Saral Suraksha Bima, HDFC ERGO

Prospectus

This policy has been designed to have a standard personal accident product with common coverage and policy wordings across the industry. The Product offers coverage against accidental death, permanent total disablement and permanent total disablement. The product also has an option to choose coverage against temporary total disablement, hospitalization due to accident and education grant for dependent children.

1. **Eligibility:**

- This Policy covers Insured Persons in the age group 3 months to 70 years.
- The minimum entry age for an adult is 18 years and maximum entry age is 70 years.
- The minimum entry age for a dependent child is 3 months and maximum entry age is 25 years.
- The family includes following relationships: self, spouse, dependent children, parents and parents-in-law.
- This policy will be offered on Individual basis only. When offered as a family cover, the chosen sum insured shall apply to each family member separately.

2. **Sum Insured:** INR 2.5 lacs – 1 Crore, in multiples of INR 50,000

3. **Policy Tenure:** 1 Year

4. **COVERAGE**:

4.1 Base Covers: The covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures stated in this Policy.

a) **Death**: The Company shall pay the benefit equal to 100% of Sum Insured, specified in the Policy Schedule, on death of the Insured Person, due to an Injury sustained in an Accident during the

Policy Period, provided that the Insured Person's death occurs within 12 months from the date of the Accident. Where claim payment has been made owing to disappearance of Insured Person following an accident, if after the payment of accidental death claim, it is found that the Insured Person has survived the accident, then the policyholder has to refund the payment back to the Company in consideration of the obligatory guarantee as provided during the claim.

b) **Permanent Total Disablement:** The Company shall pay the benefit equal to 100% of Sum Insured, specified in the policy schedule, if an Insured Person suffers Permanent Total Disablement of the nature specified below, solely and directly due to an Accident during the Policy Period ,provided that the Permanent Total Disablement occurs within 12 months from the date of the Accident:

a) Total and irrecoverable loss of sight of both eyes or
b) Physical separation or loss of use of both hands or feet or
c) Physical separation or loss of use of one hand and one foot or
d) Loss of sight of one eye and Physical separation or loss of use of hand or foot
e) If such Injury shall as a direct consequence thereof, permanently, and totally, disables the Insured Person from engaging in any employment or occupation of any description whatsoever.

c) Permanent Partial Disablement:

The Company shall pay the following percentage of SumInsured, specified in the Policy Schedule, if the Insured Person suffers Permanent Partial Disablement of the nature specified below solely and directly due to an Accident during the Policy Period provided that the Permanent Partial Disablement shall occur within 12 months of the date of the Accident.

	Loss Covered	Percentage of Sum Insured
1.	Loss of Use/ Physical Separation: One entire hand	50%

	One entire foot Loss of Sight of one eye Loss of toes–all Great both phalanges Great–onephalanx Otherthan great if more than one toe lost	50% 50% 20% 5% 2% 1%
2.	Loss of Use of both ears	50%
3.	Loss of Use of one ear	20%
4.	Loss of four fingers and thumb of one hand	40%
5.	Loss of four fingers	35%
6.	Loss of thumb - Both phalanges - One phalanx	 25% 10%
7.	Loss of Index finger - three phalanges Two phalanges One phalanx	 10% 8% 4%
8.	Loss of middle finger – three phalanges Two phalanges One phalanx	 6% 4% 2%
9.	Loss of ring finger- three phalanges Two phalanges One phalanx	 5% 4% 2%
10.	Loss of little finger– three phalanges Two phalanges One phalanx	 4% 3% 2%
11.	Loss of metacarpus- First or second (additional) third, fourth or fifth (additional)	 3% 2%
12.	Any other permanent partial disablement	Percentage as assessed by The independent Medical Practitioner

Maximumamountpayableinrespectofmultiplenatureofdisablementsshallberestricte dto suminsured chosen bythepolicyholder.

Note:

a) The base Sum Insured chosen and Cumulative Bonus, if any, is applicable cumulatively for all the three covers specified under 4.1(a),4.1(b) and 4.1(c) above i.e., there is a single Sum Insured for all the three covers namely, Accidental death, Permanent total disability and Permanent Partial Disability.

b) If the accident occurs during the Policy Period, benefits covered under 4.1(a), 4.1(b) and 4.1(c) above are payable, even if death or Permanent Total Disablement or Permanent Partial Disablement or any combination thereof occurs after the completion of Policy Period, but within 12 months from the date of Accident.

4.2.Optional Covers: The covers listed below are optional benefits and shall be available toInsured Persons in accordance with the terms set out in the Policy, if the listed cover isopted.

a) **Temporary Total Disablement:**

If the Insured Person sustains an Injury in an Accident during the Policy Period and which completely in capacitates the Insured Person from engaging in any employment or occupation of any description whatsoever which the Insured Person was capable of performing at the time of the Accident (Temporary Total Disablement), the Company shall pay the benefit as specified in the Policy Schedule, till the time the Insured Person is able to return to work, provided that:

(i) The period of temporary total disablement shall exceed four consecutive weeks from the date of Accident, however, the benefit shall be reckoned from the date of Accident and shall be payable for the entire duration of disablement.

(ii) the compensation payable under this benefit mentioned under Section 4.2(a)shall not be payable for more than 100 weeks in respect of any one Injury calculated from the date of commencement of disablement

and in no case shall exceed the Sum Insured.

(iii) The Temporary Total Disablement is certified in writing by the treating Medical Practitioner to have commenced within 30 days from the date of the Accident.

(iv) The compensation shall be paid by the Company at quarterly intervals, after ascertaining the amount payable. If the period of temporary total disablement is for less than a quarter or three months, the compensation may be paid at the end of the disablement period

(v) During the course of payment under this benefit, the Company shall have right to call for a certification from an independent medical practitioner with regard to the continuity of temporary total disability specified under this section.

(vi) The insured shall notify the Company immediately on resuming to his occupation/ employment. Where it is found that the insured resumed to his occupation/ employment without notifying to the Company and received the compensation under this cover, the company shall have right to claim the recovery of such benefit paid.

Note: For the purpose of this benefit, "week" is a period of seven consecutive calendar days.

b) **Hospitalisation Expenses due to Accident:** The Company shall indemnify medical expenses incurred for hospitalisation arising due to Accident during the Policy Period, up to the limit of 10% of the base Sum Insured, specified in the Policy Schedule.

The hospitalisation expenses shall cover the following:

i. Room, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home,
ii. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor/ surgeon or to the hospital.
iii. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics,

diagnostic imaging modalities, and such other similar expenses.

(Expenses on Hospitalisation for a minimum period of 24 hours are admissible. However, this time limit of 24 hours shall not apply when the treatment does not require hospitalisation as specified in the terms and conditions of policy contract, where the treatment is taken in the Hospital and the Insured is discharged on the same day.)

iv. Intensive Care Unit (ICU)/ Intensive Cardiac Care Unit (ICCU) expenses
v. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure carried out to treat the accidental injury covered under the policy
vi. Expenses incurred on hospitalization due to accident, under AYUSH (as defined in IRDAI (Health Insurance) Regulations, 2016) systems of medicine shall be covered without any sub-limits.

The following other expenses necessitated due to injury shall also be covered under the optional cover specified under Section 4.2(b):

i. Dental treatment.
ii. Plastic surgery.
iii. All the day care treatments.
iv. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalization.

Note: The expenses that are not covered under the section 4.2(b) are placed under List-I of Annexure-B. The list of expenses that are to be subsumed into room charges, or procedurecharges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-Brespectively.

Note pertaining specifically to AYUSH Treatments only:

Medical expenses pertaining only to Accidental In-patient care AYUSH treatment sustained due to an accident are also covered under 'In-patient treatment' cover if undertaken in an AYUSH Hospital. However, any medical expense other than Accidental In-patient care AYUSH treatment expenses are not covered under this policy.

c) **Education Grant:**

Following an admissible claim of the Insured Person under the policy towards Death or Permanent Total Disability of the Insured Person, the Company shall pay a one-time educational grant of 10% of the Base Sum insured (specified in the policy schedule), per child to all dependent children of the Insured provided that:

a. Such Dependent Child/ Children(s) is/ are pursuing an educational course as afulltime student in an educational institution.
b. Age of the child or children as the case shall not be more than 25 completedyears.

Note:

i. The benefits payable under each of the optional covers 4.2(a), 4.2(b) and 4.2(c) are independent and over and above the base Sum Insured.
ii. Claim admissibility under the optional covers "Temporary total disablement" and "hospitalization due to accident" is independent of claim admissibility under the base covers.

5. CUMULATIVE BONUS:

On Renewal of this Policy with the Company without a break, a sum equal to 5% of the Base Sum Insured of the expiring Policy maximum upto 50% shall be provided as CB irrespective of any claims maximum upto 50% and shall be available under the Renewed Policy subject to the following conditions:

Notes:

a. The maximum CB will not exceed 50% of the Basic Sum Insured in any Policy Year.
b. In case where the Policy is on individual basis as specified in the Policy Schedule, the CB shall be added and available individually to the Insured Person
c. In case where the Policy is on floater basis, the CB shall be added and available to the family on floater basis.
d. CB shall be available only if the Policy is renewed/ premium paid within the Grace Period.
e. If the Insured Persons in the expiring policy are covered on an individual basis as specified in the Policy Schedule and there is an accumulated CB for such Insured Persons under the expiring policy, and such expiring policy has been Renewed on a floater policy basis as specified in the Policy Schedule then the CB to be carried forward for credit in such Renewed Policy shall be the lowest one that is applicable among all the Insured Persons.
f. In case of floater policies where the Insured Persons Renew their expiring policy by splitting the Sum Insured in to two or more floater policies/individual policies or in cases where the Policy is split due to the child attaining the Age of 25 years, the CB

of the expiring policy shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each Renewed Policy

g. If the Sum Insured has been reduced at the time of Renewal, the applicable CB shall be reduced in the same proportion to the Sum Insured in current Policy.
h. If the Sum Insured under the Policy has been increased at the time of Renewal, the CB shall be calculated on the Sum Insured of the last completed Policy Year.

i. If the Policy Period is of two/three years, any CB that has accrued for the first/second Policy Year shall be credited post completion of each Policy Year.
j. New Insured Person added to the Policy during subsequent Renewals will be eligible for CB as per their Renewal terms.

CB shall be available only if the Cover is specified to be applicable in the Policy Schedule

6. <u>EXCLUSIONS(applicabletoallsectionsofthepolicy)</u>

The Company shall not beliable to make any payments under this policy in respect of:

(i) Any claim for death or disablement (whether of a permanent nature or of a temporary nature), hospitalisation of the insured person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraint sand detainment of all kinds.

(ii) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person

a. from intentional self-injury unless in self-defence or to save life, suicide or attempted suicide;
b. whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication.
c. Whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world.
   [Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by aregular airline or whether such an aircraft has as ingleengine or multi engine;]
d. Arising or resulting from the Insured Person committing any breach of law with criminal intent.

(iii) Any claim or death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person 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, skydiving, deep-sea diving.

(iv) Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:

A. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.

B. Nuclear weapons material

C. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

D. Nuclear, chemical and biological terrorism

(v) Any loss arising out of the Insured Person's actual or attempted commission of or wilful participation in an illegal act or any violation or attempted violation of the law.

6.1 Exclusions specific to section 4.2(b) "Hospitalisation Expenses due to Accident"

The Company shall not be liable to make any payments under this policy in respect of any expenses incurred by the Insured Person in connection with or in respect of:

i. **Investigation & Evaluation (Code- Excl04)**

a) Expenses related to any admission primarily for diagnostics and evaluation purposes.

b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.

ii. 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)

iii. Expenses incurred for treatment of accidental injuries which does not warrant hospitalization.
iv. Any expenses incurred on Domiciliary Hospitalization and OPD treatment.
v. Treatment taken outside the geographical limits of India.
vi. All expenses listed in Annexure-B(List I) of the Policy.

7. CLAIM PROCEDURE

7.1. Notification of claim:

i. Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening.
ii. Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death.
iii. If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency, the company shall be informed within 24 hours of the admission of the insured person in Hospital.

Note: The Company will examine and relax the time limit mentioned herein above dependinguponthe merits of thecase.

7.2. Documents to be submitted:

7.2.1 Basic documents required for All claims

i. Duly completed claim form
ii. Photo Identity Proof of the insured person
iii. Copy of FIR/ Panchnama / Police Inquest Report (wherever these reports are required as per the circumstance of the Accident) duly attested by the concerned Police Station
iv. Copy of Medico Legal Certificate (wherever it is required as per the circumstance of the Accident) duly attested by the concerned Hospital
v. Any other relevant document required by the Company for assessment of the claim

7.2.2 Documents required in case of Death covered under Section4.1(a)

i. Death certificate;
ii. Post Mortem Report (if conducted);
iii. Identity proof of Nominee or Original Succession Certificate/Original Legal Heir Certificate or any other proof to the satisfaction of the Company for the purpose of a valid discharge in case nomination is not filed by deceased.

7.2.3 Documents required in case of Permanent Total Disablement (PTD)/ Permanent Partial Disablement(PPD), covered under Sections4.1(b) and 4.1(c)

i. Original treating Medical Practitioner's certificate describing the disablement
ii. Original Discharge summary from the Hospital
iii. Disability certificate issued by treating Medical Practitioner
iv. Any other medical, investigation reports, in patient or consultation treatment papers, as applicable.

7.2.4 Documents required in case of Temporary Total Disablement (TTD), covered under Section4.2(a)

i. Original treating Medical Practitioner's certificate confirming the disability
ii. Original Discharge summary from the Hospital
iii. Any other medical, investigation reports, in patient or consultation treatment papers, as applicable
iv. Leave/ Absence Certificate from Employer (If Employed)
v. Medical Practitioner's certificate confirming the Injury and advising rest / unfit to work for specified number of days
vi. Fitness Certificate issued by the treating doctor.

7.2.5 Documents required for coverage under Section4.2(b)- Hospitalisation Expenses due to Accident:

i. Discharge Summary from The Hospital
ii. Medical & Investigation reports
iii. Prescriptions, and consultation papers of the treatment
iv. Any other medical, investigation reports, as applicable

7.2.6 Documents required for coverage under Section4.2(b)- Education Grant:

i. Proof to establish relationship – Passport/ Education certificate

establishing proof of relationship of child with parents/ Birth Certificate.

ii. Photo Identity Proof of Child
iii. Age proof of Child
iv. Bonafide Certificate issued by the educational institution confirming that he/ she is a full time student of the institution

7.3. Claim Settlement

i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.
ii. In 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 intimation to the date of payment of claim at a rate 2% above the bank rate.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) atthebeginningof theFinancial Yearin which claim has fallendue)

7.4. Payment of Claim

All claims under the policy shall be payable in Indian currency only

8. GENERAL TERMS AND CONDITIONS

8.1. 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.

(Explanation:"Materialfacts"forthepurposeofthispolicyshallmeanallrelevantinformationsoughtbythecompanyinthepproposalformandotherconnecteddocumentstoenableittotakeinformeddecision in thecontext of underwritingtherisk)

8.2. 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.

8.3. Material Change

The Insured Person shall immediately notify the Company in writing of any change in his business or occupation or physical defect or infirmity with which he has become affected since the payment of last preceding premium.

8.4. Automatic Termination of Insurance

This policy shall automatically terminate upon the Insured Person's death or payment of100% Sum Insured. However, the cover shall continue for the remaining Insured Person still the end of Policy Period. The other insured persons may also apply to renew the policy. Incase, the other insured person is minor, the policy shall be renewed only through anyone of his/ her natural guardian or guardian appointed by court.All relevant particulars in respect of such person(including his/ her relationship with the insured person) must be submitted to the company along with the application.

8.5. Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legalrepresentative or assignee or to the Hospital, as the case may be, for any benefit under thepolicy shall be a valid discharge towards payment of claim by the Company to the extent ofthatamount forthe particularclaim.

8.6. Notice & Communication

i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
ii. Such communications shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
iii. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

8.7. Territorial Limit

The coverage is worldwide except for the optional cover “Hospitalization expenses due to accident”.

The coverage of optional cover “Hospitalization expenses due to accident”, is limited to medical treatment taken in India only.

8.8. Multiple policies (Applicable to covers which offer fixed benefits)

In case of multiple policies which provide fixed benefits, on the occurrence of the Insured event in accordance with the terms and conditions of the policies, the insurer shall make the claim payments independent of payments received underother similar policies.

8.9. Multiple policies (Applicable for Section 4.2(b)- Hospitalisation Expenses due to Accident)

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 this policy.
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 have indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

8.10. 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 there of, or if any fraudulent means or devices are used by the insured person or any

one acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims which are found fraudulent later under this policy shall be repaid by all person(s) named in the policy schedule, who shall be jointly and severallyliablefor such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent, with intent to deceive the insurer or to induce the insurer to issue a 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 policy 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 factor that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries

1.1. 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..

8.11. Cancellation

The Policyholder may cancel this Policy by giving 7 days' written notice and in such an event, the Company shall refund to the Insured a pro-rata premium for the unexpired Policy Period.

Note : For Policies where premium is paid by instalment : In case of admissible claim under the Policy, future instalment for the current Policy Year will be adjusted in the claim amount and no refund of any premium will be applicable during the Policy Year

The Company may cancel the Policy at any time on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of established fraud or non-disclosure or misrepresentation.

Refund of Policy premium in case of death of Insured Person/s: Policy premium shall be refunded proportionately for the deceased Insured Person, for the unexpired Policy Period in case of death of any Insured Person/s.

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

8.12.

8.12. 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.

8.13. Renewal of the Policy:

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to conditions stated under Moratorium clause.

i. Renewal of a health insurance policy shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy like critical illness policies.
ii. The company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.
iii. No loading shall apply on renewals based on individual claims experience

iv. The Company shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the Policyholder, the Insurer may underwrite only to the extent of increased sum insured.
v. Renewal premium due can be paid prior to the due date as per norms set out by the Company.

8.14. Possibility of revision of the premium rates:

The company, with prior approval of IRDAI, may revise or modify the premium rates.

8.15. Policy Disputes:

Any dispute concerning the interpretation of the terms, conditions, limitations and/ or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.

8.16. Arbitration:

i. If any dispute or differences hall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/ difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.
iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/ arbitrators of the amount of expenses shall be first obtained.

8.17. Premium Payment in Instalments

If the Insured Person has opted for payment of Premium on an instalment basis i.e. Yearly, Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy):

i. Grace Period as mentioned in the table below would be given to pay the instalment premium due for the Policy

Options	Instalment Premium Option	Grace Period applicable
Option 1	Multi-Year / Yearly	30 days
Option 2	Half Yearly	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 Days

ii. If premium is paid in instalments, then coverage will be available during the grace period also. (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received).
iii. The Insured Person will get the accrued continuity benefit in respect of the “Waiting Periods”, “Specific Waiting Periods” in the event of payment of premium within the stipulated Grace Period
iv. No interest will be charged If the instalment premium is not paid on due date
v. In case of instalment premium due not received within the Grace Period, the Policy will get cancelled
vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable
vii. The Company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

8.18. Free Look Period

The Free Look Period will be applicable on the new policy and not on renewals

1. The insured will be allowed a period of thirty days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable.

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

a) 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;

b) where the risk has already commenced and the option of return of the Policy is exercised by the insured, a deduction towards the proportionate risk premium for period of cover or;

c) cwhere only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

8.19. Discounts

- Online Discount: The Insured Person is eligible for 5% discount on premium in case he / she purchase the Policy online from the Company's website or the Company's mobile app. The subsequent Renewal of the same Policy will continue to enjoy the 5% discount, provided the Policy remains without the involvement of any other insurance agent or insurance intermediary.

- Employee Discount: A discount of 5% on premium for full time Employees of Promoter group companies (e.g. HDFC Limited and, Munich Re and ERGO) in case the policies are bought through our through our website or our mobile app and without the involvement of any insurance agent or insurance intermediary or our Direct Sales Channels of the Company.

- Loyalty Discount: If any Insured Person has an active retail insurance Policy with premium above Rs.2,000 with the Company, a discount of 2.5% on the Policy premium will be applicable at the time of enrolment as well as subsequent renewals.

9. CLAIM RELATED INFROMATION

For any claim related query, intimation of claim and submission of claim related documents, insured person may contact the company through:

i. Website: www.hdfcergo.com
ii. Contact no: 022 6234 6234 / 0120 6234 6234
iii. Contact Details for Senior Citizen: seniorcitizen@hdfcergo.com
iv. E-mail: care@hdfcergo.com
v. Fax : NA
vi. Courier:
HDFC ERGO General Insurance Co. Ltd.
Stellar IT Park, Tower-1
5th Floor, C - 25, Sector 62

Noida – 0120 398 8360

10. GRIEVANCES

Incase of any grievance the insured person may contact the company through

i. Website:www.hdfcergo.com
ii. Contact no:022 6234 6234 / 0120 6234 6234
iii. E-mail:care@hdfcergo.com
iv. Fax : NA
v. Courier: Grievance cell of any of our Branch office

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 cgo@hdfcergo.com For updated details of grievance officer, kindly refer the link https://www.hdfcergo.com/customer-voice/grievances

Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contact us at	https://www.hdfcergo.com/customer-care/grievances Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call - : 022 6234 6234 / 0120 6234 6234
Contact Point for Senior Citizen	https://www.hdfcergo.com/customer-care/grievances Call - : 022 6234 6234 / 0120 6234 6234 Email – seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call - : 022 6234 6234 / 0120 6234 6234
Write to us at	care@hdfcergo.com	grievance@hdfcergo.com	cgo@hdfcergo.com
Visit us	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West) Mumbai-400078	The Chief Grievance Officer, Registered & Corporate Office: HDFC House, 1st Floor, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400020

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

InsuranceOmbudsman–The Insured Person may also approach the office of Insurance Ombudsman of there spective area/ region for redressal of grievance.The contact details of the Insurance Ombudsman offices have been provided as Annexure-A in the Policy Wording.

11. TABLEOFBENEFITS

Name	Saral Suraksha Bima, HDFC ERGO
Product Type	Individual
Category of Cover	Allthecoversarebenefitbasedexcepttheoptionalcover“HospitalisationExpensesdueto Accident’ which is indemnity based.
Sum insured	On Individual basis–SI shall apply to each individual family member
Policy Period	1year
Base covers	i. Death ii. Permanent total disablement iii. Permanent partial disablement
Optional covers	i. Temporary total disablement ii. Hospitalisation Expenses due to Accident iii. Education grant
Cumulative bonus	On Renewal 5% of the Basic Sum Insured maximum upto 50% post completion of each policy year irrespective of claims.

1.2. Redressal of Grievance

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

vii. Website: www.hdfcergo.com
viii. Contact us: 022 6234 6234 / 0120 6234 6234
ix. E-mail: grievance@hdfcergo.com
x. Contact Details for Senior Citizen: 022 – 6242 – 6226
xi. E-mail specific for Senior citizens : 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 cgo@hdfcergo.com

For updated details of grievance officer, kindly refer the link: https://www.hdfcergo.com/customer-voice/grievances

Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contact us at	https://www.hdfcergo.com/customer-care/grievances Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call - : 022 6234 6234 / 0120 6234 6234
Contact Point for Senior Citizen	https://www.hdfcergo.com/customer-care/grievances Call - : 022 6242 6226 Email id: seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call - : 022 6242 6226 Email id: seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call - : 022 6242 6226 Email id: seniorcitizen@hdfcergo.com
Write to us at	care@hdfcergo.com	grievance@hdfcergo.com	cgo@hdfcergo.com
Visit us	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West) Mumbai-400078	The Chief Grievance Officer, Registered & Corporate Office: HDFC House, 1st Floor, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400020

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. Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://bimabharosa.irdai.gov.in/

Annexure-B

List I -Items for which coverage is not available in the policy

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	VASOFIX SAFETY

ListII–ItemsthataretobesubsumedintoRoomCharges

Sl No	**Item**
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB

7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

ListIII–ItemsthataretobesubsumedintoProcedureCharges

Sl No.	**Item**
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD

5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

ListIV–Itemsthataretobesubsumedintocostsoftreatment

Sl No.	**Item**
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION⁄STERILLIUM

17	Glucometer& Strips
18	URINE BAG

Rate Chart (excluding tax)

Base Covers

Benefit	Rate per mille
Accidental Death	0.57
Permanent Disablement (Total and Partial)	0.34

Cumulative Bonus

Cumulative Bonus Loading on Base	4.76%

Optional Covers

Benefit	Rate per mille of Base Sum Insured
Total Temporary Disablement	0.087
Education Grant	0.08

Hospitalisation Expenses due to Accident	
Base Sum Insured (INR)	**Rate per mille of Base Sum Insured**
2,50,000	0.45
3,00,000	0.45
3,50,000	0.45
4,00,000	0.45
4,50,000	0.45
5,00,000	0.45
5,50,000	0.43
6,00,000	0.40
6,50,000	0.38
7,00,000	0.36
7,50,000	0.35
8,00,000	0.34

8,50,000	0.32
9,00,000	0.31
9,50,000	0.30
10,00,000	0.30
10,50,000	0.29
11,00,000	0.28
11,50,000	0.27
12,00,000	0.27
12,50,000	0.26
13,00,000	0.26
13,50,000	0.25
14,00,000	0.25
14,50,000	0.25
15,00,000	0.24
15,50,000	0.23
16,00,000	0.23
16,50,000	0.22
17,00,000	0.21
17,50,000	0.21
18,00,000	0.20
18,50,000	0.20
19,00,000	0.19
19,50,000	0.19
20,00,000	0.18
Greater than 20,00,000	0.18