

**DIGIT TWO-WHEELER LIABILITY ONLY POLICY – LONG TERM (5 YEARS) ADD-ON COVERS****WORDINGS****LIST OF TWO-WHEELER LIABILITY ONLY POLICY – LONG TERM (5 YEARS) ADD-ON COVERS:**

<b>Sr. No</b>	<b>Add-On Cover</b>	<b>UIN</b>
1	Digit Two-Wheeler Liability only – Long Term (5 Years) – Breakdown Assistance	IRDAN158RP0005V02201819/A0030V01202425
2	Digit Two-Wheeler Liability only – Long Term (5 Years)– Accidental Hospitalization Cover	IRDAN158RP0005V02201819/A0031V01202425
3	Digit Two-Wheeler Liability only – Long Term (5 Years) – Daily Hospital Cash Cover	IRDAN158RP0005V02201819/A0032V01202425

**DEFINITIONS (Applicable to the Add-On Cover)**

You may need to know (more legalese)

The words and phrases listed below have specific meanings mentioned hereunder with respect to Coverages and Exclusions, wherever they appear in the document for purpose of reference.

- Accident, Accidental:** A sudden, unforeseen, unintended event caused by external, visible and/or violent means.
- Add-On Cover Policy:** The Schedule containing information related to You and Your Vehicle, Terms and Conditions, Exclusion and without limitation any Annexure or Endorsement to it, which sets out the Insurance contract between You and Us.
- Vehicle Insurance/ Base Policy:** Two-Wheeler Liability Only Policy – Long Term (5 Years), pertaining to Your Two-Wheeler issued by an IRDAI licensed insurance company covering Third-Party Liability under Section II.
- City of Residence** shall mean City as mentioned in the address declared by **You** at the time of Policy issuance and mentioned in the Policy Schedule.
- Co-Payment:** is a cost-sharing arrangement which provides that the policyholder/insured will bear a specified percentage of the admissible claim amount.
- Digit Authorized Repair Shop:** Any automobile repair shop which is formally approved by Us as preferred Service Provider for repair of Your Vehicle.
- Policy Period:** The Period from the Commencement Date and Time to the Expiry Date and Time as shown in the Policy Schedule of Vehicle Insurance.
- Policy Schedule:** Policy schedule is the part of the insurance contract that identifies the policyholder and includes details of the property and persons covered, the amount of coverage, the extent of coverage including Add-On Covers (if opted), the exclusions, and the payment receipt details.
- We, Our, Us, Digit:** Go Digit General Insurance Ltd.
- Your Vehicle/Insured Vehicle:** The Vehicle Insured by us as per the Add-On Cover Policy.
- You, Your:** The person or persons whose vehicle are insured as set out in the Policy Schedule.

**DIGIT TWO-WHEELER LIABILITY ONLY – LONG TERM (5 YEARS) – BREAKDOWN ASSISTANCE**

**A. ADD- ON WORDINGS**

If **You** have opted for this Add on Cover, **You** shall be entitled to one or more of the below mentioned services or benefits from **Us** or Assistance Service Provider depending on the Plan opted by **You** under this **Add-On Cover** and as shown in the **Policy Schedule**.

- I. Flat Battery:** In Case of **Your Vehicle** being immobilized due to malfunctioning of battery within the limit specified in the Policy Schedule **We** would make an alternate arrangement to make **Your Vehicle** mobile.  
Provided always that:
- Vehicle** has not already reached a workshop/repairer.
  - We** would pay for all labour and conveyance costs towards this assistance.
  - You** would bear any Cost of charging/replacement of battery.
- II. Spare Keys:** If **Your Vehicle** keys are lost within 50 kms from **Your** city of residence, we would arrange for pickup and delivery of the spare keys of **Your Vehicle** to the place where the **Vehicle** is located.  
Alternatively, in the absence of spare keys, **We** would provide the service of unlocking **Your Vehicle** with the help of vehicle technicians at the location of the vehicle.  
Provided always that:
- We** would pay for all labour and conveyance costs towards this assistance
  - You** need to submit an Identity Proof to prove the Ownership of the **Vehicle**.
  - There is no restriction from vehicle manufacturer in unlocking the vehicle which may lead to electrical or mechanical breakdown of the vehicle.
- III. Flat Tyre:** In Case of **Your Vehicle** being immobilized due to flat tyres within the limit specified in the Policy Schedule, **We** would assist **You** in either of the following ways:
- Organize for a vehicle technician to replace the flat tyre with the spare tyre of the vehicle at the location of breakdown  
or
  - In the event of repairs not being possible at the place of breakdown, arrange to take the flat tyre to the nearest place of repair and deliver the tyre back to the place of breakdown & attach it to **Your Vehicle**.  
Provided always that:
- We** would pay the expenses on labour cost and conveyance cost, in relation to point (1) and (2) above,
  - You** would bear any expenses on material/spare parts and any other incidental costs, if required while carrying out the repairs
- IV. Minor Repairs:** In Case of **Your Vehicle** being immobilized due to a minor mechanical/electrical fault within the limit specified in the Policy Schedule, **We** would assist **You** with telephonic assistance to come up with solutions for such minor mechanical errors/faults/non-functioning of the insured's vehicle or sending a vehicle technician to the location of breakdown to carry out the Minor Repairs.  
Provided always that:
- We** would pay the expenses on labour cost and conveyance cost
  - Minor Repairs, for the purpose of this Add-On, would be defined as repairs which can be carried out at the location of breakdown/accident, requiring no spares and less than 45 minutes of labour time.
- V. Towing Facility:** In the event of **Your Vehicle** being immobilized or rendered unfit for the purpose of driving on the road which cannot be repaired on the spot of break down or accident, **We** would arrange for appropriate towing services to the nearest **Digit Authorized Repair Shop**.  
In case **Your** vehicle is an electric vehicle and is immobilized due to battery runs out of charge and if battery swap is not available then **We** will arrange for appropriate towing services to charging station/ vehicle workshop / **Your** Home / **Your** Office, whichever is nearest.  
Provided always that:
- We** will bear the cost of Towing the Insured Vehicle up to maximum number of kilometres (as mentioned in the policy schedule) from the place of immobilization of the vehicle, subject to a limit of towing amount (as mentioned in the Policy Schedule).

b. Any cost and expenses pertaining to towing of the Insured Vehicle over and above km specified or over and above the limit of towing amount (as mentioned in the Policy Schedule) shall be borne by **You**.

**VI. Urgent Message Relay to relatives:** If **Your Vehicle** gets immobilized as a result of an accident and/or breakdown, **We** would arrange to send urgent message to the specified persons, as requested by **You**, through available means of communication.

**VII. Facilitate Finding Closest Dealer:** If **Your Vehicle** gets immobilized as a result of an accident and/or breakdown, **We** facilitate **You** in finding closest dealer of **Your** vehicle.

**VIII. Medical Coordination:** If **Your Vehicle** meets with an accident as a result of which **You** and/or any of the travelling passengers requires medical care, **We** will help in arranging ambulance service for transferring such passengers to nearest available Medical Centre/ hospital. **We** will also arrange for the telephonic contact details of the nearest available Medical Centre.

Provided always that:

a. **You** will bear the expenses incurred on availing ambulance services

**IX. Fuel Assistance (not applicable in case of Electric Vehicle):**

1. In case of **Your Vehicle** being immobilized due to emptying of fuel tank within the limit specified in the policy schedule, **We** would arrange for supply of up to **five** litres of fuel, at the location of the breakdown.

2. In case of **Your Vehicle** being immobilized due to contaminated fuel or incorrect fuel within the limit specified in the Policy Schedule, **We** would arrange for towing the Insured's vehicle to nearest garage (for the purpose of emptying the fuel tank).

Provided always that:

a. **You** will bear all expenses on fuel

b. **We** will bear all charges towards the towing of the vehicle

c. Towing of the vehicle is subject to the terms and conditions as mentioned under – "Towing Facility".

**X. Battery Charging Assistance (Applicable in case of Electric Vehicle)**

In case of **Your Vehicle** being immobilized due to battery of **Your** electric vehicle runs out of charge within the limit specified in the Policy Schedule, **We** will arrange for a mobile generator van or portable mobile generators at the vehicle location, which will help in charging vehicle battery, provided always that the charging from generator driven van will be available for 30 mins or till the time battery charge reaches 30% (whichever is earlier). Any additional charging cost over and above 30 mins or 30% battery charge will be borne by **You**.

In the event of **We** are being unable to arrange for a mobile charging station service, **We** will arrange for towing service of the vehicle to charging station/ vehicle workshop / **Your** Home / **Your** Office, whichever is nearest, subject to terms and conditions as mentioned under – "Towing Facility".

**XI. Battery Swapping (Applicable in case of Electric Vehicle)**

In case of **Your Vehicle** being immobilized due to battery of **Your** electric vehicle runs out of charge with 50 kms from **Your** residence, **We** would arrange for pickup of battery of **Your** vehicle available for swapping from **Your** residence and delivery of the battery at the vehicle location.

**XII. Custody Services:** In case of **Your** vehicle being immobilized due to an accident / breakdown and **You** wishes to avoid/reduce wait time for the towing vehicle, **We** will dispatch a custody service that will take possession of **Your** vehicle and allow **You** to continue **Your** onward journey.

**XIII. Taxi benefits:** In case of **Your vehicle** being immobilized due to an accident / breakdown at max 500 kms away from **Your City of Residence**, **We** shall provide free travel to the occupants of the Insured vehicle to a single destination, subject to maximum of limit as specified in the Policy Schedule.

Provided always that:

a. The required time of repair of the Insured vehicle exceeds 6 hours from the time of the accident / breakdown.

b. The number of individuals seated in the Insured vehicle is not more than the maximum seating capacity of the Insured vehicle.

In the unlikely event of **We** being unable to arrange for this service, **We** may request **You** to arrange for the taxi or any other transportation services available on **Your** own and submit the bill for the pre - authorized amount for reimbursement to **Us**.

- XIV. Accommodation Benefits:** In case of **Your Vehicle** being immobilized due to an accident / breakdown at least 500 kms away from **Your City of Residence**, **We** shall provide occupants of the Insured vehicle with a hotel accommodation / stay arrangement for one-day subject to a per day limit of amount (as specified in Policy Schedule) per occupant (not exceeding the maximum seating capacity of the insured vehicle) and a maximum total limit as specified in the Policy Schedule for the actual occupants at the time of loss. Provided always that:
- The required time of repair of the Insured vehicle exceeds 6 hours from the time of the accident /breakdown
  - We won't provide accommodation benefits if we have provided taxi benefit.

In the unlikely event of **We** being unable to arrange for this service, **We** may request **You** to arrange for accommodation on **Your** own and submit the bill for the pre - authorized amount for reimbursement to **Us**.

- XV. Legal Advice:** If **Your Vehicle** meets with an accident, as a result of which **You** require the services of a legal advisor, **We** will arrange for the telephonic contact details of an appropriate legal advisor belonging to a nearby area as requested by **You**.

Provided always that:

- We** will intimate **You** of all charges payable for the services of such legal advisor and all such charges will be borne by **You**.

- XVI. Value added Services:** In order to help **You** to take care of **Your** vehicle in a better way, **We** will provide value added services, so that **Your** vehicle is less prone to breakdowns. These value-added services include but not limited to **Your** vehicle general check-up, wheel alignment, discount on labour charge for periodic service of Vehicle, Vehicle washing and engine oil top up (upto 100 ml only). Details of Value-added services as available on **Your** policy will be mentioned in **Your** Policy Schedule.

## B. CONDITIONS

- The benefits under 'Breakdown Assistance' can be utilized for a maximum of 4 times (unless specifically mentioned otherwise in the Policy Schedule) during the **Add -On Cover Policy Year** except for 'Fuel Assistance', 'Taxi Benefits' and 'Accommodation Benefits' for which the aggregate utilization limit is 2 times during the **Add-On Cover Policy Year**.
- Claims made by **You** against **Us** under 'Breakdown assistance' are subject to the terms and conditions set forth under **Vehicle Insurance**.
- List of cities where **We** offer breakdown assistance service is available on our website and can be updated from time to time.
- Value Added Services will be provided through the Company's network garages or through the network of its service providers.

## C. EXCLUSIONS

In addition to the General Exclusions listed under your **Vehicle Insurance**, **we** shall not be liable to pay any claim whatsoever in the event of the following:

- Where **Your Vehicle** can be safely transferred on its own power to the nearest dealer/workshop.
- Any loss or damage caused due to theft, earthquake, acts of terrorism, riots, strikes, Act of God perils like flood, earthquake etc and confiscation, intervention of Government Authorized Agencies, Police Authorities or Law Enforcing Agencies.
- The cost of any parts, components/consumables or materials used to repair **Your Vehicle**, unless specifically covered under **Your** policy.
- Repair and labour costs other than 45 minutes of roadside labour on the spot of accident in case of minor repairs.
- Any loss or damage arising out of any action of **Yours** which violate law of the land.
- Any loss or damage caused to **Your Vehicle** when it is being used /driven against the recommendation of the owner's / manufacturer's manual.
- Any claims where services have been availed of without **Our** prior consent.

D. **WHAT TO DO IN CASE OF BREAKDOWN:** If **Your Vehicle** breaks down, please call **Our** Assistance Service Provider at 1800-258-5956 or 1800-103-4448. Please have the following information ready to share with the call recipient, who will use it to validate **Your** Policy,

- **Your** telephone number which our Assistance Service Provider can call **You** back on
- **Your Vehicle** registration
- **Your** insurance Policy number
- The precise location of **Your** Vehicle (or as accurate as **You** can be in the circumstances)
- **Your** Vehicle make, model and colour together with any specific details, which may assist **Us** in locating **You** Quickly

We will take **Your** details and ask **You** to remain nearby the mobile phone **You** are calling from. Once our Assistance Service Provider has made all the arrangements, they will contact **You** to advise who will be coming out to **You** and how long they are expected to take. **Your** mobile phone must therefore be switched on and available to take calls at all times. **You** will then be asked to return to **Your** Vehicle. Please remember to guard **Your** safety at all times and remain with or near **Your** Vehicle until the assistance arrives. Once the assistance arrives at the scene, please be guided by their safety advice. If the Police or Highways Agency are present at the scene please advise them that **You** have contacted our Assistance Service Provider or give them our Assistance Service Provider's telephone number to call Assistance Service Provider on **Your** behalf.

E. **Plans Available under the Add on Cover:**

There are 4 plans available under this add on cover. Coverage available under your policy will be as per Plan opted by **You** and mentioned in the **Policy Schedule**.

*Yes, means included;*

*No, means excluded under the respective plans in table*

Services	Plans			
	Basic Plan	Standard Plan	Comprehensive Plan	Platinum Plan
Flat Battery	Yes	Yes	Yes	Yes
Spare Key	Yes	Yes	Yes	Yes
Flat Tyre	Yes	Yes	Yes	Yes
Minor Repairs	Yes	Yes	Yes	Yes
Towing Facility	Yes	Yes	Yes	Yes
Urgent Message Relay to relatives	Yes	Yes	Yes	Yes
Facilitate finding closest dealer	Yes	Yes	Yes	Yes
Medical Co-ordination	Yes	Yes	Yes	Yes
Fuel assistance	No	Yes	Yes	Yes
Battery Charging Assistance	No	Yes	Yes	Yes
Battery Swapping	No	Yes	Yes	Yes
Custody Services	No	Yes	Yes	Yes
Taxi benefits	No	No	Yes	Yes
Accommodation benefits	No	No	Yes	Yes
Legal Advice	No	No	Yes	Yes
Value Added Services	No	No	No	Yes

F. **CANCELLATION CLAUSE APPLICABLE TO ADD-ON COVER:**

Cancellation Condition of the Add-On Cover will be same as that mentioned in Your Vehicle Insurance (Base Policy) to which this Add-On Cover is attached.

Subject otherwise to all other terms, conditions, limitation and exclusions mentioned in Your Vehicle Insurance Policy.

**DIGIT TWO-WHEELER LIABILITY ONLY – LONG TERM (5 YEARS) - ACCIDENTAL HOSPITALIZATION COVER****A. ADD-ON WORDINGS**

If **You** have opted for this Add-On Cover and **You** and/or any other occupant of the insured vehicle (if opted) sustains an Accidental Bodily Injury during the Policy Period whilst mounting and dismounting from or driving or traveling in the insured vehicle, that requires Hospitalization as an inpatient for a minimum period of 24 consecutive hours, **We** will pay **You** all Reasonable and Customary Charges that are Medically Necessary Treatment and Incurred in respect of an admissible claim. The claim can be made under the following benefits and up to the Sum Insured mentioned in **Your** Policy Schedule against this Add-On Cover:

<b>Accommodation/Room Rent</b>	Hospital accommodation in a ward, shared or private room.
<b>ICU</b>	Intensive Care Unit (ICU) Charges
<b>Professional Fees</b>	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
<b>Medication</b>	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient's Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
<b>Diagnostic</b>	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
<b>Theatre Fees</b>	Operation Theatre Fees

**Additional Inbuilt Covers:****a. Day Care Procedures**

If **You** and/or any other occupant of the insured vehicle (if opted) sustains Accidental Bodily Injury during the Policy Period whilst mounting and dismounting from or driving or traveling in the insured vehicle, due to which Insured needs to undergo medical treatment and/or surgical procedure as an inpatient under General or Local Anaesthesia in a hospital/day care centre for a stay less than 24 hour because of technological advancement, **We** will pay the Medical Expenses Incurred for such Day Care Procedures.

Treatment normally taken on an out-patient basis (OPD treatment) is not included in the scope of this Cover.

**b. Road Ambulance**

**We** will pay for the expenses incurred on road transportation by a Healthcare or an Ambulance Service Provider to a Hospital for treatment following an Emergency arising out of an Accident, provided that:

- We** have accepted claim under accidental hospitalisation, as provided under this add on cover.
- The maximum liability for road ambulance per Hospitalization is restricted to the limit as mentioned in **Your** Policy Schedule.
- The Coverage also Includes **Your** cost of road Transportation from a Hospital to another nearest Hospital which is prepared to admit **You** and provide the necessary medical services, if such medical services cannot satisfactorily be provided at a Hospital where **You** are situated. Such road Transportation has to be prescribed by a Medical Practitioner and/or should be Medically Necessary.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

**B. CONDITIONS**

- Any other occupant(s) of the vehicle can be covered under the Policy only if specifically opted by **You** and mentioned in the Policy Schedule. The aggregate liability of the Company for all the persons covered under this cover will be limited up to the Sum Insured mentioned in the Policy Schedule against this add on cover.
- Number of persons travelling on the insured vehicle should not exceed the number specified in the registration certificate valid at the time of occurrence of the accident.
- Maximum number of claims payable during the Policy year will be as mentioned in the Policy Schedule.
- Accidental bodily injury sustained by **You** and/or any other occupant of the vehicle should be in direct relation with insured vehicle.

**C. EXCLUSIONS**

In addition to the General Exclusions listed under **Your Two-Wheeler Insurance (Base Policy)**, **We** shall not be liable to pay any claim whatsoever under this cover in the event of the following:

1. Any Hospitalization/ treatment which is not related to the covered Accidental Bodily Injury.
2. **Investigation & Evaluation- Code- Excl04**
  - a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
  - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
3. **Breach of law: Code- Excl10**  
Expenses for treatment directly arising from or consequent upon **You** or vehicle occupant(s) committing or attempting to commit a breach of law with criminal intent.
4. 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. **Code- Excl13**
5. 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**
6. **Unproven Treatments: Code- Excl16**  
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.
7. We do not cover treatment directly or indirectly arising from or contributed or aggravated or accelerated by any of the following:
  - a) Suicide or attempted suicide or intentional self-injury
  - b) Use or consumption of narcotic or intoxicating drugs or alcohol or solvent, or taking of drugs (except under the direction of a Medical Practitioner)
  - c) Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs
8. Any Hospitalization for an existing disability from a previous Accident which has occurred prior to the first of this Policy.
9. Consequential losses of any kind.
10. Any expense on treatment of Insured as outpatient (OPD Treatment).
11. Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of any of these.
12. Prosthetics and other devices NOT implanted internally by surgery.
13. Non-Medical Expenses: Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies including but not limited to charges for admission, discharge, administration, registration, documentation and filing. (Please visit our website for complete list of non-medical items)
14. 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.
15. Chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel.

**D. CLAIMS PROCESS**

Facility can be availed from any hospital within India of **Your** Choice Wherein **You** will have to make payment directly to the Hospital and submit the documents to **Us** for processing the reimbursement of the claim amount provided that:

1. **We** should be intimated immediately and in any event within 48 hours of date of admission in hospital.
2. In any event within 15 days from the date of discharge from hospital, submit all claim documents to **Us**.
3. For Claim **You** shall follow the below Procedure:
  - a. 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.
  - b. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim as per the rate specified in prevailing regulatory provision
  - c. 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.
  - d. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder as per the rate specified in prevailing regulatory provision from the date of receipt of last necessary document to the date of payment of claim.
  - e. In case of **Your** and/ or any other occupant's Death, **We** shall reimburse the claim amount to **Your** / any other occupant's Nominee as named in the Policy Schedule or Legal representative holding a valid succession certificate.

**Note:** There are times when **You** or any other person who could claim on **Your** behalf, may be in such a state of hardship, that **You** or Such other person is unable to give **Us** a notice or file a claim within the prescribed time limit. In such cases, condonation of delay can be done by waiver of conditions 1 and 2 above may be considered where the reason for delay is proved to our satisfaction.

**4. List of Documents**

We have tried to reduce the number of documents **You** need to share but we shall not be liable to pay any claim in case all the necessary mandatory documents as mentioned in **Our** claims process are not submitted to **Us**.

- a. Duly Filled and Signed Claim form
  - b. Discharge Summary
  - c. Original Hospital Main Bill
  - d. Original Hospital Bill Breakup of Various Expenses
  - e. Original Pharmacy Bills
  - f. Prescription for the Medicine Purchased (Except Hospital Supply) and investigation done outside the hospital
  - g. Consultation Paper
  - h. Investigation Reports
  - i. Digital Images/CDs of the investigation Procedures (If required)
  - j. MLC/FIR Reports (If applicable)
  - k. Original Invoice/Sticker (If applicable)
  - l. Postmortem Reports (If applicable)
  - m. Attending Physician Certificate (If applicable)
  - n. Death Certificate (If applicable)
  - o. KYC (Photo ID card)
  - p. Bank Details with Cancelled Cheque
  - q. Any other document required on case-to-case basis.
5. If any claim made by **You** or persons covered under the add on cover is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means, all benefits and the premium paid shall be forfeited.

**E. DEFINITIONS SPECIFIC TO THIS ADD ON COVER:**



1. **Day Care Centre** means any institution established for day care treatment of disease/ injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:
  - i. has qualified nursing staff under its employment;
  - ii. has qualified medical practitioner (s) in charge;
  - iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
  - iv. maintains daily records of patients and shall make these accessible to the Company's authorized personnel.
2. **Day Care Treatment** means medical treatment, and/or surgical procedure which is:
  - i. Undertaken under general or local anaesthesia in a hospital/day care centre in less than twenty-four hours because of technological advancement, and
  - ii. which would have otherwise required a hospitalisation of more than twenty-four hours.
 Treatment normally taken on an out-patient basis is not included in the scope of this definition.
3. **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:
  - i) has qualified nursing staff under its employment round the clock;
  - ii) 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;
  - iii) has qualified medical practitioner(s) in charge round the clock;
  - iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
4. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
5. **Injury/ Bodily 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.
6. **In-Patient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
7. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
8. **ICU Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
9. **Medical Practitioner/Doctor** 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.  
The registered practitioner should not be the insured or close member of the family.
10. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
  - (i) is required for the medical management of the illness or injury suffered by the insured;
  - (ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
  - (iii) must have been prescribed by a medical practitioner;
  - (iv) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
11. **OPD treatment** means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

12. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
13. **Sum Insured** means the amount as opted by You and stated in the Policy Schedule against the Cover for each insured person for Individual Sum Insured Policy and aggregately for all insured members for a Floater Policy.
14. **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.
15. **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.

**F. CANCELLATION CLAUSE APPLICABLE TO ADD-ON COVER:**

Cancellation Condition of the Add-On Cover will be same as that mentioned in Your Vehicle Insurance (Base Policy) to which this Add-On Cover is attached.

Subject otherwise to all other terms, conditions, limitation and exclusions mentioned in Your Vehicle Insurance Policy.

**DIGIT TWO-WHEELER LIABILITY ONLY - LONG TERM (5 YEARS) - DAILY HOSPITAL CASH COVER****A. ADD-ON WORDINGS**

If **You** have opted for this Add on Cover, **We** agree to pay a Daily Cash Allowance, amount as mentioned in the Schedule, for each continuous and completed period of 24 hours of Hospitalization arising out of Accidental Bodily Injury sustained by **You** and/or any other occupants of the insured vehicle (if opted) whilst mounting and dismounting from or driving or traveling in the insured vehicle during the Policy Period, for a maximum number of days as mentioned in **Your** Policy Schedule.

If **You** are hospitalized in the **Intensive Care Unit (ICU)** of a hospital for each continuous and completed period of 24 hours, **We** will pay twice the daily cash allowance mentioned in the policy schedule.

Payment of claim under this add on cover is subject to the time excess as opted and mentioned in the Policy Schedule.

**B. Conditions**

1. Any other occupant(s) of the vehicle can be covered under the Policy only if specifically opted by **You** and mentioned in the Policy Schedule.
2. The maximum period for which the Daily Allowance would be paid to **You** and/or any other occupants would not exceed the benefit period during the Policy Period, per occupant as opted. This period would be inclusive of the period of stay in Intensive Care Unit of a Hospital during the Policy Period.
3. For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of admission is considered to be a day.
4. Number of persons travelling on the insured vehicle should not exceed the number specified in the registration certificate valid at the time of occurrence of the accident.
5. Accidental bodily injury sustained by **You** and/or any other occupant of the vehicle leading to hospitalization should be in direct relation with insured vehicle.

**C. Exclusions**

In addition to the General Exclusions listed under **Your** Two-Wheeler Insurance(Base Policy), **We** shall not be liable to pay any claim whatsoever under this cover in the event of the following:

1. Any Hospitalization which is not related to the covered Accidental Bodily Injury
2. Any Hospitalisation directly arising from or consequent upon **You** or vehicle occupant(s) committing or attempting to commit a breach of law with criminal intent.
3. Any Hospitalisation directly or indirectly arising from or contributed or aggravated or accelerated by any of the following:
  - a) Suicide or attempted suicide or intentional self-injury
  - b) Use or consumption of narcotic or intoxicating drugs or alcohol or solvent, or taking of drugs (except under the direction of a Medical Practitioner)
  - c) Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs
4. Any Hospitalization for an existing disability from a previous Accident which has occurred prior to the first of this Policy.
5. Consequential losses of any kind
6. Any Hospitalisation arising out of 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.
7. Any Hospitalization arising out of Chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel.

**D. Claims Process**

1. **We** should be intimated immediately and in any event within 48 hours of date of admission in hospital.
2. In any event within 15 days from the date of discharge from hospital, submit all claim documents to Us.
3. For Claim **You** shall follow the below Procedure

- a. 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.
- b. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- c. 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.
- d. 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.
- e. In case of **Your** and/ or any other occupant's Death, **We** shall pay the claim amount to **Your** / any other occupant's Nominee as named in the Policy Schedule or Legal representative holding a valid succession certificate.

**Note:** There are times when **You** or any other person who could claim on **Your** behalf, may be in such a state of hardship, that **You** or Such other person is unable to give **Us** a notice or file a claim within the prescribed time limit. In such cases, condonation of delay can be done by waiver of conditions 1 and 2 may be considered where the reason for delay is proved to our satisfaction.

#### 4. **List of Documents**

**We** have tried to reduce the number of documents **You** need to share but we shall not be liable to pay any claim in case all the necessary mandatory documents as mentioned in **Our** claims process are not submitted to **Us**.

- a. Duly Filled and Signed Claim form
- b. Discharge Summary
- c. Medical Records (Optional Documents may be asked on need basis: Indoor case papers, OT notes, PAC notes etc.)
- d. Copy of Hospital Main Bill
- e. Investigation Reports & Consultation Papers
- f. Attending Physician Certificate (If applicable)
- g. FIR Reports (if applicable)
- h. Death Certificate (If applicable)
- i. \*KYC (Photo ID card) (If applicable)
- j. Bank Details with Cancelled Cheque
- k. Any other document required on case-to-case basis.

5. If any claim made by **You** or persons covered under the add on cover is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means, all benefits under this policy and the premium paid shall be forfeited.

#### E. DEFINITIONS SPECIFIC TO THIS ADD ON COVER:

1. **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:
  - (i) has qualified nursing staff under its employment round the clock;
  - (ii) 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;
  - (iii) has qualified medical practitioner(s) in charge round the clock;
  - (iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - (v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
2. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

3. **Injury/ Bodily** 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.
4. **Intensive Care Unit (ICU)** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
5. **Medical Practitioner/Doctor** 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.  
The registered practitioner should not be the insured or close member of the family.

**F. CANCELLATION CLAUSE APPLICABLE TO ADD-ON COVER:**

Cancellation Condition of the Add-On Cover will be same as that mentioned in Your Vehicle Insurance (Base Policy) to which this Add-On Cover is attached.

Subject otherwise to all other terms, conditions, limitation and exclusions mentioned in Your Vehicle Insurance Policy.