

INDUSIND LOANEE KAVACH INSURANCE (GROUP) - POLICY WORDINGS

We will provide the insurance cover detailed in the Policy to the Insured Person up to the Sum Insured subject to the receipt of premium in full, any applicable sub-limits and the terms, conditions and exclusions of this Policy. Claims made in respect of any of the Benefits will be subject to the availability of the Sum Insured, and any applicable sub-limits specified in Schedule of Benefits.

SECTION-1 BENEFITS

1.1. Critical Illness:

We will pay the Insured Person the Sum Insured specified against this Benefit in the Certificate of Insurance as a lump sum amount for the listed Critical Illnesses provided that:

- The Critical Illness is covered under the Policy for the Insured Person as per the Plan opted and mentioned in the Certificate of Insurance,
- The Critical Illness first occurs or first manifests itself during the Period of Cover,
- All conditions related to that Critical Illness are satisfied, and
- The Insured Person survives the Survival Period of 30 days For the purpose of this Policy, Critical Illness shall mean any Illnesses, Medical Events or Surgical Procedure that first occurs or manifests itself during the Policy Period and as specifically defined below

1) Cancer of specified severity:

- I. A malignant tumor characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following are excluded
 - i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 & CIN-3.
 - ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - iii. Malignant melanoma that has not caused invasion beyond the epidermis;
 - iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
 - v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
 - vi. Chronic lymphocytic leukaemia less than RAI stage 3
 - vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
 - viii. All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
 - ix. All tumors in the presence of HIV infection.

2) Myocardial infarction – (First Heart attack of specified severity)

- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial infarction should be evidenced by all of the following criteria:
 - i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - ii. New characteristic electrocardiogram changes
 - iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers
- II. The following are excluded:



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- i. Other acute Coronary Syndromes
- ii. Any type of angina pectoris
- iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intraarterial cardiac procedure.

3) Open Chest CABG

- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist
- II. The following are excluded:
 - i. Angioplasty and/or any other intra-arterial procedures

4) Open Heart replacement or repair of heart Valves

- I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or diseaseaffected cardiac valve(s).

The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy / valvuloplasty are excluded.

5) Primary (Idiopathic) Pulmonary Hypertension

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment
- II. The NYHA Classification of Cardiac Impairment are as follows.
 - i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms
 - ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs & toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

6) Coma of specified severity

- I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
 - i. No response to external stimuli continuously for at least 96 hours;
 - ii. Life support measures are necessary to sustain life; and
 - iii. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- II. The condition has to be confirmed by a Specialist Medical Practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

7) Stroke resulting in permanent symptoms

- I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for atleast 3 months has to be produced.
- II. The following are excluded:



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- i. Transient ischemic attacks (TIA)
 - ii. Traumatic injury of the brain
 - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions
- III. In reference to the above requirement of evidence of permanent neurological deficit lasting for at least 3 months, the below condition shall be considered at the time of claim admission under this benefit, subject to all other terms and conditions of this Policy:
- i. In the unfortunate circumstance of the death of the Insured Person (who has been diagnosed with the Stroke as explained in the above condition no. 7.I) occurring before 3 months since the diagnosis of Stroke but later than 30 days of such diagnosis (Survival Period), a claim under this section shall be admissible, provided that:
 - Such Stroke is proved to be the direct and sole cause of the Death of the Insured Person
 - The Stroke itself occurs first time during the Policy Period
 - All other terms and conditions of this Policy is complied with

8) Permanent Paralysis of Limbs

- I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.
- II. In reference to the above requirement of Paralysis being permanent and must be present more than 3 Months, the below condition shall be considered at the time of claim admission under this benefit, subject to all other terms and conditions of this Policy:
 - i. In the unfortunate circumstance of the death of the Insured Person (who has been diagnosed with the Permanent Paralysis of Limbs, as explained in the above condition no. 8.I) occurring before 3 months since the diagnosis of Paralysis but later than 30 days of such diagnosis (Survival Period), a claim under this section shall be admissible, provided that:
 - Such Permanent Paralysis of Limbs is proved to be the direct and sole cause of the Death of the Insured Person
 - The Permanent Paralysis of Limbs itself occurs first time during the Policy Period
 - All other terms and conditions of this Policy is complied with

9) Motor neuron disease with permanent symptoms

- I. Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.
- II. In reference to the above requirement of 'permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months', the below condition shall be considered at the time of claim admission under this benefit, subject to all other terms and conditions of this Policy:
 - i. In the unfortunate circumstance of the death of the Insured Person (who has been diagnosed with the Motor neuron disease with permanent symptoms, as explained in the above condition no. 9.I) occurring before 3 months since the diagnosis of Motor neuron disease with permanent symptoms but later than 30 days of such diagnosis (Survival Period), a claim under this section shall be admissible, provided that:
 - Such Motor neuron disease with permanent symptoms is proved to be the direct and sole cause of the Death of the Insured Person
 - The Motor neuron disease with permanent symptoms Limbs itself occurs first time during the Policy Period
 - All other terms and conditions of this Policy is complied with

10) Multiple Sclerosis with persisting symptoms

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i. Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and



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- ii. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Other causes of neurological damage such as SLE and HIV are excluded
- III. In reference to the above requirement of 'there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months', the below condition shall be considered at the time of claim admission under this benefit, subject to all other terms and conditions of this Policy:
 - i. In the unfortunate circumstance of the death of the Insured Person (who has been diagnosed with the Multiple Sclerosis with persisting symptoms, as explained in the above condition no. 10. I and 10.II) occurring before 3 months since the diagnosis of Multiple Sclerosis with persisting symptoms but later than 30 days of such diagnosis (Survival Period), a claim under this section shall be admissible, provided that:
 - Such Multiple Sclerosis with persisting symptoms is proved to be the direct and sole cause of the Death of the Insured Person
 - The Multiple Sclerosis with persisting symptoms itself occurs first time during the Policy Period
 - All other terms and conditions of this Policy is complied with

11) Benign Brain Tumor

- I. Benign brain tumor is defined as a life threatening, noncancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist
 - i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - ii. Undergone surgical resection or radiation therapy to treat the brain tumor
- III. The following conditions are excluded:
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, and tumors of skull bones, and tumors of the spinal cord.
- IV. In reference to the above requirement of 'Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days', the below condition shall be considered at the time of claim admission under this benefit, subject to all other terms and conditions of this Policy:
 - i. In the unfortunate circumstance of the death of the Insured Person (who has been diagnosed with the Benign Brain Tumor, as explained in the above condition no. 11. I, 11.II and 11.III) occurring before 3 months since the diagnosis of Benign Brain Tumor but later than 30 days of such diagnosis (Survival Period), a claim under this section shall be admissible, provided that:
 - Such Benign Brain Tumor is proved to be the direct and sole cause of the Death of the Insured Person
 - The Benign Brain Tumor itself occurs first time during the Policy Period
 - All other terms and conditions of this Policy is complied with

12) Major Head Trauma

- I. Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 3 months from the date of the Accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The Accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
- II. The Accidental Head Injury must result in an inability to perform at least three (3) of the following Activities of Daily Living as defined in the policy either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.
- III. Activities of Daily Living are defined as:
 - i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means



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- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility: the ability to move indoors from room to room
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; on level surfaces;
- vi. Feeding: the ability to feed oneself once food has been prepared and made available

IV. The following are excluded:

- i. Spinal cord injury

V. In reference to the above requirement of 'Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 3 months from the date of the Accident', the below condition shall be considered at the time of claim admission under this benefit, subject to all other terms and conditions of this Policy:

- i. In the unfortunate circumstance of the death of the Insured Person (who has been suffered from the Major Head Trauma, as explained in the above condition no. 12. I, 12. II, 12.III and 12.IV) occurring before 3 months since the diagnosis of Major Head Trauma but later than 30 days of such diagnosis (Survival Period), a claim under this section shall be admissible, provided that:
 - Such Major Head Trauma is proved to be the direct and sole cause of the Death of the Insured Person
 - The Major Head Trauma itself occurs first time during the Policy Period
 - All other terms and conditions of this Policy is complied with

13) Kidney Failure Requiring Regular Dialysis

- I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

14) Major Organ/Bone marrow Transplant

- I. The actual undergoing of a transplant of:
 - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible endstage failure of the relevant organ, or
 - ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner
- II. The following are excluded:
 - i. Other stem-cell transplants
 - ii. Where only islets of langerhans are transplanted

15) End Stage Lung Failure

- I. End stage lung disease, causing chronic respiratory failure, as confirmed by a physician and evidenced by all of the following:
 - i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
 - ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
 - iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); and
 - iv. Dyspnea at rest.
- II. In reference to the above requirement of 'FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart', the below condition shall be considered at the time of claim admission under this benefit, subject to all other terms and conditions of this Policy:



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- i. In the unfortunate circumstance of the death of the Insured Person (who has been suffered from the End Stage Lung Failure, as explained in the above condition no. 15.I) occurring before 3 months since the diagnosis of End Stage Lung Failure but later than 30 days of such diagnosis (Survival Period), a claim under this section shall be admissible, provided that:
 - Such End Stage Lung Failure is proved to be the direct and sole cause of the Death of the Insured Person
 - End Stage Lung Failure itself occurs first time during the Policy Period
 - All other terms and conditions of this Policy is complied with

16) End Stage Liver Failure

- I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
 - i. Permanent jaundice; and
 - ii. Ascites; and
 - iii. Hepatic encephalopathy
- II. Liver failure secondary to drug or alcohol abuse is excluded

17) Blindness

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident
- II. The Blindness is evidenced by
 - i. Corrected visual acuity being 3/60 or less in both eyes or;
 - ii. The field of vision being less than 10 degrees in both eyes.
- III. The diagnosis of blindness must be confirmed and must not be correctable by aides or surgical procedure

18) Deafness

- I. Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears

19) Loss of Speech

- I. Total and irrecoverable loss of ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. The diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.
- II. All Psychiatric related causes are excluded
- III. In reference to the above requirement of ' The inability to speak must be established for a continuous period of 12 months' , the below condition shall be considered at the time of claim admission under this benefit, subject to all other terms and conditions of this Policy:
 - i. In the unfortunate circumstance of the death of the Insured Person (who has been suffered from the Loss of Speech, as explained in the above condition no. 19.I and 19.II) occurring before 3 months since the diagnosis of Loss of Speech but later than 30 days of such diagnosis (Survival Period), a claim under this section shall be admissible, provided that:
 - Such Loss of Speech is proved to be the direct and sole cause of the Death of the Insured Person
 - The Loss of Speech itself occurs first time during the Policy Period
 - All other terms and conditions of this Policy is complied with

20) Loss of Limbs

- I. The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.



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In case of any admissible claim under this Benefit the coverage for that Insured Person shall immediately and automatically terminate and the Certificate of Insurance issued stands cancelled.

1.2. Personal Accident

1.2.1. Accidental Death

If the Insured Person suffers an Injury due to an Accident which occurs during the Period of Cover and this Injury is the sole and direct cause of the Insured Person's death within 365 days from the date of Accident, then We will pay the Sum Insured specified against this Benefit in the Certificate of Insurance.

On the Insured Person's death, the Insured Person's cover under the Policy shall immediately and automatically terminate and We will cancel the Certificate of Insurance issued

1.2.2. Permanent Total Disablement

If the Insured Person suffers an Injury due to an Accident which occurs during the Period of Cover and this Injury solely and directly results in the Insured Person's Permanent Total Disablement of the nature specified in the table below within 365 days from the date of the Accident, then We will pay the Sum Insured specified in the Schedule of Benefits

Sr. No	Type of Permanent Total Disablement
I.	Total and irrecoverable loss of sight of both eyes
II.	Loss by physical separation or total and permanent loss of use of both hands or both feet
III.	Loss by physical separation or total and permanent loss of use of one hand and one foot
IV.	Total and irrecoverable loss of sight of one eye and loss of a Limb
V.	Total and irrecoverable loss of hearing of both ears and loss of one Limb/loss of sight of one eye
VI.	Total and irrecoverable loss of hearing of both ears and loss of speech
VII.	Total and irrecoverable loss of speech and loss of one Limb/loss of sight of one eye
VIII.	Permanent total and absolute disablement (not falling under the above) disabling the Insured Person from engaging in any employment or occupation or business for remuneration or profit, of any description whatsoever

For the purposes of this Benefit:

- Limb means a hand at or above the wrist or a foot above the ankle.
- Loss of Limb means:
 - The physical separation of a Limb above the wrist or ankle respectively, or
 - 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

In case of an admissible claim under this Benefit the coverage for that Insured Person shall immediately and automatically terminate and We will cancel the Certificate of Insurance issued

1.1.1. Education Benefit

If We have accepted a claim under Accidental Death Benefit or Permanent Total Disablement Benefit in respect of an Insured Person then, in addition to the amount payable under Accidental Death Benefit or Permanent Total Disablement Benefit, We will pay 10% of the Accidental Death Sum Insured in respect of each of the Insured Person's Dependent Children subject to the maximum amount specified in the Schedule of Benefits provided that:



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- a. We shall not be liable to make payment under this Benefit in respect of more than 2 Dependent Children, irrespective of the number of Dependent Children;
- b. The Dependent Child is pursuing an educational course as a fulltime student at an accredited educational institution at time of the Accident giving rise to a claim under this Benefit;
- c. The age of such dependent children should not be more than 25 years
- d. The amount payable under this Benefit will be payable irrespective of whether the Dependent Child is also an Insured Person;
- e. We shall not be liable to make payment under this Benefit more than once in the lifetime of the Insured Person irrespective of the Policy Period.

1.2. Loss of Job

We will pay an amount equal to the EMI Amount which is due on the Insured Person's Loan for maximum upto 3 months immediately following the date of termination or dismissal of the Insured Person from his/her place of employment, or any temporary suspension or retrenchment from employment by the employer during the Policy Period provided that:

- a. The Insured Person's unemployment is due to Accident or illness, and
- b. The Insured Person has an outstanding Loan from Master Policyholder/Bank/Financial Institution on the date of the termination or dismissal

Note: For the purpose of this benefit Equated Monthly Installment is the lower of the amount as stated in the Certificate of Insurance at the time of inception or the last paid equated monthly installment paid to the Master Policyholder/ Bank/financial institutions prior to date of occurrence or event

It is clarified that any monthly payments that are overdue and unpaid by the Insured Person, prior to the date of such occurrence or event, will not be considered for the purpose of this Policy and shall be paid by the Insured Person

Specific conditions applicable to section 1.3

- a. This is a one-time benefit during the Period of Cover per Insured Person
- b. In case of an Individual borrower a onetime payout up to 3 EMI (s) will be made and rest of the coverage provided under the Certificate of Insurance will remain active even after this payout
- c. However, in case of multiple borrowers, a onetime payout up to 3 EMI (s) will be made for that Insured Person, up to the respective Sum Insured and this benefit will cease only for such Insured Person

In case of an event which results in admissible claim under Critical Illness, Accidental Death and or Permanent Total Disablement Benefits then, We will pay the claim under one of the Benefits and the Certificate of Insurance will terminate immediately and automatically as per terms and conditions.

SECTION 2: EXCLUSIONS

2.1. Waiting Periods applicable to Critical Illness Benefit

- a. We shall not be liable to make any payment for any treatment which begins during waiting periods
- b. A waiting period of 90 days shall apply to all claims. This waiting period will not apply for Insured Person accepted under Portability and for subsequent and continuous Renewals of the Policy with Us.
- c. Pre-Existing Diseases shall not be covered until the completion of 36 months of continuous coverage, since inception of the first Policy with Us, provided that the Preexisting Disease is declared in the proposal and/or accepted by Us.
 - Coverage under the Policy/Certificate of Insurance for any past Illness/condition or Surgery is subject to the same being declared at the time of the proposal and accepted by Us without any specific exclusion.
 - Any investigation or treatment for any Illness, disorder, complication or ailment arising out of or connected with the pre-existing Illness shall be considered part of that preexisting illness.

2.2. Permanent Exclusions applicable for Critical Illness Benefit

All permanent exclusions shall apply individually for each Insured Person and claims shall be assessed accordingly We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in the Policy:

- a) Non-Medical Exclusions for Critical Illness

- i. 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, restraints and detainment of all kinds.
- ii. Any Insured Person committing or attempting to commit a breach of law with criminal intent.
- iii. Intentional self-injury or attempted suicide while sane or insane.
- iv. Dangerous acts (including sports): An Insured Person's participation or involvement in any Hazardous Activities or naval, military or air force operation in a professional or semi-professional nature.
- v. Working in underground mines, tunneling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel.

b) Medical Exclusions for Critical Illness

- i. Any Critical Illness arising out of use, abuse or consequence of the use of alcohol, tobacco, narcotic or psychotropic substances.
- ii. Any Critical Illness in presence of HIV infection and / or any AIDS
- iii. Any treatment arising from pregnancy (including voluntary termination), miscarriage, maternity or birth (including caesarean section)
- iv. External Congenital Anomaly

2.3. Permanent Exclusions applicable to Personal Accident Benefit:

a) Non-Medical Exclusions for Personal Accident

- i. 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, restraints and detainment of all kinds.
- ii. Any Insured Person committing or attempting to commit a breach of law with criminal intent.
- iii. Intentional self-injury or attempted suicide while sane or insane.
- iv. Dangerous acts (including sports): An Insured Person's participation or involvement in any of the Hazardous Activities or naval, military or air force operation in a professional or semi-professional nature
- v. Participation by the Insured Person in any flying activity other than as a bona fide passenger (whether paying or not), in a licensed aircraft provided the Insured Person does not, at the time, have any duty on board such aircraft.
- vi. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel.

b) Medical Exclusions for Personal Accident Benefit

- i. The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol
- ii. Pregnancy or childbirth or in consequence thereof
- iii. External Congenital Anomaly
- iv. Treatments or certification rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of an Insured Person's family.
- v. Death or disablement arising from medical or surgical treatment except as necessary solely and directly as a result of an Accident, or bacterial infections (except yogenic infection which occurs through an Accidental cut or wound) or Hernia
- vi. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Schedule or Certificate of Insurance.
- vii. Death or disablement caused by participation of the Insured Person in any flying passenger of a recognized airline on regular routes and on a scheduled timetable. activity, except as a bona fide, fare-paying
- viii. Any physical, medical or mental condition or treatment or service that is specifically excluded in respect of the Insured Person in the Schedule or Certificate of Insurance
- ix. Any death or disablement caused due to vector borne diseases except accidental injuries due to mauling by wild animals, snake bite, scorpion bite or dog bite



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2.4. Permanent Exclusions applicable to Loss of Job:

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

- i. Unemployment at the time of or prior to commencement of the Period of Cover or arising within the first 90 days of commencement of the Period of Cover
 - ii. Any unemployment if Insured Person knew it to be impending at commencement of the Period of Cover
 - iii. If insured person is self-employed;
 - iv. Unemployment from a job which is casual, temporary, seasonal or contractual in nature or where the Insured Person is not on the direct payroll of the employer;
 - v. Any voluntary unemployment, self-resignation, or retirement, whether voluntary or otherwise;
 - vi. Any unemployment from any employment or job under which no salary or any remuneration was provided to the Insured Person.
 - vii. Any unemployment resulting from non-confirmation of his/ her employment after or during such period under which the Insured Person was under probation
 - viii. Any unemployment where the Insured Person has refused any reasonable alternative employment offered by employer
 - ix. Withdrawal of offer of employment by an employer
- a) Non-medical exclusions
- i. Any unemployment if it arises as a result of intentional self-inflicted injuries.
 - ii. Any unemployment if it arises directly or indirectly from war, revolution, riot or any similar event.
 - iii. Any unemployment if it arises directly or indirectly from radioactive contamination from ionising radiation or contamination from any nuclear fuel, or from any nuclear waste
 - iv. Any unemployment if it arises directly or indirectly from burning nuclear fuel, or the radioactive, toxic, explosive or other dangerous effect of any explosive nuclear equipment or part of that equipment
- b) Medical exclusions
- i. Any unemployment if it arises as a result of intake of alcohol or drugs.
 - ii. Any unemployment if it arises as a result of insured person being on family leave or sick leave due to childbirth or pregnancy.

SECTION 3: GENERAL CONDITIONS

a) Condition Precedent & Premium Payments

The fulfilment of the terms and conditions of this Policy including the payment of premium by the due dates mentioned in the Schedule/Certificate of Insurance and the correct disclosures in a complete manner in the proposal form insofar as they relate to anything to be done or complied with by You or any Insured Person shall be Conditions Precedent to Our liability. The premium shall be paid in full at the inception of the Policy as single premium for opted Policy Period. The premium in respect of the Insured Person under the Policy will remain the same for the Policy Period. The Policy will be issued for a minimum period of 1 year and maximum period upto 5 years. Sum Insured & benefits will be applicable on Policy Year basis

b) Geography:

This Policy is applicable solely to an Insured Person who is an Indian resident per applicable Indian law. In the event of a change in the place of residence of such Insured Person, the same should be informed to Us and We shall cancel the Policy with refund of any premium paid for the remaining Period of Cover provided no claims have been made.

The Policy applies to events or occurrences taking place anywhere in the world unless limited under the Policy in a particular Benefit or definition or by Us through an endorsement. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.



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c) Insured Person

Only the person named as the Insured Person in the Certificate of Insurance will be covered under this Policy.

All health insurance policies are portable. Any Insured Person has the option to migrate to similar retail health insurance policy available with Us, at the time of Renewal subject to underwriting with all the accrued continuity benefits such as waiver of waiting period provided the Policy has been maintained without a break as per Portability guidelines. We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentation and information.

d) Loadings

We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual will not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the Policy including subsequent Renewal(s) with Us or on the receipt of the request for increase in Sum Insured (for the increased Sum Insured).

We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 7 days of the issuance of such counter offer letter. In case, You neither accept the counter offer nor revert to Us within 7 days, We will cancel the application and refund the premium paid within next 7 days.

Please note that We will issue Certificate of Insurance only after receiving Your consent and additional premium (if any).

The application of loading does not mean that the Illness/ condition, for which loading has been applied, would be covered from inception. Any waiting period as mentioned in Section 2.1.b), and Section 2.1.c) above or specifically mentioned on the Schedule shall be applied on the Illness/condition, as applicable.

e) Notification of Claim:

It is a Condition Precedent to Our liability under this Policy that the procedure provided in the table below must be followed strictly in respect of any event or occurrence that may give rise of a claim under any applicable Benefit:

Benefit	We must be notified within:
Benefit 1.1 - Critical Illness	14 days of the First Diagnosis of the Critical Illness.
Benefit 1.2 - Personal Accident	30 days of the occurrence of any Injury due to an Accident during the Period of Cover.
Benefit 1.3 - Loss of Job	30 days from the date of termination from employment or dismissal, temporary suspension or retrenchment from employment due to Accident or illness

f) Supporting Documentation & Examination

Upon the discovery or happening of any event or occurrence that may give rise to a claim under this Policy, as a Condition Precedent to Our liability under the Policy, the Insured Person shall undertake the following:

1. We must be provided with any documentation and information We may reasonably require to establish the circumstances of the claim, its quantum or Our liability for the claim including, Our claim form duly completed in English and all necessary and requisite information and documentation as specified in the Policy. The Insured Person consents to the disclosure to Us of relevant documentation and information that may be held by Medical Practitioners or other insurers.
2. The documentation and information must be provided within 45 days of the event or occurrence that gave rise to the claim, or completion of Survival Period for the Critical Illness against which the claim is made. If there is any deficiency in the documents/information submitted, We will send the deficiency letter within 10 days of receipt of the claim documents. Any additional information requested must be submitted within 15 days of Our request.
3. In case the notification/submission of claim documents is not within the stipulated timelines We will condone delay on merit for delayed claims where the delay has been proved to be for reasons beyond the claimant's control.


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4. In case the submission of claim documents is not within the stipulated timelines, We shall be provided with the reason for such delay, in writing. We will accept such requests for delay up to an additional period of 30 days from the stipulated time for such submission. We will condone delay on merit for delayed claims where the delay has been proved to be for reasons beyond the claimant's control.
5. If applicable, the Insured Person will have to undergo medical examination by Our authorized 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.

g) Claim documentation

1. Critical Illness:

The necessary and requisite information and documentation for the purpose of Benefit 1.1 (Critical Illness) will include, but is not limited to, the following:

- i. Our claim form duly completed and signed for on behalf of the Insured Person, provided that no physical signatures are required if the same is being completed or populated digitally in Our website (self-attested).
- ii. Claimant's Photo Identity and address Proof - Voter ID, Passport, PAN Card, Driving License, Ration Card, Aadhaar Card, or any other proof accepted by the KYC norms as approved by Us and is admissible in a court of law (self-attested).
- iii. Medical certificate confirming the diagnosis/treatment of Critical Illness from Treating Medical Practitioner/ Specialist (self-attested).
- iv. A precise diagnosis of the treatment including first and follow up consultation papers for which a claim is made (self-attested).
- v. Treating Medical Practitioner's certificate regarding the duration & detailing the duration of the ailment/ complaints
- vi. Copy of discharge summary from the Hospital immediately after discharge, if admitted;
- vii. Original Cancelled Cheque in CTS 2010 format (Printed A/C No. IFSC Code, Printed Name), In case the Name is not printed on the Cheque Leaf, duly attested scanned copy of the first page of the Pass-book or the Authorised Bank statement for NEFT (to enable direct credit of claim amount in bank account) and KYC (recent photo ID/ address proof and photograph) requirements.
- viii. Copy of address and identification document and PAN card
- ix. All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, consultation papers, discharge summaries. We will accept copies of the documents, verified and attested by the Hospital(self-attested).
- x. Death Certificate (notarized / attested by Gazetted Officer),
- xi. Nomination certificate (Appointee details for Minor Nominee) / Legal Heir Certificate (if applicable)
- xii. Succession Certificate (if applicable)
- xiii. Other relatives NOC, notarized / attested by Gazetted Officer (if applicable)
- xiv. Physician Prescriptions, self-attested
- xv. NEFT Mandate Form – duly filled by the claimant and bank
- xvi. Any other document as required by the Company or Company's TPA to investigate the claim or our obligation to make payment for it
- xvii. Regulatory requirements as amended from time to time

2. Personal Accident

The necessary and requisite information and documentation for the purpose of Benefit 1.2 (Personal Accident) will include, but is not limited to, the following:

A. Documents required for all claims under this section

- i. Claim form duly completed and signed for on behalf of the Insured Person, provided that no physical signatures are required if the same is being completed or populated digitally in Our website (self-attested).



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- ii. Claimant's Photo Identity and address Proof - Voter ID, Passport, PAN Card, Driving License, Ration Card, Aadhaar Card, or any other proof accepted by the KYC norms as approved by Us and is admissible in a court of law
- iii. Copy of MLC (medico legal case) records (selfattested), FIR (First Information Report) duly attested by the concerned police station, Detailed Police Information Report, Inquest Panchanama or Spot Panchanama (notarized / attested by Gazetted Officer) (As applicable)
- iv. Certificate regarding abuse of alcohol/intoxicating agent, in case of injury
- v. Original Cancelled Cheque in CTS 2010 format (Printed A/C No. IFSC Code, Printed Name), In case the Name is not printed on the Cheque Leaf, duly attested scanned copy of the first page of the Passbook or the Authorised Bank statement for NEFT (to enable direct credit of claim amount in bank account) and KYC (recent photo ID/address proof and photograph) requirements (self-attested).
- vi. Any other document as required by the Company or Company's TPA to investigate the claim or our obligation to make payment for it – self attested
- vii. Identity Proof (Copy of Employee / Member photo ID proof)
- viii. NEFT Mandate Form – duly filled by the claimant and bank
- ix. Discharge Voucher document (post case settlement)
- x. Any other document as required by the Company or Company's TPA to investigate the claim or our obligation to make payment for it (post case settlement)

B. Additional documents, in case of

a. In the event of Accidental Death:

- i. Attested death certificate issued by the office of Registrar of Birth & Deaths (notarized/ attested by Gazetted Officer)
- ii. Death summary issued by a Hospital (self-attested)
- iii. Post Mortem Report (if conducted) (notarized / attested by Gazetted Officer)
- iv. Identity proof of Nominee, or Original Succession Certificate/Original Legal Heir Certificate, or any other proof to Our satisfaction for the purpose of a valid discharge in case nomination is not filed by the Insured Person deceased.
- v. Regulatory requirements as amended from time to time.
- vi. Police Final charge sheet / Court Final Order – if applicable (notarized/attested by Gazetted Officer)
- vii. Identified proof of the deceased (Copy of photo ID proof of the Insured (Employee/Member ID card) (self-attested)
- viii. Nomination certificate (Appointee details for Minor Nominee)/Legal Heir Certificate (if applicable)
- ix. Succession Certificate (if applicable)
- x. Other relatives NOC, (notarized / attested by Gazetted Officer (if applicable)
- xi. Visceral Analysis Report/Chemical analysis report / Forensic Science Lab report, if applicable, (notarized / attested by Gazetted Officer (if applicable)
- xii. Toxicology Report (notarized / attested by Gazetted Officer)
- xiii. Labor Report, Attendance Sheet, Written Letter from Supervisor (self-attested)
- xiv. Other Document as per Case details - Copy of Treatment papers; if hospitalized, Website Links/ Newspaper cuttings, other references (self-attested)

b. In the event of Permanent Total Disablement:

- i. Attested treating Medical Practitioner's certificate describing the disablement(self attested);
- ii. Coloured & clear Photograph of the Insured Person before and after Injury supporting the disablement;
- iii. All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries. We will accept copies of the documents, verified and attested by the Hospital;
- iv. Prescriptions and consultation papers of the treatment;
- v. Attested disability certificate issued by civil surgeon or equivalent appointed by the District/State or Government Board dated not before one month of filing the claim for confirming the extent and nature of disablement.



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- vi. Regulatory requirements as amended from time to time.
- vii. Forensic Science Laboratory Report (Notarized/ Attested by a Gazetted Officer)
- viii. Income proof like pay slips/salary slips prior to the date of loss (self-attested)
- ix. Treatment papers, X-rays films/laboratory test reports and other diagnostic reports to support the claim and percentage of disability (Complete treatment record like Discharge summary, consultation papers with supporting Investigation reports X-ray/MRI etc.) (self-attested)
- x. Other document as per Case details - Copy of Treatment papers; if hospitalized, Website Links/ Newspaper cuttings, other references (self-attested)
- xi. Medical & Investigation Bills (self- attested)
- xii. Physician Prescriptions (self-attested)
- xiii. Discharge Card / Summary (self-attested)
- xiv. NEFT Mandate Form - duly filled in by the claimant and bank
- xv. Toxicology Report (notarized / attested by Gazetted Officer)
- xvi. Labor Report, Attendance Sheet, Written Letter from Supervisor (self-attested)

C. Documentation in addition to A or B above, with respect to claims under Benefit 1.2.3 (Education Benefit)

- i. Bonafide certificate duly signed by the educational institution where each of the Insured Person's Dependent Children are studying
- ii. Age proof of each Dependent Child.

3. Loss of Job:

The necessary and requisite information and documentation for the purpose of Benefit 1.3 (Loss of Job) will include, but is not limited to, the following:

- i. Our claim form duly completed and signed for on behalf of the Insured Person, provided that no signatures are required if the same is being completed or populated digitally in Our website.
- ii. Claimant's Photo, Identity and address Proof - Voter ID, Passport, PAN Card, Driving License, Ration Card, Aadhaar Card, or any other proof accepted by the KYC norms as approved by Us and is admissible in a court of law
- iii. Certificate, if applicable, from the MasterPolicyholder/ Bank / Financial Institution stating the amortization chart referred to in the relevant loan agreement, the EMI Amounts and Principal Outstanding
- iv. Certificate from the employer of the Insured person confirming the termination, dismissal, temporary suspension or retrenchment from employment of the Insured Person indicating the date of such event, with the reasons for the same. In case of temporary suspension, the period of suspension should be indicated in such certificate.
- v. Policy copy
- vi. Recent photograph, address and identification proof of the insured person
- vii. Any other document as may be required by Us.

h) Claims Payment

- i. We will be under no obligation to make any payment under this Policy unless We have received all premium payments in respect of the Insured Person 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. This policy does not cover any interest accrued on the Principal Loan amount other than interest included in the of EMI.
- iii. If any claimant submits the documentation and information required by Us, along with proof and a declaration in a format acceptable to Us of having incurred the expenses, such person will be deemed to be authorised by the Insured Person to receive the applicable payment. In the event of the death of the Insured Person, We will make payment to the Nominee (as named in the Certificate of Insurance) or in the cases of Loan Linked policies to the Bank/Financial Institution upto the loan amount outstanding and balance to the nominee or as agreed per the applicable loan agreement.



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- iv. The payments under this Policy shall only be made in Indian Rupees within India.
- v. We will not be obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by the treating Medical Practitioner.
- vi. We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. Where the circumstances of a claim warrant an investigation in Our opinion, We 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, We shall settle the claim within 45 days from the date of receipt of last necessary document.
- vii. All claims settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulations), 2017. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and conditions, beyond the time period as prescribed under IRDAI (Protection of Policyholders Regulations), 2017, We shall pay interest at a rate which is 2% above the bank rate. For the purpose of this clause, 'bank rate' shall mean the bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

i) Non-Disclosure or Misrepresentation

This Policy has been issued on the basis of the Disclosure to Information Norm, including the information provided by You in respect of the Insured Person in the Proposal Form and any other details submitted in relation to the Proposal Form. If at the time of issuance of Policy or during continuation of the Policy, any material fact in 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 and/or the Insured Person's cover under the Policy shall be:

- i. Cancelled ab initio from the inception date or the renewal date (as the case may be), or the Policy/Certificate of Insurance may be modified by Us, at Our sole discretion, upon 30 days notice by sending an endorsement to Your address shown in the Schedule; and
- ii. Any claim made under such Policy/Certificate of Insurance, shall be rejected/repudiated forthwith

j) Dishonest or Fraudulent Claims

If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person, then the Certificate of Insurance will be void and all benefits otherwise payable under it will be forfeited

k) Endorsements

This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by anyone (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.

l) Renewal and Grace Period

- i. The Insured Person's cover under this Policy is ordinarily Renewable for life except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the Insured Person.
- ii. We are NOT under any obligation to:
 - a. Send Renewal notice or reminders.
 - b. Renew it on same terms or premium as the expiring Policy. Any change in benefit or premium will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance.
- iii. In the event of this Policy being withdrawn in future, We will intimate you about the same 3 months prior to expiry of the Policy. You/the Insured Person will have the option to migrate to similar health insurance policy available with Us at the time of Renewal with all the accrued continuity benefits, such as waiver of waiting periods, provided that the Policy has been maintained without a break as per Portability guidelines



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iv. All applications for Renewal of the Policy must be received by Us before the end of the Policy Period. A Grace Period within the stipulated grace period for renewing the Policy is available under this Policy. Any disease/condition contracted during the Grace Period will not be covered and will be treated as a Pre-Existing Disease.

m) Notices

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

- i. Any Insured Person, then it will be sent to You at Your address specified in the Schedule and You will act for all Insured Persons for these purposes. However, the Certificate of Insurance will be provided to the Insured Person directly, at the address specified in such Certificate of Insurance.
- ii. Us, it will be delivered to Our address specified in the Schedule or Certificate of Insurance
- iii. No insurance agents, insurance intermediaries or other person or entity is authorised to receive any notice, direction or instruction on Our behalf.

n) Master Policy

This Master Policy will be issued in the name of the Bank/ Financial Institution (Master Policyholder), and a Certificate of Insurance will be issued for each Insured Person enrolled as a borrower or a co-borrower and opts for insurance coverage under the applicable group

The duration of the Master Policy shall be as specified in the Schedule. Certificate of Insurance will be issued for a Period of Cover opted at the inception of coverage. Certificate of Insurance will take effect on the Commencement Date, date specified in the Certificate of Insurance, and ends on the Expiry Date specified in the Certificate of Insurance. We shall continue to extend the cover under the applicable Benefits to the Insured Person(s) in the same manner on Renewal of the Master Policy or until expiry of the Period of Cover applicable for the Certificate of Insurance, whichever is later.

It is hereby agreed and understood that, this being a group Policy availed by the Insured Persons covered hereunder, cover under any Benefits of the Policy would not be available to any members who cease to be part of the group, for any reason whatsoever.

o) Governing Law & Dispute Resolution Clause

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

If any administrative or judicial body imposes any condition on this Policy for any reason, We are bound to follow the same which may include suspension of all Benefits and obligations under this Policy.

If Our performance or any of Our obligations are in any way prevented or hindered as a consequence of any act of God or State, strike, lock out, legislation or restriction by any government or any other authority or any other circumstances beyond Our anticipation or control, the performance of this Policy shall be wholly or partially suspended during the continuance of such force majeure. We will resume Our obligations under the Policy, to the extent possible, after the force majeure conditions cease to exist even for the period during which the force majeure conditions existed

p) Nomination

You can change the nominee to whom such payment is to be made at any time during the Policy Period, provided that such change shall only be effective when You have notified Us and We have recorded the change by an endorsement to this effect.

q) Free Look Period:

You/Insured Person has a period of 30 days from the date of receipt of the Policy document to review the terms and conditions of this Policy/Certificate of Insurance. If You/Insured Person have any objections to any of the terms and conditions, You/Insured Person have the option of cancelling the Policy/ Certificate of Insurance stating the reasons for cancellation and the premium paid by You/Insured Person shall be refunded after deducting proportionate premium.

You/Insured Person can cancel your Policy/Certificate of Insurance only if no claims have been made under the Policy. All Your/Insured Person's rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy

Free look provision is not applicable and available at the time of renewal of the Policy

r) Termination of Master Policy:

- i. Master Policyholder may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received by Us.
- ii. We may terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by Master Policyholder or anyone acting on Master Policyholder's behalf upon 30 days' notice by sending an endorsement to Master Policyholder's address or E-mail Id shown in the Schedule. All Certificates of Insurance issued under the Policy shall cease from the Policy cancellation date without refund of premium.
- iii. In case only the Master Policy is cancelled and not any Certificates of Insurance under the Policy, then each Certificate of Insurance which is already in force under the Policy will continue to be in force until the end of the said Period of Cover as mentioned in that Certificate of Insurance.

- s) i. The Policyholder may cancel this policy by giving 7 days written notice to the Company and in such an event, the Company shall refund the premium as detailed below:

a. In case of no claim in the policy -

In the event of cancellation by the insured the refund amount shall be on pro-rata basis and shall be calculated as per the terms laid out below:

Calculation of Pro-Rata refund:

Return Premium = Total Policy Premium * (1 - (Number of Policy days expired / Total Policy Days))

b. In case of claim in the policy -

Where any claim has been admitted or has been lodged by the person under the Policy, there shall be no refund of premium for the Policy Year in which the claim occurs. All other provisions of Section 4.2.10i.a above shall apply. For e.g. If Policy Premium for a three-year (1095 days) policy is Rs. 20000. Considering the claim year is 2nd Year, then no refund shall be made up to the end of the 2nd Policy Year (730 days)

Cancellation before the expiry of the year of claim: If cancellation is effected on expiry of 600 days from policy inception, then no refund shall be made for the first 730 days. The Return Premium = $20000 * (1 - (730 / 1095))$ = Rs. 6666.67

Cancellation after the expiry of the year of claim: If cancellation is effected on expiry of 865 days from policy inception, then no refund shall be made for the first 865 days. The Return Premium = $20000 * (1 - (865 / 1095))$ = Rs. 4200.91

i. 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 7 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

t) Enhancement of Sum Insured:

The Insured Person can apply for enhancement of the Sum Insured at the time of Renewal. Sum Insured enhancement will be allowed only where an additional loan is sanctioned by Master Policyholder/Bank/Financial Institution and will be subject to Our board approved underwriting guidelines

u) Material Change

It is a Condition Precedent to Our liability under the Policy that the Insured Person shall immediately notify Us in writing of any material change in the risk on account of change in occupation or business of the Insured Person at his/her own expense, and further take such additional precautions as are required to be taken as circumstances may require to ensure safety and containing the circumstances that may give rise to a claim under this Policy. We may adjust the scope of cover and / or the premium paid or payable, accordingly, if necessary.

v) Assignment

The assignment of Benefits of under the Policy shall be allowed subject to applicable law and will be applicable to loan linked policies only, if opted and specified as such in the Certificate of Insurance, it is hereby declared and agreed that:



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- i. From the commencement of the Period of Cover, any claims payable by Us to the Insured Person, and all rights, titles, benefits and interest of the Insured Person under this Policy stand assigned in favour of the Financial Institution as specified in the Certificate of Insurance;
- ii. Upon any claim becoming payable under this Policy, the same shall be paid by Us to the Master Policyholder/ Bank/Financial Institution as specified in the Certificate of Insurance, without any reference/ notice to the Insured Person. Any outstanding loan amount as per the latest amortization schedule prepared by Master Policyholder/ Bank / Financial Institution including unpaid/ overdue EMI's from the date of occurrence or event which gives rise to a claim under this Policy/Certificate of Insurance or penalties levied by the Master Policyholder/ bank or Financial Institution (if any) for such Insured Person, subject to maximum of loan amount sanctioned, will be paid to the Master Policyholder/ bank or Financial Institution, and the balance amount, if any, will be paid to the Insured Person, or the nominee as the case may be., The receipt of such claim amount in the manner aforesaid by the Master Policy Holder/Bank/Financial Institution as specified in the Certificate of Insurance, and/or the Insured Person shall completely discharge Us from all liability under the Policy and shall be binding on the Insured Person and his/ her heirs, executors, administrators, successors or legal representatives or Nominee as the case may be.

SECTION 4: SCHEDULE OF BENEFITS

The cover listed below is in-built Policy benefit and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

Sections	Sum Insured (INR)
Benefit 1.1 - Critical Illness	As mentioned in the Certificate of Insurance
Critical Illness conditions	20 Conditions (Mentioned in Annexure 1)
Survival Period	30 days
Benefit 1.2 - Personal Accident	As mentioned in the Certificate of Insurance
1.2.1 - Accidental Death	100% of Sum Insured mentioned in the Certificate of Insurance
1.2.2 - Permanent Total Disablement	
i. Total and irrecoverable loss of sight of both eyes	
ii. Loss by physical separation or total and permanent loss of use of both hands or both feet	
iii. Loss by physical separation or total and permanent loss of use of one hand and one foot	
iv. Total and irrecoverable loss of sight of one eye and loss of a Limb	

v. Total and irrecoverable loss of hearing of both ears and loss of one Limb/loss of sight of one eye	100 % of Accidental Death Sum Insured
vi. Total and irrecoverable loss of hearing of both ears and loss of speech	
vii. Total and irrecoverable loss of speech and loss of one Limb/loss of sight of one eye	
viii. Permanent total and absolute disablement (not falling under the above) disabling the Insured Person from engaging in any employment or occupation or business for remuneration or profit, of any description whatsoever	
1.2.3 - Education Benefit	10% of the Accidental Death Sum Insured for each dependent child maximum upto 2 children with maximum sum insured limit of INR 10,00,000/-
Benefit 1.3 – Loss of Job	Maximum upto 3 Equated Monthly Installments

SECTION 5: INTERPRETATIONS & DEFINITIONS

- Def 1. Age or Aged means "Age as on last birthday" as determined on the date of first Policy issuance or at renewal. In case of change in Age during the proposal stage, then "Age" shall be determined on the date of proposal form submission would be considered for premium calculation
- Def 2. Accident means a sudden, unforeseen and involuntary event caused by external, violent and visible means.
- Def 3. Activities of Daily Living refer to daily self-care activities within an Insured Person's place of residence, or in an outdoor environment, or both. For the purpose of this Policy, the Activities of Daily Living are:
- Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - Mobility: the ability to move indoors from room to room on level surfaces;
 - Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;



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f. Fee ding: the ability to feed oneself once food has been prepared and made available.

Def 4. Borrowers mean the loan borrower of the Master Policyholder.

Def 5. Certificate of Insurance means the certificate We issue to the Insured Person/borrower/co-borrower confirming the Insured Person's cover under the Policy.

Def 6. Co-borrowers mean loan borrowers, who have jointly applied for the loan from the Master Policyholder and include, eligible relationships are Self (borrower), spouse, son, daughter-in-law, daughter, son-in-law, father, mother, father-in-law, mother-in-law, grandfather, grandmother, grandson, granddaughter, brother, sister, sister-in-law, brother-in-law, nephew, niece and other business partners

Def 7. Commencement Date means the commencement date of this Policy/Certificate of insurance as specified in the Schedule.

Def 8. Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Def 9. Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position

a) Internal Congenital Anomaly - Congenital Anomaly which is not in the visible and accessible parts of the body

b) External Congenital Anomaly - Congenital Anomaly which is in the visible and accessible parts of the body

Def 10. Disclosure to information norm means the policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact

Def 11. Dependent Children means Your children Aged upto 25 years if they are unmarried, financially depended on You and do not have his/her independent source of income.

Def 12. EMI (Equated Monthly Installment) or EMI Amount means and includes the amount of monthly payment required to repay the Principal Outstanding and any applicable interest by the Insured Person, as set forth in the amortization chart referred to in the relevant loan agreement (or any amendments thereto) between the Master policyholder / Bank / Financial Institution and the Insured Person as on the date of any occurrence or event which gives rise to a claim under this Policy/Certificate of insurance

For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the Insured Person, prior to the date of such occurrence or event, will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured Person

Def 13. Financial Institution shall have the meaning assigned to the term under Section 45-I of the Reserve Bank of India Act, 1934, and shall include a Non-Banking Financial Company as defined under Section 45-I of the Reserve Bank of India Act, 1934.

Def 14. First Diagnosis shall mean the point in time at which the requirements of any Critical Illness under this Policy were first satisfied with respect to the Insured Person, including the availability of all the test reports and medical reports evidencing such diagnosis

Def 15. 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 16. Hazardous Activities means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained or not. Such sport/activity includes stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/ obstacle riding, bobsleighting/ using skeletons, bouldering, boxing, canyoning, caving/ pot holing, cave tubing, rock climbing/ trekking/ mountaineering, cycle racing, cyclo-cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labour, marathon running, martial arts, micro – lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/ parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight



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lifting or wrestling of any type.

- 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 Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:
- Has qualified nursing staff under its employment round the clock;
 - Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
 - 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 makes these accessible to the insurance company's authorized personnel;
- Def 18. Insured Person means the person or persons named in the Certificate of Insurance who are covered under this Policy/ Certificate of Insurance
- Def 19. Illness means a sickness, or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/ injury which leads to full recovery
 - Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - It needs ongoing or long-term control or relief of symptoms
 - It requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - It continues indefinitely
 - It recurs or is likely to recur
- Def 20. Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner
- Def 21. Loan means the sum of money lent at interest or otherwise to the Insured Person by any Bank/Financial Institution, which is identified by the Loan Account Number referred to in the Certificate of Insurance.
- Def 22. Master Policyholder means the Bank/Financial Institution who have concluded a Master Policy with Us for providing insurance cover to eligible borrowers or co-borrowers
- Def 23. Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription
- 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.
- Def 25. 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 its scope and jurisdiction of license
- Def 26. Notification of Claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- Def 27. Nominee means the person(s) nominated by the Insured to receive the insurance benefits under this Policy payable on the death of the Insured. For the purpose of avoidance of doubt it is clarified that if the Insured is a minor, his guardian shall appoint the Nominee



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Def 28. Neurological Deficit means symptoms of dysfunction in the nervous system that is present on clinical examination and expected to last throughout the Insured Person's life. Symptoms that are covered include numbness, increased sensitivity, paralysis, localized weakness, difficulty with speech, inability to speak, difficulty in swallowing, visual impairment, difficulty in walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma

Def 29. Period of Cover means the period specified in the Certificate of Insurance during which the Insured Person is covered under the Policy.

Def 30. Permanent Total Disablement means disablement, as the result of a bodily injury, which:

- Continues for a period of twelve (12) consecutive months, and
- Is confirmed as total, continuous and permanent by a Medical Practitioner after completion of the twelve (12) consecutive months, and
- Entirely prevents the Insured Person from engaging in or giving attention to gainful occupation of any and every kind for the remainder of his/her life.

Def 31. Policy means Your statements in the proposal form (which are the basis of this Policy) this policy wording (including endorsements, if any), Certificates of Insurance and Schedule (as amended from time to time).

Def 32. Policy Period means the period between the Commencement Date and the Expiry Date specified in the Schedule.

Def 33. Policy Year means a year following the Commencement Date and its subsequent annual anniversary

Def 34. Policyholder means the entity or person named as such in the Schedule and Certificate of Insurance

Def 35. Portability means the right accorded to an individual health insurance policyholder (including family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another or from one plan to another plan of the same insurer.

Def 36. Pre-existing Disease means any condition, ailment, injury or disease:

- That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or
- For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy or its reinstatement
- A condition for which any symptoms and or signs if presented and have resulted within three months of issuance of the policy in a diagnostic illness or medical condition.

Def 37. Principal Outstanding means the principal amount of the Loan outstanding as on the date of any occurrence or event which gives rise to a claim under the Policy, less the portion of principal component included in the EMI's, payable but not paid, from the date of the loan agreement till the date of such occurrence or event

For the purpose of avoidance of doubt, it is clarified that any:

- EMI's that are overdue and unpaid to the Master Policyholder/Bank/Financial Institution prior to such occurrence or event,
- Any additional amounts imposed by a Financial Institution, or otherwise falling due as a penalty or by way of a default in repayment, will not be considered for the purpose of this Policy and shall be payable by the Insured Person

Def 38. Public Authority means any governmental or quasigovernmental organization, statutory body, or duly authorized organization which exercises autonomous authority over an industry in a regulatory or supervisory capacity.

Def 39. 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 preexisting diseases, time-bound exclusions and for all waiting periods



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- Def 40. Sum Insured means the sum shown in the Schedule or Certificate of Insurance which represents Our maximum, cumulative liability for the Insured Persons named in the Certificate of Insurance for any and all benefits claimed during the Period of Cover. Sum Insured is offered on Fixed Sum Insured basis which is opted at inception of Policy
- Def 41. Survival Period means the period that the Insured Person has to survive before a claim becomes valid, commencing from the date of First Diagnosis
- Def 42. Qualified nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India
- Def 43. Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
- Def 44. Unproven/Experimental Treatment means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven
- Def 45. We/Our/Us/Company means the IndusInd General Insurance Company Limited You/Your/Policyholder means the person named in the Certificate of Insurance who has concluded this Policy/certificate of Insurance with Us

SECTION 6: CLAIM RELATED INFORMATION

For any claim related query, intimation of claim and submission of claim related documents, You can contact Us through:

Website:	www.indusindinsurance.com
E-mail:	healthcare@indusindinsurance.com
Helpline:	022-41112600/ (022) 4890 3009 (Paid)
Courier:	IndusInd General Insurance Company Limited No. 1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block Krishe Sapphire, Madhapur, Hyderabad - 500081.

SECTION 7: GRIEVANCE REDRESSAL PROCEDURE

If You have a grievance that You wish Us to redress, You may contact Us with the details of Your grievance through:

Website:	www.indusindinsurance.com
E-mail:	healthcare@indusindinsurance.com
Helpline:	022-41112600/ (022) 4890 3009 (Paid)
Courier:	IndusInd General Insurance Company Limited No. 1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block Krishe Sapphire, Madhapur, Hyderabad - 500081.

As per guidelines on special provision for Insured Persons who are senior citizens, We will provide a separate channel for addressing grievances of our senior citizen customers. You may avail this service by contacting the above-mentioned Helpline If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may contact Our Head of Customer Service at:

Grievance Redressal Officer

The Grievance Cell,
 IndusInd General Insurance Company Limited,
 No. 1-89/3/B/40 to 42/KS/301, 3rd Floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad – 500 081
 Grievance Redressal officer email ID: grievances@indusindinsurance.com



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In case Your complaint is not fully addressed by Us, We may use the Integrated Grievance Management System (IGMS) for escalating the complaint to IRDAI. Through IGMS, Insured can register the complaint online and track its status. For registration please visit IRDAI website www.irdai.gov.in If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of the grievance.

If you have a grievance, approach Our grievance cell first. If the complaint is not resolved/ not satisfied/not responded for 30 days then You can approach The Office of the Insurance Ombudsman (Bimalokpal). The contact details of Ombudsman offices are mentioned below.

Please visit Our website for details to lodge complaint with Ombudsman

OMBUDSMAN OFFICE			
Office of the Ombudsman	Address	Contact Details	Areas of Jurisdiction
AHMEDABAD	Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 001.	Tel.: 079 - 27546150/27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Office of Insurance Ombudsman, Jeevan Soudha Building, P ID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560078.	Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL	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@cioins.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009.	Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa
CHANDIGARH	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@cioins.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh


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CHENNAI	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@cioins.co.in	Tamil Nadu, UT - Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.	Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@cioins.co.in	Delhi
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar Over Bridge, S.S. Road, Guwahati – 781001 (ASSAM).	Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	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 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana and UT of Yanam - a part of UT of Pondicherry
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.	Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan
ERNAKULAM	Office of the Insurance Ombudsman, LIC OF INDIA, 10th Floor, 'Jeevan Prakash', Divisional Office, M. G. Road, Ernakulam, Kochi – 682011.	Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, UT of (a) Lakshadweep, (b) Mahe-a part of UT of Pondicherry
KOLKATA	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@cioins.co.in	West Bengal, UT of Andaman & Nicobar Islands, Sikkim


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LUCKNOW	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.luc-know@cioins.co.in	Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkar Nagar, Sultanpur, Maharajgang, Sant Kabir Nagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharath Nagar.
MUMBAI	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@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Dist: Gautam Buddh Nagar, U.P. - 201301..	Tel.: 0120 - 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Budha Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiram, Saharanpur.


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IRDAI Registration No. 103. IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. IndusInd Loanee Kavach Insurance (Group). UIN No.: RELHLP20137V011920. IGI/MCOM/CO/ILKIG/PW/Ver. 1.1/290924

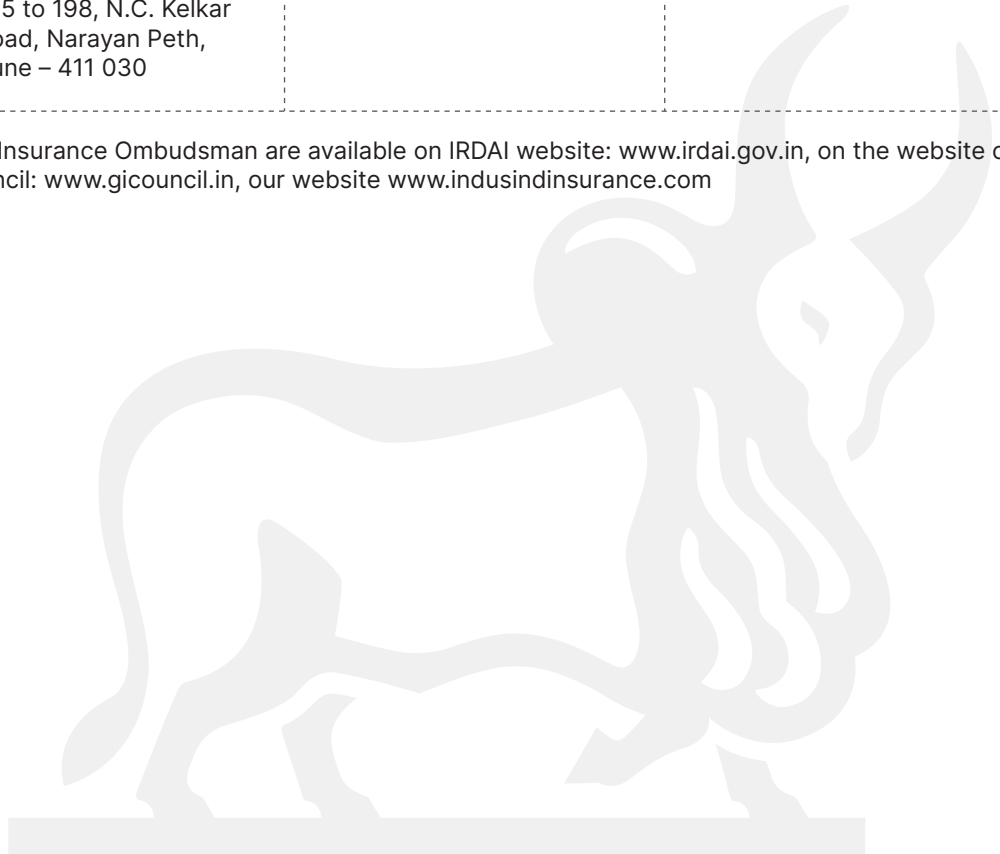

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PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006.	Tel.: 0612 - 2680952 Email: bimalokpal.patna@cio-ins.co.in	Bihar, Jharkhand.
PUNE	Office of the Insurance Ombudsman, Jeevan 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@cio-ins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

The updated details of Insurance Ombudsman are available on IRDAI website: www.irdai.gov.in, on the website of General Insurance Council: www.gicouncil.in, our website www.indusindinsurance.com



ANNEXURE 1 – CRITICAL ILLNESS AVAILABLE UNDER THIS POLICY

Critical Illness conditions covered | 20

Survival Period | 30 days

Covered Critical Illnesses

1. Cancer of specified severity
2. Myocardial infraction - (First Heart attack of specified severity)
3. Open Chest CABG
4. Open Heart replacement and repair of heart valves
5. Primary (Idiopathic) Pulmonary Hypertension
6. Coma of specified severity
7. Stroke resulting in permanent symptoms
8. Permanent Paralysis of Limbs
9. Motor neurone disease with permanent symptoms
10. Multiple Sclerosis with persisting symptoms
11. Benign Brain Tumour
12. Major Head Trauma
13. Kidney Failure requiring Regular Dialysis
14. Major Organ / Bone marrow Transplant
15. End Stage Lung Failure
16. End Stage Liver Failure
17. Blindness
18. Deafness
19. Loss of Speech
20. Loss of limbs



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