



## 1.1 Hospitalization Covers

### 1.1.1 Accidental Medical Hospitalization

Medical Expenses incurred by the Insured Person during the Policy Period for Hospitalization solely and directly arising due to the Motor Accident.

The Medical Expenses as mentioned below shall mean the Reasonable and Customary Charges which include the following:

- i. Room Rent
- ii. Nursing expense
- iii. Intensive care Unit (ICU) charges
- iv. Medical Practitioner(s) fees
- v. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances
- vi. Medicines, drugs and consumables expenses
- vii. Diagnostic procedures expenses
- viii. The cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure, unless specifically excluded.

#### Provided that:

- i. Such Medical Expenses shall be the Reasonable and Customary Charges incurred for In-Patient Hospitalization or Daycare for such Injury to be covered under this Policy.
- ii. The Injury should have necessarily occurred as a direct result of a Motor Accident which is covered under the Policy and Hospitalization should have occurred within 24 hours of the Accident.
- iii. The Claims under this cover shall be available on both Cashless and Reimbursement basis.
- iv. Domiciliary Hospitalization and/or Out-Patient treatment shall not be covered under this cover.
- v. Any unutilized limit under this benefit shall not be carried forward to next Policy Period.
- vi. The cover shall be limited to the number of passengers specified in the Policy Schedule.

### 1.1.2 Emergency Road Ambulance

Expenses incurred by the Insured Person on availing road Ambulance services offered by a Hospital or by an Ambulance service provider, provided

- i. The Company has accepted the Hospitalization claim under Benefit Accidental Medical Hospitalization
- ii. The coverage includes the cost of the transportation of the Insured Person to the nearest Hospital in case of an emergency Life Threatening Medical Condition, or from one Hospital to another Hospital which is prepared to admit the Insured Person and provide the necessary medical services.
- iii. Such Life-Threatening Medical Condition is certified by the Medical Practitioner
- iv. The transportation from one Hospital to another Hospital has been prescribed by a Medical Practitioner and is medically necessary.

### 1.1.3 Post Hospitalization

Medical Expenses incurred in the 60 days immediately after the Insured Person was discharged post Hospitalization, provided that:

- Such costs are incurred in respect of the same condition for which the Insured has taken Hospitalization, and
- The Company has accepted the claim for these Hospitalization expenses under Benefit Accidental Medical Hospitalization

## 1.2 Accidental Medical OPD

Reasonable and Customary charges incurred by the Insured Person towards the following Out-patient expenses for Injury arising out of the Motor Accident, provided that the expenses are directly associated with the Injury suffered due to the Accident:

- **OPD Consultations:** Expenses toward Consultation from a Medical Practitioner on Outpatient basis.
- **Pharmacy:** Expenses incurred towards prescription drugs prescribed by the consulting Medical Practitioner.



		<ul style="list-style-type: none"> <li>• <b>Diagnostic Tests:</b> Expenses incurred toward Diagnostic tests prescribed by the consulting Medical Practitioner and conducted on an Outpatient basis.</li> <li>• <b>Minor Surgical treatments:</b> Minor surgical procedures (other than Day Care Procedures) such as plaster cast, synthetic cast, suturing, dressings for Accidents and animal bite related Outpatient procedures, for treatment of the Accidental Injury that are carried out by a Medical Practitioner, which are supported with requisite diagnostic results (wherever applicable).</li> </ul> <p><b>Terms &amp; Conditions:</b></p> <ol style="list-style-type: none"> <li>The expenses under this cover are to be necessarily incurred within 15 days of the occurrence of the Accident.</li> <li>Condition Precedent: The claim for Diagnostic Tests and Pharmacy shall become payable only in relation to an OPD Consultation which is payable under this cover.</li> <li>Expenses related to Pharmacy and Diagnostic services must be substantiated with original bills issued by the Pharmacy or Chemist, based on a valid prescription from a Medical Practitioner.</li> <li>The Pharmacy Bills must clearly show the price and bear the receipt stamp of the Pharmacy / Chemist.</li> <li>Dental Implants, CAD/CAM restorations and bone graft are not covered</li> <li>Any unutilized OPD limit shall not be carried forward to next Policy period.</li> <li>OPD Expenses for any Cosmetic/ routine preventive health check-ups / dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances shall not be covered.</li> </ol> <p><b>1.3 Doctor Referral</b></p> <p>The Company shall also assist the Policyholder in telephonically arranging contact details of the nearest available Medical Practitioner. However, the Company shall not be responsible for unavailability of Medical Practitioner within reasonable distance of the Accident site or the timeline within which the Medical Practitioner is able to reach at the Accident site or for the quality of service rendered by the Medical Practitioner. The Medical Practitioner's fees shall be borne by the Insured.</p>	
7.	<b>Add-on Cover</b>	<p><b>2. Optional Covers</b></p> <p>The covers listed below are optional covers and are available to the Insured Persons, on payment of additional premium, subject to below mentioned terms, conditions, and exclusions.</p> <p><b>2.1 Hospital Cash Cover</b></p> <p>If the Company has accepted and paid a claim under Accidental Medical Hospitalization, then the Company shall pay the Insured Person an amount equal to the Daily Cash amount specified in the Policy Schedule per day of Hospitalization, provided:</p> <ol style="list-style-type: none"> <li>The Daily Cash amount shall be payable for each 24 hours of continuous and completed Hospitalization as In-Patient.</li> <li>The amount under this benefit shall be payable maximum up to 10 days in a Policy Year.</li> <li>Time Deductible: If the Hospitalization is for less than a continuous and consecutive period of 24 hours, no amount shall be payable under this benefit. If the Hospitalization extends beyond a continuous and consecutive period of 24 hours, the Daily Cash amount shall be payable for each 24 hours exceeding this period.</li> <li>Time Deductible shall be applicable on each and every In-Patient Treatment claim reported under the Policy.</li> </ol>	Policy Wording
8.	<b>Loss Participation</b>	<p><b>Hospital Cash Cover –</b></p> <p>Time Deductible of 24 hours</p>	Policy Schedule



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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 Motor Accidental Medical Expenses. UIN No.: IRDAN103RPM0001V01202526. IGI/MCOM/CO/IMAME/CIS/Ver. 1.0/300126.



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9.	Exclusions	Base Covers	<p><b>1. Base covers</b></p> <p><b>1.1 Hospitalization Covers</b></p> <p><b>1.1.1 Accidental Medical Hospitalization</b></p> <ul style="list-style-type: none"> <li>i. Domiciliary Hospitalization and/or Out-Patient treatment shall not be covered under this cover.</li> <li>ii. Any unutilized limit under this benefit shall not be carried forward to next Policy Period.</li> </ul> <p><b>1.2 Accidental Medical OPD</b></p> <ul style="list-style-type: none"> <li>i. Dental Implants, CAD/CAM restorations and bone graft are not covered</li> <li>ii. Any unutilized OPD limit shall not be carried forward to next Policy period.</li> <li>iii. OPD Expenses for any Cosmetic/ routine preventive health check-ups / dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances shall not be covered.</li> </ul>	Policy Wording - Exclusions
		General Exclusions	<p><b>1. Any claim arising out of</b> or resulting from or traceable to:</p> <ul style="list-style-type: none"> <li>i. Intentional self-injury unless in self-defense or to save life, suicide or attempted suicide physical defect or infirmity.</li> <li>ii. Insured committing any breach of law with criminal intent.</li> <li>iii. Viral or Bacterial Infections (Except pyogenic infection which occurs through an Accidental cut or wound), Hernia.</li> <li>iv. While riding in the Motor Vehicle while the licensed capacity of the vehicle is exceeded.</li> <li>v. While driving or riding in a Motor Vehicle where the Driver does not hold a valid driving license, in accordance with the provisions of Rule 3 of the Central Motor Vehicles Rules, 1989 (as amended), at the time of the accident.</li> <li>vi. Whilst participating as the Driver, co-Driver or passenger of a motor vehicle during motor racing or trial runs.</li> <li>vii. Arising out of participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic.</li> </ul> <p><b>2. Artificial Life support equipment:</b> Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.</p> <p><b>3. Consequential losses:</b> Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever.</p> <p><b>4. Complications in Pregnancy:</b> Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of any of these.</p> <p><b>5. Charges other than Reasonable and Customary Charges:</b> Any Medical Expenses which are not Reasonable and Customary Charges.</p> <p><b>6. Claim not related to Accident:</b> In Any claim related to a sickness, disease or medical disorder not directly related to the Accident.</p> <p><b>7. Claim not supported by valid bill:</b> If the claim is not supported by a copy of valid bill/receipt and related prescription of attending the Medical Practitioner/ Hospital/ Nursing Home.</p> <p><b>8. Cosmetic Treatment:</b> Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.</p>	



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9. **Dietary Supplements & Substances:** Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure.
10. **Documentation Charges:** Any charges incurred to procure any medical certificate, treatment/illness related documents pertaining to any period of Hospitalization/Illness.
11. **Domiciliary:** Any expenses incurred on Domiciliary Hospitalization and Domiciliary treatment.
12. **Excluded Providers:** Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim. (For updated and detailed list of Excluded Providers refer website - [www.indusindinsurance.com](http://www.indusindinsurance.com))
13. **External durable medical equipment:** Any expenses incurred on, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition.
14. **Hearing Aids and spectacles:** Any charges incurred on hearing aids, cost of spectacles, contact lenses, routine eye and ear examinations.
15. **Investigation & Evaluation:**
  - i. Expenses related to any admission primarily for diagnostics and evaluation purposes.
  - ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.
16. **Limitation as to use:** Any accidental loss damage and/or liability caused sustained or incurred whilst the Declared Motor Vehicle herein is Being used otherwise than in accordance with the Limitations as to Use.
17. **Medical Practitioner who is a member of the Insured's family:** Treatments rendered by a Medical Practitioner who is a member of the Insured's family or stays with him/her.
18. **Non-Allopathic Treatment:** Expenses incurred for treatment of Accidental injuries by systems of medicines other than Allopathy.
19. **Non-Hospital Treatment:** Treatment at a healthcare facility which is not a Hospital, except for Claim under Accidental Medical OPD.
20. **Non-Payable Items:** All expenses listed in Annexure-A (List I) of the Policy
21. **Nuclear and Radioactive substances:** Any liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from:
  - i. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.
  - ii. Nuclear weapons material
  - iii. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
  - iv. Nuclear, chemical and biological terrorism
22. **Other than Medically Necessary Treatment:** Any treatment or part of a treatment that is not Medically Necessary Treatment
23. **Occupational hazard:** Expenses incurred in connection with Injury resulting due to participation in one's occupation.
24. **Person serving in military:** Persons serving in any branch of the Military, Navy or Air-force or any branch of Armed Forces or any paramilitary forces except during peace time.



25. **Pre-existing condition:** Any injury directly or indirectly arising out of or contributed to any pre-existing condition.
  26. **Reconstructive Surgery:** Expenses incurred in connection with Reconstructive Surgery, unless such surgery is carried out immediately following the Accident, as part of the emergency response treatment immediately following the Accident. For the purpose of this Policy, Reconstructive Surgery means Medically Necessary repair, replacement or reconstruction of Bone or soft tissue or nerves, carried out to restore the normal function of a body part.
  27. **Rest Cure, rehabilitation and respite care:** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
    - Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
    - Any services for people who are terminally ill to address physical, social, emotional and spiritual needs
  28. **RMO charges and Service charges:** Expenses related to any kind of RMO charges, service charge where nursing charges are also charged, night charges levied by the Hospital under whatever head.
  29. **Treatment taken outside Geographical coverage:** Treatment taken outside the geographical limits opted.
  30. **Treatment outside Discipline:** Treatment taken from anyone not falling within the scope of definition of Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication
  31. **Treatment other than by prescription:** Any drugs or treatments which are not supported by a prescription.
  32. **Unproven Treatment:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
  33. **War:** War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
  34. **Wellness and Rejuvenation:** Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.
- Subject otherwise to all other terms, conditions, limitation, and exclusions of the Policy.

10.	<b>Special Conditions and warranties (if any)</b>	<ol style="list-style-type: none"> <li>i. For the Claim to be payable under this Policy, Insured is required to submit to the Company appropriate evidence of the Accident for which the Claim is made.</li> <li>ii. The Insured Person is required to check the applicable list of Network Hospital in the Company's website or call center before availing the Cashless services.</li> </ol>
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11.	<b>Admissibility of claim</b>	Admissibility of claim	<ol style="list-style-type: none"> <li>1) The claim must be in accordance with the terms and conditions of the insurance policy.</li> <li>2) The policyholder must have paid the premium amount due.</li> <li>3) The policyholder must inform the insurer about the claim within 24 hours of the loss.</li> <li>4) The policyholder must provide supporting documents at the time of claim, such as <table border="1" data-bbox="608 331 1257 1592"> <thead> <tr> <th data-bbox="608 331 869 376">Cover Name</th> <th data-bbox="869 331 1257 376">List of Claim Documents</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="608 376 1257 421"><b>Base Covers</b></td> </tr> <tr> <td data-bbox="608 421 869 1122"> <b>Hospitalization Covers</b> <ul style="list-style-type: none"> <li>• Accidental Medical Hospitalization</li> <li>• Emergency Road Ambulance</li> <li>• Post Hospitalization</li> </ul> </td> <td data-bbox="869 421 1257 1122"> <ul style="list-style-type: none"> <li>• Medical Practitioner's prescription advising drugs / diagnostic tests / consultation</li> <li>• Original bills, receipts and discharge card from the Hospital / Medical Practitioner</li> <li>• Original bills from pharmacy / chemists</li> <li>• Original pathological / diagnostic test reports and payment receipts</li> <li>• Indoor case papers</li> <li>• Discharge Summary from the Hospital</li> <li>• Medical &amp; Investigation reports</li> <li>• Ambulance receipt and bill</li> <li>• Any other medical, investigation reports, inpatient or consultation treatment papers as applicable</li> <li>• Any other document as required by the Company to assess the Claim</li> </ul> </td> </tr> <tr> <td data-bbox="608 1122 869 1368"> <b>Accidental Medical OPD:</b> <ul style="list-style-type: none"> <li>• OPD Consultations</li> <li>• Diagnostic tests</li> <li>• Pharmacy</li> <li>• Minor Surgical Procedures</li> </ul> </td> <td data-bbox="869 1122 1257 1368"> <ul style="list-style-type: none"> <li>• Medical &amp; Investigation reports</li> <li>• Prescriptions, and consultation papers of the treatment</li> <li>• Any other document as required by the Company to assess the Claim</li> </ul> </td> </tr> <tr> <td data-bbox="608 1368 869 1435"> <b>Doctor Referral:</b> </td> <td data-bbox="869 1368 1257 1435"> <ul style="list-style-type: none"> <li>• Details of Accident</li> <li>• Details of Insured Person</li> </ul> </td> </tr> <tr> <td colspan="2" data-bbox="608 1435 1257 1480"><b>Optional Covers</b></td> </tr> <tr> <td data-bbox="608 1480 869 1592"> <b>Hospital Cash Cover</b> </td> <td data-bbox="869 1480 1257 1592"> <ul style="list-style-type: none"> <li>• Same Documents as mentioned above for Accidental Medical Hospitalization</li> </ul> </td> </tr> </tbody> </table> </li> <li>5) Any other document as maybe appropriately applicable.</li> <li>6) The insurer may conduct an investigation to assess the claim's validity.</li> </ol>	Cover Name	List of Claim Documents	<b>Base Covers</b>		<b>Hospitalization Covers</b> <ul style="list-style-type: none"> <li>• Accidental Medical Hospitalization</li> <li>• Emergency Road Ambulance</li> <li>• Post Hospitalization</li> </ul>	<ul style="list-style-type: none"> <li>• Medical Practitioner's prescription advising drugs / diagnostic tests / consultation</li> <li>• Original bills, receipts and discharge card from the Hospital / Medical Practitioner</li> <li>• Original bills from pharmacy / chemists</li> <li>• Original pathological / diagnostic test reports and payment receipts</li> <li>• Indoor case papers</li> <li>• Discharge Summary from the Hospital</li> <li>• Medical &amp; Investigation reports</li> <li>• Ambulance receipt and bill</li> <li>• Any other medical, investigation reports, inpatient or consultation treatment papers as applicable</li> <li>• Any other document as required by the Company to assess the Claim</li> </ul>	<b>Accidental Medical OPD:</b> <ul style="list-style-type: none"> <li>• OPD Consultations</li> <li>• Diagnostic tests</li> <li>• Pharmacy</li> <li>• Minor Surgical Procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Medical &amp; Investigation reports</li> <li>• Prescriptions, and consultation papers of the treatment</li> <li>• Any other document as required by the Company to assess the Claim</li> </ul>	<b>Doctor Referral:</b>	<ul style="list-style-type: none"> <li>• Details of Accident</li> <li>• Details of Insured Person</li> </ul>	<b>Optional Covers</b>		<b>Hospital Cash Cover</b>	<ul style="list-style-type: none"> <li>• Same Documents as mentioned above for Accidental Medical Hospitalization</li> </ul>
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		<p>Denial of Claim</p> <ol style="list-style-type: none"> <li>1) Claim can be denied due to mis-representation, mis-description, Fraud, and non-disclosure of material facts.</li> <li>2) Inadequate or missing supporting documents.</li> <li>3) Any claim for issues not listed in the policy wordings.</li> <li>4) No compensation shall be payable in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to Motor Accident happening whilst Insured or any other person driving the Motor Vehicle are under the influence of intoxicating liquor or drugs</li> <li>5) Subject otherwise to all other terms, conditions, limitation, and exclusions of the Policy.</li> </ol>	
12.	<b>Policy Servicing - Claim Intimation and Processing</b>	<p>Any issues related with respect to policy, kindly call us at 022 4890 3009 (Paid) or E-mail us at <a href="mailto:services@indusindinsurance.com">services@indusindinsurance.com</a>.</p> <p><b>For any Claim related queries please contact us on -</b></p> <p>Call centre no: 022 4890 3009 (Paid)</p> <p>Email: <a href="mailto:services@indusindinsurance.com">services@indusindinsurance.com</a></p> <p><b>Escalation Matrix:</b></p> <p>For any Claim related queries please contact us on -</p> <p>Call centre no – 022 4890 3009 (Paid)</p> <p>Email – <a href="mailto:services@indusindinsurance.com">services@indusindinsurance.com</a></p>	
13.	<b>Grievance Redressal and Policyholders Protection</b>	<p>While the company takes utmost care to ensure all our touchpoints are trained to ensure qualitative delivery, in case of any lapse from our members, we request you to report it to our front-end unit:</p> <ul style="list-style-type: none"> <li>• Call us on phone number: +91 22 4890 3009</li> <li>• email at: <a href="mailto:services@indusindinsurance.com">services@indusindinsurance.com</a></li> <li>• Visit any of our branches <a href="https://rgi-locator.appspot.com/?Search_by=branch&amp;sourcesystem=website&amp;phonenumber=&amp;emailid=#/">https://rgi-locator.appspot.com/?Search_by=branch&amp;sourcesystem=website&amp;phonenumber=&amp;emailid=#/</a></li> <li>• <b>You may also write to us at:</b> IndusInd General Insurance, Correspondence Unit, 2nd &amp; 3rd Floor, Winway Building, 11/12, Block No-4, Old No-67, South Tukoganj, Near Madhumilan Square, Indore, Madhya Pradesh, India – 452001.</li> </ul> <p><b>Escalation level 1:</b></p> <p>In case the insured is not satisfied with the response received from one of the above mentioned touch points or there is a delay, the insured may contact grievance officer at <a href="mailto:rgicl.grievances@indusindinsurance.com">rgicl.grievances@indusindinsurance.com</a></p> <p><b>Escalation level 2:</b></p> <p>If the insured is not satisfied with the response received from escalation level 1, he/she may approach the Head of Grievance at <a href="mailto:rgicl.headgrievances@indusindinsurance.com">rgicl.headgrievances@indusindinsurance.com</a></p> <p>If the insured is not satisfied with the response received from above mentioned touchpoints, he/she may approach the</p> <p>Insurance Ombudsman for redressal of grievance as per Insurance Ombudsman rules 2017. List of Ombudsman offices is mentioned in annexure ____ or you may visit <a href="https://cioins.co.in/ombudsman">https://cioins.co.in/ombudsman</a>.</p> <p><b>Details of Grievance Redressal Officer of the Insurer</b></p> <p><a href="https://www.indusindinsurance.com/downloads/GRO_details_of_active_branches_Final.pdf">https://www.indusindinsurance.com/downloads/GRO_details_of_active_branches_Final.pdf</a></p> <p><b>Bima Bharosa Portal</b></p> <p><a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></p> <p><b>Ombudsman (Please provide contact details, Toll free number and email)</b></p> <p><a href="https://cioins.co.in/ombudsman">https://cioins.co.in/ombudsman</a>.</p>	

**14. Obligations of the Policyholder**

- a) Please disclose all the essential information of the risk before buying a Policy.
- b) In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the Insurer immediately.
- c) Non-disclosure of material information may affect the claim settlement.

**Declaration by the Policyholder;**

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

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Policyholder)

**Note:**

For more details on risk features, terms and conditions, brochure, documents, please read Policy Wording at [www.indusindinsurance.com](http://www.indusindinsurance.com) to understand your policy better and learn more about the policy coverages, add-on covers and Policy Exclusion. (<https://www.indusindinsurance.com/insurance/aboutus/downloads/downloads.aspx>)



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