receipt of complete set of documents.	Section 4
Insured's Obligations	Disclosure of material facts sought to be declared on the proposal form.	Section 4 I & J)

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Customer information sheet and the policy document the terms and conditions mentioned in the policy document shall prevail.

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Policy Wordings

Individual Personal Accident Policy

HDFC ERGO General Insurance Company Limited will cover all Insured Person/s under this Policy upto the Sum Insured. The insurance cover at all times shall be governed by and shall be subject to the terms, conditions and exclusions under this Policy.

Section. 1 Benefits

We will provide the Benefits as detailed below for an event or occurrence described in any of the Benefits that occurs during the Policy Period. Each Benefit is subject to its Sum Insured, but Our liability to make payment in respect of any and all Benefits (including optional Benefits) shall be limited to the Accidental Death Sum Insured unless expressly stated to the contrary.

Benefit 1. Accidental Death

1) Accidental Death

If an Insured Person suffers an Accidental bodily injury during the Policy Period which is the sole and direct cause of his death within 365 days from the date of the Accident, then We will pay the Sum Insured as specified in Policy schedule against this benefit to the assignee or the nominee or the legal representative, as the case may be, subject to terms & conditions of this policy.

On payment of claim under this benefit the policy shall terminate for that Insured Person for whom the claim has been paid.

2) Transportation of Mortal Remains

If We have accepted a claim under benefit 1) of this policy, then We will in addition reimburse the lower of 2% of the Sum Insured under Accidental death OR the actual amount incurred in transporting the mortal remains of the Insured Person from the place of the Accident or the Hospital to his residence or to a cremation /burial ground, provided the insured person has died outside his city of residence.

Benefit 2. Permanent Total Disablement

If an Insured Person suffers an Accidental bodily injury during the Policy Period and this is the sole and direct cause of his permanent total disablement within 365 days from the date of the Accident in one of the ways detailed in the table below, then We will pay the percentage of the Sum Insured shown in the table.

	% of Sum Insured
Loss of 2 Limbs (both hands or both feet or one hand and one foot)	100%
Loss of a Limb and an eye	100%
Complete and irrecoverable loss of sight of both eyes	100%
Complete and irrecoverable loss of speech & hearing of both ears	100%
Loss of a Limb	50%
Complete and irrecoverable loss of sight of an eye	50%

2) In this Benefit:

a) Limb means a hand at or above the wrist or a foot above the ankle.

b) Loss of Limb means:

i. the physical separation of a Limb above the wrist or ankle respectively, or

ii. the total loss of functional use of a Limb for at least 365 days from the date of onset of such disability provided that We must be satisfied at the expiry of the 365 days that there is no reasonable medical hope of improvement.

c) Includes cover for Paralysis Including Paraplegia, Quadriplegia with loss of functional use of limbs.

d) Any claim made under this benefit will not terminate the policy.

Benefit 3. Permanent Partial Disablement

1) If an Insured Person suffers an Accidental bodily injury during the Policy Period and this is the sole and direct cause of his permanent partial disablement within 365 days from the date of the Accident in one of the ways detailed in the table below, then We will pay the percentage of the Sum Insured shown in the table.

Loss of:	% of Sum Insured
Each arm at the shoulder joint	70%
Each arm to a point above elbow joint	65%
Each arm below elbow joint	50%
Each hand at the wrist	50%
Each thumb	20%
Each index finger	10%
Each other finger	5%
Each leg above center of the femur	70%
Each leg up to a point below the femur	65%
Each leg to a point below the knee	50%
Each foot at the ankle.	40%
Each big toe	5%
Each other toe	2%
Each eye	50%
Hearing in each ear	30%
Sense of smell	10%
Sense of taste	5%

2) In this Benefit:

a) Loss means:

i) the physical separation of a body part, or

ii) the total loss of functional use of a body part or organ provided this has continued for at least 365 days from the onset of such disability provided that We are satisfied at the expiry of the 365 days that there is no reasonable medical hope of improvement..

b If an Insured Person suffers a Loss not mentioned in the table above, then We will assess the degree of disablement with Our medical advisors and determine the amount of payment to be made.

c) If a claim in respect of a whole member (any organ, organ system or a limb) also encompasses some or all of its parts, Our liability to make payment will be limited to the member only and not any of its parts or constituents.

d) Any claim made under this benefit will not terminate the policy.

Benefit 4. Temporary Total Disablement

If an Insured Person suffers an Accident during the Policy Period which is the sole and direct cause of a temporary disability which completely prevents him from performing each and every duty pertaining to his employment or occupation, then We will pay a weekly benefit, provided that:

1) The temporary total disablement is certified by a Doctor, and

2) Our liability to make payment will be limited to of 1% of the Sum Insured for each week during the period of temporary total disablement for a period not exceeding 100 weeks from the date of the Accident and if the Insured Person is disabled for a part of a week, then only a proportionate part of the weekly benefit will be payable, and

3) We will not pay any amount in excess of the Insured Person's base weekly income (at the time of accident) excluding overtime, bonuses, tips, commissions, or any other special compensation.

Benefit 5. Emergency Road Ambulance Charges

If We have accepted a claim under this Policy and following the Accident it is necessary to immediately transfer the Insured Person to the nearest Hospital by ambulance offered by a healthcare or an ambulance service provider, then We will in addition reimburse the actual expenses of the transfer to the hospital upto the amount as mentioned in schedule of benefits.

Benefit 6. Education Fund

We have accepted a claim under Benefit 1, Benefit 2 or Benefit 3, then We will in addition pay the benefit Sum Insured for Dependent Children upto the maximum limit in the policy provided that:

- such Dependent Child/ Children(s) is/are pursuing an educational course as a full time student in an educational institution.
- Age of the child or children as the case may be should not be more than 25 completed years.

- The Sum Insured mentioned in the schedule of benefits is the total amount payable for all Dependent Children collectively and not per insured child basis
- This benefit is payable only once per policy year.

Benefit 7. Family Transportation

If We have accepted a claim under Benefit 1 or Benefit 2 , then We will in addition reimburse the actual expenses incurred in transporting one Immediate Family Member to the Hospital where the Insured Person is admitted following an Accident.

Note: In this Benefit, Immediate Family Member means the Insured Person's legal spouse, children, parents, parents-in-law, legal guardian, ward, step child or adopted child.

Benefit 8. Accident Medical Expenses

If We have accepted a claim under Benefits 1-4, then We will in addition reimburse the Medical Expenses incurred by the Insured Person at a Hospital, provided that Our maximum liability under this Benefit shall be limited to the lowest of:

a) The actual expenses incurred, or

b) 40% of the admitted claim amount under Benefits 1 to 4, or

c) 10% of the Benefit 1 Sum Insured, or

d) Rs. 200,000 .

Section. 2 Cumulative Bonus

Note: This is only applicable for Benefits 1-3.

- If no claim has been made under this Policy and the Policy is renewed with Us without any break, We will apply a cumulative bonus to the next Policy Year by automatically increasing the Sum Insured for the next Policy Year by 5% of the Sum Insured for this Policy Year.
- The maximum cumulative bonus shall not exceed 50% of the Sum Insured in any Policy Year for benefits under Benefits 1-3.
- If a cumulative bonus has been applied and a claim is made, then in the subsequent Policy Year the cumulative bonus will automatically reduce by 5% in that following Policy Year.

Section. 3 Exclusions

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

1) Special Exclusions to Benefit 1-4, 12, 13, 15 ,16 & 17

a) Any infections except pyogenic infection developing on or as a result of a wound caused by an accident which occurs through an Accidental cut or wound.

b) Medical or surgical treatment except as necessary solely and directly as a result of an Accident.

2) Special Exclusions to Benefit 13

a) Treatment availed outside India

b) Treatment at a healthcare facility which is NOT a Hospital.

3) Special Exclusions to Benefit 16

a) Sickness or disease.

b) Any pathological fracture.

c) Any hair line fracture.

4) Special Exclusions to Benefit 17

a) Actual or alleged dowry harassment.

b) Actual or attempted self immolation.

5) Special Exclusions to Benefit 19

- Coma resulting directly from alcohol or drug abuse is excluded.

6) Special Exclusions to Benefit 21

a) Any benefits which an Insured Person is eligible to receive under the Workmen's Compensation Act 1923 or any similar enactment.

b) Any expenses incurred in excess of the amount that would have usually been incurred had the Insured Person not been insured under this Policy.

c) Any modifications or alterations not compliant with the applicable law.

7) General Exclusion applicable to all Benefits:

We will not pay for any claim which is caused by, arising from or attributable to:

a) Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

b) Intentional self-inflicted injury, suicide or attempted suicide..

c) Hazardous or Adventure Sports

d) 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 unless otherwise opted by Insured and mentioned.

e) Cosmetic or Plastic Surgery: 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.

f) Sexually transmitted disease or illness (except HIV/ AIDS).

g) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol.

h) 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 weapons/materials, chemical and biological weapons, radiation of any kind.

i) Maternity Expenses, Pregnancy or childbirth or in consequence thereof.

j) External Congenital diseases, defects or anomalies or in consequence thereof.

k) Any non-allopathic treatment.

l) Diseases spread/ caused through an insect bite by transfer of organisms for which the insect is a known carrier or host.

m) Any non-medical expenses mentioned on our website (https://www.hdfcergo.com/docs/default-source/downloads/others/non-medical-expenses.pdf) .

Section. 4 General Conditions

A. Condition precedent to admission of Liability

The terms and conditions of the Policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the Policy.

B. Per kilometre (km) basis coverage

i. Per km basis coverage will be provided through a mobile app, our own and/or third party. This app will use map based services (e.g Google maps) to identify the location, terrain and distance travelled by insured person.

Mountainous terrain will attract higher per km premium due to higher risk of travel in such regions. To identify mountainous terrain, following states are considered as hill states: Jammu & Kashmir, Himachal Pradesh, Uttarakhand, Sikkim, Arunachal Pradesh, Nagaland, Mizoram, Manipur, Meghalaya and Tripura.

ii. We will not start the coverage without customer explicitly opting/ starting it.

iii. We will not start the coverage without collecting premium in advance.

iv. We will use only RBI approved payment channels for premium remittance. e.g credit cards, debit cards, mobile wallets, online banking, UPI.

v. All rules and controls will be built into the app.

Customer can avail per km basis coverage by making a premium payment by either of below mentioned processes

i. Point to point: Customer will choose start point and destination point for his/her trip on the app. App will calculate the distance between the two points and compute the premium accordingly. An additional 25% premium will be collected to ensure continuity of coverage should the distance between the points vary for reasons like change in route. Multiple notifications/ messages will be sent to customers much before his/her premium gets exhausted. This will allow customer to make an informed decision on whether to extend his/her coverage or not. He/she can extend coverage by paying additional premium for fixed number of km's (in multiples of 10 km).

ii. Fixed number of kms: Customer can buy coverage for fixed number of km's (in multiples of 10km) and pay the premium accordingly. Multiple notifications/ messages will be sent to customers much before their premium gets exhausted. This will allow customer to make an informed decision on whether to extend his/her coverage or not. He/she can extend coverage by paying additional premium for fixed number of km's (in multiples of 10 km).

Termination of cover

i. Customer can voluntarily terminate the coverage.

ii. Automatic termination of coverage on complete utilization of premium or km's bought.

iii. Automatic termination at the end of 30 days from coverage inception.

Refund of Premium: Unused balance at the time of coverage termination would be refunded to the customer.

C. Geography

This Policy applies to events or occurrences taking place anywhere in the world unless limited by Us in a through an endorsement.

The benefit in respect of Accidental Medical Expense, Accidental In-patient Hospitalisation, Accidental Out-patient Hospitalisation, Accident Hospital Cash, Loss of Personal effects, Emergency Air Ambulance, Emergency Hotel stay, Cab and Bus Cover shall be paid only for expenses and or mugging, incurred in India, irrespective of the place where the injury was sustained / accident occurred. The benefit towards Modification of Residence/ Vehicle expenses shall be payable only upon modification performed in India.

All payments under this Policy will only be made in Indian Rupees within India.

D. Insured Person

Only those persons named as an Insured Person in the Schedule shall be covered under this Policy. Any person may be added during the Policy Period as an Insured Person after his application has been accepted by Us, additional premium has been paid and We have issued an endorsement confirming the addition of such person as an Insured Person.

If an Insured Person dies, he will cease to be an Insured Person upon Us receiving all relevant particulars in this regard. We will return a rateable part of the premium received for such person IF AND ONLY IF there are no claims in respect of that Insured Person under the Policy.

E. Loading & Discounts

Acceptance with Risk Loading: For health hazards with a higher morbidity risk as compared to the general population with similar demography. The maximum loading applied will not exceed 100% for individual health issue/medical condition and 150% on an individual. The loading applied can be a percentage based loading or a flat loading depending on the chances of recurrence of the health issue. For loadings applied the information for the same will be provided by either a recorded voice call or letter and consent for the same (either written, or on the voice call, or from the registered mail ID) needs to be provided with the additional premium for the policy to be issued. The consent would not be mandatory if the loading (additional premium) is paid by self-cheque, credit card, debit card or online payment methods.

We will provide a Family Discount of 10% if 2 or more family members are covered e family members are covered under a single Individual Personal Accident Policy. An additional discount of 7.5% and 10% will be provided if insured person is paying 2 and 3 years premium in advance as a single premium. These discounts shall be applicable at inception and renewal of the policy

F. Notification of Claims

i. We must be informed of any event or occurrence that may give rise to a claim under this Policy within 30 days of it happening.

ii. If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency, we should be informed within 24 hours of the Insured person admission in Hospital.

iii. For all benefits which are contingent on Our prior acceptance of a claim under Benefits 1-4, We must be informed within 30 days of the event or occurrence that may give rise to a contingent benefit claim.

G. Cashless Service (applicable in case of Accidental Inpatient Hospitalisation benefit only)

	Treatment, Consultation or Procedure:	Treatment, Consultation or Procedure Taken at:	Cashless Service is Available:	We must be given notice that the Insured Person wishes to take advantage of the cashless service accompanied by full particulars:
1	If any treatment, consultation or procedure for which a claim may be made to be taken in an Emergency:	Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital.	Within 24 hours after the treatment or Hospitalisation

H. Supporting Documentation & Examination

We must be provided with any documentation and information We may request to establish the circumstances of the claim, its quantum or Our liability for it including, in English, Our claim form duly completed. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured. Such documentation will include the following . Please note that in case of a non-disclosure or/and a fraud suspicion we may ask for additional documentation/reports which are not listed below.

- Our claim form, duly completed and signed for on behalf of the Insured Person.
- Death certificate
- Disability certificate
- Medical reports
- Case histories, investigation reports
- Treatment papers and discharge summaries
- Original Bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.
- A precise diagnosis of the treatment for which a claim is made.
- All investigation, treatment and follow up records pertaining to the past ailment(s) since their first diagnoses or detection
- Treating doctor's certificate regarding missing information in case histories e.g. Circumstance of injury and Alcohol or drug influence at the time of accident
- Copy of settlement letter from other insurance company
- Stickers and invoice of implants used during surgery
- Copy of MLC (Medico legal case) records and FIR (First information report), in case of claims arising out of an accident
- Regulatory requirements as amended from time to time, currently mandatory NEFT (to enable direct credit of claim amount in bank account) and KYC (recent ID/Address proof and photograph) requirements
- Legal heir certificate
- Marriage certificate (if applicable)

The Insured Person will have to undergo medical examination by Our authorised Medical Practitioner, as and when We may reasonably require, to obtain an independent opinion for the purpose of processing any claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured Person.

I. Claims Settlement (Provision for Penal Interest)

i. We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.

ii. If We accept a claim and become liable to make payment under Benefits 2, 3, 4, 16, or 19, (the first claim) and there is a subsequent claim under another of these Benefits or Benefit 1 in respect of the same Insured Person and the same Accident within 365 days of the date of the Accident (the second claim), then We will only be liable to pay the difference

between the amount payable for the first claim and the amount payable for the second claim.

iii. We will only make payment to or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In the event of the death of an Insured Person, We will make payment to the Nominee (as named in the Schedule) or assignee as the case may be. In absence of nominee or assignee and You are deceased, We will make payment to the Your legal heir, executor or appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.

iv. All payments made shall be subject to an applicable Deductible (if any) for such payment.

v. Payments under this Policy shall only be made in Indian Rupees irrespective of the location of accident which has given rise to the claim.

vi. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

vii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the Bank Rate.

viii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

ix. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Policyholder at a rate 2% above the Bank Rate from the date of receipt of last necessary document to the date of payment of claim.

x. The assignment o of benefits of the policy shall be subject to applicable law.

Applicable for if Loan Secure benefit is opted

i. We shall on admission of a claim make the payment of the principal outstanding amount to the Bank/Financial Institution where the Insured Person has authorized Us for the same. Where the Insured Person has opted for a Static Sum Insured; We shall on admission of a claim make the payment of the principal outstanding amount to the Bank/Financial Institution where the Insured Person has authorized Us for the same and any balance Static Sum Insured shall be payable to the Insured Person or Nominee, as applicable. The Insured Person can authorize for payment of principal outstanding amount to the Bank/ Financial Institution at the time of opting for coverage under this Policy or at a later date.

ii. We will only make payment to Insured Person, Nominee or the Bank/Financial Institution, as applicable, under this Policy. Receipt of payment by Insured Person, Nominee or Master Policyholder shall be considered as a complete discharge of Our liability against the respective/any claim under this Policy. In the event of Insured Person's death, We will make payment to the Nominee (as named in the Schedule/Certificate of Insurance). Payment of the admissible claim to the Bank/ Financial Institution shall be as per table below

Sum Insured Type	Sum Insured settlement basis	Claim amount paid to
Reducing Sum Insured	The Principal Outstanding in the books of Bank/Financial Institution as on the date of occurrence of the event minus all the unpaid/ overdue EMI's (if any) payable to Bank/Financial Institution	Bank/Financial Institution

J. Non-Disclosure or Misrepresentation:

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

cancelled ab initio from the inception date or the renewal date (as the case may be), , upon a 30 day notice by sending an endorsement to Your address shown in the Schedule, or the Policy may be modified by Us with the consent of the Proposer and

the claim under such Policy if any, shall be rejected/repudiated forthwith.

K. Fraud

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all

recipient(s)/policyholder(s), who have made that particular claim, who shall be jointly and severally liable for such repayment to the Insurer.

For the purpose of this clause, the expression “fraud” means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;

b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;

c) any other act fitted to deceive; and

d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the Policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Insurer.

L. Multiple Policies (Applicable to Indemnity Benefits on the Policy)

i. In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the Insurer chosen by the Insured Person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.

ii. Insured Person having multiple policies shall also have the right to prefer claims under this Policy for the amounts disallowed under any other policy / policies even if the Sum Insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of thisPolicy.

iii. If the amount to be claimed exceeds the Sum Insured under a single Policy, the Insured Person shall have the right to choose Insurer from whom he/she wants to claim the balance amount.

iv. Where an Insured Person has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen Policy.

M. Change of Occupation

You will give Us notice of any change in the business or occupation of any Insured Person within 30 days of such change and We will issue an endorsement to this effect.

If at the time a claim arises under this Policy the Insured Person has changed his occupation without Us being notified, then Our maximum liability will be limited to the amount that would have been payable for the premium paid and the new occupation.

N. Alterations to the Policy

This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by any one (including an insurance agent or broker) except Us, and any change we make will be evidenced by a written endorsement signed and stamped by Us.

O. Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

i. The Company shall endeavour to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.

ii. Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding policy years.

iii. Request for Renewal along with requisite premium shall be received by the Company before the end of the policy period.

iv. At the end of the policy period, the Policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without Break in Policy. Coverage is not available during the Grace Period.

v. No loading shall apply on renewals based on individual claims experience.

vi. We offer lifelong renewal for all the Insured Persons. However, for age 70 and above during renewals the Sum Insured will be restricted to Rs. 20, 00,000 INR if the coverage is beyond 20,00,000 and premium will be charged as per restricted sum insured. Policy does not offer Sum Insured enhancement beyond the completed age of 70 years.

P. Notices

Any notice, direction or instruction under this Policy shall be in writing and if it is to:

i) Any Insured Person, it would be sent to You at the address specified in Schedule / endorsement

ii) Us, shall be delivered to Our address specified in the Schedule.

iii) No insurance agents, brokers, other person/ entity is authorised to receive any notice on Our behalf.

Q. Dispute Resolution Clause

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

R. Nomination

The Policyholder is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policyholder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the Policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

S. Cancellation

a) The Policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Length of time policy is in force	Policy Duration < 1 year	1 year	2 years	3 year
Upto 1 Month	Nil	75%	87.50%	92.50%
Upto 3 Months	Nil	50%	75.00%	85.00%
Upto 6 Months	Nil	25%	62.50%	75.00%
Upto 12 Months	Nil	Nil	48.00%	60.00%
Upto 15 Months	NA		25.00%	50.00%
Upto 18 Months	NA		12.00%	35.00%
Upto 24 Months	NA		Nil	30.00%
Upto 30 Months	NA			15.00%
Upto 30 +Months	NA			Nil

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the Policy.

b) The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 30 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

T. Free Look Period (Applicable for policies with policy duration of 1 year or greater)

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 fifteen 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.

If the Insured has not made any claim during the Free Look Period, the insured shall be entitled to

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Person and the stamp duty charges or

ii. where the risk has already commenced and the option of return of the Policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover or

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

This condition shall apply to policies with Policy Period opted is of 1, 2 and 3 years

U. 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. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on Portability, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

V. Disclosure of Information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

W. Complete Discharge

Any payment to the Policyholder, Insured Person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

X. Moratorium Period

After completion of eight continuous years under the policy, no look back to be applied. This period of eight years is called as Moratorium Period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract

Y. Possibility of Revision of terms of the Policy including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three months before the changes are effected.

Z. Withdrawal of Policy

i. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the policy.

ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as Cumulative Bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

Section. 5 Schedule of Benefits

Benefit	Sum Insured
Benefit 1.1) Accidental Death [AD]	As specified in the Schedule
Benefit 1.2) Transportation of Mortal Remains	2% of AD SI; Max up to 10,000
Benefit 2. Permanent Total Disablement	Up to AD SI
Benefit 3. Permanent Partial Disablement	Up to AD SI
Benefit 4. Temporary Total Disablement	As specified in the Schedule; max up to Rs 5,00,000
Benefit 5. Emergency Ambulance Charges	Rs. 2,000
Benefit 6. Education Fund	10% of AD SI; Max Rs. 20,000
Benefit 7. Family Transportation	Up to 50,000
Benefit 8. Accident Medical Expenses	Up to 50,000

Section. 6 Definitions

The terms defined below have the meanings ascribed to them wherever they appear in this Policy Document and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

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

Def. 2. **Acts of God perils** means and include lightening, storm, tempest, flood inundation, subsidence, landslide, earthquake, tsunami, cyclone, volcano, and other similar calamities

Def. 3. **Adventurous/Hazardous Sports** means any sport or activity involving physical exertion and skill in which an Insured Person participates or competes for entertainment or as part of his Profession whether he / she is trained or not. Age or Aged means completed years as at the Commencement Date.

Def. 4. **Bank Rate** means the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

Def. 5. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.

Def. 6. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Def. 7. **Carrier** means a civilian or commercial land, air or water conveyance operating under a valid licence from transportation of passengers by air, sea, road or rail for a fee.

Def. 8. **Carrier (For Taxi and Bus)** means a registered radio taxi, two wheeler taxi, auto services or private intercity bus service booked through a transportation aggregator Like Ola, Uber, Meru, Red Bus etc. which can be booked through an App or other means and provides services for a fee.

Def. 9. **Cumulative Bonus** means any increase in the Sum Insured granted by the insurer without an associated increase in premium.

Def. 10. **Day Care centre** means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under—

-has qualified nursing staff under its employment;

-has qualified medical practitioner/s in charge;

-has a fully equipped operation theatre of its own where surgical procedures are carried out;

-maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

Def. 11. **Day Care Procedures** means those medical treatment, and/or surgical procedure

i. which is undertaken under General or Local Anaesthesia in a Hospital/day care centre in less than 24 hours because of technological advancement,

ii. which would have otherwise required a Hospitalisation of more than 24 hours.

Treatment normally taken on an Out-patient basis is not included in the scope of this definition

Def. 12. **Deductible** means a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

Def. 13. **Dependents** means only the family members listed below:

i) Your legally married spouse as long as she continues to be married to You;

ii) Your children Aged between 91 days and 25 years if they are unmarried

iii) Your natural parents or parents that have legally adopted You, provided that the parent was below 65 years at his initial participation in the Policy.

iv) Your Parent -in-law as long as Your spouse continues to be married to You and were below 65 years at his initial participation in the Policy.

All Dependent parents must be financially dependent on You.

Def. 14. **Dependent Child** means a child (natural or legally adopted), who is unmarried, Aged between 91 days and 25 years, financially dependent on the primary Insured or Proposer and does not have his / her independent sources of income.

Def. 15. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Def. 16. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting

periods and coverage of Pre-Existing Diseases. Coverage is not available for the period for which no premium is received.

Def. 17. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
- has qualified nursing staff under its employment round the clock,
- has qualified Medical Practitioner(s) in charge round the clock,
- has a fully equipped operation theatre of its own where surgical procedures are carried out,
- maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

Def. 18. **Hospitalisation or Hospitalised** means admission in a Hospital for a minimum of 24 consecutive hours except for specified procedures / treatments, where such admission could be for a period of less than 24 consecutive hours.

Def. 19. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

Def. 20. **In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

Def. 21. **Insured Person** means You and the persons named in the Schedule.

Def. 22. **Known Carrier/ Host** means an insect or an animal that carries or hosts disease causing organism and spreads disease by transferring these organisms.

Def. 23. **Material Facts** means all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

Def. 24. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.

a) Pre- Hospitalisation Medical Expenses means the Medical expenses incurred immediately before the Insured Person is Hospitalised, provided that:

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and

ii. The In-patient Hospitalization claim for such Hospitalization is admissible

b) Post- Hospitalisation Medical Expenses means Medical expenses incurred immediately after the insured person is discharged from the hospital provided that:

iii. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and

iv. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company

Def. 25. **Medically Necessary** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which

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

Def. 26. **Medical Practitioner** means a person who holds a valid registration from the medical council of any state or medical council of India or council for Indian medicine or for homeopathy set up by the government of India or a state government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. Medical Practitioner who is sharing the same residence with the Insured Person's and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.

Def. 27. N**etwork Provider** means Hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility

Def. 28. **Nominee** means the person named in the Policy Schedule who is nominated to receive the benefits under this Policy in accordance with the terms of the Policy, if the Policyholder is deceased.

Def. 29. N**on Network** means any Hospital, day care centre or other provider that is not part of the Network

Def. 30. **Notification of Claim** means the process of notifying a claim to the insurer or TPA through any of the recognized modes of communication.

Def. 31. **OPD treatment** means the treatment in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient

Def. 32. **Policyholder** means the person named in the Policy Schedule as the policyholder

Def. 33. **Policy Schedule** means schedule attached to and forming part of the Policy

Def. 34. **Portability** means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

Def. 35. **Pre-existing Condition** means any condition, ailment, injury or disease

i) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or

ii) For which Medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.

Def. 36. **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any) and the policy schedule (as the same may be amended from time to time).

Def. 37. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.

Def. 38. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.

Def. 39. **Professional Sport** means a sport , which would remunerate a player inexcess of 50% of his or her annual income as a means of their livelihood

Def. 40. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India

Def. 41. **Reasonable & Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/ injury involved.

Def. 42. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for Pre-Existing Diseases, time-bound exclusions and for all waiting periods.

Def. 43. **Serious Injury** means a personal injury which results in death, dismemberment, significant disfigurement, a fracture, loss of a foetus, permanent loss of use of a body organ, member, function or system, permanent consequential limitation of use of a body organ or member, significant limitation of use of a body function or system, or a medically determined injury or impairment of a non-permanent nature which prevents the injured person from performing substantially all of the material acts which constitute such person's usual and customary daily activities

Def. 44. **Spouse** means Your legally married spouse as long as she continues to be married to You.

Def. 45. **Sum Insured** means, in respect of each Benefit, the sum shown in the Schedule against that Benefit and such sum represents Our maximum liability for each Insured Person for any and all claims made during the Policy Period under that Benefit, provided that Our maximum liability for each Insured Person for any and all claims made during the Policy Period for any and all Benefits shall be limited to the Accidental Death Sum Insured unless expressly stated to the contrary.

Def. 46. **Terrorism' shall** mean an act, including, but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or Government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear."

Def. 47. **We/Our/Us** means the HDFC ERGO General Insurance Company Limited.

Def. 48. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

Section. 7 Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, You can contact HDFC ERGO General Insurance Company Limited through:

Website : www.hdfcergo.com
Email : care@hdfcergo.com
Customer care : 022 6234 6234 / 0120 6234 6234
Fax :1800 425 4077

Courier : HDFC ERGO General Insurance company Ltd, 5th floor, Tower 1, Stellar IT Park, C-25, Sector-62, Noida, UP, India – 201301.

Section. 8. Redressal of Grievance

In case of any grievance the insured person may contact the company through:

Website : www.hdfcergo.com
Email : care@hdfcergo.com
Customer care : 022 6234 6234 / 0120 6234 6234
Fax : +91 124 4584111
Courier : Any of our branch office or corporate office

We have a dedicated desk to cater request of senior citizens. We request our senior citizen customers to write to us at **seniorcitizen@hdfcergo.com**

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at

Customer Experience Management, Customer Happiness Center: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400078.

For updated details of grievance officer, kindly refer the link:

https://www.hdfcergo.com/customer-voice/grievances

i. If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

ii. Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/.

The contact details of the Insurance Ombudsman offices are as below

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

OMBUDSMAN DETAILS	
Office Details	**Jurisdiction of Office (Union Territory, District)**
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	States of Punjab, Haryana (excluding 4 districts viz Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh.
CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	State of Tamil Nadu and Union Territories - Puducherry Town and Karaikal (which are part of Union Terriority of Puducherry).
DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi, 4 Districts of Haryana viz. Gurugram, Faridabad, Sonepat and Bahudurgarh
GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, “Moin Court”, Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	State of Andhra Pradesh, Telangana and Yanam - a part of Union Territory of Puducherry.
JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan.

OMBUDSMAN DETAILS	
Office Details	**Jurisdiction of Office (Union Territory, District)**
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	States of Kerala and Union Territory of (a) Lakshadweep (b) Mahe - a part of Union Territory of Puducherry.
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	States of West Bengal, Sikkim and Union Territories of Andaman & Nicobar Islands.
LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

IRDA REGULATION NO 12: This Policy is subject to regulation 12 of IRDA (Protection of Policyholder's Interests) Regulation 2017.

Annexure I – List of Non-Medical Expenses

Sl No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE TABLETS
54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY