

SARAL SURAKSHA BIMA, INDUSIND GENERAL - PROSPECTUS

SECTION-1 ELIGIBILITY CRITERIA

- i. Policy can be availed by persons between the age of 18 years and 70 years, as Proposer. Policy can be availed for self and the following family members
 - a. Legally wedded spouse.
 - b. Parents and Parents-in-law
 - c. Dependent Children (i.e. natural or legally adopted) between the age of 3 months to 25 years. If the child above 18 years of age is financially independent, he or she will be ineligible for coverage in the subsequent renewals.
- ii. Age means age of the Insured Person on last birthday as on date of commencement of the Policy
- iii. This Policy can be issued to an individual and/or a family on Individual Sum Insured basis.
- iv. There is no maximum cover ceasing age on continuous renewals.

SECTION-2 POLICY PERIOD

This Policy can be issued for a period of 1 year

SECTION-3 SUM INSURED LIMITS

Minimum S.I available under the Policy is Rs 2.5 lakhs and Maximum Sum Insured is Rs.100 lakhs (Sum Insured is available in multiples of Rs 50000).

SECTION-4 COVERAGE

4.1 Base Covers

- a. **Death:** The company shall pay the benefit equal to 100% of Sum Insured, specified in the policy schedule, on death of the insured person, due to an Injury sustained in an Accident during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of the Accident. Where claim payment has been made owing to disappearance of insured person following an accident, if after the payment of accidental death claim, it is found that the insured person has survived the accident, then the policyholder has to refund the payment back to the company in consideration of the obligatory guarantee as provided during the claim.
- b. **Permanent Total Disablement:** The company shall pay the benefit equal to 100% of Sum Insured, specified in the policy schedule, if an insured Person suffers Permanent Total Disablement of the nature specified below, solely and directly due to an Accident during the Policy Period, provided that the Permanent Total Disablement occurs within 12 months from the date of the Accident:

- a. Total and irrecoverable loss of sight of both eyes or
 - b. Physical separation or loss of use of both hands or feet or
 - c. Physical separation or loss of use of one hand and one foot or
 - d. Loss of sight of one eye and Physical separation or loss of use of hand or foot
 - e. If such Injury shall as a direct consequence thereof, permanently, and totally, disables the Insured Person from engaging in any employment or occupation of any description whatsoever.
- c. **Permanent Partial Disablement:** The company shall pay the following percentage of Sum Insured, specified in the policy schedule, if the Insured Person suffers Permanent Partial Disablement of the nature specified below solely and directly due to an Accident during the Policy Period provided that the Permanent Partial Disablement shall occur within 12 months of the date of the Accident.

Loss Covered	Percentage of Sum Insured
1. Loss of Use/ Physical Separation:	
One entire hand	50%
One entire foot	50%
Loss of Sight of one eye	50%
Loss of toes - all	20%
Great both phalanges	5%
Great - one phalanx	2%
Other than great if more than one toe lost	1%
2. Loss of Use of both ears	50%
3. Loss of Use of one ear	20%
4. Loss of four fingers and thumb of one hand	40%
5. Loss of four fingers	35%
6. Loss of thumb	
• Both phalanges	25%
• One phalanx	10%
7. Loss of Index finger -	
• Three phalanges	10%
• Two phalanges	8%
• One phalanx	4%
8. Loss of middle finger -	
• Three phalanges	6%
• Two phalanges	4%
• One phalanx	2%

9. Loss of ring finger -	
• Three phalanges	5%
• Two phalanges	4%
• One phalanx	2%
10. Loss of little finger -	
• Three phalanges	4%
• Two phalanges	3%
• One phalanx	2%
11. Loss of metacarpus -	
• First or second (additional)	3%
• Third, fourth or fifth (additional)	2%
12. Any other permanent partial	Percentage as assessed by the independent Medical Practitioner

Maximum amount payable in respect of multiple nature of disablements shall be restricted to sum insured chosen by the policyholder.

Note:

- a. The base sum insured chosen and cumulative bonus is applicable if any cumulatively for all the three cover specified under 4.1(a), 4.1(b) and 4.1(c) above. i.e, there is a single sum insured for all the three covers namely, Accidental Death, Permanent total disability and Permanent Partial Disability.
- b. If the accident occurs during the policy period, benefits covered under 4.1 (a), 4.1 (b) and 4.1 (c) above are payable, even if death or Permanent Total Disablement or Permanent Partial Disablement or any combination thereof occurs after the completion of policy period, but within 12 months from the date of accident.

4.2. Optional Covers:

The covers listed below are optional benefits and shall be available to Insured Persons in accordance with the terms set out in the Policy, if the listed cover is opted

a) Temporary Total Disablement:

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

- i. The period of temporary total disablement shall exceed four consecutive weeks from the date of accident, however, the benefit shall be reckoned from the date of accident and shall be payable for the entire duration of disablement.
- ii. The compensation payable under this benefit mentioned under Section 4.2(a) shall not be payable for more than 100 weeks in respect of any one Injury calculated from the date of commencement of disablement and in no case shall exceed the Sum Insured.

- iii. The Temporary Total Disablement is certified in writing by the treating Medical Practitioner to have commenced within 30 days from the date of the Accident.
- iv. The compensation shall be paid by the company at quarterly intervals, after ascertaining the amount payable. If the period of temporary total disablement is for less than a quarter or three months, the compensation may be paid at the end of the disablement period.
- v. During the course of payment under this benefit, the company shall have right to call for a certification from an independent medical practitioner with regard to the continuity of temporary total disability specified under this section.
- vi. The insured shall notify the company immediately on resuming to his occupation/employment. Where it is found that the insured resumed to his occupation/ employment without notifying to the company and received the compensation under this cover, the company shall have right to claim the recovery of such benefit paid.

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

b) Hospitalisation Expenses due to Accident:

The Company shall indemnify medical expenses incurred for hospitalisation arising due to accident during the policy period, up to the limit of 10% of the base sum insured, specified in the policy schedule.

The hospitalisation expenses shall cover the following:

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

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

- iv. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses.
- v. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure carried out to treat the accidental injury covered under the policy.

- vi. Expenses incurred on hospitalization due to accident, under AYUSH (as defined in IRDAI (health Insurance) Regulations, 2016) systems of medicine shall be covered without any sub-limits.
- iv. If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of Renewal premium any awarded CB shall be withdrawn.

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

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

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

c) Education Grant:

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

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

Note:

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

4.3 Cumulative Bonus

Sum insured (excluding cumulative bonus) shall be increased by 5% in respect of each claim free policy year, provided the policy is renewed without a break subject to maximum of 50% of the sum insured. If a claim is made in any particular year, the cumulative bonus accrued may be reduced at the same rate at which it has accrued.

Note:

- i. The cumulative bonus is applicable only in respect of base covers referred at Section 4.1(a), 4.1(b) and 4.1(c). Addition or reduction of cumulative bonus will be done only if claim made under base covers.
- ii. The CB shall be added and available individually to the insured persons under the policy, if no claim has been reported. CB shall reduce only in case of claim from the same Insured Person.
- iii. CB shall be available only if the Policy is renewed/ premium paid within the Grace Period.

SECTION-5 WAITING PERIOD

There shall be no Waiting Period applicable under the Policy.

SECTION-6 EXCLUSIONS (Applicable to all sections)

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

- i. Any claim for death or disablement (whether of a permanent nature or of a temporary nature), hospitalisation of the insured person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- ii. Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person
 - a. From intentional self-injury unless in self-defense or to save life, suicide or attempted suicide;
 - b. Whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury/accident through under influence of intoxication;
 - c. Whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world or engaging in any kind of adventure sports for personal gratification.

(Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;)
 - d. Arising or resulting from the Insured Person committing any breach of law with criminal intent

- iii. Any claim for death, disablement (whether of a permanent nature or of a temporary nature), Hospitalization of Insured Person, from participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
- iv. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:

- a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.
 - b. Nuclear weapons material
 - c. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - d. Nuclear, chemical and biological terrorism
- v. Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.

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

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

i. Investigation & Evaluation (Code- Excl04)

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes.
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.
- ii. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure **(Code-Excl14)**
- iii. Expenses incurred for treatment of accidental injuries by systems of medicines other than Allopathy
- iv. Expenses incurred for treatment of accidental injuries which does not warrant hospitalization
- v. Treatment taken outside the geographical limits of India
- vi. All expenses listed in Annexure-B (List I) of the Policy Document

SECTION-7 CLAIM PROCEDURE

7.1. Notification of claim:

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

informed within 24 hours of the admission of the insured person in Hospital.

Note: The Company will examine and relax the time limit mentioned herein above depending upon the merits of the case

7.2. Documents to be submitted:

7.2.1 Basic documents required for All claims

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

7.2.2 Documents required in case of Death covered under Section 4.1 (a)

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

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

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

7.2.4 Documents required in case of Temporary Total Disablement (TTD), covered under Section 4.2(a)

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

7.2.5 Documents required for coverage under Section 4.2(b)

- Hospitalisation Expenses due to Accident:

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

7.2.6 Documents required for coverage under Section 4.2(c)

- Education Grant:

- i. Proof to establish relationship – Passport/Education certificate establishing proof of relationship of child with parents/Birth Certificate.
- ii. Photo Identity Proof of Child
- iii. Age proof of Child
- iv. Bonafide Certificate issued by the educational institution confirming that he/she is a full time student of the institution

7.3. Claim Settlement

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document
- ii. In case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the Financial Year in which claim has fallen due)

7.4. Services Offered by TPA

Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of pre-authorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.

The services offered by a TPA shall not include

- i. Claim settlement and claim rejection;
- ii. Any services directly to any insured person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company.

7.5. Payment of Claim

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

SECTION-8 CANCELLATION

- i. The Insured may cancel this Policy by giving 15days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Refund %	
Refund of Premium (basis Policy Period)	
Timing of Cancellation	1 year
Up to 30 days	75%
31 to 90 days	50%
3 to 6 months	25%
6 to 12 months	0%

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

- ii. 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 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

SECTION-9 MORATORIUM PERIOD

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of nondisclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

SECTION-10 FREE LOOK PERIOD

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

- i. The insured will be allowed a period of thirty days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable
- ii. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to
 - a. A Refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or;

- b. Where the risk has already commenced and the option of return of the Policy is exercised by the insured, a deduction towards the proportionate risk premium for period of cover or;
- c. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

SECTION-11 RENEWAL OF THE POLICY

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

- i. The company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iii. At the end of the policy period, the policy shall terminate and can be renewed within the Grace period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- iv. No loading shall apply on renewals based on individual claims experience.
- v. The cover for the Insured shall terminate immediately in the event of admissible claim and settlement of 100% Sum Insured under Coverage Death or Permanent Total Disability and no Renewal of contract will be permissible.
- vi. The insured may also avail an optional cover or opt out of the optional cover at the time of renewal

SECTION-12 PREMIUM PAYMENT IN INSTALMENTS

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- a. The grace period of fifteen days (where premium is paid on a monthly instalments) and thirty days (where premium is paid in quarterly/half-yearly/annual instalments) is available on the premium due date, to pay the premium.
- b. If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected

SECTION-13 PREMIUM PAYMENT IN INSTALMENTS

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

SECTION-14 TERRITORIAL LIMIT

The coverage is worldwide except for the optional cover "Hospitalization expenses due to accident".
The coverage of optional cover "Hospitalization expenses due to accident", is limited to medical treatment taken in India only.

SECTION-15 REDRESSAL OF GRIEVANCE

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

Website: https://indusindinsurance.com
Telephone: (022) 4890 3009 (Paid)
Dedicated Senior Citizen helpline: 022-33834185 (paid line)
E-mail: services@indusindinsurance.com
Fax: +91 22 3303 4662
Courier: Any branch office, the correspondence address, during normal business hours.
Write to us at (Correspondence Only): IndusInd General Insurance., Winway Building 2nd & 3rd Floor, 11/12 Block No-4, Old No-67, South Tukoganj, Indore (M.P) - 452001.
Insured person may also approach the grievance cell at any of the company's branches with the details of grievance
If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at:
Grievance Redressal Officer
The Grievance Cell,
Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai - 400063.
For further details on Grievance redressal procedure please refer: https://indusindinsurance.com/Insurance/About-Us/Grievance-Redressal.aspx
Grievance Redressal officer email ID: headgrievances@indusindinsurance.com
For updated details of grievance officer, kindly refer the link https://indusindinsurance.com/Insurance/About-Us/Grievance-Redressal.aspx
Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms.irdai.gov.in/
Insurance Ombudsman –The insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-A.

SECTION-16 COVERAGE SUMMARY

Name	Saral Suraksha Bima, IndusInd General
Product Type	Individual
Category of Cover	All the covers are benefit based except the optional cover "Hospitalisation Expenses due to Accident" which is indemnity based.
Sum Insured	On Individual basis - SI shall apply to each individual family member
Policy Period	1 year
Base Covers	i. Death ii. Permanent total disablement iii. Permanent partial disablement
Optional Covers	i. Temporary total disablement ii. Hospitalisation Expenses due to Accident iii. Education grant

Cumulative Bonus	Sum insured (excluding CB) shall be increased by 5% in respect of each claim free policy year, provided the policy is renewed without a break subject to maximum of 50% of the sum insured.
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SECTION-19 PREMIUM ILLUSTRATION

Customer Profile	
Proposer	Age 50
No of children	1
Occupation	Doctor
Mode of Purchase	Digital
Basic Cover Sum Insured Opted	5,00,000
Optional Cover	
Temporary Total Disablement Cover	
Opted	No
SI Opted	NA

SECTION-17 OCCUPATION CATEGORY

Below is the description with respect to Occupation Category

Categories	Description	Profession Example
1.	Office workers not engaged in field work or exposed to working with Mechanical machines/hazardous chemicals	Teachers, Doctors, Accountants, Office Executives, Housewives, Software Engineers, Financial Professionals etc
2.	Supervisor' /Manager's of Workers involved in handling Mechanical machines, Substantial travels, onsite construction work, occupations with substantial field work	Reporters, photographers, 'feet on street' sales, Onsite Construction Engineers
3.	Workers involved in handling or operating Mechanical machines, Substantial travels, onsite construction work	Onsite Construction Workers, Security guards (Unarmed), Delivery Agents, Garage Mechanic, Farmer, Collection Agents, Fitters, Welders, Plumbers.
4.	Employees engaged in Armed Forces/Paramilitary Forces/ Guards Armed Police Forces and Others	

SECTION-20 CONTACT US

For any product or service related information or assistance, here's how you can reach us.

Contact details for Policy Servicing	Contact details for Claim Servicing
Name - IndusInd General Insurance Company Limited Correspondence Address – IndusInd General Insurance Winway Building, 2nd & 3rd Floor, 11/12 Block No. 4, Old No. 67, South Tukoganj, Indore (M.P) - 452001. Email ID - services@indusindinsurance.com Contact No.- 022-41112600 Website - www.indusindinsurance.com	Name- IndusInd General Insurance Company Limited Correspondence Address - Health Care: Claims and care management IndusInd General Insurance Co. Limited, No. 1-89/3/B/40 to 42/ ks/301, 3rd floor, Krishi Block, Krishi Sapphire Building, Madhapur, Hyderabad - 500081. Near Durgam Cheruvu Metro Station, Contact No - 022 - 41112600 Website - www.indusindinsurance.com

SECTION-18 DISCOUNTS

Digital Discount	
Online	5%
Section Discount	
Add Ons Opted	Discount %
No Add-ons	0%
1 Add-on	2.50%
2 Add-ons	5%
3 Add-ons	7.50%

SECTION 21: DISCLAIMER

This is only a summary of the product features. The actual benefits available are as described in the policy, and will be subject to the policy terms, conditions and exclusions. Please seek the advice of our insurance advisor if you require any further information or clarification.

SECTION 22: STATUTORY WARNING

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees