

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Please Note: This Customer Information Sheet provides information available under this Product. Kindly refer to the Policy Schedule/COI to know exact details of coverage opted by You.

SI No	Title	Description	Policy Number	Clause
1	Name of Insurance Product/ Policy	“Digit Comprehensive Group Protect Policy” UIN: GODHLGP24125V012324		
2	Policy number	As per the Policy Schedule		
3	Type of Insurance Product/ Policy	<p>On Indemnity Basis: Section 10. Trauma Counselling Section 14. Lifestyle Modification Section 15. Expense for External Aids and Appliances Section 16. Compassionate Visit Section 21. Critical Illness Hospitalization Cover Section 23. Cancer Hospitalization Cover Section 25. Heart Protect Hospitalization Cover Section 27. Organ Failure Hospitalization Cover Section 28. EMI Protection Cover Section 29. Loss of Employment Section 30. Hospitalization Cover Section 31. Infertility Treatment Cover Section 32. Organ Donor Section 33. Alternate Treatment (AYUSH) Cover- (Mandatory In-Built cover in Section-30 Hospitalization Cover) Section 34. Emergency Air Ambulance Section 36. Maternity & Newborn Baby Cover Section 37. Home (Domiciliary) Hospitalisation Section 39. Outpatient (OPD) Benefit</p> <p>On Benefit Basis: Section 1. Accidental Death</p>		I. Coverage

		<p>Section 2. Permanent Total Disablement Section 3. Permanent Partial Disablement Section 4. Temporary Total Disablement Section 5. Children Education Benefit Section 6. Marriage Expense for Children Benefit Section 7. Orphan Benefit for Children Section 8. Funeral Expenses Section 9. Transportation Expenses Section 11. Coma Benefit Cover Section 12. Fracture Cover Section 13. Burns Cover Section 17. Miscarriage Due to Accidental Injury Section 19. HIV Cover Section 20. Critical Illness Benefit Cover Section 22. Cancer Benefit Cover Section 24. Heart Protect Benefit Cover Section 26. Organ Failure Benefit Cover Section 35. Long Hospitalization Cash Benefit Section 38. Sum Insured Refill Benefit Section 41. Daily Cash Benefit Section 42. Fixed Cash Benefit Section 43. Companion Benefit Cash Allowance Cover Section 44. Parent Accommodation Cash Allowance Cover Section 45. Loan Shield Section 46. Loss of Pay Section 47. Health Check Up Section 48. Wellness Benefit Program</p> <p>Both Benefit and Indemnity Basis Section 18. Hazardous or Adventure Sports cover Section 40. Illness Cover</p>	
4	Sum Insured (Basis) (Along with amount)	This product can be on "Individual Sum Insured" as well as on "Floater Sum Insured" basis. Please refer Your Policy Schedule/COI to know the Sum Insured basis applicable to Your Policy.	NA

		<ul style="list-style-type: none"> • Individual Sum Insured -Where each member has a separate sum insured under the policy) • Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilised by any or all. <p>Aggregate Sum Insured as per policy schedule/COI (Including cumulative bonus, if any)</p> <p>Important Note: Please refer to your policy schedule for more details on section-wise sum insured.</p>	
5	<p>Policy Coverage (What am I covered for?) (Policy Clause Number/s)</p>	<p>A. COVERAGE</p> <p>I. DIGIT GROUP COMPLETE SECURE POLICY</p> <p>This portion comprises of following 48 sections:</p> <p><u>SECTION 1. ACCIDENTAL DEATH</u></p> <p>If You sustain an Accidental Bodily Injury during the Policy Period, which is the sole and direct cause of Your Death within twelve (12) months from the date of accident, then We will pay 100% of the Sum Insured, as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.</p> <p><u>Inbuilt Benefits:</u></p> <p>Below are the inbuilt benefits under Section 1. Accidental Death and We will pay 100% of the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, in the below events:</p> <p>a. Disappearance: We shall be liable to be pay under this benefit, if the Insured Member’s full body cannot be located within a period of consecutive twelve (12) months, following a forced landing, stranding, sinking, or wrecking of a Common Carrier in which such Insured Member was known to have been travelling as a fare paying passenger or in any event arising as a result of Act of God Perils during the Policy Period, where it is reasonable to believe that such Insured Member has died as a result of an Accidental Injury.</p> <p>b. Drowning: We shall be liable to be pay under this benefit, if the Insured Member’s full body cannot be located within a period of consecutive twelve (12) months, on account of Drowning during the Policy Period, where it is reasonable to believe that such Insured Member has died as a result of drowning.</p>	<p>C.I. Section 1.</p>

For both (a) and (b) above, We will only pay, when the nominee or the legal heir provides a legally binding indemnity bond or any other document as required by Us which guarantees, that, if at any time, after the payment of the Accidental death benefit, it is discovered that the Insured Person is still alive, all payments shall be repaid in full to Us.

Once a claim has been accepted under this Section, this Policy will immediately and automatically cease in respect of that Insured Person. Also, "Section 5. Children Education Benefit", "Section 6. Marriage Expense for Children", "Section 7. Orphan Benefit for Children", "Section 8. Funeral Expenses", "Section 9. Transportation Expenses", "Section 10. Trauma Counselling", "Section 16. Compassionate Visit" wherever opted, will cease on payment of entire Sum Insured in respect of the Insured Person against whom a claim has been accepted under this Section.

This Cover is subject to terms, conditions, limitations, sum insured basis and exclusions mentioned in the Policy.

SECTION 2. PERMANENT TOTAL DISABLEMENT

If You have opted for this Cover, and You sustain an Accidental Bodily Injury during the Policy Period, which is the sole and direct cause of Your "Permanent Total Disablement" within twelve (12) months from the Date of accident, then We will pay 100% of Sum Insured, as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

C.I. Section 2

Specific Conditions:

- 1.If the Insured Member suffers Accidental Injuries resulting in more than one of the Permanent Total Disablement, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured opted by You and mentioned against this Section.
- 2.Once a claim has been accepted under this Section, this Policy will immediately and automatically cease in respect of that Insured Person. Also, "Section 5. Children Education Benefit", "Section 6. Marriage Expense for Children", "Section 10. Trauma Counselling", "Section 20. Lifestyle Modification Benefit", "Section 15. Expense for External Aids & Appliances", "Section 16. Compassionate Visit" wherever opted, will cease on payment of entire Sum Insured in respect of the Insured Person against

whom a claim has been accepted under this Section.

This Cover is subject to terms, conditions, limitations, sum insured basis and exclusions mentioned in the Policy.

SECTION 3. PERMANENT PARTIAL DISABLEMENT

If You have opted for this Cover, and You sustain an Accidental Bodily Injury during the Policy Period, which is the sole and direct cause of Your Permanent Partial Disablement within twelve (12) months from the Date of accident, then We will pay the percentage of Sum Insured, as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, as per the following Scale.

C.I. Section 3

Permanent Partial Disablement –Table of Benefits

Nature of Injury	% of Sum Insured
Loss of each arm at the shoulder joint	70%
Loss of each leg above centre of the femur	70%
Loss of each arm to a point above elbow joint	65%
Loss of each leg up to a point below the femur	65%
Loss of each arm below elbow joint	60%
Loss of each hand at the wrist	55%
Complete and irrecoverable loss of sight of an eye	50%
Loss of each leg to a point below the knee	50%
Loss of each leg up the centre of tibia	45%
Loss of each foot at the ankle	40%
Loss of hearing in each ear	30%
Loss of each thumb	20%
Loss of each index finger	10%
Loss of sense of smell	10%

Loss of each other finger	5%
Loss of each big toe	5%
Loss of sense of taste	5%
Loss of each other toe	2%

For the purpose of this Cover, Loss means:

- a. The physical separation of a body part, or**
- b. The total loss of functional use of body part or organ provided this has continued for at least 12 calendar months from the date of accident, provided that We must be satisfied at the expiry of the 12 calendar months that there is no reasonable medical hope for improvement.**

Specific Conditions:

- 1. If the Insured Member suffers Accidental Injuries resulting in more than one Permanent Partial Disablement, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.**
- 2. If the Insured Member suffers from a Permanent Partial Disablement not listed in the above table then an external medical advisor will determine the disablement percentage. For this section External Medical Advisor refers to an independent physician/surgeon who is an expert in the subject matter and is not working as on roll or off roll/ contract basis with the Insurer.**
- 3. On acceptance of a claim under this Benefit, the Insured Member's Cover under this Benefit and Other Benefit opted under this Policy shall continue, subject to the availability of the Sum Insured, terms, conditions and Exclusion of this Policy.**

This Cover is subject to terms, conditions, limitations, sum insured basis and exclusions mentioned in the Policy .

SECTION 4. TEMPORARY TOTAL DISABLEMENT

If You have opted for this Cover, and You sustain an Accidental Bodily Injury during the Policy Period, which is the sole and direct cause of a Temporary Total Disablement and which completely prevents You from performing each and every duty pertaining to Your employment or occupation on a temporary basis, then We will pay a weekly benefit, amount of which is mentioned in Your Policy

C.I. Section 4

Schedule/Certificate of Insurance against this Section, provided that:

- 1.The Temporary Total Disablement is certified by a Medical Practitioner and submission of supporting documents/reports with respect to clinical examination, radiological scanning or imaging and/or neurological fallout testing as submitted to US, failing which We shall not be liable for any claim under this Section.**
- 2.We will stop making payments when We are satisfied that You can engage in Your occupation again or when We have made payments for number of weeks as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance for any one injury calculated from the date of commencement the temporary total disablement as certified by the treating Medical Practitioner, whichever is earlier.**
- 3.We shall not be liable to make any payment under this Benefit in respect of the Insured Person for more than the Total Number of weeks as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance for any and all claims arising within the Policy Period under this Benefit.**
- 4.The benefit shall not be paid for the Time Excess mentioned in Your Policy Schedule/Certificate of Insurance i.e. for the number of days as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance calculated from the date of commencement of Temporary Total Disablement.**
- 5.In case the Temporary Total Disablement is for a period less than a week, the benefit payable shall be calculated on proportionate basis in relation to the weekly benefit.**
- 6.We will not pay any amount in excess of the Insured Person's base weekly income net of tax and other deductions, excluding overtime, bonuses, tips, commissions, or any other special compensation.**
- 7.In case of any dispute with respect to the duration of Temporary Total Disablement, the duration shall be finally determined by a Doctor/Medical Practitioner mutually appointed by the Insured and Insurer, who certifies the final date upon which the Insured recovered and fit to perform each and every duty pertaining to his / her employment or occupation.**

This Cover is subject to terms, conditions, time excess, limitations and exclusions mentioned in the Policy.

SECTION 5. CHILDREN EDUCATION BENEFIT

If You have opted for this Cover and We have accepted a claim under "Section 1. Accidental Death" and/or "Section 2. Permanent Total Disablement", then We will pay the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate

C.I. Section 5

of Insurance against this Section, towards the cost of education of Your dependent child (children) irrespective of whether the child(children) is an Insured Person under the Policy or not and provided that:

1. The dependent child (children) is under the age of 25 years and unmarried as on date of accident.
2. The dependent child (children) pursuing an education course is a full-time student at an educational institution.
3. Irrespective of the number of Children, maximum amount is the Sum Insured as mentioned in Your Policy Schedule/Certificate of Insurance. However, in case the dependent child (children) is/ are girl(s), then We will pay an amount equivalent to the percentage of the Sum insured as opted by You and mentioned in the Policy Schedule / Certificate of Insurance against this section.
4. Any Claim under this Section that becomes admissible where the Dependent child (children) is a minor, shall be payable to the legal heirs.
5. For the purposes of this Section, Child (Children) means those who has/have been born out of a marriage which is legally valid as on the date of the accident and/or those who has/have been adopted in accordance with Indian Law.

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

SECTION 6. MARRIAGE EXPENSE FOR CHILDREN BENEFIT

If You have opted for this Cover and We have accepted a claim under “Section 1. Accidental Death” and/or “Section 2. Permanent Total Disablement”, then We will pay the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, towards the marriage expenses of Your dependent child (children) irrespective of whether the child(children) is an Insured Person under the Policy or not and provided that:

1. The dependent child (children) is under the age of 25 years and unmarried as on date of accident.
2. Irrespective of the number of Children, maximum amount is the Sum Insured as mentioned in Your Policy Schedule/Certificate of Insurance.
3. Any Claim under this Section that becomes admissible where the Dependent child (children) is a minor, shall be payable to the legal heirs.
4. For the purposes of this Section, Child (Children) means those who has/have been born out of a marriage which is legally valid as on the date of the accident and/or those who has/have been adopted in accordance with Indian Law.

C.I. Section 6

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

SECTION 7. ORPHAN BENEFIT FOR CHILDREN

If You have opted for this Cover and We have accepted a claim under “Section 1. Accidental Death” for the Insured Person who is a parent and while as a result of same accident or separate accident occurring during the Policy Period the Insured Person’s Spouse (who may or may not be an Insured Person) has also died, then We will pay the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section to Your dependent child (children) irrespective of whether the child(children) is an Insured Person under the Policy or not and provided that:

1. The dependent child (children) is under the age of 25 years and unmarried as on date of accident.
2. The dependent child (children) does not have any independent source of income.
3. Irrespective of the number of Children, maximum amount is the Sum Insured as mentioned in Your Policy Schedule/Certificate of Insurance.
4. Any Claim under this Section that becomes admissible where the Dependent child (children) is a minor, shall be payable to the legal guardian/heirs.
5. For the purposes of this Section, Child (Children) means those who has/have been born out of a marriage which is legally valid as on the date of the accident and/or those who has/have been adopted in accordance with Indian Law.

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

SECTION 8. FUNERAL EXPENSES

If You have opted for this Cover and We have accepted a claim under “Section 1. Accidental Death”, then We will pay the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, towards funeral, cremation and/or burial of the body of the deceased Insured Person.

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

SECTION 9. TRANSPORTATION EXPENSES

If You have opted for this Cover and We have accepted a claim under “Section 1.

C.I. Section 7

C.I. Section 8

Accidental Death”, then We will pay the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, towards the expenses of transporting the mortal remains of the Insured Person from the place of death to a cremation ground or burial ground or to the residence of the Insured Person.

This cover will be restricted to within India only, unless specifically waived off and mentioned in Policy Schedule.

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

C.I. Section 9

SECTION 10. TRAUMA COUNSELLING

If You have opted for this Cover and We have accepted a claim under “Section 1. Accidental Death” and/or “Section 2. Permanent Total Disablement” and/or “Section 3. Permanent Partial Disablement”, and the treating Medical Practitioner advises Professional Counselling sessions for the psychological upliftment, changes in daily diet or nutrition intake, Psychotherapy or Medications, then We will reimburse up to the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, towards the expenses incurred for the counselling session, provided that, Coverage needs to be availed within Six months from the date of incident (i.e. date of injury/ accident) covered under this Section and is applicable to:

- a. Insured Person’s Parents, Spouse and Children – In case of accidental death of the Insured Person.
- b. Insured Person – In case of Permanent Total Disablement and/or Permanent Partial Disablement sustained by the Insured during the Policy Period.

This Cover is subject to terms, conditions, Co-Payment, limitations and exclusions mentioned in the Policy.

C.I. Section 10

SECTION 11. COMA BENEFIT COVER

If You have opted for this Cover and You sustain accidental bodily injury which solely and directly results in Your hospitalization in an Intensive Care Unit of a Hospital in a state of Coma, within 30 days of date of accident, then We will pay You the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, provided that:

- 1. The Coma is confirmed by a specialist Medical Practitioner in writing which includes:

C.I. Section 11

- a. no response to external stimuli continuously for at least 96 hours; and
 - b. life support systems and measures are necessary to sustain life.
2. Permanent neurological deficit must be assessed at least 30 days after the onset of the coma and the reports to be submitted to Us for any benefit to be payable under this Section.
 3. Coma resulting directly from alcohol or drug abuse or any other illness other than Accidental Bodily Injury is excluded.

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

SECTION 12. FRACTURE COVER

If You have opted for this Cover and You sustain accidental bodily injury which solely and directly results in Fracture(s) of Bone(s), then We will pay the percentage shown in the below table of benefits applied to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

C.I. Section 12

Fracture Cover - Table of Benefits

Nature of Fracture	% of Sum Insured
Hip or Pelvis (excluding thigh or coccyx)	
Open Fracture of more than one bone with flail pelvis	100%
Open Fracture of more than one bone without flail pelvis	50%
Open Fracture of one bone	50%
Closed Fracture of more than one bone with flail pelvis	50%
Closed Fracture of more than one bone without flail pelvis	25%
Closed Fracture one bone	15%
Thigh	
Open Fracture of neck of Femur	60%
Open Fracture of shaft of femur	45%
Closed Fracture of neck of Femur	25%
Closed Fracture of shaft of femur	25%
Fracture of condyles /patella	15%

Lower Leg	
Open Fracture of more than one bone	60%
Open Fracture of one bone	45%
Closed Fracture of more than one bone	25%
Closed Fracture one bone	15%
Fracture Ribs	
Fracture of Multiple Ribs with Flail Chest	25%
Fracture of Multiple Ribs with without Flail Chest	20%
Fracture of Single rib / Fracture of sternum	10%
Elbows, Arm (including wrist but excluding Colles type fractures)	
Open Fracture of more than one bone	45%
Open Fracture of one bone	35%
Closed Fracture of more than one bone	20%
Closed Fracture one bone	15%
Colles type fracture of the lower arm	
Open Fracture	25%
Closed Fracture	10%
Skull	
Fracture of the skull needing surgical Intervention	60%
Fracture of the skull not needing surgical Intervention	20%
Shoulder Blade, Rib(s), Knee cap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes or heel)	
Open Fracture	30%
Closed Fracture	15%
Spinal Column (Vertebrae but excluding coccyx)	
Compression fractures of more than one vertebrae	40%
Spinous, transverse process of pedicle fractures of more than one vertebrae	40%
Permanent Spinal Cord damage	40%
Fractures of Single Vertebra	15%
Lower Jaw	
Open Fracture	25%
Closed Fracture	10%

Cheekbone, Clavicle, Coccyx, Upper Jaw, Nose, Toe(s), Finger(s), Ankle, Heel	
Open Fracture of more than one bone	15%
Open Fracture of one bone	12%
Closed Fracture of more than one bone	4%
Closed Fracture one bone	2%
Dislocations requiring surgery under anaesthesia	
Spine	35%
Back (Excluding slipped disc)	35%
Hip	25%
Knee (left or right)	20%
Wrist (left or right)	15%
Elbow (left or right)	15%
Ankle (left or right)	10%
Shoulder Blade (left or right)	10%
Collar bone	10%
Fingers (left or right hand)	5%
Toes (left or right foot)	5%
Jaw	5%
Internal Injuries	
Internal injuries resulting in open abdominal or Thoracic Surgery	25%
Intracranial haemorrhage and/ or physical brain injury	25%

Specific Conditions:

- 1.If You suffer a Fracture not specified in the below table but the fracture is due to an injury solely and directly due to an accident, then Our Medical Practitioner will decide the amount payable, if any. For this section the Company's Medical Practitioner refers to the medical practitioner who is working as an off roll /contract basis with the Insurer.
- 2.A fracture which results due to any illness or disease (including malignancy) or due to osteoporosis shall not be payable under this benefit.
- 3.A fracture where the broken bone penetrates the skin is an Open Fracture and where the broken bone does not penetrate the skin is a Closed Fracture.
- 4.If the Insured Member suffers Accidental Injuries resulting in more than one fractures,

then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

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

SECTION 13. BURNS COVER

If You have opted for this Cover and You sustain Second Degree Burns or Third Degree Burns solely and directly due to an accident, then We will pay the percentage shown in the below table of benefits applied to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

C.I. Section 13

Burns Cover - Table of Benefits

Nature of Burns	% of Sum Insured
SECOND DEGREE BURNS	
Head	
Second degree burns of 30% or more of the total head surface area	50%
Second degree burns of 20% or more, but less than 30% of the total head surface area	40%
Second degree burns of 10% or more, but less than 20% of the total head surface area	30%
Rest of the Body	
Second degree burns of 20% or more of the total body surface area	50%
Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
Second degree burns of 5% or more, but less than 10% of the total body surface area	10%
THIRD DEGREE BURNS	

Head	
Third degree burns of 30% or more of the total head surface area	100%
Third degree burns of 20% or more, but less than 30% of the total head surface area	80%
Third degree burns of 10% or more, less than 20% of the total head surface area	60%
Rest of the Body	
Third degree burns of 20% or more of the total body surface area	100%
Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
Third degree burns of 10% or more, less than 15% of the total head body area	60%
Third degree burns of 5% or more, less than 10% of the total head body area	20%

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For the purpose of this cover,

- 1. Burns means an injury caused by exposure to heat or flame including chemical and electric burns.**
- 2. Second Degree Burns means Burns which involve the epidermis and part of the dermis layer of skin, causing the burn site to appear red, blistered, and may be swollen and painful.**
- 3. Third Degree Burns (full thickness burns) means the burns that destroy the outer layer of the skin (epidermis) and the entire layer beneath i.e. the dermis. It also affects deeper tissues resulting in white or blackened, charred skin that may cause numbness, loss of fluid and sometimes shock.**

Specific Conditions:

- 1. The burns that are self-inflicted by You in any way will not be covered under this Benefit;**
- 2. A Medical Practitioner has to confirm the percentage of the surface area of the burn and the diagnosis of the burn to Us in writing.**
- 3. If the Insured Member suffers Accidental Injuries resulting in more than one of the nature of burns mentioned in the above table of benefits, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.**

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

SECTION 14. LIFESTYLE MODIFICATION BENEFIT

If You have opted for this Cover and We have accepted a claim under “Section 2. Permanent Total Disablement” and/or “Section 3. Permanent Partial Disablement”, and/or Section 20. Critical Illness Benefit Cover and/or Section 21. Critical Illness Hospitalization Cover (wherever opted), then We will reimburse the Reasonable and Customary Charges/Expenses incurred for improvements to be carried out in the Insured Person’s residence and/or vehicle which are certified in writing by a Medical Practitioner to be necessary and following the accident or diagnosis of critical illness, up to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

C.I. Section 14

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

SECTION 15. EXPENSE FOR EXTERNAL AIDS & APPLIANCES

If You have opted for this Cover and We have accepted a claim under “Section 2. Permanent Total Disablement” and/or “Section 3. Permanent Partial Disablement”, and/or Section 20. Critical Illness Benefit Cover and/or Section 21. Critical Illness Hospitalization Cover (wherever opted), then We will reimburse the Reasonable and Customary Charges incurred towards purchase of support items such as artificial limbs, crutches, stretcher, tricycle, wheelchairs or any other item which is prescribed by a Medical Practitioner following an injury sustained in the accident or critical illness, up to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section

C.I. Section 15

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

SECTION 16. COMPASSIONATE VISIT

If You have opted for this Cover and We have accepted a claim under “Section 1. Accident Death” and/or “Section 2. Permanent Total Disablement” and/or “Section 26.A. Accidental Hospitalization” due to an accident in a location situated outside the City/Town of Your usual place of residence mentioned in Your Policy Schedule/Certificate of Insurance, then We will reimburse the actual cost incurred for

C.I. Section 16

to and fro economy class transportation by the most direct route via a common carrier, up to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, for one of the Insured's "Immediate Family Member" to travel to the place of accident or the Hospital in which the Insured Person is hospitalized.

For the purpose of this Section, the term "Immediate Family Member" would mean the Insured Person's spouse, siblings, Children above age of 18 years, parents or parents in law.

Specific Conditions:

The benefit is payable under this Section subject to:

1. The Insured Member's treating Medical Practitioner has advised in writing the personal attendance of an Immediate Family Member.
2. The Insured Person is Hospitalized at a distance of at least 100 kilometres from his place of residence.

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

SECTION 17. MISCARRIAGE DUE TO ACCIDENTAL INJURY

If You have opted for this Cover and You sustain accidental bodily injury which solely and directly results in Miscarriage of a Pregnant Insured Member within 15 days of such accident, then We will pay a lumpsum amount as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance, provided that:

- a. The miscarriage shall not be attributed to any natural causes and/or sickness relating to pregnancy or child birth.
- b. We shall not be liable for voluntary termination of pregnancy.
- c. This benefit is applicable only to the female Insured Member covered under this Policy.

For the purpose of this Cover, Miscarriage shall mean the spontaneous or unplanned expulsion of a foetus from the womb within the first 20 weeks of gestation.

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

C.I. Section 17

SECTION 18. HAZARDOUS OR ADVENTURE SPORTS COVER

This Policy has exclusion for any accidental bodily injury sustained while participating in Hazardous or Adventure Sports. By Opting this section “HAZARDOUS OR ADVENTURE SPORTS COVER”, You can choose to remove the abovementioned exclusion for the following 3 sections as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance.

- a. Section 1- “Death”
- b. Section 2- “Permanent Total Disablement”
- c. Section 30 A- “Accidental Hospitalization”

Provided You are participating in a non-professional capacity and under the supervision of a trained professional. Claim Assessment will be as per the terms and condition of the respective section.

Hazardous or Adventure Sports cover are bifurcated into various level (Level 0, 1, 2 & 3) as mentioned in Annexure - B. You can choose to cover the level of Hazardous or Adventure Sports cover which will be mentioned in Your Policy Schedule/Certificate of Insurance under specific conditions for this section.

- If You have paid the required additional premium for Hazardous or Adventure Sports cover in Level 3, You will be covered for all sports and activities listed as Level 0 (Zero), 1, 2 and 3.
- If You have paid the required additional premium for Hazardous or Adventure Sports cover in Level 2, You will be covered for all sports and activities listed as Level 0 (Zero), 1 and 2 while level 3 will remain as exclusion.
- If You have paid the required additional premium for Hazardous or Adventure Sports cover in Level 1, You will be covered for all sports and activities listed as 0 (Zero) and Level 1 while level 2 and 3 will remain as exclusion.
- This cover is subject to some special condition and exclusions on individual sports and activities as mentioned in Annexure – B against respective sport/activity.

Specific Conditions:

1. The cover for the Insured Member under this Section shall terminate immediately once a claim is admitted and paid under the Hazardous or Adventure Sports cover for “Death” or “Permanent Total Disablement”.
2. Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of

C.I. Section 18

- Insurance against the respective Sections.
- 3. We will not pay any claim under this Cover, whilst You are Training for or taking part in sport as a:**
- professional for which You are paid or funded by sponsorship or grant; or
 - as an amateur sportsperson; or
 - You are not performing the activity under the supervision of a trained professional. The Hazardous or adventure sport service provider must be Government/ Relevant Authority certified.
 - The insured shall be older than 18 years of age and his informed consent must have been taken prior to undertaking the activity. The insured should have been informed of the risks associated with the activity by a professional trainer (employee of service provider) prior to commencement of activity.
 - At the time of claim, the onus shall lie on the Insured to prove that he/she had undertaken all the necessary safety precautions as were recommended to him including the use of protective gear and had followed the trainer's instructions. The company is at a right to confirm from the service provider the Insured's participation in this activity and the extent of precautions taken by the insured.
 - The insured shall not be undertaking these activities in case he/she suffers from pre – existing health conditions which may hamper his/her health or lead to potential medical emergencies whilst undertaking these activities.

Specific Exclusions applicable to Section 18 – Hazardous or Adventure Sports:

1. Competing at an international event as a national representative.
2. Participation in any Hazardous or adventure sports, activities where you don't select the appropriate Hazardous or adventure sports level upgrade or where it is specifically excluded (including Special Exclusion (i)-(iv) mentioned in Annexure B)
3. You go against local authority warnings or enter closed or restricted areas or places or situations known to be unsafe or dangerous.
4. Damage to any sporting equipment while in use; damage or theft of any sporting equipment left unattended.
5. Racing, except on foot and up to marathon level; participating in speed or time trials.
6. Motorsports – shows, races, competitions or training.
7. For motorised vehicles:
 - a. not wearing a helmet regardless of the local laws; and
 - b. operating any motorised vehicle without a valid licence for the same class of vehicle or watercraft in Your country of residence and as required in the relevant country

where you're travelling.

8. Where You don't meet the Special Conditions (a)-(e) (mentioned in Annexure B) as specified in the list of the Special Conditions applicable to Hazardous or Adventure Sports Cover.

- a. Undertaking or working in any dangerous, extreme or hazardous activities, and/or participating in any sports or activities in hazardous locations, such as for example: base jumping, wingsuit flying, cliff diving, martial arts competitions, motor sports, piloting an aircraft, stunt flying/aerobatics, rodeo, bull riding/Running of the Bulls;**
- b. taking part in dangerous expeditions; mountaineering expeditions or expeditions to the Arctic, Antarctica or Greenland, unless specifically approved by us;**
- c. crewing of a vessel more than 60 miles from a protected body of water;**
- d. work as a guide where ropes or other specialist climbing equipment is required;**
- e. work offshore or underground, including in caves;**
- f. work operating machinery or heavy/industrial equipment;**
- g. work at height without proper safety equipment. Work at height is further restricted to a maximum of two metres; or**
- h. work in close proximity to dangerous animals including, for example, hippopotami, crocodiles, alligators, sharks, elephants, bears, big cats and deadly snakes.**

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

SECTION 19. HIV COVER

If You have opted for this Cover, We will pay You the Sum Insured as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are first diagnosed to be suffering from an HIV Infection during the Policy Period and provided that HIV Infection is caused by any of the reasons other than Transmission through unprotected sex (Heterosexual, Homosexual or Bisexual).

For the purpose of this cover,

“HIV Infection” means a positive HIV antibody testing (rapid or laboratory-based enzyme immunoassay). This is usually confirmed by a second HIV antibody test (rapid or laboratory-based enzyme immunoassay) relying on different antigens or of different operating characteristics.

and /or; a positive virological test for HIV or its components (HIV-RNA or HIV-DNA or ultrasensitive HIV p24 antigen) confirmed by a second virological test obtained from a

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separate determination.

Special Terms and Conditions Applicable to this Section

- a. Coverage under this Section shall terminate in respect of the Insured Member against whom a claim has been accepted. However, the coverage under the Policy for other Sections (if opted) for that Insured Member shall continue under this Policy.
- b. Any Claim with respect to an HIV infection detected, diagnosed or which manifested prior to Policy Start Date or during Initial Waiting Period as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance is excluded from the Scope of the Cover provided under this Section.

SECTION 20. CRITICAL ILLNESS BENEFIT COVER

If You have opted for this Cover, We will pay You the Sum Insured opted by you for as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are diagnosed as suffering from any of the Critical Illnesses or undergoing covered Surgical Procedures as per the Plan Opted by You and mentioned in Your Policy Schedule/Certificate of Insurance as specified below Provided that,

- a) This Critical illness or covered surgical procedure has happened to you for the first time in Your life and during the Policy Period.
- b) We will not make any payment if You are diagnosed as suffering from Critical Illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Comprehensive Group Protect Policy” with Us covering Critical Illness benefit.
- c) You survive for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness, unless this condition is specifically waived by Us.
- d) No Claim under this option shall be admissible if the Critical Illness /or covered Surgical Procedure claim is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- e) Once a claim has been Paid under Critical Illness and / or covered Surgical Procedure, Cover under this Section shall cease and no further payment will be made for any consequent disease or any dependent disease.
- f) The List of Plan wise covered Critical Illness is mentioned in Annexure C.

This Cover is subject to terms, conditions, limitations, sum insured basis and exclusions mentioned in the Policy.

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SECTION 21. CRITICAL ILLNESS HOSPITALIZATION COVER

If You have opted for this Cover and You are diagnosed as suffering from any of the Critical Illnesses or undergoing covered Surgical Procedures as per the Plan Opted by You and mentioned in Your Policy Schedule/Certificate of Insurance, during the Policy Period, We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible hospitalization claim, up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

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Provided that,

- a) This Critical illness and/or covered surgical procedure has happened to you for the first time in Your life and during the Policy Period.
- b) We will not make any payment if You are diagnosed as suffering from Critical Illness and hospitalized within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Comprehensive Group Protect Policy” with us covering critical illness hospitalization.
- c) No Claim under this option shall be admissible if Critical Illness and/or covered Surgical Procedure is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- d) In this section we will not cover any expense related to Pre-Hospitalization and Post-Hospitalization.
- e) The List of Plan wise covered Critical Illness is mentioned in Annexure C.

**Accommodation/
Room Rent**

Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Note: If You have opted for a Limit on “Accommodation/Room Rent” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual

	<p>Rate Per Day of Room Rent Charges except for the cost of medicines and consumables.</p> <p><i>Example, if You have opted a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor's fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i></p>
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	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.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

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

SECTION 22. CANCER BENEFIT COVER

If You have opted for this Cover, We will pay You the Sum Insured as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are diagnosed as suffering from Cancer for Specified Severity for the first time in Your life and during the Policy Period. Provided that,

a) We will not make any payment if You are diagnosed as suffering from Cancer for Specified Severity within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first "Digit Comprehensive Group Protect Policy" with us covering Cancer Benefit.

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- b) You survive for a minimum period of at least 30 days from the date of diagnosis of such Cancer for Specified Severity, unless this condition is specifically waived by Us.
- c) No Claim under this option shall be admissible if the Cancer is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- d) Cover under this Section shall cease upon payment of the compensation on the happening of a Cancer for Specified Severity and no further payment will be made for any consequent disease or any dependent disease.
- e) In case You are a woman and have opted to limit the coverage under this cover only to cancers specific to women, then coverage under this section will be limited only to the diagnosis of Cancers as mentioned in Your Policy Schedule/Certificate of Insurance.

This Cover is subject to terms, conditions, limitations, sum insured basis and exclusions mentioned in the Policy.

SECTION 23. CANCER HOSPITALIZATION COVER

If You have opted for this Cover and You are diagnosed as suffering from Cancer for Specified Severity for the first time in Your life and during the Policy Period , We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible hospitalization claim for Cancer for Specified Severity up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Provided that,

- a) We will not make any payment if You are diagnosed as suffering from Cancer for Specified Severity and hospitalized within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Comprehensive Group Protect Policy” with us covering Cancer Hospitalization.
- b) No Claim under this option shall be admissible if Cancer is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- c) In this section we will not cover any expense related to Pre-Hospitalization and Post-Hospitalization.

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d) In case You are a woman and have opted to limit the coverage under this cover only to cancers specific to women, then coverage under this section will be limited only to the hospitalisation due to women specific cancers as mentioned in Your Policy Schedule/Certificate of Insurance.

Accommodation/Room Rent	<p>Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.</p> <p>Note: If You have opted for a Limit on “Accommodation/Room Rent” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables.</p> <p><i>Example, If You have opted a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor’s fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i></p>
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	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.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain

	and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

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

SECTION 24. HEART PROTECT BENEFIT COVER

If You have opted for this Cover, We will pay You the Sum Insured as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are diagnosed for one of the below heart conditions for the first time in Your life and during the Policy Period:

- i. Myocardial Infarction
- ii. Open Heart Replacement or Repair of Heart Valves
- iii. Surgery to Aorta
- iv. Open Chest CABG

Provided that,

- a. We will not make any payment if You are diagnosed as suffering from Heart condition within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Comprehensive Group Protect Policy” with us covering “Heart Protect Benefit Cover”.
- b. You survive for a minimum period of at least 30 days from the date of diagnosis of such from Heart condition, unless this condition is specifically waived by Us.
- c. No Claim under this option shall be admissible if the Heart condition is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- d. Cover under this Section shall cease upon payment of the compensation on the happening of covered Heart condition and no further payment will be made for any consequent disease or any dependent disease.

This Cover is subject to terms, conditions, limitations, sum insured basis and exclusions mentioned in the Policy.

SECTION 25. HEART PROTECT HOSPITALIZATION COVER

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If You have opted for this Cover and You are diagnosed as suffering from below Heart conditions for the first time in Your life and during the Policy Period , We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible hospitalization claim for below Heart conditions up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

- i. Myocardial Infarction
- ii. Open Heart Replacement or Repair of Heart Valves
- iii. Surgery to Aorta
- iv. Open Chest CABG

Provided that,

- a) We will not make any payment if You are diagnosed as suffering from the above listed Heart conditions and hospitalized within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Comprehensive Group Protect Policy” with us covering “Heart Protect Hospitalization Cover”.
- b) No Claim under this option shall be admissible if Heart conditions is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- c) In this section we will not cover any expense related to Pre-Hospitalization and Post-Hospitalization.

<p>Accommodation/Room Rent</p>	<p>Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.</p> <p>Note: If You have opted for a Limit on “Accommodation/Room Rent” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables.</p> <p><i>Example, If You have opted a room rent limit of ₹1,500 per</i></p>
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	<i>day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor's fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i>
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	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.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

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

SECTION 26. ORGAN FAILURE BENEFIT COVER

If You have opted for this Cover, We will pay You the Sum Insured as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are diagnosed from one of the below organ failure for the first time in Your life and during the Policy Period:

- i. End Stage Lung Failure**
- ii. End Stage Liver Failure**
- iii. Kidney Failure Requiring Regular Dialysis**

Provided that,

a. We will not make any payment if You are diagnosed as suffering from above listed organ failure within the number of days (i.e. Initial Waiting Period) mentioned in Your

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Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Comprehensive Group Protect Policy” with us covering “Organ Failure Benefit Cover”.

- b. You survive for a minimum period of at least 30 days from the date of diagnosis of such organ failure, unless this condition is specifically waived by Us.
- c. No Claim under this option shall be admissible if the organ failure is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- d. Cover under this Section shall cease upon payment of the compensation on the happening of covered organ failure and no further payment will be made for any consequent disease or any dependent disease.

This Cover is subject to terms, conditions, limitations, sum insured basis and exclusions mentioned in the Policy.

SECTION 27. ORGAN FAILURE HOSPITALIZATION COVER

If You have opted for this Cover and You are diagnosed as suffering from below organ failure for the first time in Your life and during the Policy Period , We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible hospitalization claim for organ failure up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

- i. End Stage Lung Failure
- ii. End Stage Liver Failure
- iii. Kidney Failure Requiring Regular Dialysis

Provided that,

- a. We will not make any payment if You are diagnosed as suffering from the above listed organ failure and hospitalized within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Comprehensive Group Protect Policy” with us covering “Organ Failure Hospitalization Cover”.
- b. No Claim under this option shall be admissible if organ failure is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.

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- c. In this section, We will not cover any expense related to Pre-Hospitalization and Post-Hospitalization.
d. In this section, We will not cover any expense related to organ harvesting.

Accommodation/Room Rent	<p>Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.</p> <p>Note: If You have opted for a Limit on “Accommodation/Room Rent” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables.</p> <p><i>Example, If You have opted a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor’s fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i></p>
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	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.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

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

SECTION 28. EMI PROTECTION COVER

If You have opted for this Cover and You sustain accidental bodily injury which solely and directly results in Your “Death” or “Permanent Total Disablement” or “Permanent Partial Disablement” within twelve (12) months from the Date of accident or suffer from “Critical Illness” or “Accidental & Illness Hospitalization” or “Loss of Employment” or “Listed Illness” as per the contingency opted and mentioned in Your Policy Schedule/Certificate of Insurance against this Section and this completely prevents You from performing each and every duty pertaining to Your employment or occupation mentioned in Your Policy Schedule/Certificate of Insurance for a minimum period of 1 month, We will pay an amount equivalent to Your contribution in EMI of Your Loan from a Financial Institution, up to the Sum Insured and Number of Months opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, provided that:

- a. Satisfactory proof is submitted confirming that “Permanent Total Disablement” or “Permanent Partial Disablement” or “Critical Illness” or “Accidental & Illness Hospitalization” or “Loss of Employment” or Listed Illness has completely prevented You from engaging in Your Employment or Occupation mentioned in Your Policy Schedule/Certificate of Insurance.
- b. We will stop making payments when We are satisfied that You can engage in Your Employment or Occupation again or when We have made payments for a maximum period of months, as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance, beginning from the date You met with the Accidental Bodily Injury or were first Diagnosed with Critical Illness or first underwent Surgical Procedures mentioned under Critical Illness or Hospitalised due to accident or illness or Your loss of employment or You suffer from Listed Illness, whichever is earlier.
- c. The EMI amount would not include any arrears/payment that are overdue and unpaid by the Insured Person prior to the date of accident, due to any reasons whatsoever.
- d. The treatment required by the Insured Person is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner.
- e. Cover under this Section shall cease upon payment of the compensation due to any

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contingency mentioned above and no further payment will be made for any contingency as mentioned above or any dependent contingency.

For the Purpose of this Cover;

a. "Permanent Partial Disablement" means:

- Loss of arm at the shoulder joint
- Loss of leg above centre of the femur
- Loss of arm to a point above elbow joint
- Loss of leg up to a point below the femur
- Loss of arm below elbow joint
- Loss of hand at the wrist
- Complete and irrecoverable loss of sight of an eye
- Loss of leg to a point below the knee
- Loss of leg up the centre of tibia
- Loss of foot at the ankle

b. "Critical Illness" shall mean the below listed illnesses that You are diagnosed as suffering from or Surgical Procedures that You are undergoing, for the first time in your life.

Provided that:

- 1. We will not make any payment if You are diagnosed as suffering from Critical Illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first "Digit Comprehensive Group Protect Policy" with Us covering Critical Illness.**
- 2. You survive for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness, unless this condition is specifically waived by Us.**
- 3. No Claim under this option shall be admissible if Critical Illness and/or covered Surgical Procedure is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.**
- 4. The List of Plan wise covered Critical Illness is mentioned in Annexure C.**

c. "Accidental and Illness Hospitalization" means You suffer an Accidental Injury or Illness during the Policy Period that requires Hospitalization as an inpatient.

- 1. We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy**

Schedule/Certificate of Insurance from the date of inception of first “Digit Comprehensive Group Protect Policy” with us covering “Accidental and Illness Hospitalization /EMI Protection Cover”.

2. This also has a waiting period. Waiting period shall be as per the “Specific Waiting Period” Section stated in Your Schedule / Certificate of Insurance against this Cover which shall apply from the date of inception of the first “Digit Comprehensive Group Protect Policy” with Us, provided that the Policy has been renewed continuously with Us without break.

d. “Loss of Employment” means You are terminated or dismissed or retrenched from Your Employment, by the Employer during the Policy Period as per the Employer’s rules/regulations or executed/ implemented by the Employer in compliance of any laws for the time being in force or any directives by any Public Authority, subject to following exclusions:

1. The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured being attributed to any dishonesty or fraud or poor performance on the part of the Insured or his wilful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.
2. The Company shall not be liable to make any payment under this Policy in connection with or in respect of:
 - a. Self-employed persons;
 - b. Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
 - c. Any voluntary unemployment;
 - d. Unemployment at the time of inception of the Policy Period;
 - e. Unemployment within the number of days (ie. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Comprehensive Group Protect Policy” with Us covering Loss of Employment.
3. Any unemployment from a job under which no salary or any remuneration is provided to the Insured.
4. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority
5. Any unemployment due to resignation, retirement whether voluntary or otherwise
6. Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.
7. If the employment contract and Job Location was outside India.

- 8. Any unemployment arising or resulting from the Insured committing any breach of the law with criminal intent.
 - 9. Any unemployment due to, or arising out of, or directly or indirectly connected with or traceable to, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, Pandemic or Epidemic as declared by WHO, restraints and detainment of all Heads of State and citizens of whatever nation and of all kinds and acts of terrorism.
 - 10. Any unemployment directly or indirectly caused by or contributed to by or arising out of usage, consumption or abuse of alcohol and/or drugs.
 - 11. Any consequential or indirect loss or expenses arising out of or related to unemployment will not be covered.
 - 12. We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Comprehensive Group Protect Policy” with us covering “Loss of Employment/EMI Protection Cover”.
- e. “Listed Illness” means the coverage from following Illness:
- 1. We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Comprehensive Group Protect Policy” with us covering “Listed Illness/EMI Protection Cover”.

List of Disease/s and/or Conditions:

1. Cholera	2. Amoebiasis	3. Typhoid
4. Viral Hepatitis	5. Tuberculosis	6. Plague
7. Diphtheria	8. Typhus	9. Leptospirosis
10. Dengue	11. Malaria	12. Filariasis
13. Kala Azar	14. Chikungunya	15. Japanese Encephalitis
16. HIV	17. Zika Virus	18. Nipah Virus
19. EBOLA	20. Swine Influenza Virus	21. H1N1 Virus
22. COVID-19	23. SARS	24. MERS

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

SECTION 29. LOSS OF EMPLOYMENT

If You have opted for this Cover and You are terminated or dismissed or retrenched from Your Employment, by the Employer during the Policy Period as per the Employer's rules/regulations or executed/ implemented by the Employer in compliance of any laws for the time being in force or any directives by any Public Authority, We will pay on any one of the following Basis Opted by You at Policy Inception and mentioned in Your Policy Schedule/Certificate of Insurance:

Basis 1:

- a. An amount equal to the EMI payable monthly as mentioned in Your Policy Schedule/Certificate of Insurance. Or
- b. 70% of Net Monthly Salary (Take home salary) after deduction of income tax, professional tax, PF Contributions, Bonuses / One-time Variable Pay, Any other deductions, and any reimbursements from the monthly pay slips. For the calculation of Monthly Take home salary, we shall consider the last three months monthly average salary subject to all deductions mentioned above.

The Claim Payable under this Basis shall be restricted to number of months as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance and shall be lower of Point a. and b. above. However, if the number of Outstanding EMI remaining in Your Loan Repayment Schedule, post the commencement of the claim payable under this Section is less than the number months as opted by You, then We shall be restricting our payments to the number of EMI remaining for the related loan.

Basis 2:

- a. Fixed Amount Per Month as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance.
- b. Or 70% of Net Monthly Salary (Take home salary) after deduction of income tax, professional tax, PF Contributions, Bonuses / One-time Variable Pay, Any other deductions, and any reimbursements from the monthly pay slips. For the calculation of Monthly Take home salary, we shall consider the last three months monthly average salary subject to all deductions mentioned above.

The Claim payable under this Basis shall be restricted to number of months as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance and shall be lower of Point a. and b. above.

Specific Exclusions Applicable to this Section

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1. The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured being attributed to any dishonesty or fraud or poor performance on the part of the Insured or his wilful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.
2. The Company shall not be liable to make any payment under this Policy in connection with or in respect of:
 - a. Self-employed persons;
 - b. Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
 - c. Any voluntary unemployment;
 - d. Unemployment at the time of inception of the Policy Period;
3. Any unemployment from a job under which no salary or any remuneration is provided to the Insured
4. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority
5. Any unemployment due to resignation, retirement whether voluntary or otherwise
6. Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.
7. If the employment contract and Job Location was outside India.
8. Any unemployment arising or resulting from the Insured committing any breach of the law with criminal intent.
9. Any unemployment due to, or arising out of, or directly or indirectly connected with or traceable to, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all Heads of State and citizens of whatever nation and of all kinds and acts of terrorism.
10. Any unemployment directly or indirectly caused by or contributed to by or arising out of usage, consumption or abuse of alcohol and/or drugs.
11. Any consequential or indirect loss or expenses arising out of or related to unemployment.

Special Terms and Conditions Applicable to this Section

a) Re Employment

In the event insured gets re-employed but with reduced monthly take home salary. The Company shall pay the 70% of difference between the reduced monthly take home

salary and monthly take home salary prior to the insured event, subject to the maximum of the EMI amount and shall be restricted to number of months as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance.

The Claim payable under this policy shall continue to be paid in reduced proportion as per the calculation method above, even if reemployment takes place during the period of severance pay, or during deferred period of 30 days or even after the Claim payable has commenced.

b) Initial Waiting Period

Any claim shall not be Payable under this policy, if the Insured event triggers within number of days specified in the Policy Schedule/Certificate of Insurance from the risk inception date of Your policy or inception of the first “Digit Comprehensive Group Protect Policy” with Us whichever is earlier.

Waiting Periods before the Benefit payment starts after an Insured Event

a.If the Employer pays any severance pay Benefit, then the claim payable under this section shall start only after the time period for which severance pay is applicable. For the calculation of “Time Period” for which severance pay shall be applicable, the company shall consider the Severance pay paid by the Employer divided by the monthly take home salary to consider the amount of period for which severance pay shall be applicable.

b.In addition to the point a. above, there will be a further waiting period of one month that shall be applicable before the claim payable under this policy Commences.

In the event, if the Insured has started working again during the waiting periods applicable above, this claim shall only be payable as per the reduced formulae as mentioned in “Re Employment” section above.

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

SECTION 30: HOSPITALIZATION COVER

A. ACCIDENTAL HOSPITALIZATION COVER

If You have opted for this Cover and You suffer an Accidental Injury during the Policy Period that requires Hospitalization as an inpatient, we'll be there for you. We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible claim. The claim can be made under the

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following benefits and up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Accommodation/Room Rent	<p>Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule/ Certificate of Insurance against this Cover.</p> <p>Note: If You have opted for a Limit on “Accommodation/Room Rent” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables, unless this condition is specifically waived off by Us and mentioned in Your Policy Schedule/Certificate of Insurance.</p> <p><i>Example, if there is a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor’s fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i></p>
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	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.

Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

A1. Day Care Procedures

If You suffer an Accidental Injury during the Policy Period, due to which You need 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 is not included in the scope of this Cover.

A2. Pre-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover, prior to the date of Your admission in a hospital, provided that:

- a) Such Expenses recommended by the Hospital/Medical Practitioner were in fact incurred for the same condition for which Your Subsequent Hospitalization was required.
- b) We have accepted an Inpatient Accidental Hospitalization Claim under Section 30.A. Accidental Hospitalization Cover of this Policy.

A3. Post-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover, from the date of Your Discharge from the hospital, provided that:

- a) The expenses are recommended by the Hospital/Medical Practitioner and are for the same condition for which you were hospitalized.
- b) We have accepted an Inpatient Accidental Hospitalization Claim under Section 30.A. Accidental Hospitalization Cover of this Policy.
Instead, You may also choose to opt for a onetime lumpsum benefit, which shall be a

percentage of the claim amount approved under Section 30.A. Accidental Hospitalization Cover towards Post Hospitalization Expenses, after Your discharge from the Hospital. This percentage is mentioned in Your Policy Schedule/Certificate of Insurance.

If we have paid a lump sum amount, then You won't be eligible for any other payment under this benefit for that particular Hospitalization.

A4. Dental Treatment

We will pay for the medical expenses incurred by You for any necessary Dental Treatment needed after an accident. A claim here is valid if the accident resulted in an admissible inpatient Hospitalization Claim under Section 30. A. Accidental Hospitalization Cover.

A5. Road Ambulance

We will pay for the expenses incurred on Your 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:

- a) We have accepted a claim under Section 30. A. Accidental Hospitalization Cover.
- b) The maximum liability per Hospitalization is restricted to the amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.
- c) 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.

A6. Second Medical Opinion

We shall arrange and bear the cost for Second Opinion from our panel of Medical Practitioners. This is for times when there has been a major accidental injury that requires your hospitalisation in a tertiary care facility during the Policy Period, provided that:

- 1. We have received Your request to arrange for a Second Opinion.
- 2. You have the option to choose any One of Our Panel Medical Practitioners.
- 3. We will not provide more than one Opinion for the same Medical Condition within a Policy Period.

All the above Covers are Subject to terms, conditions, deductible, co-payment,

limitations and exclusions mentioned in the Policy.

B. ACCIDENTAL & ILLNESS HOSPITALIZATION COVER

If You have opted for this Cover and You suffer an Accidental Injury or Illness during the Policy Period that requires Hospitalization as an inpatient, We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You 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 / Certificate of Insurance against this Section.

<p>Accommodation/Room Rent</p>	<p>Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.</p> <p>Note: If You have opted for a Limit on “Accommodation/Room Rent” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables, unless this condition is specifically waived off and mentioned in Your Policy Schedule/Certificate of Insurance.</p> <p><i>Example, if there is a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor’s fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i></p>
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ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	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.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

B1. Day Care Procedures

If You suffer an Accidental Injury or Illness during the Policy Period, due to which You need to undergo medical treatment and/or surgical procedure as an inpatient under General or Local Anaesthesia in a hospital/day care centre for stay less than 24 hrs because of technological advancement, We will pay the Medial Expenses Incurred for such Day Care Procedure.

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

B2. Pre-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover, prior to the date of Your admission in a hospital, provided that:

- a) Such Expenses recommended by the Hospital/Medical Practitioner were in fact incurred for the same condition for which Your Subsequent Hospitalization was required.
- b) We have accepted an Inpatient Hospitalization Claim under Section 30.B. Accidental & Illness Hospitalization Cover of this Policy.

B3. Post-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover, from the date of Your Discharge from the hospital, provided that:

- a) The expenses are recommended by the Hospital/Medical Practitioner and are for the same condition for which you were hospitalized.
- b) We have accepted an Inpatient Hospitalization Claim under Section 30.B. Accidental & Illness Hospitalization Cover of this Policy.

Instead, You may also choose to opt for a onetime lumpsum which shall be a percentage of the claim amount approved under Section 30.B. Accidental & Illness Hospitalization Cover towards Post Hospitalization Expenses, after Your discharge from the Hospital. This percentage is mentioned in Your Policy Schedule/Certificate of Insurance.

If we have paid a lump sum amount, then You won't be eligible for any other payment under this benefit for that particular Hospitalization.

B4. Dental Treatment

We will pay for the Medical Expenses incurred in respect of any necessary Dental Treatment from a dentist provided the Dental Treatment is required as a result of an Accident that results in an admissible inpatient Hospitalization Claim under Section 30. B. Accidental & Illness Hospitalization Cover.

B5. Road Ambulance

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

- a) We have accepted a claim under Section 30. B. Accidental & Illness Hospitalization Cover.
- b) The maximum liability per Hospitalization is restricted to the amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.
- c) 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.

B6. Bariatric Surgery Cover

If You are hospitalized for a Bariatric Surgery which is medically necessary, on the advice of a Medical Practitioner, we cover the related Medical Expenses subject to the following conditions:

- a) The Insured Person undergoing the surgery is minimum 18 Years old.
- b) The Medical Practitioner / Bariatric Surgeon confirms that Your Existing Body Mass Index (BMI) and health conditions fall within the below qualification requirements for Bariatric Surgery:
 - Class III Obesity (extreme obesity)- [Body Mass Index (BMI) \geq 40 kg/m²];
 - Class II Obesity- (Body Mass Index (BMI) 35-39.9 kg/m²) along with any of the following co-morbidities:
 - Uncontrolled Diabetes Mellitus
 - Cardiovascular Disease
 - History of Coronary Artery Disease with a surgical intervention such as Cardiopulmonary Bypass or Percutaneous Transluminal Coronary Angioplasty;
 - Cardiopulmonary Problems as a result of another disease process, including, though not limited to, a documented severe obstructive sleep apnea (OSA), confirmed on polysomnography.
- c) A claim under this cover is acceptable *only* if it is under any of the below procedures:
 - Gastric Bypass-
 - The Roux-en-Y Gastric Bypass
 - Biliopancreatic Diversion with or without Duodenal Switch (BPD/DS) Gastric Bypass
 - Sleeve Gastrectomy
 - Laparoscopic Gastric Banding
- d) This particular cover has a waiting period. Waiting period shall be as per the “Specific Waiting Period” Section stated in Your Schedule / Certificate of Insurance against this Section which shall apply from the date of inception of the first “Digit Comprehensive Group Protect Policy” with Us, provided that the Policy has been renewed continuously with Us without break with Bariatric Surgery Cover as a benefit since inception of the first “Digit Comprehensive Group Protect Policy” .
- e) If you are porting an existing policy under Portability Guidelines, from some other General or Health Insurance Company where this cover was not there or if you are adding this cover while renewing our health policy, a fresh waiting period as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance will be applied.

- f) **Confirmation from Medical Practitioner / Bariatric Surgeon that the Bariatric Surgery is not for a specific correctable cause for treating obesity.**
- g) **And we would need a documented detailed history of your obesity-related health problems, difficulties, and treatment attempts demonstrating that a multidisciplinary approach with dietary, other lifestyle modifications (such as exercise and behavioural modification), and pharmacological therapy, if appropriate, have been unsuccessful, at least for past 6 months.**
- h) **A prior approval should be taken from us before the Bariatric Surgery is performed.**
- i) **Our maximum liability under this benefit is restricted to the Limit as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.**

Bariatric surgery for the following reasons is not covered:

- a) **For Cosmetic/Aesthetic reasons.**
- b) **For treating Drug-Induced Obesity, for Severe Untreated Hormonal Imbalance, Psychiatric and Eating Disorders-Induced Obesity.**

B7. Psychiatric illness Cover

Psychiatric Illness is covered upto the Sum Insured available under 30 B. Accidental & Illness Hospitalization Cover. However, if You have opted for this cover, We will pay up to the Limit mentioned in Your Policy Schedule / Certificate of Insurance against this Cover for the Medical Expenses, related to Psychiatric Illness which includes, though not limited to, dementia, depression, bipolar disorder, schizophrenia, Anxiety disorders and obsessive-compulsive disorders, provided that:

- a) **The first diagnosis and Hospitalization, as an inpatient, was during the Policy Period.**
- b) **This also has a waiting period. Waiting period shall be as per the “Specific Waiting Period” Section stated in Your Schedule / Certificate of Insurance against this Cover which shall apply from the date of inception of the first “Digit Comprehensive Group Protect Policy” with Us, provided that the Policy has been renewed continuously with Us without break, with Psychiatric as a benefit since inception of the first “Digit Comprehensive Group Protect Policy”.**
- c) **Hospitalization under this benefit shall be subject to prior approval from Us, except in cases of emergencies.**

B8. Second Medical Opinion

When it comes to Cancer or any major Illness and You are required to get hospitalized in a tertiary care facility during the Policy Period, We will arrange and bear the cost

- for a Second Opinion provided that:
1. We have received Your request to arrange for Second Opinion.
 2. You have option to choose any one of Our Panel Medical Practitioners.
 3. We will not provide more than one Opinion for the same Medical Condition within a Policy Period.

SECTION 31. INFERTILITY TREATMENT COVER

If You have opted for this Cover and if You are hospitalized on the advice of the Medical Practitioner for Infertility/ Subfertility Treatments then We will pay the Medical Expenses including but not limited to, IVF, IUI, ZIFT, ICSI, subject to below conditions:

- a) This will be subject to a waiting period as number of days/ month/years as mentioned in the Policy Schedule which will apply from the date of inception of the first “Digit Comprehensive Group Protect Policy” with Us, provided that the Policy has been renewed continuously with this cover, without a break, with ‘Infertility Treatment Cover’ as a benefit since inception of the first “Digit Comprehensive Group Protect Policy”.
- b) This section will not have a separate sum insured. This will be up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against Section 30.B. Accidental & Illness Hospitalization Cover. Further, Our maximum liability per Hospitalization shall be restricted to the limits as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- c) The benefit is payable only once to an Insured Person during the Policy Tenure, unless specifically waived by Us and mentioned in the Policy Schedule / Certificate of Insurance.

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

SECTION 32. ORGAN DONOR

If You have opted for this Cover, We will pay You for the Medical Expenses incurred towards harvesting of the donated organ subject to following conditions:

- a) This section will not have a separate sum insured. This will be up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against Section 30.A. Accidental Hospitalization Cover and/or Section 30.B. Accidental & Illness Hospitalization Cover. Further, Our maximum liability per Hospitalization shall be restricted to the limits as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

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- b) There are strict guidelines when it comes to organ transplantation, therefore the organ donor whose organ has been made available should be in accordance and in compliance with the Transplantation of Human Organs Act 1994 (as amended) and the organ is donated for Your use only for a claim to be admissible in this section.
- c) We will pay the donor's Pre and Post Hospitalization expenses. This is up to 5% of the claim amount approved in respect of harvesting expenses.
- d) We will not pay any other medical treatment for the donor consequent on the harvesting.
- e) This also has a waiting period. Waiting period shall be as per the "Specific Waiting Period" Section stated in Your Schedule / Certificate of Insurance against this Section which shall apply from the date of inception of the first "Digit Comprehensive Group Protect Policy" with Us, provided that the Policy has been renewed continuously with Us without break, with ORGAN DONOR Cover as a benefit since inception of the first "Digit Comprehensive Group Protect Policy".

Provided that, We have accepted a claim under Section 30.A. Accidental Hospitalization Cover and/or Section 30.B. Accidental & Illness Hospitalization Cover.

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

SECTION 33. ALTERNATE TREATMENT (AYUSH) COVER (Mandatory In built cover in Section 30 Hospitalization Cover)

We will pay the Medical Expenses for Your In-patient Treatment, taken under Ayurveda, Unani, Siddha or Homeopathy. This section will not have a separate sum insured, it will be up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against Section 30.A. Accidental Hospitalization Cover and/or Section 30.B. Accidental & Illness Hospitalization Cover. Further, Our maximum liability per Hospitalization shall be restricted to the limits as mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This is paid provided that treatment has been undergone in Ayush Hospital.

You should also be aware what We won't pay for:

- a) Outpatient Medical Expenses.
- b) All Preventive and Rejuvenation Treatments (non-curative in nature) including, without limitation, treatments that are not Medically Necessary.

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Specific Conditions applicable to this cover:

Claim will be payable under this section only if AYUSH Hospitals and AYUSH Day Care Centres have obtained pre-entry level certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC).

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

SECTION 34. EMERGENCY AIR AMBULANCE

If You have opted for this Cover, We will pay You the expenses incurred for Your transportation in an airplane or helicopter for emergency life threatening health conditions which requires immediate and rapid ambulance transportation to the nearest hospital.

This transportation will be from the location where the illness /accident happened the first time and provided that such Transportation in an airplane or helicopter has been prescribed by a Medical Practitioner and/or is Medically Necessary.

This section will not have a separate sum insured, it will be up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against Section 30.A. Accidental Hospitalization Cover and/or Section 30.B. Accidental & Illness Hospitalization Cover. Further, Our maximum liability per Hospitalization shall be restricted to the limits as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Provided that, We have accepted a claim under Section 30.A. Accidental Hospitalization Cover and/or Section 30.B. Accidental & Illness Hospitalization Cover.

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

SECTION 35. LONG HOSPITALIZATION CASH BENEFIT

If You have opted for this Cover and You are Hospitalized for a minimum number of consecutive days as Opted by You and mentioned in the Policy Schedule / Certificate of Insurance against this Section, We will give you a lump sum amount as mentioned

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in the Policy Schedule / Certificate of Insurance. Provided that:

- a) We have accepted a claim under Section 30.A. Accidental Hospitalization Cover and/or Section 30.B. Accidental & Illness Hospitalization Cover, and
- b) The benefit is payable only once to an Insured Person during the Policy Year.

For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.

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

SECTION 36. MATERNITY & NEWBORN BABY COVER

A. MATERNITY COVER

If You have opted for this Cover, We will pay the Maternity Expenses incurred towards the delivery of a baby and/or treatment related to any complication of pregnancy or medically necessary termination. This is up to the Sum Insured opted by You and as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, during the Policy Period provided that:

- a) Expenses incurred towards your normal delivery and caesarean delivery will be as per the amount opted by You and as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- b) Female Insured Person's legally married spouse is also covered under this Policy, unless specifically waived by Us.
- c) This also has a waiting period. Waiting period as opted by you and mentioned in your Policy Schedule / Certificate of Insurance shall apply from the date of inception of the first "Digit Comprehensive Group Protect Policy" with us, provided that the policy has been renewed continuously with us without break, with maternity as a benefit.
- d) If you are porting an existing policy under Portability Guidelines, from some other General or Health insurance company where this cover was not there or if you are adding this cover while renewing our health policy, a fresh waiting period as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance will be applied.
- e) The maternity benefit is limited to cover up to two living children. However, there is no restriction on the number of medically necessary and lawful termination of pregnancies.
- f) If on renewal without any break in coverage, the sum insured is increased, there is a

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fresh waiting period as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance applied to the increased part of the Sum Insured. Any complications arising out of or as a consequence of maternity/childbirth will also be covered within the limit of Sum Insured, available under this benefit.

We shall not pay for the following under this Section:

- a) Expenses for the harvesting and storage of stem cells when carried out as a preventive measure against possible future illness.
- b) Medical Expenses for Ectopic Pregnancy will be covered under Section 30.B. In-patient Accidental & Medical Treatment and not under the Maternity Benefit.
- c) Pre-natal and Post-natal Medical Expenses are not covered unless leading to Your Hospitalization.

B. NEW BORN BABY COVER

If You have opted for this Cover, we will pay the Medical Expenses, within the limit of the Sum Insured available under the Section 36. Maternity & Newborn Baby Cover of the Policy, provided that We have accepted a claim under Section 36. A. Maternity Cover, incurred towards:

- a) The medical treatment of the Insured Person's Newborn Baby while the Insured Person is hospitalised as an inpatient for delivery.
- b) The Newborn Baby's hospitalisation charges as a result of any medical complications, up to 90 Days from the date of delivery.
- c) Reasonable and Customary Charges for the Vaccinations of the Newborn Baby as per National Immunization Schedule as defined by Government of India, up to 90 Days from the date of delivery. However, once the New Born Baby is added as an Insured Person under the Policy, We will pay the Reasonable and Customary Charges for the Vaccinations of the New Born Baby as per National Immunization Schedule as defined by Government of India until the New Born Baby attains 5 Years of age, provided that the Policy is continuously renewed with Us without break and with Maternity and New Born Baby Cover as a benefit since inception of the first "Digit Comprehensive Group Protect Policy".
- d) If the Policy Expires before 90 days from the date of delivery, the Newborn Baby will be covered only if the Policy is Renewed with the New Born Baby as an Insured Person. This is subject to our underwriting policy and payment of any additional premium.
- e) After 90 Days from the date of delivery, the Newborn Baby will be covered under the existing Policy only if it is Endorsed with the New Born Baby as an Insured Person.

This is subject to our underwriting policy and payment of the Pro-Rata Additional Premium, for the balance period.

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

SECTION 37. HOME (DOMICILIARY) HOSPITALIZATION

If You have opted for this Cover, We will pay the Medial Expenses incurred by You for any illness or Injury requiring medical treatment taken at home, which would otherwise have required Hospitalization, provided that:

- a) The condition of the patient is such that s/he is not in a condition to be moved to a Hospital or
- b) The patient takes treatment at home on account of non-availability of room in a Hospital, and
- c) The condition for which the medical treatment is required continues for at least 3 days, in which case We will pay the reasonable charge of any necessary medical treatment for the entire period
- d) No Payment will be made if the condition for which You require medical treatment is due to:

Asthma, Bronchitis, Tonsillitis, Upper Respiratory Tract Infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza, Arthritis, Gout and Rheumatism, Chronic Nephritis and Nephritic Syndrome, Diarrhoea and all types of Dysenteries including Gastroenteritis, Diabetes Mellitus and Insipidus, Epilepsy, Hypertension, Psychiatric or Psychosomatic Disorders of all kinds, Pyrexia of unknown Origin.

e) This section will not have a separate sum insured, it will be subject to availability of the sum insured under Section 30.A. Accidental Hospitalization Cover and/or Section 30.B. Accidental & Illness Hospitalization Cover. Further, Our maximum liability per Hospitalization shall be restricted to the limits as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

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

SECTION 38. SUM INSURED REFILL BENEFIT

If you have opted for this Cover, We will refill 100% of the Sum Insured specified and utilized under Section 30.A. Accidental Hospitalization Cover and/or Section 30.B. Accidental & Illness Hospitalization Cover for that particular Policy Period, provided

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that:

- a) The refilled Sum Insured would be utilized if the cause of the Hospitalization is related or not related (as opted by You as mentioned in Your Policy Schedule / Certificate of Insurance against this Section) to or arising out of earlier Hospitalization, including its complications, for which a claim has already been availed during the same policy year for the same Insured Person.
- b) In case of related Hospitalization cooling off period of 45 days will be applicable.
- c) If the first claim amount exceeds the Sum Insured under Section 30.A. Accidental Hospitalization Cover and/or Section 30.B. Accidental & Illness Hospitalization Cover, the refilled Sum Insured will not be applicable for the same hospitalisation.
- d) After the refill, the maximum amount payable for any single claim will not exceed the Sum Insured mentioned under Section 30.A. Accidental Hospitalization Cover and/or Section 30.B. Accidental & Illness Hospitalization Cover.
- e) The number of times this benefit may be availed shall be as per the limit mentioned in Your Policy Schedule / Certificate of Insurance against this Section during each Policy Period.
- f) In case of Floater Policy, the refilled Sum Insured will be applicable on family floater basis.
- g) For this benefit sum Insured can only be utilized for hospitalization in India only.

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

SECTION 39. OUT-PATIENT (OPD) BENEFIT

If You have opted for this Cover, We will pay the Reasonable and Customary Charges for below mentioned expenses incurred by You as an Allopathic Out-patient. The maximum claim payable under each sub-section under this cover shall be subject to the limits specified against the respective sub-sections and Sum Insured mentioned in Policy Schedule/Certificate of Insurance against this section. Benefit under this section should be provided through Network Facilitator as mentioned in Policy Schedule/Certificate of Insurance.

39.1. OPD Doctor Consultations –

If You have opted for this sub-section and suffer from an Accidental Injury or Illness during the Policy Period, We will indemnify You for the expenses incurred for the following options, upto the Sum Insured as mentioned in the Policy

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Schedule/Certificate of Insurance.

<p>39.1.1. Physical General Consultation</p>	<p>Out-Patient allopathic physical consultations from a General Medical Practitioner(s), subject to the number of consultations, per consultation limit and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.</p>
<p>39.1.2. Physical Specialist Consultation</p>	<p>Out-Patient allopathic physical consultations from a Specialist Medical Practitioner(s), subject to the number of consultations, per consultation limit and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.</p>
<p>39.1.3. Telephonic/ Virtual General Consultations</p>	<p>Out-Patient allopathic telephonic/ virtual consultations from a General Medical Practitioner(s), subject to the number of consultations, per consultation limit and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.</p>
<p>39.1.4. Telephonic/ Virtual Specialist Consultations</p>	<p>Out-Patient allopathic telephonic/ virtual consultations from a Specialist Medical Practitioner(s), subject to the number of consultations, per consultation limit and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.</p>

Specific Conditions Applicable to this Sub- section:

- a. Benefit under this sub-section can be availed through Network Facilitator or by Us, as specifically mentioned in Policy Schedule/Certificate of Insurance.
- b. Benefit under this sub-section will be provided subject to the availability of General Medical Practitioner(s) or a Specialist Medical Practitioner(s) at the time of appointment.
- c. Coverage provided under this sub-section will be as per details mentioned in the Policy Schedule/ Certificate of Insurance.
- d. In case of any emergency, Insured Person can take Out-patient consultation from any Network Facilitator other than as mentioned in Policy Schedule/Certificate of Insurance, provided that Sum Insured for emergency cases shall be limited and will be mentioned in Policy Schedule/Certificate of Insurance.
- e. You can opt for sub-limit of the Sum Insured available under the section for Psychiatric Illness, upto the percentage as opted by You and mentioned in Policy

Schedule/Certificate of Insurance.

39.2. Lab Test and Diagnostics-

If You have opted for this sub-section and suffer from an Accidental Injury or Illness during the Policy Period, We will indemnify You for the expenses incurred on Medically Necessary Out-Patient diagnostic procedures or lab tests prescribed by Medical Practitioner(s) including but not limited to Pathology, Radiology and x-rays to make a diagnosis for treatment, upto the Sum Insured as mentioned in Policy Schedule/Certificate, subject to the number of procedures or tests, per procedure limit or per tests limit or per prescription limit and other terms, conditions, deductible mentioned in the Policy Schedule/Certificate of Insurance.

Specific Conditions Applicable to this Sub-Section

- a. Benefit under this sub-section can be availed through Network Facilitator or by Us, as specifically mentioned in Policy Schedule/Certificate of Insurance.
- b. Benefit under this sub-section will be provided subject to the availability of lab/ diagnostic centre at the time of appointment.
- c. Any Expenses incurred on diagnostic procedure or tests done as a health check-up will be excluded.

Specific exclusion applicable to this sub-section section

- a. Expenses incurred on diagnostic procedure or tests done as a preventive health check-up.
- b. Diagnostic procedure or lab test more than INR 3,000 will be excluded, unless specifically waived by Us and mentioned in the Policy Schedule/ Certificate of Insurance.

39.3. Pharmacy Cover

If You have opted for this sub-section and suffer from an Accidental Injury or Illness during the Policy Period, We will indemnify You for the expenses incurred on Pharmacy for the following options, upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance for:

39.3.1. Phar macy exactly as per	Pharmacy exactly as per prescription of Medical Practitioner, upto the Sum Insured as mentioned in Policy Schedule/Certificate.
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prescription	
39.3.2. Generic Form of Pharmacy	Generic form of prescribed Pharmacy, upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance.

Specific Conditions Applicable to this Sub-Section

- a. Benefit under this section can be availed through Network Facilitator or by Us, as specifically mentioned in Policy Schedule/Certificate of Insurance.
- b. Benefit under this sub-section will be provided subject to the availability of Pharmacy at the time of purchasing it.
- c. Coverage provided under this section will be as per details as mentioned in the Policy Schedule/ Certificate of Insurance.

39.4. Out-Patient Dental Treatment

If You have opted for this sub-section, We will indemnify You for the Out-Patient Dental treatment expenses for the immediate relief as prescribed by dentist(s) for the following as opted mentioned in Policy Schedule/ Certificate of Insurance:

39.4.1. Dental Consultation	If You require dental treatment arising out of an Accidental injury or Illness, We will indemnify for Dental consultations from dentist (s) upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.
39.4.2. Dental Procedure	If You require dental treatment arising out of an Accidental injury or Illness, We will indemnify for dental procedures including but not limited to Dental X-rays, Extractions, Amalgam or composite fillings, root canal treatments upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of procedures, per procedure limit and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.
39.4.3. Pharmacy	If You require dental treatment arising out of an Accidental injury or Illness, We will indemnify for the Pharmacy for the

for Dental treatment	dental treatment upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the terms, conditions as mentioned in the Policy Schedule/Certificate of Insurance against this option.
39.4.4. Cosmetic Dental Treatment	Any dental treatment that comprises cosmetic surgery, scaling and polishing, dentures, dental prosthesis, dental implants, orthodontics, teeth alignment , orthognathic surgery, jaw alignment or treatment for temporomandibular (jaw), or upper and lower jawbone surgery and surgery related to the temporomandibular (jaw) upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of sittings, per sitting limit and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.

Specific Conditions Applicable to this sub-section:

- a. Benefit under this section can be availed through Network Facilitator or by Us, as specifically mentioned in Policy Schedule/Certificate of Insurance.
- b. Benefit under this section will be provided subject to the availability of dentist(s) at the time of appointment.
- c. Coverage provided under this section will be as per subsection(s) details as mentioned in the Policy Schedule/ Certificate of Insurance.
- d. If You have opted for this Section, point no. 8 “Cosmetic or plastic Surgery: Code-Excl08” and point no. 43 “Dental Treatment” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

39.5 Ophthalmic Treatment Expenses

If You have opted for this sub-section, We will indemnify You for the medical expenses incurred for Ophthalmic Treatment prescribed by Ophthalmologist(s) / Specialist Medical Practitioner(s) for the following as opted mentioned in Policy Schedule/Certificate of Insurance:

39.5.1. Eye Examination and Diagnostic	If You require for Ophthalmic Treatment arising out of an Accidental injury or Illness, We will indemnify for the Eye examinations and diagnostics up to the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of examinations/diagnostics, per
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s	examination/diagnostic limit and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.
39.5.2. Pharmacy for Eye treatment	If You require for Ophthalmic Treatment arising out of an Accidental injury or Illness, We will indemnify for the Pharmacy related to Ophthalmic treatment up to the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the terms, as mentioned in the Policy Schedule/Certificate of Insurance against this option.
39.5.3. Eyewear Expenses	Any expenses related to eyewear including but not limited to contact lenses/spectacles/sunglasses upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of eyewear, Per eyewear limit, and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.

Specific Conditions Applicable to this sub-section:

- a. Benefit under this sub-section can be availed through Network Facilitator or by Us, as specifically mentioned in Policy Schedule/Certificate of Insurance.
- b. Benefit under this sub-section will be provided subject to the availability of Ophthalmologist(s) at the time of appointment.
- c. Coverage provided under this sub-section will be as per details mentioned in the Policy Schedule/ Certificate of Insurance.
- d. If You have opted for this Section, point no. 34 “Spectacles, Hearing aids & other Expenses” and 40 “Ear, Eyesight & Optical Services” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

Exclusion Applicable to this Section

- 1. Any Inpatient Treatment requiring Hospitalization and/ or Day Care Procedures.

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

SECTION 40. ILLNESS COVER

A. Hospitalization Cover

If You have opted for this cover and if You were Hospitalized due to Illness, as an

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inpatient, during the Policy Period, solely because You were Infected and Tested Positive due to one or more of the below mentioned Disease/s and/or Conditions as opted by You and stated in Your Policy Schedule / Certificate of Insurance, We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You, in respect of an admissible claim. It is important to note that any claim will be paid only in respect of the Disease/s and/or Conditions opted by You and stated in the Your Policy Schedule / Certificate of Insurance.

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

List of Disease/s and/or Conditions:

1. Cholera	2. Amoebiasis	3. Typhoid
4. Viral Hepatitis	5. Tuberculosis	6. Plague
7. Diphtheria	8. Typhus	9. Leptospirosis
10. Dengue	11. Malaria	12. Filariasis
13. Kala Azar	14. Chikungunya	15. Japanese Encephalitis
16. HIV	17. Zika Virus	18. Nipah Virus
19. EBOLA	20. Swine Influenza Virus	21. H1N1 Virus
22. COVID-19	23. SARS	24. MERS

The claim can be made under the following benefits and up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Accommodation/Room Rent	<p>Hospital accommodation in a ward, shared or private room will be subject to a Daily Limit as opted and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.</p> <p>Note: If there is a Limit on “Accommodation/Room Rent” and the Room Rent Rate exceeds the limits at the time of Hospitalization then our liability will be restricted to the same proportion as the Admissible Rate Per Day Limit Opted</p>
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	bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables, unless this condition is specifically waived off and mentioned in Your Policy Schedule / Certificate of Insurance. <i>Example, if there is a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor's fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i>
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	Drugs, medicines, consumables including disposable kits, 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.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

Apart from above table, you will also be eligible for following benefits:

A1. Pre-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred. This will be paid for a period as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance, prior to the date of Your admission in a hospital, provided that:

- a. Such Expenses recommended by the Hospital/Medical Practitioner were in fact incurred for the same condition for which Your Subsequent Hospitalization was required.
- b. We have accepted a Claim under Section 40.A. Hospitalization Cover of this Policy.

A2. Post-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred. This will be paid for a period as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance, from the date of Your Discharge from the hospital, provided that:

- a. The expenses are recommended by the Hospital/Medical Practitioner and are for the same condition for which you were hospitalized.
- b. We have accepted an Inpatient Hospitalization Claim under Section 40. A. Hospitalization Cover of this Policy.

A3. Road Ambulance

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

- a. We have accepted a claim under Section 40. A. Hospitalization Cover.
- b. The maximum liability per Hospitalization is restricted to amount as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance.
- c. 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.

A4. Second Medical Opinion

If You are required to get hospitalized in a tertiary care facility during the Policy Period, We will arrange and bear the cost for a Second Opinion provided that:

- a. We have received Your request to arrange for Second Opinion.
- b. We will not provide more than one Opinion for the same Medical Condition within a Policy Period.

Medical Practitioner has Certified that You were Infected and Tested Positive due to the Conditions and/ or Disease defined and stated in the Policy Schedule / Certificate of Insurance.

B. Virus Detection and Quarantine Allowance

If You have opted for this Cover; We will pay you following benefits as opted by You and stated in Your Policy Schedule / Certificate of Insurance; subject to You being hospitalised for the minimum number of days as opted by You and stated in Your Policy Schedule / Certificate of Insurance; due to one or more of the below mentioned Disease/s and/or Conditions as opted by You and stated in Your Policy Schedule / Certificate of Insurance. It is important to note that any claim will be paid only in respect of the Virus(es) opted by You and stated in the Your Policy Schedule / Certificate of Insurance subject to Policy Terms & Conditions.

- a) Full Fixed Benefit: If the result is positive, we will pay 100% of the Sum insured for the below mentioned Virus(es) as opted by You and stated in the Policy Schedule / Certificate of Insurance. This benefit will be paid only in respect to the Insured Person(s) whose test result are Positive during the Policy Period, provided that, the person(s) claiming has a Certificate from a Registered Medical Practitioner along with a Positive Virology Report from ICMR – National Institute of Virology Pune, India or Any other Laboratory Authorised by ICMR, confirming that the Insured Person(s) has been infected with the Virus(es) as opted and stated in the Policy Schedule / Certificate of Insurance; or
- b) Part Fixed Benefit: If the result is negative, we will pay up to the percentage of sum insured as mentioned in the Policy Schedule / Certificate of Insurance. This benefit will be paid to the Insured Person(s) if quarantined, during the Policy Period, in dedicated Government Authorized Hospital for a minimum of 7 or 10 or 14 or 21 consecutive (continuous) days, as opted and stated in the Policy Schedule / Certificate of Insurance, for observation and investigation of the below mentioned Virus(es) and the test results are negative.

Provided always that:

- i. We will not pay for any self-Quarantine in any facility other than Government Authorised Hospital.
- ii. Regardless of one or more claims during the policy period, the maximum amount payable under the policy for all the benefits under this Section put together shall be restricted to the Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance against this Section in respect of the Insured Person(s).
- iii. The Benefit under this Section will cease on payment of 100% of the Sum Insured for the respective Insured Person(s) against whom claim has been paid.
- iv. We will not make any payment if You are diagnosed as suffering from below listed

illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Comprehensive Group Protect Policy” with us covering Illness cover/ Virus Detection and Quarantine Allowance.

- v. This benefit will be paid only once during Policy Period in respect of the Insured Person(s) against whom claim has been admitted.

List of Disease/s and/or Conditions:

1. Cholera	2. Amoebiasis	3. Typhoid
4. Viral Hepatitis	5. Tuberculosis	6. Plague
7. Diphtheria	8. Typhus	9. Leptospirosis
10. Dengue	11. Malaria	12. Filariasis
13. Kala Azar	14. Chikungunya	15. Japanese Encephalitis
16. HIV	17. Zika Virus	18. Nipah Virus
19. EBOLA	20. Swine Influenza Virus	21. H1N1 Virus
22. COVID-19	23. SARS	24. MERS

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

SECTION 41. DAILY CASH BENEFIT

If You have opted for this cover and You are hospitalized as an inpatient during the Policy Period due to one or more of the below mentioned contingencies as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance, we will pay a per day benefit as opted and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

This Benefit will be paid for each and every continuous and completed period of 24 hours of Hospitalisation for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Below are the contingencies, you can opt any one or more than one:

- Accidental Hospitalization
- Accidental & Illness Hospitalization
- Critical Illness Hospitalization as per the plan opted.

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- **Maternity**

If You are hospitalised in the Intensive Care Unit (ICU) of a Hospital for each continuous and completed period of 24 hours, We will pay an amount equivalent to the percentage of the Daily Cash Allowance as opted by You and mentioned in the Policy Schedule / Certificate of Insurance against this section.

Subject to following conditions,

- a) In case of Individual Sum Insured basis, maximum number of days will be Per Policy Year Per Insured Person and in case of Floater Policy the maximum number of days will be Per Policy Year on Floater Sum Insured basis.
- b) For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be one day.
- c) Payment of claim under this benefit is subject to the time excess as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- d) This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the Policy.

For the purposes of this cover, contingencies are defined below:

- a) **Accidental Hospitalization:** Daily Cash allowance will be paid under this contingency only if you have been hospitalised due to accidental bodily injury.
- b) **Accidental & Illness Hospitalization**
 - Daily Cash allowance will be paid under this contingency only if you have been hospitalised due to any illness and Accidental bodily injury.
 - We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Comprehensive Group Protect Policy” with us covering “Daily Cash Benefit /Accidental & Illness Hospitalization”.
 - This also has a waiting period. Waiting period shall be as per the “Specific Waiting Period” Section stated in Your Schedule / Certificate of Insurance against this Cover which shall apply from the date of inception of the first “Digit Comprehensive Group Protect Policy” with Us, provided that the Policy has been renewed continuously with Us without break.
- c) **Critical Illness Hospitalization**

Critical Illness shall mean the listed illnesses as per the plan opted by You from

Annexure C that You are diagnosed as suffering from or Surgical Procedures that You are undergoing, for the first time in your life.

Provided that:

- **We will not make any payment if You are diagnosed as suffering from Critical Illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Comprehensive Group Protect Policy” with Us covering “Daily Cash Benefit /Critical Illness Hospitalisation”.**
- **You survive for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness, unless this condition is specifically waived by Us.**
- **No Claim under this option shall be admissible if Critical Illness and/or covered Surgical Procedure is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.**
- **The List of Plan wise covered Critical Illness is mentioned in Annexure C.**

d)Maternity

- **Daily Cash allowance will be paid under this contingency for the delivery of the Insured Person's child (including caesarean section) or for the Medically necessary and lawful termination of pregnancy.**
- **For “Maternity” contingency “Waiting Period” as mentioned in the Policy Schedule/Certificate of Insurance against this Section is applicable.**
- **In case of “Maternity” opted, “Exclusion No. 17 Maternity (Exclusions which is applicable)” of the Policy Wordings stands partially deleted to the extent of the Coverage provided under this Section.**

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

SECTION 42. FIXED CASH BENEFIT

If You have opted for this cover and You are hospitalized as an inpatient during the Policy Period due to one or more below mentioned contingencies as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance, we will pay a Fixed Lump Sum Benefit as opted and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

This Benefit will be paid for each and every continuous and completed period of the

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number of days of Hospitalisation for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Below are the contingencies, you can opt any one or more than one:

- Accidental Hospitalization
- Accidental & Illness Hospitalization
- Critical Illness Hospitalization as per the plan opted.
- Maternity

Subject to following conditions,

- In case of Individual Sum Insured basis, maximum number of days will be Per Policy Year Per Insured Person and in case of Floater Policy the maximum number of days will be Per Policy Year on Floater Sum Insured basis.
- For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.
- Payment of claim under this benefit is subject to the time excess as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the Policy.

For the purposes of this cover, contingencies are defined below:

a) Accidental Hospitalization: Fixed lump sum amount will be paid under this contingency only if you have been hospitalised due to accidental bodily injury.

b) Accidental & Illness Hospitalization

- Fixed lump sum amount will be paid under this contingency only if you have been hospitalised due to any illness and Accidental bodily injury.
- We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Comprehensive Group Protect Policy” with us covering “Fixed Cash Benefit /Accidental & Illness Hospitalization”.
- This also has a waiting period. Waiting period shall be as per the “Specific Waiting Period” Section stated in Your Schedule / Certificate of Insurance against this Cover which shall apply from the date of inception of the first “Digit Comprehensive Group Protect Policy” with Us, provided that the Policy has been renewed continuously with Us without break”.

c) Critical Illness Hospitalization

Critical Illness shall mean the below listed illnesses as per the plan opted by You from Annexure C that You are diagnosed as suffering from or Surgical Procedures that You are undergoing, for the first time in your life.

Provided that:

- We will not make any payment if You are diagnosed as suffering from Critical Illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Comprehensive Group Protect Policy” with Us covering “Fixed Cash Benefit /Critical Illness Hospitalisation”.
- You survive for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness, unless this condition is specifically waived by Us.
- No Claim under this option shall be admissible if Critical Illness and/or covered Surgical Procedure is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- The List of Plan wise covered Critical Illness is mentioned in Annexure C.

d) Maternity

- Fixed lump sum amount will be paid under this contingency for the delivery of the Insured Person's child (including caesarean section) or for the Medically necessary and lawful termination of pregnancy.
- For “Maternity” contingency “Waiting Period” as mentioned in the Policy Schedule/Certificate of Insurance against this Section is applicable.
- In case of “Maternity” contingency is opted, “Exclusion No. 17 Maternity (Exclusions which is applicable)” of the Policy Wordings stands partially deleted to the extent of the Coverage provided under this Section.

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

SECTION 43. COMPANION BENEFIT CASH ALLOWANCE COVER

If You have opted for this cover, We will pay towards the expenses incurred on one of Your attendants, accompanying You at the Hospital/Nursing Home, in case of Your Hospitalization as an inpatient due to an Accidental bodily Injury and/or Illness during the Policy Period. We will pay You as per the option opted by You and mentioned in

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Your Policy Schedule / Certificate of Insurance against this Cover.

The above is provided that:

- 1.Claim for Hospitalisation in respect of the Insured Person has been admitted,**
- 2. Insured Person's attendant should be his/her spouse, siblings, Children above age of 18 years, parents or parents in law.**

1. Per Day Benefit

If You have opted for this option, we will pay a per day benefit amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This will be paid for each continuous and completed period of 24 hours of Insured Person's Hospitalisation arising out of accidental bodily injury and/or illness for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

2. Fixed Lump Sum Benefit

If You have opted for this option, we will pay a Fixed lump sum benefit amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This will be paid for each continuous and completed period of the number of days of Insured Person's Hospitalisation arising out of accidental bodily injury and/or illness for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

A. Conditions Applicable

- a) In case of Individual Sum Insured basis, maximum number of days will be Per Policy Year Per Insured Person and in case of Floater Policy the maximum number of days will be Per Policy Year Per Family on Floater Sum Insured basis.**
- b) For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be one day.**
- c) Payment of claim under this benefit is subject to the time excess as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.**
- d) We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first "Digit Comprehensive Group Protect Policy" with us covering "Companion Benefit Cash Allowance Cover".**
- e) This also has a waiting period. Waiting period shall be as per the "Specific Waiting**

Period”” Section stated in Your Schedule / Certificate of Insurance against this Cover which shall apply from the date of inception of the first “Digit Comprehensive Group Protect Policy” with Us, provided that the Policy has been renewed continuously with Us without break”.

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

SECTION 44. PARENT ACCOMMODATION CASH ALLOWANCE COVER

If You have opted for this Cover, we will pay towards expenses incurred on accommodation of parents at the Hospital/Nursing Home, in case of Your Hospitalization as an inpatient due to an Accidental bodily Injury and/or Illness during the Policy Period. We will pay You as per the option Opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.

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The above is provided that:

- 1.Claim for Hospitalisation in respect of the Insured Person has been admitted;
- 2.The Insured Person hospitalized is a Child aged 16 Years or below, unless specifically agreed otherwise and mentioned in Your Policy Schedule / Certificate of Insurance.

1.Per Day Benefit

If You have opted for this option, we will pay a per day benefit amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This will be paid for each continuous and completed period of 24 hours of Insured Person’s Hospitalisation arising out of accidental bodily injury or illness for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

2.Fixed Lump Sum Benefit

If You have opted for this option, we will pay a Fixed lump sum benefit amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This will be paid for each continuous and completed period of the number of days of Insured Person’s Hospitalisation arising out of accidental bodily injury or illness for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

A. Conditions Applicable:

- a) In case of Individual Sum Insured basis, maximum number of days will be Per Policy Year Per Insured Person and in case of Floater Policy the maximum number of days will be Per Policy Year Per Family on Floater Sum Insured basis.
- b) For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.
- c) Payment of claim under this benefit is subject to the time excess as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- d) We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Comprehensive Group Protect Policy” with us covering “Parent Accommodation Cash Allowance Cover”.
- e) This also has a waiting period. Waiting period shall be as per the “Specific Waiting Period” Section stated in Your Schedule / Certificate of Insurance against this Cover which shall apply from the date of inception of the first “Digit Comprehensive Group Protect Policy” with Us, provided that the Policy has been renewed continuously with Us without break”.
- f) This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the Policy.

SECTION 45. LOAN SHIELD

If You have opted for this cover and You suffer

- from any Accidental Injury that occurs during the policy period and that injury solely and directly results in Your "Death" or "Permanent Total Disablement" or "Permanent Partial Disablement" within twelve (12) months from the Date of accident
- or from "Critical Illness"

as per the contingency opted and mentioned in Your Policy Schedule/Certificate of Insurance against this Section. We will pay the bank / financial institution as specified in the Policy Schedule/Certificate of Insurance, an amount equal to the Insured Person's Principal Outstanding Amount, subject to this amount not exceeding the Sum Insured specified in the Policy Schedule / Certificate of Insurance, provided that:

1. The Permanent Total Disability continues for a period of at least 180 days from the commencement of the Permanent Total Disability, and the Disability Certificate issued by the treating Medical Practitioner at the expiry of the 180 days confirms that there is no reasonable medical hope of improvement. It is clarified that this condition is not

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- application for any Permanent Total Disability in the nature of a physical separation.
- 2.If You suffer from Injury and/or illness resulting in more than one of the “Permanent Total Disabilities” or “Permanent Partial Disabilities” or “Critical Illness”, then Our maximum, total and cumulative liability under this section shall be limited to the Principal Outstanding Amount, and further subject to such amount not exceeding the Sum Insured mentioned in the Policy Schedule / Certificate of Insurance.
 - 3.Once the total claim amount paid under this section reaches 100% of Sum Insured for an Insured Person, the cover under this section will cease for the remainder of the Policy Period and the Insured Person will not be eligible for this section in any subsequent Policy Years.
 - 4.We shall not be liable to make any payments that are overdue and unpaid by the Insured Person prior to the occurrence of the event giving rise to a claim under this section, and the same shall be deemed as paid by the Insured Person, unless this condition is specifically waived by Us and mentioned in your Policy Schedule/Certificate of Insurance
 - 5.Cover under this Section shall cease upon payment of the compensation on the happening of any contingency mentioned above and no further payment will be made for any contingency as mentioned above or any dependent contingency.

For the Purpose of this Cover;

a. “Permanent Partial Disablement” means:

- Loss of arm at the shoulder joint
- Loss of leg above centre of the femur
- Loss of arm to a point above elbow joint
- Loss of leg up to a point below the femur
- Loss of arm below elbow joint
- Loss of hand at the wrist
- Complete and irrecoverable loss of sight of an eye
- Loss of leg to a point below the knee
- Loss of leg up the centre of tibia
- Loss of foot at the ankle

b. “Critical Illness” shall mean the illnesses that You are diagnosed as suffering from or Surgical Procedures that You are undergoing, for the first time in your life; as per the plan opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section from Annexure C.

Provided that:

1. We will not make any payment if You are diagnosed as suffering from Critical Illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Comprehensive Group Protect Policy” with Us covering “Loan Shield/Critical Illness”.
2. You survive for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness, unless this condition is specifically waived by Us.
3. No Claim under this option shall be admissible if Critical Illness and/or covered Surgical Procedure is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
4. The List of Plan wise covered Critical Illness is mentioned in Annexure C.

SECTION 46. LOSS OF PAY

If You have opted for this cover and due to death of Your immediate family Member during the Policy Period, You have to take leave without pay from Your employment as You do not have enough accrued leave to cover the absence from the employment, then we will pay the Percentage of Your net per day salary as mentioned in Your Policy Schedule/Certificate of Insurance for the period You have taken leave without pay, provided that:

1. taking ‘leave without pay’ without exhausting Your accrued leaves or taking leave from employment where there is no loss of pay will not be covered under this section;
2. maximum number of days for which loss of pay will be available under this section will be as mentioned in Your Policy Schedule/Certificate of Insurance;
3. claim under this section will be payable for number of days You were on leave without pay multiplied by percentage of Your net per day salary.

For Example:

- *Mr. A has net per day salary of INR 1,500.*
- *He has taken ‘leave without pay’ from his employment for 10 days due to reasons admissible under this section.*
- *% of Net Per day Salary as opted under this section is 60%.*
- *Claim payable under this section will be 60% of INR 1,500*10 days ie. INR 9,000.*

Specific Definition applicable to this section

- a. “Immediate Family Member” would mean the Insured Person’s spouse, siblings, Children, parents or parents in law.

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- b. "Leave without pay" means leave or time off from work for the employee's personal reasons granted by the employer for which period the employee receives no pay.
 - c. "Net Monthly Salary" (take home salary) will be considered after deduction of income tax, professional tax, PF Contributions, Bonuses / One-time Variable Pay, Any other deductions, and any reimbursements from the monthly pay slips. For the calculation of Monthly Take home salary, we shall consider the last three months monthly average salary subject to all deductions mentioned above.
 - d. "Net Per Day Salary" shall mean Net Monthly Salary divided by number of days in the month.
- For example, Mr. X has Net Monthly Salary as INR 90,000. For the month of September, his Net Per Day Salary will be INR (90,000/ 30) = 3,000.

Specific Conditions Applicable to this section,

- a) The Company shall not be liable to make any payment under this Policy in respect Self-employed persons.
- b) The benefit under this section is payable only once to an Insured Person during the Policy Year.
- c) We will not pay any compensation if the Insured Person is on their notice period or under probation period.
- d) We will not pay any claim if any job under which no salary or any remuneration is provided to the Insured.
- e) We will not pay if the employment contract and Job Location was outside India.
- f) Any claim shall not be Payable under this policy, if the Insured event triggers within number of days (Initial Waiting Period) specified in the Policy Schedule/Certificate of Insurance from the risk inception date of Your policy or inception of the first "Digit Comprehensive Group Protect Policy" with Us whichever is earlier.

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

SECTION 47. HEALTH CHECK UP

If You have opted for this Cover, we will indemnify You for health check-up expenses incurred as per following options as opted by You and mentioned in Policy Schedule/Certificate of Insurance.

47.1. Health Check-up from Day 1 of Policy: We will pay the expenses incurred towards

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cost of health check-up from Day 1 of the Policy and during the policy period up to the Sum Insured limit as mentioned in Policy Schedule/Certificate of Insurance subject to terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance.

47.2. Health Check-up at the end of each block of continuous years: If You have continued Your Policy with Us without any break, then at the end of each block of continuous years as mentioned in Policy Schedule/Certificate of Insurance, We will pay the expenses incurred towards cost of health check-up up to the Sum Insured limit as mentioned in Policy Schedule/Certificate of Insurance subject to terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance.

Specific Conditions Applicable to this section:

- a) This benefit will not be carried forward if not utilized.
- b) Benefit under this section should be provided through Network Facilitator as mentioned in Policy Schedule/Certificate of Insurance.
- c) These services should be provided subject to the availability of lab / diagnostic centre at the time of appointment.
- d) In case of Family Floater policy, Health Check-up Sum Insured as mentioned in Policy Schedule/Certificate of Insurance is the maximum total cost which is available for all insured persons put together.
- e) If You have opted for this Section, point no. 4 “Investigation and Evaluation Code-Excl04” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

SECTION 48. WELLNESS BENEFIT PROGRAM

If You have opted for this Cover, Wellness Benefit Program provides the benefits listed below and shall be available to the Insured Person as mentioned in the Policy Schedule/Certificate of Insurance. Through this Program, We intend to incentivize the Insured Person(s) for taking care of his/her health/fitness and maintaining healthy lifestyle through such preventative and wellness services.

There are total 17 services under Wellness Benefit Program. Services applicable for Your Policy are as shown in Your Policy Schedule / Certificate of Insurance. Only services mentioned in your Policy Schedule/Certificate of Insurance are available for You.

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1. Doctor on Call

Upon Your request, We will facilitate an appointment, through Our empanelled Service Provider, with a Medical Practitioner who can help You by providing round-the-clock medical helpline services through an online portal as a chat service, a call back service or a voice call service or a video call service.

2. Wellness Coach

In order to educate, empower and engage You to become more aware of Your health and proactively manage it, We will, through periodic communications like e-mailers, blogs, videos, webinar and online platform provide You information on wellness coaching including but not limited to the areas as provided below:

- a) Weight Management
- b) Activity and Fitness
- c) Nutrition
- d) Tobacco Cessation
- e) Alcohol Abuse de-addiction Program
- f) Information on various diseases
- g) Dietary Plans

3. Lab Services and Imaging (For Diagnostic Services)

Upon Your request, We will facilitate, through Our empanelled Service Provider, Collection of test samples such as blood, urine, stool etc or imaging for further testing and analysis.

The cost of these tests and reports will have to be borne by You.

4. Pharmacy (Home Delivery)

Upon Your request, We will facilitate, through Our Empanelled Service Provider, home delivery of the Medications Prescribed by a Registered Medical Practitioner and nutritional supplement from the nearby Network Pharmacy, subject to copy of prescription being shared (where ever required) and availability of the medication with the Pharmacy.

The cost of the medication will have to be borne by You.

5. Vital/Physical Activity Monitoring Services

Upon Your request, We will facilitate, through Our Empanelled Service Provider, the integration of Your Health Device(s), or Digital Wearables or trackers such as Blood-Pressure Monitors, Glucometers, Wireless Pedometers, heart rate monitors, pulse oximeters, non-invasive wearable blood-sugar sensors, Smart Watches etc. to an online database that will track and asses Your vitals as reported by the device.

It can provide periodic updates and reports of your health status. The cost of the

device will have to be borne by You.

6. Reminder Notifications

Upon Your request, We will facilitate, through Our Empanelled Service Provider, routine notification messages via mail or a messaging portal or a follow-up call to You as a reminder to schedule Your medical appointments and/or take daily dosage of Your medicine as per the information shared by You.

7. Medical Wallet

Upon Your request, We will arrange, through Our Empanelled Service Provider, for a medical wallet. This will be a digital cloud service which will allow You to store all Your medical reports online. It will provide easy access of Medical history and reports to the treating Medical Practitioners and to any other person with whom You may share the login and access codes, easing Your need to physically carry documents with You.

8. Report Aggregation

Upon Your request, We will facilitate, through Our Empanelled Service Provider, for regular analysis of Your health status as per the medical records/reports/information or data shared by You. It will highlight your wellbeing or any areas of concern or deterioration in Your health, allowing You to take necessary calls about your health.

9. Home Care Services

Upon Your request, We will facilitate, through Our Empanelled Service Provider, Home Care Services for You in case You are in need of services , including but not limited to the following:

a. Home Care Nursing

b. Patient Assistant

c. Physiotherapy

d. Yoga Trainer

e. Psychologist

f. Palliative Care

g. Renting Medical equipment. For Example - Wheel-Chair, Patient Bed, Oxygen Cylinder etc.

h. Doctor Visit

i. Elderly care and senior living assistance related to their health condition.

The cost of the Services/Equipment will have to be borne by You.

10. Ambulance Arrangement Services

Upon request, We will facilitate, through Our Empanelled Service Provider, ambulance services for Your transportation subject to availability of ambulance in the area where such service needs to be arranged.

The cost of the transportation will have to be borne by You.

11. Pick-up and Drop Services for Consultation
 Upon Your request, We will facilitate, through Our Empanelled Service Provider, Pick-up and Drop Service, for Your transportation to the Health Care Facility for treatment/Diagnostics subject to availability of vehicle/taxi in the area where such service needs to be arranged.
 The cost of the transportation will have to be borne by You.

12. Prioritizing Appointments
 Upon Your request, We will facilitate, through Our Empanelled Service Provider, prioritization of Your appointment, based on the urgency, with the Network Facilitator offering the necessary consultation/treatment/diagnostics/packages/memberships/risk assessment/procedures subject to availability of the service(s). The cost of the Consultancy/Diagnostic will have to be borne by You. These may include the following but not limited to :-

- Doctors' services
- Nursing services
- Dietitian services

13. Mental wellbeing - Upon Your request, We will facilitate, through Our empanelled Service Provider, self-assessments, therapy sessions, activities and educational/awareness blogs, videos and webinars. The cost of these sessions will have to be borne by You.

14. Physiotherapy - Upon Your request, We will facilitate, through Our empanelled Service Provider, consultation and treatment sessions/packages, pain management sessions, ergonomics sessions The cost of these services will have to be borne by You.

15. Childcare/Children's activities - Upon Your request, We will facilitate, through Our empanelled Service Provider, recreational/developmental activities for children of different age groups. The cost of these services will have to be borne by You.

16. Out-Patient (OPD) Services - Upon Your request, We will facilitate, through Our empanelled Service Provider, outpatient care services like doctor consultation, pharmacy and diagnostics, both online and onsite. The cost of these services will have to be borne by You.

17. Fitness – Upon your request, we will facilitate, through our empanelled service provider, access to membership or classes of fitness activities like but not limited to sports, yoga, Zumba, Pilates, dance, fitness coach services at gymnasiums, health

studios, fitness centres, sports centres and playgrounds. The cost of these services will have to be borne by You.

Terms and Conditions applicable to Wellness Benefit Program

1. Any Information provided by You shall be kept confidential.
2. For services which are provided through Our Empanelled Service Provider/Medical Experts/Centres, We are acting only as a facilitator, hence We would not be liable for any incremental costs or the services. We will not charge any premium amount for the services. You need to pay directly to the Service Provider/Medical Experts/Centres for the services availed.
3. All medical services are being provided by Empanelled Service Provider/Medical Experts/Centres who are empanelled after full due diligence. Insured Person may however consult their Personal/Family Doctor before availing the medical services. The decisions to utilise the services will solely be at the discretion of the Insured Person.
4. We/Company/Us or its Group Entities, affiliates, officers, employees, agents, are not responsible for or liable for any actions, claims, demands, losses, damages, costs, charges, and expenses which an Insured Person/You may claim to have suffered or sustained or incurred by way of or on account of utilization of any benefits specified herein.
5. This shall not be deemed to substitute the Insured Person's visit or consultation to an Independent Medical Practitioner. The Insured Person is free to choose whether or not to undergo the same and if done whether or not to act on it.
6. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

II. DIGIT FINSHIELD INSURANCE POLICY

This portion comprises of following 7 sections:

SECTION 49. CARD COVER

If you opted for this cover, the Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to indemnify to the Insured Person an amount not exceeding the Sum Insured as specified in the policy schedule/ certificate of Insurance against the respective sections.

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Section 49.1: Lost Card Liability

I. What We Cover

We will indemnify the Insured Person against the financial loss arising out of unauthorized / fraudulent transaction during the cover period from the Insured person's lost card or stolen Card.

II. Condition applicable to Section 49.1

1.The cover under this section shall be applicable only for the number of hours prior to reporting the loss of Card (pre-reporting period) and the number of hours post reporting of loss of card (post-reporting period) as specifically mentioned in the Policy schedule / Certificate of Insurance.

III. Exclusions applicable to section 49.1

- 1.Unauthorized /fraudulent transaction made on Insured Person's card if his/her card has not been lost or stolen;
- 2.The amounts refunded upon cancellation of purchases of products or services.
- 3.Loss incurred due to erroneous debits arising on fraudulent or other transactions, on account of system or technology related fault, for which the financial institution is liable.
- 4.Loss or damage on account of counterfeit cards.
- 5.Any loss or damage arising out of Internet based transaction.

Section 49.2: Online Transaction cover**I. What We Cover**

We will indemnify the Insured Person against the financial loss arising out of unauthorized/ fraudulent transactions through internet during the Cover Period, using the CVV (Card Verification Value Code) or the PIN (Personal Identification Number) of the Card issued to the Insured Person by the financial institution.

II. Conditions applicable to section 49.2:

1.The cover under this section shall be applicable only for the number of hours prior to reporting the loss (pre-reporting period) and the number of hours post reporting of loss (post- reporting period) as specifically mentioned in the Policy schedule / Certificate of Insurance.

III. Exclusions applicable to section 49.2:

- 1.Any transactions not confirmed by the host website or the authorized financial institution.
- 2.Any errors made by the host website or the authorized financial institution.

3. Loss incurred due to erroneous debits arising on fraudulent or other transactions, on account of system or technology related fault, for which the financial institution is liable.
4. Any transactions made using a PIN that has not been introduced by the financial institution as mandated by the concerned regulatory authority.
5. For any loss arising out of a PIN based fraud:
 - a. if the PIN was mentioned on the Card itself, shared with any person or
 - b. if the default PIN given by financial institution had not been changed wherever it has been suggested by the financial institution.

Section 49.3: Card Liability due to unauthorized / fraudulent usage

I. What We Cover

We will indemnify the Insured Person against the financial loss arising out of unauthorized/ fraudulent transaction using Insured Person's cards including but not limited to skimming, phishing, counterfeiting, cloning, payment made on mirror sites and other similar kind of fraud as mentioned in the Policy schedule/ Certificate of Insurance.

II. Condition applicable to Section 49.3:

1. The cover under this section shall be applicable only for certain number of hours prior to reporting the loss (pre-reporting period) and certain number of hours post reporting of loss (post-reporting period) as mentioned in the Policy schedule / Certificate of Insurance.

III. Exclusions applicable to section 49.3

1. Any loss or damage arising out of card transactions effected outside the notification period (as specified in the Policy Schedule/ Certificate of Insurance) prior to the first reporting of unauthorized use of the card to the financial institution.

Specific Exclusion applicable to section 49.3 which can be waived in case specifically agreed by us:

2. Any financial loss arising out of Cards lost in transit/ wrong delivery before its eventual receipt by the original Card holder.
3. Any financial loss arising out of Tele-phishing.

Section 49.4: ATM assault and robbery

I. What We Cover

We will reimburse the Insured Person against the following covers:

1. **ATM Robbery - We will reimburse Insured Person for the money he/she withdrew from any ATM using his/her card against a robbery event that occurs within a time period from the withdrawal of the money and within a distance from ATM, as specified in the Policy Schedule / Certificate of Insurance.**
2. **Bodily Injury - We will reimburse Insured Person for reasonable emergency first aid charges for his/her bodily injury during a robbery that is covered under this section.**
3. **Transaction under Threat/ violence - We will reimburse Insured Person for the money he/she withdrew from any ATM by forcibly using his/her card under a threat violence.**

II. Exclusions applicable to section 49.4:

1. **Damages or losses to anything other than the money withdrawn by the Insured Person from the ATM;**
2. **Charges for emergency first aid to anyone other than Insured Person.**

Section 49.5 ATM Fraud Cover

I. What We Cover

We will reimburse Insured Person for the money he/she has lost due to ATM related Frauds including but not limited to manipulated ATM Machine, Card Cloning at the ATM etc.

II. Exclusions applicable to section 49.5:

1. **Damages or losses to anything other than the money Insured Person has lost due to Fraud happening at ATM.**

CONDITIONS APPLICABLE TO SECTION 49

1. **Insured Person must comply with all terms and conditions given by the financial institution.**
2. **The cover under this section shall be applicable only for certain number of hours prior to reporting the loss (pre-reporting period) and certain number of hours post reporting of loss (post- reporting period) as mentioned in the Policy schedule / Certificate of Insurance.**
3. **Insured Person must report the loss/ damage to the financial institution immediately but not later than 12 hours after discovering the loss event, unless specifically agreed otherwise by Us and mentioned in the Policy Schedule / Certificate of Insurance.**
4. **Insured Person must report the loss/ damage to the Police Authority immediately but not later than 24 hours after discovering the loss event, unless specifically agreed otherwise by Us and mentioned in the Policy Schedule / Certificate of Insurance. In**

case of ATM assault and robbery cover, the Insured Person must file the Police report within 24 hours of happening of the event robbery, unless specifically agreed otherwise by Us.

Note: There are times when You may be in such a state of hardship, that You are unable to report the loss / damage to the financial institution and / or Police Authority within the prescribed time limit. In such cases, condonation of delay may be considered by waiving conditions 2 and 3, where the reason for delay is provided to our satisfaction.

EXCLUSIONS APPLICABLE TO SECTION 49

1. In case Geographical Location opted as India only- Any loss arising due to any unauthorised / fraudulent transaction done outside India.
2. If there was no transaction on the Card for consecutive 3 months or duration as specifically mentioned in the Policy Schedule / Certificate of Insurance, prior to the date of loss.
3. Any loss or damage if the Insured Person uses a Card in a way which the financial institution does not allow.
4. For any claim where “One-time Password” on registered mobile number for any transaction has been shared with any person by the Insured person.
5. If in case of cancellation of purchases of products or services, if the amount refunded is not credited to the original source of booking then the Company will not make payment for any claim arising as a consequence of this to the Insured person.
6. Loss incurred due to breach of security or failure of security mechanism of the financial institution.
7. For losses resulting from any Card issued by financial institution without Insured person making a proper application. However, this exception will not apply in respect of replacement of a Card which has been previously issued by the Insured named in the Schedule.
8. Damages and/ or liabilities to any third parties.
9. Losses sustained by the Insured Person resulting directly or indirectly from any fraudulent or dishonest acts committed by the Insured Person’s employee/members of household, acting alone or in collusion with others.
10. Loss of Interest, Consequential loss, loss of market, late fees, interest, and charges levied by the financial institution.
11. Loss incurred due to gross negligence on part of the Insured Person, including but not limited to insufficient measures taken by the Insured Person to keep the PIN, Password etc safe including without limitation recording of the PIN, Password in an intelligible form by the Insured Person.

Specific Exclusion applicable to Section 49 which can be waived in case specifically agreed by us:

12. Any loss arising out of unauthorized / fraudulent transaction due to card forgotten in ATM.
13. Any loss arising out of NFC transactions that are charged to the Insured Person's card.
14. Any loss arising out of online transactions done without the mandatory 2 factor authentication.
15. Any loss arising out of transaction due to Sim Cloning / Sim Hacking.
16. In case Geographical Location opted as worldwide- Any loss arising due to any unauthorised / fraudulent transaction done outside India when the Insured Person is in India / has returned back to India.

SECTION 50: OTHER ELECTRONIC TRANSACTION COVER

I. What We Cover

If you opted for this cover, the Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to indemnify the Insured Person upto the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, in respect of financial loss resulting from unauthorized / fraudulent transaction in his / her internet banking account / mobile banking account/ UPI Account or any other legitimate electronic modes.

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II. Conditions applicable to section 50

1. Insured Person must comply with all terms and conditions given by the financial organisation.
2. The cover under this section shall be applicable only for the number of hours prior to reporting the loss (pre-reporting period) and the number of hours post reporting of loss (post-reporting period) as specifically mentioned in the Policy schedule / Certificate of Insurance.
3. Insured Person must report the loss/ damage to the financial institution immediately but not later than 12 hours after discovering the loss event, unless specifically agreed otherwise by Us and mentioned in the Policy Schedule / Certificate of Insurance.
4. Insured Person must report the loss/ damage to the Police Authority immediately but not later than 24 hours after discovering the loss event, unless specifically agreed otherwise by Us and mentioned in the Policy Schedule / Certificate of Insurance.

Note: There are times when You may be in such a state of hardship, that You are unable

to report the loss / damage to the financial institution and / or Police Authority within the prescribed time limit. In such cases, condonation of delay may be considered by waiving conditions 2 and 3, where the reason for delay is provided to our satisfaction.

III. Exclusions Applicable to section 50

1. Any loss due to transactions related to Card/ Digital wallet
 2. Any transactions not confirmed by the host website or the authorized financial institution.
 3. Any errors made by the host website or the authorized financial institution.
 4. Loss incurred due to erroneous debits arising on fraudulent or other transactions, on account of system or technology related fault, for which the financial institution is liable.
 5. Loss incurred due to failure of security mechanism of the financial institution.
 6. Any transactions made using a PIN / password that has not been introduced by the financial institution as mandated by the concerned regulatory authority.
 7. Any transaction wherein OTP/ PIN/ Password etc. is shared with other person by the Insured Person.
 8. Losses sustained by the Insured Person resulting directly or indirectly from any fraudulent or dishonest acts committed by the Insured Person's employee/members of household, acting alone or in collusion with others.
 9. Loss of Interest, Consequential loss, loss of market, late fees, interest, and charges levied by the financial institution
 10. Loss incurred due to gross negligence on part of the Insured Person, including but not limited to insufficient measures taken by the Insured Person to keep the PIN, Password etc safe and recording of the PIN, Password in an intelligible form by the Insured Person.
 11. In case Geographical Location opted as India only- Any loss arising due to any unauthorised / fraudulent transaction done outside India.
- Specific Exclusion applicable to Section 50 which can be waived in case specifically agreed by us:**
12. Any loss arising out of transaction due to Sim Cloning / Sim Hacking
 13. Any loss arising out of NFC transactions that are charged to the Insured Person's account.
 14. In case Geographical Location opted as worldwide- Any loss arising due to any unauthorised / fraudulent transaction done outside India when the Insured Person is in India / has returned back to India

SECTION 51: DIGITAL WALLET COVER

I. What We Cover

If you opted for this cover, the Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to indemnify to the Insured Person up to the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, in respect of financial loss to Insured Person's digital wallet/ e-wallet due to following:

- i. Loss of wallet balance due to fraudulent transaction as a result of theft, burglary or loss of mobile phone/device- This section will indemnify the Insured Person for any loss of his/her wallet balance up to the amount as specified in the Policy Schedule/ Certificate of Insurance due to unauthorised/ fraudulent transaction as a result of theft, burglary or loss of Insured Person's mobile phone/ device.
- ii. Loss of Wallet Balance by unauthorized / fraudulent transaction- This section will indemnify the Insured Person up to the amount as specified in the Policy Schedule/ Certificate of Insurance for any loss of his/her wallet balance due to unauthorized/ fraudulent transaction.

II. Conditions applicable to section 51

- 1. Insured Person must comply with all terms and conditions given by the digital wallet company.
- 2. Insured Person must report the loss of wallet balance due to unauthorized/ fraudulent transaction to the digital wallet company immediately but not later than 12 hours of discovering the loss event, unless specifically agreed otherwise by Us and mentioned in the Policy Schedule / Certificate of Insurance.
- 3. Insured Person must report the loss of wallet balance due to unauthorized/ fraudulent transaction or the loss of mobile phone/ device to Police Authority immediately but not later than 24 hours of discovering the loss event, unless specifically agreed otherwise by Us and mentioned in the Policy Schedule / Certificate of Insurance.

Note: There are times when You may be in such a state of hardship, that You are unable to report the loss / damage to the financial institution and / or Police Authority within the prescribed time limit. In such cases, condonation of delay may be considered by waiving conditions 2 and 3, where the reason for delay is provided to our satisfaction.

III. Exclusions Applicable to section 51

- 1. Any loss occurring in case the user details/device were shared/misplaced/acquired due to user's negligence.
- 2. Any fraud due to misuse of credit card/debit card/bank account information through

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- the digital wallet platform.
3. Any loss arising out of negligence on the part of the Insured Person (e.g. typing a wrong number to send money).
 4. Any loss arising due to Insured Person not upgrading/adopting the latest security features released by digital wallet company.
 5. Any loss arising due to failure of security mechanism of the digital wallet.
 6. In case Geographical Location opted as India only- Any loss arising due to any unauthorised / fraudulent transaction done outside India.
- Specific Exclusion applicable to Section 51 which can be waived in case specifically agreed by us:**
7. Any loss arising out of transaction due to Sim Cloning / Sim Hacking
 8. Any loss arising out of NFC transactions that are charged to the Insured Person's digital wallet.
 9. In case Geographical Location opted as worldwide- Any loss arising due to any unauthorised / fraudulent transaction done outside India when the Insured Person is in India / has returned back to India.

SECTION 52: IDENTITY THEFT

I. What We Cover

If you opted for this cover, the Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to indemnify the Insured Person up to the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, in respect of Insured Person's expenses resulting from his/her efforts to resolve Insured Person's identity theft occurring during the cover period.

For this section Identity theft shall mean obtaining the personal information of another person without his/ her consent, for the sole purpose of assuming that person's name or identity to make fraudulent and unauthorized transactions or purchases.

Following expenses shall be payable provided they are incurred during the cover period and reported within 12 months of the occurrence, unless specifically agreed otherwise by Us and mentioned in the Certificate of Insurance / Policy Schedule:

1. Legal Expenses: We will reimburse Insured Person for attorney and court fees incurred by him/her for:
 - a. defending any suit brought against Insured Person by a creditor or collection agency or someone acting on their behalf as a result of the identity theft.

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b. removing any civil or criminal judgment against Insured Person, wrongfully charged as a result of the identity theft.

2. Lost Wages: We will reimburse Insured Person for time taken from work solely as a result of his/her efforts to correct his/her financial records that have been altered due to identity theft. Payment of lost wages (excluding any applicable taxes/ deductions) includes compensation for whole or partial unpaid workdays for a period not exceeding 7 working days, unless specifically agreed otherwise by Us and mentioned on the Certificate of Insurance/ Policy Schedule.

Taking time from self-employment or workdays that will be paid by Insured Person's employer will not be considered for Lost wages payment.

3. Miscellaneous Expenses: We will reimburse the following:

a. the cost of refiling application for credit accounts or banking accounts that are rejected solely because the lender received incorrect information as a result of identity theft.

b. the cost of notarizing documents related to Insured Person's identity theft reasonably incurred as a result of Insured Person's efforts to report an identity theft or to correct his/her financial and credit records that have been altered as a result of his/her identity theft.

c. the cost of contesting the accuracy or completeness of any information contained in Insured Person's credit report as result of his/her identity theft.

d. the cost of a maximum of 4 (four) credit reports from an entity approved by us. The credit reports shall be requested when Insured Person makes a claim.

II. Conditions applicable to section 52

1. The fraudulent account must have been opened with the Insured Person's credentials without his/her authorization.

2. Any false charge or withdrawal from the unauthorized opened account must be verified by Insured Person's financial institution.

3. The Company will be permitted to inspect Insured Person's financial records.

4. Insured Person will cooperate with us and help us to enforce any legal rights he/she or we may have in relation to his/her identity theft; this may include his/her attendance at depositions, hearings and trials and giving evidence as necessary to resolve his/her identity theft.

5. Insured Person must report the identity theft to the financial institution immediately but not later than 12 hours of discovering the identity theft, unless specifically agreed

otherwise by Us and mentioned in the Policy Schedule / Certificate of Insurance.
6. Insured Person must report the identity theft to the card Policy Authority immediately but not later than 24 hours of discovering the identity theft, unless specifically agreed otherwise by Us and mentioned in the Policy Schedule / Certificate of Insurance.

Note: *There are times when You may be in such a state of hardship, that You are unable to report the loss / damage to the financial institution and / or Police Authority within the prescribed time limit. In such cases, condonation of delay may be considered by waiving conditions 5 and 6, where the reason for delay is provided to our satisfaction.*

III. Exclusion applicable to section 52:

We will not pay for any expenses or loss for:

1. Monetary losses other than the out-of-pocket expenses related to the resolution of Insured Person's identity theft outlined in this policy.
2. Any physical injury, sickness, disease, disability, shock, mental anguish, and mental injury including required care, loss of job or death.
3. Cost incurred in credit reports before the discovery of Insured Person's identity theft.
4. Any amount paid by the Insured Person as extortion money due to his/ her identity theft.
5. Any outstanding amount payable to the creditor/ financial institution due to Insured Person's identity theft.

Specific Exclusion applicable to Section 52 which can be waived in case specifically agreed by us:

6. Any loss of information/ data due to Sim Cloning / Sim Hacking.

SECTION 53- PURCHASE PROTECTION

I. What We Cover

If you opted for this cover, the Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to indemnify the Insured Person upto the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance in respect of loss / damage to the items that Insured Person purchases entirely with his/her card/ bank account/ digital wallet/ any other mode of payment as specified in the Policy Schedule/ Certificate of Insurance, provided that the loss/ damage to the purchased item is due to the below listed covered perils and within number of days as specified in the Policy Schedule/ Certificate of Insurance from the date of purchase or date of confirmed delivery of the item (whichever is later).

Covered Perils

1. Fire Perils

C.I. Section 53

- 2. Earthquake
- 3. Burglary

II. Condition Applicable to Section 53

- 1. The cover under this Section shall be available only up to the number of days as mentioned in the Certificate of Insurance / Policy Schedule from the date of purchase or date of confirmed delivery of the item (whichever is later) of the tangible goods by the Insured.
- 2. Items given as gifts are included.
- 3. We will decide whether to have the item repaired or replaced, or to reimburse Insured Person (cash or credit) up to the amount charged to his/her card, and not to exceed the original purchase price.
- 4. Claim shall be considered subject to due depreciation of value for usage.
- 5. Items must be purchased entirely with Insured Person's card/ bank account / digital wallet/ any other mode of payment as specified in the Policy Schedule / Certificate of Insurance.
- 6. If the item is part of a pair or set, Insured Person will only receive compensation for the value of the stolen or damaged item unless the articles are unusable individually and/or cannot be replaced individually; the theft or damage of an item that is part of a pair or set will be viewed as one occurrence and the coverage limitation still applies.
- 7. Product rebates, discounts will be deducted from the original cost of the item.
- 8. Cost of the item/ amount paid as points redemptions or as loyalty points will be deducted from the original cost of the items.
- 9. In case of loss/ damage of the item due to burglary or housebreaking or robbery, the Insured Person must report the loss /damage to Police Authority immediately but not later than 24 hours of the loss event, unless specifically agreed otherwise by Us and mentioned in the Policy Schedule / Certificate of Insurance.

Note: There are times when You may be in such a state of hardship, that You are unable to report the loss / damage to the financial institution and / or Police Authority within the prescribed time limit. In such cases, condonation of delay may be considered by waiving condition 9 where the reason for delay is provided to our satisfaction.

III. Exclusion Applicable to Section 53

- 1. Items Insured Person has rented or leased.
- 2. Shipping and handling expenses or installation, assembly related costs.
- 3. losses that are caused by vermin, insects, termites, mold, wet or dry rot, bacteria, or rust.

- 4. losses due to mechanical failure, electrical failure, software failure, or data failure including, but not limited to any electrical power interruption, surge, brownout or blackout, or telecommunications or satellite systems failure.
- 5. items damaged due to normal wear and tear, inherent product defect or normal course of play (such as, but not limited to sporting or recreational equipment)
- 6. items that Insured Person damaged through alteration (including cutting, sawing, and shaping);
- 7. items left unattended in a place to which the general public has access.
- 8. Loss or damage where the Insured Person or any resident or member of the Insured Person's residential premises or his employee/s or any other person lawfully in the Insured's residential premises is involved or has colluded, in any manner, in the actual theft or damage to any of the articles or residential premises.
- 9. Loss of item removed or extracted from the safe within the residential premises following the use of the key to the said safe or any duplicate thereof belonging to the Insured Person, unless such key has been obtained by assault or violence or any threat.

Specific Exclusion applicable to Section 53 which can be waived in case specifically agreed by us:

- 10. Items that were lost or stolen from a vehicle.
- 11. Loss or damage to the item due to theft
- 12. Loss or damage to the item due to accidental damage.
- 13. Items Insured Person carried with him/her or acquired by him/her during a personal trip
- 14. Items such as Traveller's cheque(s), cash, tickets of any kind, negotiable instruments, bullion, rare or precious coins or stamps, plants, animals, consumables, perishables, art, antiques, firearms, collectable items, furs, jewellery, gems, precious stones and articles made of or containing gold (or other precious metals and/or precious stones)
- 15. Portable electronic items.

SECTION 54- PRICE PROTECTION

I. What We Cover

If you opted for this cover, the Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to indemnify the Insured Person upto the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, for the difference between the price Insured Person paid with his/ her card/ bank account / digital wallet/ any other mode of payment as specified in the

C.I. Section 54

Policy Schedule / Certificate of Insurance for an item and a lower printed advertised price for the same item (same brand, make, model name).

II. Condition Applicable to Section 54

- 1. The lower price of the purchased item must be on a printed advertisement.**
- 2. The printed advertisement must be published within the time period of purchase as specified in the Policy Schedule/ Certificate of Insurance.**
- 3. The Insured Person must contact us about the claim within the time period of purchase as specified in the Policy Schedule/ Certificate of Insurance, of printed advertisement.**
- 4. Claim payment on any claim will not include merchant's credit, discount and/or manufacturer's rebates, and shipping and handling fees.**
- 5. In no event will we pay more than the actual amount charged for the item.**

III. Specific Exclusion applicable to Section 54 which can be waived in case specifically agreed by us:

- 1. Any item with an original purchase price less than Rs. 2500,**
- 2. Traveller's cheque(s), cash, tickets of any kind, negotiable instruments, bullion, rare or precious coins or stamps, plants, animals, consumables, perishables, art, antiques, firearms, collectable items, furs, jewellery, gems, precious stones and articles made of or containing gold (or other precious metals and/or precious stones), fuel, pharmaceutical and other medical products, optical products and medical equipment;**
- 3. Customized/personalized, unique and one-of-a-kind items;**
- 4. Any items acquired illegally;**
- 5. Any motor vehicles including automobiles, boats and airplanes, and any equipment and/or parts necessary for their operation and/or maintenance;**
- 6. Land, permanent structures and fixtures (including but not limited to buildings, homes, dwellings, and building and home improvements);**
- 7. Any services you may purchase (including but not limited to the performance or rendering of labor or maintenance, repair or installation of products, goods or property, or professional advice of any kind);**
- 8. Products purchased by a person not resident in India and/or any product purchased from outside India;**
- 9. Shipping and/or transportation costs or price differences due to shipping, handling costs and sales tax;**
- 10. The price difference from an advertisement outside of India or in a Duty Free zone;**

11. Used, antique, recycled, previously owned, rebuilt, refurbished or remanufactured items
12. Items advertised in or as result of "limited quantity," "going out-of-business sales," "cash only" or "close out" advertisements, items shown on price lists or price quotes, cost savings as a result of package offer, manufacturer's coupons, employees discount, or free items, or where the advertised price includes bonus or free offers, special financing, installation or rebate, or one-of-a-kind or other limited offers;
13. Any price difference found with an item sold as a special deal available only to the members of specific organizations or anywhere not open to the public, such as clubs and associations, other than those available with your payment card;
14. Items purchased for resale, professional, or commercial use;
15. Items advertised with rebate, redeemable manufacturer's coupon, or any refund of any sort, in which case your purchase price will be determined by taking into account any such rebate or refund.
16. Internet purchases or advertisements.

SECTION 55– WALLET PROTECTION (Lost Wallet Coverage)

I. What We Cover

If you opted for this cover, the Company hereby agrees to indemnify to the Insured Person when Insured Person's wallet is lost or stolen, a sum not exceeding the Sum Insured as specified in the policy schedule/ certificate of Insurance against this section.

C.I. Section 55

We will cover Insured Person for the following when his/her wallet is lost or stolen:

- 1.Replacement costs for the lost or stolen wallet;
- 2.Prescribed fee payable to the concerned authorities incurred to obtain a duplicate or new personal papers and /or cards.

For this section personal papers and cards shall mean Insured Person's driving licence, PAN Card, Aadhaar Card, Credit Card, Debit Card and other similar documents usually carried in a wallet.

II. Condition Applicable to Section 55

- 1.File a Police report immediately but not later than 24 hours of discovering the loss / theft.

III. Exclusion Applicable to Section 55

We will not cover:

- 1.money, cheque(s), transportation tickets, tickets of any kind, negotiable instruments, stamp or other similar items that were in the lost or stolen wallet;
- 2.losses that are caused by any events other than lost or stolen, such as fire, water, normal wear and tear, manufacturing defects, vermin, insects, cleaning or repairs, or similar events;
- 3.accidental damage to Insured Person’s wallet and items inside;
- 4.any fraudulent/unauthorized charges on the lost or stolen cards;
- 5.any identity theft related costs that are caused by lost or stolen personal papers or cards.

III. DIGIT FLEXI GRIHA RAKSHA POLICY

SECTION 56– FLEXI GRIHA RAKSHA

If you opted for this Section,

i. Scope of Cover

A.1. Property Damage:

If You opted for Section 56 “Flexi Griha Raksha” then A.1. “Property Damage will be mandatory cover, we give insurance cover for physical loss or damage, or destruction caused to Insured Property by the following unforeseen events occurring during the Policy Period.

The events covered are given in Column A and those not covered in respect of these events are given in Column B.

	Column A	Column B
	We cover physical loss or damage, or destruction caused to the Insured Property by	We do not cover any loss or damage, or destruction caused to the Insured Property
1.	Fire	caused by burning of Insured Property by order of any Public Authority.
2.	Explosion or Implosion	-
3.	Lightning	-

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4.	Earthquake, volcanic eruption, or other convulsions of nature	
5.	Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation	
6.	Subsidence of the land on which Your Home Building stands, Landslide, Rockslide	<p>caused by</p> <p>a.normal cracking, settlement or bedding down of new structures,</p> <p>b.the settlement or movement of made-up ground,</p> <p>c.coastal or river erosion,</p> <p>d.defective design or workmanship or use of defective materials, or</p> <p>e.demolition, construction, structural alterations or repair of any property, or groundworks or excavations.</p>
7.	Bush fire, Forest fire, Jungle fire	-
8.	Impact damage of any kind, i.e., damage caused by impact of, or collision caused by any external physical object (e.g. vehicle, falling trees, aircraft, wall etc.)	caused by pressure waves caused by aircraft or other aerial or space devices travelling at sonic or supersonic speeds.
9.	Missile testing operations	-
10.	Riot, Strikes, Malicious Damages	<p>caused by</p> <p>a temporary or permanent dispossession, confiscation, commandeering, requisition or destruction by order of the government or any lawful authority,</p> <p>or</p> <p>b temporary or permanent dispossession of</p>

		Your Home by unlawful occupation by any person.
11.	Bursting or overflowing of water tanks, apparatus and pipes.	-
12.	Leakage from automatic sprinkler installations	a.repairs or alterations in Your Home or the building in which Your Home is located, b.repairs, removal or extension of any sprinkler installation, or c.defects in the construction known to You.
13.	Theft within 7 (seven) days from the occurrence of and proximately caused by any of the above Insured Events.	if it is a.of any article or thing outside Your Home, or b.of any article or thing attached from the outside of the outer walls or the roof of Your Home, unless securely mounted.

A.2. Terrorism

If you opted for this cover, will provide coverage for physical loss or damage, or destruction caused to Insured Property by the Act of Terrorism occurring during the Policy Period. This cover will be available only if it is opted and mentioned in Your Policy Schedule.

Coverage, exclusions and excess under this cover will be as per Terrorism clause attached in Annexure D.

If You have opted for this Section, point no. 76 as provided under “D – General Exclusions” shall stand deleted.

ii. CLAUSES SPECIFIC TO SECTION 56

Following are the clauses which are specific to section 56.

Clause A: Home Building Cover

1.What We cover

We cover physical loss or damage, or destruction of Your Home Building because of any Insured Event listed in Section 56 of this Policy. We also cover architect’s, surveyor’s, consulting engineer’s fees, cost of removing debris as specified under

this Clause A (5) (e) of this Policy. Further, We pay for Loss of rent and Rent for Alternative Accommodation, which will be paid to the extent declared by You and agreed by Us as specified under this Clause A (6) of this Policy while Your Home Building is not fit for living following loss or damage due to an insured event.

2. Your Home Building

a. Your Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a dwelling place.

b. Your Home Building includes

- i. fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings.
 - ii. the following 'additional structures' if they are on the same site, and are used as part of Your Home Building:
 - a. garage, domestic out-houses used for residence, parking spaces or areas if any
 - b. compound walls, fences, gates, retaining walls and internal roads,
 - c. verandah or porch and the like,
 - d. septic tanks, bio-gas plants, fixed water storage units or tanks,
 - e. solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover,
 - iii. any other structure shown in the Policy Schedule.
- c. Your Home Building does not include Contents of Your Home.

3. Use for Residence

a. We will pay only if Your Home Building is used for the purpose of residence of Yourself and Your family, or of Your tenant, licensee, or employee.

b. We will not pay if:

- i. Your Home Building is used as a holiday home, or for lodging and boarding, or
- ii. Your Home Building or any part of Your Home Building is used for purposes other than residential except where it is used both for Your residence and for the purposes of earning Your livelihood if You are self- employed or You have shifted Your office to Your Home Building for a temporary period due to lockdown or closure of Your office ordered by a public authority.

4. Sum Insured

a. The Sum Insured for the Home Building Cover is the prevailing Cost of Construction of Your Home Building at the Commencement Date as declared by You and accepted by Us and will be the maximum amount payable in the event the Home Building is a

Total Loss.

- b.If the Policy Period is more than one year, We will automatically increase Your Sum Insured (applicable Section 56) during the Policy Period by 10% per annum on each anniversary of Your Policy without additional premium for a maximum of 100% of the Sum Insured at the Policy Commencement Date.**
- c.The Sum Insured will be automatically increased each day by an amount representing 1/365th of 10% of Sum Insured at the Policy Commencement Date for annual policies.**
- d.Restoration of Sum Insured: Except as stated in Clause F (b) of this Policy, the insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured. This means that after We have paid for any loss, the policy shall be restored to the full original amount of Sum Insured. You must pay to Us proportionate premium for the unexpired Policy Period from the date of loss. We can also deduct this premium from the net claim that We must pay You.**

5.What We pay

- a.If You make a claim under the policy for damage to Your Home Building due to any of the insured perils, we will reimburse the cost to repair it to a condition substantially the same as its condition at the time of damage. You must spend for repairs, and claim that amount from Us.**

We will calculate the amount of claim on the basis of the actual Carpet Area subject to the Carpet Area not exceeding that declared by You in the Proposal Form and stated in the Policy Schedule.

- b.The maximum We will pay for all items together is the Sum Insured shown in the Policy Schedule for Home Building Cover. If the Policy Schedule shows any limit for any item, such limit is the maximum We will pay for that item.**
- c.If Your Home Building is a Total Loss, We will pay You the Sum Insured of the Home Building.**
- d.If only an additional structure is destroyed, We will pay You an amount equal to the Cost of Construction of the additional structure.**
- e.In addition to what Clause A (5) (b) of this Policy provides for, We will pay You the following expenses:**
 - i. up to 5% of the claim amount for reasonable fees of architect, surveyor, consulting engineer;**
 - ii. up to 2 % of the claim amount for reasonable costs of removing debris from the site.**

6.Loss of Rent and Rent for Alternative Accommodation:

In addition to what Clause A (5) (b) of this Policy provides for, we will pay the amount of rent You lose or alternative rent You pay while Your Home Building is not fit for living because of physical loss arising out of an Insured Event as follows:

- a. If You are living in Your Home as a tenant, and You are required to pay higher rent for the alternative accommodation, we will pay the difference between the rent for alternative accommodation and the rent of Your Home Building.
- b. We will pay the loss under this cover for an accommodation that is not superior to Your Home Building in any way and in the same city as Your Home Building.
- c. The amount of lost rent shall be calculated as follows: $\text{Sum Insured for Cover for Loss of Rent (as declared by You in the Proposal Form and specified by Us in the Policy Schedule)} \times \text{Period necessary for repairs} \div \text{Loss of Rent Period opted for}$.
- d. This cover will be available for the reasonable time required to repair Your Home Building to make it fit for living. The maximum period of this cover is three years from the date Your Home Building becomes unfit for living. You must submit a certificate from an architect or the local authority to show that Your Home Building is not fit for living.
- e. Claim for loss of rent will be accepted only if We have accepted Your claim for loss for physical damage to Your Home under the Home Building Cover.

Clause B: Home Contents Cover

1. What We cover:

We cover the physical loss or damage to or destruction of the General Contents of Your Home caused by an Insured Event as listed in Section 56 of this Policy. Valuable Contents of Your Home are not covered under this Policy unless You have purchased the optional cover for the Valuable Contents.

2. Sum Insured:

- a. The Sum Insured for the Home Contents Cover is shown in the Policy Schedule and will be the maximum amount payable in the event the Home Contents are destroyed/lost completely.
- b. If You have purchased Home Building including Home Contents cover or only Home Contents Cover, You have to declare the Sum Insured for the General Contents in the Proposal Form.
- c. The Sum Insured You have chosen for General Contents must be enough to cover the

cost of replacement of the General Contents.

d.If You want to cover the Valuable Contents in Your Home, You must opt for the Optional Cover for Valuable Contents as given in Clause C (1) (a) of this Policy.

e.Restoration of Sum Insured: Except as stated in Clause F (c) of this Clause below, the insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured. This means that after We have paid for any loss, the policy shall be restored to the full original amount of Sum Insured. You must pay to Us proportionate premium for the unexpired Policy Period from the date of loss. We can also deduct this premium from the net claim that We must pay You.

3.What We pay

a.If the General Contents of Your Home are physically damaged by any Insured Event, We will at Our option,

- i. reimburse to You the cost of repairs to a condition substantially the same as its condition at the time of damage, or
- ii. pay You the cost of replacing that item with a same or similar item, or
- iii. repair the damaged item to a condition substantially the same as its condition at the time of damage.

b.The maximum We will pay for Home Contents is the Sum Insured shown in the Policy Schedule for Home Contents Cover. If the Policy Schedule shows any limit for any item, or category or groups of items, such limit is the maximum We will pay for that item.

Clause C: Additional Covers

1.Optional Covers:

a.Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover):

For Valuable Contents, a value may be agreed upon by You and Us based on a valuation certificate submitted by You and accepted by Us. However, We shall waive the requirement of valuation certificate if the Sum Insured opted for is up to ₹ 5 Lakh (Rupees Five Lakh) and Individual item value does not exceed ₹ 1 Lakh (Rupees One Lakh).

- i. If the Valuable Contents of Your Home are physically damaged by any Insured Event, We will pay the cost of repairing the item/s.
- ii. If the Valuable Contents of Your Home are a Total Loss We will pay the Sum Insured shown in the Policy Schedule for the Valuable item/s. If the Policy Schedule shows

any limit for any item, or category or groups of items, such limit is the maximum We will pay for that item. Loss to only one item of a pair or set does not constitute loss or damage to the entire pair or set.

b. Personal Accident Cover:

In the event an insured peril that caused damages to Your Home Building and/or Home Contents also results in the unfortunate death of either You or Your spouse, We will pay compensation of ₹ 5,00,000 (Rupees Five Lakh) per person.

In the event of the unfortunate death of the insured, the Personal Accident cover shall continue for the spouse until expiry of the policy.

2. Add-ons:

You can opt for an Add-on by choosing from the Add-ons, if any, offered by Us under this product/ respective section and the ones that You have purchased will be mentioned in the Policy Schedule and the relevant clause/s and/or endorsements will be attached to this Policy.

Clause D: Changes to covers

a. You can choose to make changes to the covers of this Policy as may be permitted by Us, or increase or reduce any Sum Insured. You must make a proposal or request for any change. It will be effective only after We have accepted Your proposal, and You have paid the additional premium, where applicable.

b. This Policy (including the Policy Schedule, the proposal, declarations and Endorsements) consists of the entire contract between You and Us.

Clause E: Waiver of underinsurance

1. Underinsurance does not apply to the Section 56. Thus, if Your Sum Insured calculated on the basis of the information that You provided, is less than the actual value at risk, the difference will not affect the amount We pay.

Clause F: Conditions Specific to Section 56

1. Automatic Termination of the Section

This Section will automatically end in the following cases:

a. **Destruction of Your Home Building:** This Section will automatically end 7 (seven) days after Your Home Building collapses or is destroyed by reason other than any Insured

Event. If a separable part of Your Home Building, or any additional structure falls down or is destroyed by reason other than any Insured Event, the covers will end for such part or additional structure.

b. You can apply within 7 (seven) days of such fall or destruction for continuing insurance cover. We may agree, but will not be bound, to continue the cover on the same rates, terms and conditions.

c. Exhaustion of Sum Insured: If Your Home Building, or any additional structure, or any item of Home Contents, is lost, destroyed or stolen, or is a Total Loss, and We pay You the full Sum Insured for such item, the insurance cover for that item will automatically end unless the subject matter of insurance is reconstructed, and the Sum Insured is reinstated by paying additional premium. If We pay the total Sum Insured for any claim, this Section will end.

d. Change of use of Your Home Building or Home Contents: The Policy will end

- i. if You change the use of Your Home Building from personal residence to any other purpose, or
- ii. if You use any item of Home Contents for use that is not personal.

e. Sale of Your Home Building or Home Contents: This Section will end when You sell, surrender or release Your interest in Your Home Building and/or Home Contents, or Your interest in the Home Building and/or Home Contents comes to an end. The Policy will end to the extent any additional structure of Your Home Building or item of Home Contents if You sell, surrender or release Your interest in such additional structure or item of Home Content, or Your interest in these ends.

f. Effect of death

In the event of the unfortunate death of the Insured during the Policy Period, the Home Building Cover and the Home Contents Cover that You have purchased will continue for the benefit of Your legal representative/s during the Policy Period subject to all the terms and conditions of this Policy.

2. Long Term Discount

If insured not want to opt for Clause A. 4 (b) i.e., “Automatic Increase of Sum Insured”, then Long-Term Discount endorsement will be applicable.

Cancellation in Terms of long-term discount:

Below cancellation condition will be applicable to the Section 56 only if this endorsement is attached to the policy:

a. If the policy is cancelled within 2 years of inception, the premium to be retained shall be worked out as per normal rates applicable - that is without allowing any long-term discount.

b. If the policy is cancelled after 2 years of inception, the discount slab shall be reworked for the number of years the policy was actually in force. For this purpose, fraction of a year shall be rounded to the next higher year. For example, if the policy has run for 3 years and 3 months, premium shall be retained for 4 years.

3. Agreed Bank Clause

If You have mortgaged, hypothecated or created any security over Your Home or any of its Contents in favour of a Bank, and the Bank has an interest in the Policy, the name of such Bank will also be shown in the Policy Schedule under the title 'Agreed Bank Clause'. If You choose to add the name of such Bank at any time during the Policy Period, this will be shown as an Endorsement.

Under this Clause You agree as follows:

- i. We shall pay to the Bank the entire amount that We are liable to pay under this Policy. Such Bank will receive it for its own demand, and as agent for any other person interested in the amount.
- ii. When We pay the amount to the Bank, Our liability under this Policy will be discharged, and will be binding on all of You and all persons named as the insured.
- iii. Any notice or communication We make to the Bank under the provisions of this Policy shall be sufficient notice or communication to You.
- iv. Any settlement or compromise that We make with the Bank will be binding on You and all persons named as the insured. However, such settlement or compromise will not affect the rights of the Bank to recover any amount from You or any other person.
- v. If You make any change in the use of Your Home or sell or transfer the Insured Property, such actions will not prejudice the interest of the Bank under the Policy and this clause, unless the condition has been broken by the Bank or its employees.
- vi. If You commit any act or omission that will increase the risk, the insurance cover will not be invalidated. However, the Bank shall notify Us of any change or ownership, or alterations and increase in risks as soon they become known to the Bank, and shall pay additional premium from the time of such change.
- vii. When We pay the amount to the Bank, We will become legally and automatically subrogated to all rights of the Bank to the extent of such payment. This will not impair or prejudice the rights of the Bank to recover any amount from You or any other

person.

N.B: The Bank shall mean the first named Financial Institution/Bank named in the policy.

IV. DIGIT ASSET CARE

SECTION 57– THEFT

I. Scope of Cover

If You opted for this cover, under this Section, Your Household / Insured Asset(s) is insured against attempted theft subject to the definitions, limitations, exclusions, terms and conditions of this Policy.

II. Specific Exclusions Applicable for this Cover (can be waived in lieu of additional premium)

1. Any loss falling under “Accidental Loss” Cover unless separately covered and Premium Paid.

SECTION 58– ACCIDENTAL DAMAGE

I. Scope of Cover

If You Opted for this cover, under this section, Your Household / Insured Asset(s) is insured against any physical damage resulting from Accidental Damage subject to the definitions, limitations, exclusions, terms and conditions of this Policy.

II. Specific Exclusions Applicable for this Cover (can be waived in lieu of additional premium)

1. Any loss falling under “Mechanical or Electrical Breakdown” / “Liquid Damage” / “Theft” Cover unless separately covered and Premium Paid.

SECTION 59– LIQUID DAMAGE

I. Scope of Cover

If You Opted for this cover, under this section, Your Household / Insured Asset(s) is insured against any loss or damage resulting from ingress of any type of liquid or water subject to the definitions, limitations, exclusions, terms and conditions of this Policy.

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C.I. Section 58

C.I. Section 59

II. Specific Exclusions Applicable for this Cover (can be waived in lieu of additional premium)

2. Any loss falling under “Accidental Damage” / “Mechanical or Electrical Breakdown” Cover unless separately covered and Premium Paid.

SECTION 60– MECHANICAL AND ELECTRICAL BREAKDOWN

I. Scope of Cover

If You Opted for this cover, under this section, Your Household / Insured Asset(s) is insured against any loss or damage resulting from “Mechanical & Electrical Breakdown” that stops the functioning of Your Household / Insured Asset(s) fully or partially subject to the definitions, limitations, exclusions, terms and conditions of this Policy.

II. Specific Exclusions Applicable for this Cover (Can't be waived)

1. Household Asset malfunctioning or deterioration in the Household Asset's performance by unauthorized software/virus, software updates, minor adjustments, checking and maintenance will not be covered.
2. Loss or damage that is covered under Manufacturers, Supplier or Dealer's Warranty or Recall Campaign in the event of mass failure of the Household Asset.
3. Improper storage or transportation of the Household Asset.
4. Improper handling, dismantling, fitting adjustment, repair alteration or modification not approved by the makers/manufacturers and/or the agents of makers/manufacturers or use of such handset/laptop contrary to the directives of the makers/manufacturers and/or these agents, will not be covered.

III. Specific Exclusions Applicable for this Cover (can be waived in lieu of additional premium)

1. Any loss falling under “Accidental Damage”/ “Liquid Damage” Cover unless separately covered and Premium Paid.

SECTION 61– ACCIDENTAL LOSS COVER

I. Scope of Cover

If You Opted for this cover, under this section, Your Household / Insured Asset(s) is insured against any Accidental Loss subject to the definitions, limitations, exclusions, terms and conditions of this Policy.

C.I. Section 60

C.I. Section 61

CONDITIONS SPECIFIC TO SECTION 57 AND 61

1. Basis of Loss Settlement

a. In the event of “Section 57 - Theft” and / or “Section 61 - Accidental Loss” of the Household / Insured Asset(s) stated in the Policy Schedule, we will compensate You on one of the following basis, whichever is of lower value:

- Pay the Sum Insured minus applicable depreciation as per age of the Household Asset at the time of loss; or
- Replace Your Asset with another one of make-model/type/configuration and age similar to the Insured Household Asset and as may be available from the market.

b. In the event of loss or damage to the the Household / Insured Asset(s) stated in the Policy Schedule due to “Section 58 - Accidental Damage” and / or “Section 59 - Liquid Damage” and/or “Section 60 - Mechanical & Electrical Breakdown Cover”, we will compensate You on one of the following basis, whichever is of lower value:

- Pay the Realistic and Economical Cost of Repair of the asset assessed by the Claims Analyst; or
- Get the Asset repaired at Digit Authorized Repair Shop; or
- Pay the Sum Insured minus applicable depreciation as per age of the Household Asset at the time of loss; or
- Replace Your Asset with another one of make-model/type/configuration and age similar to the Insured Household Asset and as may be available from the market.

The liability of the Company in any one Policy Period shall in no case exceed the Sum Insured or limit of liability as shown in the Schedule for any one loss.

2. Depreciation Chart as per the Asset Category and Age of the Household Asset.

Age of the Asset insured	Applicable Depreciation		
	Asset Category I	Asset Category II	Asset Category III
Up to age 3 months	20%	Nil	Nil
More than 3 Months and up-to 6 Months	20%	Nil	Nil
More than 6 Months and up-to 9 Months	30%	10%	Nil

More than 9 Months and up-to 12 Months	30%	20%	Nil
More than 12 Months and up-to 24 Months	50%	40%	Nil
More than 24 Months and up-to 36 Months	70%	50%	Nil
More than 36 Months and up-to 48 Months	75%	60%	Nil
More than 48 Months and up-to 60 Months	75%	70%	Nil
More than 60 Months	75%	75%	Nil

The above depreciation will be applicable only in case of Total Loss Claims.

3. We will pay maximum of 1/2/3/4/5/6 claims in the Policy period as mentioned in the policy schedule.

V. DIGIT BURGLARY INSURANCE POLICY

SECTION 62– BURGLARY

I. Scope of Cover

If you opted for this cover, we agree, that if any time during the said period or during any other period for which We may accept payment for the renewal of this Policy, to indemnify You for:

1. Any loss of or damage to the Property described in the Policy Schedule/Certificate of Insurance or any part thereof whilst contained in the Premises described in the Policy Schedule/Certificate of Insurance during the Policy Period due to Burglary or Housebreaking or Robbery or Hold-up.
2. Any damage to the Premises described in the Policy Schedule/Certificate of Insurance resulting from Burglary or Housebreaking or Robbery or any attempt thereat by the person or persons committing or attempting to commit such theft during the Policy Period, which includes:
 - a) the reasonable costs incurred by the Insured for changing damaged locks at the entry and/or exit points to the Insured Premises and at internal entry and/or exit points.
 - b) Damage to Safe and/or Strong room within the Insured Premises.

Provided always that the liability of the Company shall in no case exceed the Sum Insured stated against each item mentioned above or the Total Sum Insured stated in the Policy Schedule/Certificate of Insurance.

C.I. Section 62

II. Specific Conditions for Section 62**1. Sum Insured Basis:**

The Sum Insured Opted by You at Inception or Renewal will be as per one of the following basis mentioned in Your Policy Schedule/Certificate of Insurance:

a. Market Value Basis

Sum Insured on Market Value Basis shall represent the Replacement Value of similar Property

less depreciation for age, usage and condition.

Please Note: Market value for Stocks means the Procurement Value of Stocks from the same or

similar source with suitable increase for inflation, if any.

b. Reinstatement Value Basis

Sum Insured on Reinstatement Basis shall represent the Replacement Value of the Insured Property by a New Property of same kind, type and capacity without deducting depreciation for age, usage and condition.

Please Note: Sum Insured for Stock cannot be on Replacement Value Basis.

c. First Loss Basis

Sum Insured on First Loss Basis shall represent a percentage, as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance, of the total value of Your Property.

Alternatively, the First Loss Basis Sum Insured can also be opted in terms of specific amount and shall be as mentioned in Your Policy Schedule/Certificate of Insurance.

2. Basis of Loss Settlement

Subject to the Special Conditions for section 62 No. 3. "Reinstatement of Sum Insured" below, the deductible/excess stated in Your Policy Schedule/Certificate of Insurance and based on the Sum Insured Basis Opted by You, We may at Our option reinstate, replace or repair the lost or damaged Property covered under this Policy or pay the amount of loss/damage or may join with any other insure(s) in doing so.

1. For Property Insured on Market Value Basis

Where the Sum Insured is opted on Market Value Basis, We will compensate You the Replacement Cost of the lost or damaged Property as on Date of Loss less due allowance for betterment and depreciation for age, usage and condition of the lost or

damaged Property.

2. For Property Insured on Reinstatement Value Basis

Where the Sum Insured is opted on Reinstatement Value Basis, We will compensate You the Replacement Cost of the lost or damaged Property which excludes any allowance for betterment i.e. the replacement value will be for a new Property of same type, kind, capacity and specification.

3. For Property Insured on First Loss Basis

Where the Sum Insured in First Loss Basis:

a) In the event of Total Loss/ Constructive Total Loss, Our Liability will be restricted to the First Loss Sum Insured Specified in the Policy Schedule/Certificate of Insurance.

4. In the event of the loss not being a Total Loss/Constructive Total Loss, the Basis of Settlement will be as mentioned in 2.1 “For Property Insured on Market Value Basis” above.

Provided always that the liability of the Company shall in no case exceed the Sum Insured stated against each item or the Total Sum Insured as mentioned in the Policy Schedule/Certificate of Insurance.

3. Reinstatement of Sum Insured

Immediately upon the happening of any insured event, the Total Sum Insured and the Sum Insured upon various description of the property which have been lost or damaged shall be reduced by the amount of the loss or damage claimed and such reduced Sum Insured shall then represent the maximum liability of the Company in respect of any further Claims made during the current Policy Period, unless the Company consents, upon the Insured’s payment of any additional premium to reinstate the Sum Insured to the level available at the inception of this Policy.

4. Maintenance of Books & Keys

The Insured shall keep a daily record of the amount of cash contained in the safe or strong room and such record shall be deposited in a secure place other than the safe or strong room and produced as evidence in support of a claim under this policy. The keys of the safe or strong room shall not be left on the premises out of business hours, unless the premises are occupied by the Insured or any other authorised employee of the Insured in which case such keys if left on the premises shall be deposited in a secure place not in the vicinity of the safe or strong room.

5. Pair and Set Clause

Where the purchased item is part of a Pair or Set, the Insured shall be indemnified not more than the value of the particular part lost, damaged or destroyed regardless of any special value that the item may have by way of being part of such pair or set, unless this condition is specifically waived off by Us.

6. Occupation of premises

The Company may at any time after the occurrence of damage to the property insured enter upon the premises and take and keep possession of the property concerned and deal with the salvage and this Policy shall be proof of leave and licence for such purpose, and if the Insured or anyone acting on his behalf shall obstruct or prevent the Company from so doing, all benefit under this Policy shall be forfeited. Upon payment of any claim for loss under this Policy, the property in respect of which the payment is made shall belong to the Company. No property may be abandoned to the Company.

7. Prosecution

The Insured upon becoming aware of any loss or damage in respect of which a claim is or may be made shall take all practicable steps to discover the person by whom the property was stolen or the premises damaged and to prosecute and obtain the conviction of such person for the offence and to trace and recover any property stolen.

8. Indemnity

If the Company at its option, reinstate or replace the property damaged or destroyed, or any part thereof, instead of paying the amount of the loss or damage, or join with any other Company or Insurer(s) in so doing, the Company shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner, and in no case shall the Company be bound to expend more in reinstatement than it would have cost to reinstate such property as it was at the time of the occurrence of such loss or damage nor more than the sum insured by the Company thereon. If the Company so elect to reinstate or replace any property the insured shall at his own expense furnish the Company with such plans, specifications, measurements, quantities and such other particulars as the Company may require, and no acts done, or caused to be done, by the Company with a view to reinstatement or replacement shall be deemed an election by the Company to reinstate or replace.

9. CONDITION OF AVERAGE CLAUSE

Where Sum Insured is on Market Value Basis & Reinstatement Value Basis:

If the property hereby insured shall at the time of happening of any loss, destruction or damage be collectively of greater value than the sum insured thereon then the Insured shall be considered as being his own insurer for the difference and shall bear rateable proportion of the loss accordingly. Every item if more than one of the Policy shall be separately subject to this Condition.

Where Sum Insured is on First Loss Basis as a Percentage of Actual Value at Risk:

If the insured Property under this Policy shall at time of happening of any loss, destruction or damage be collectively of greater value than the total value declared by You, then You shall be considered as Your own Insurer for the difference and accordingly Company's liability is restricted to same proportion of the loss as the declared total value bears to the actual total value found out at the time of loss.

Where Sum Insured is on First Loss Basis in terms of Specific/Absolute Amount:
Condition of Average will not be applicable for Covers where Sum Insured is Opted on First Loss Basis in terms of Specific Amount.

10. Book-Keeping Warranty

Warranted that the Insured keeps and during the whole of the Policy Period shall keep a complete set of Books, Accounts and Stock Sheets or Stock Books showing a true and accurate record of all business transactions, and Stock in hand, and that such Books, Accounts and Stock Sheets or Stock Books shall be locked in a fire-proof safe or removed to another building at night and at all times when the premises are not actually open for business.

This Warranty applies separately to each and every business or branch business. Transfers of goods from one premise to another shall be a business transaction within the meaning of this Warranty. It is further warranted that the said safe shall not contain explosives or other hazardous commodities.

11. Adequate Protection

It is further warranted that adequate protection to the doors, windows and all other such openings in the premises are properly maintained during the Policy Period.

12. Damage Entry Warranty

Further warranted that there shall be actual visible damage caused to the premises or

part thereof or connected with violent and forcible entry in the premises.

13. Protection

It is a condition precedent to liability under this Policy that: -

- a) all protections in force at the premises at the inception of the cover or subsequently as stipulated by or agreed by the Company shall be in full operation securing the premises, whether the premises are closed for business or left unattended.
- b) any keys for the premises and or intruder alarm systems or safes and /or strong rooms and /or any other secured area or device in which insured property is kept and removed from the premises whenever the premises are closed for business or left unattended.
- c) the Insured maintains the secrecy of codes for the Intruder Alarm Installation to authorised persons and no details of the same are left on.

14. Reinstatement Value Policies Clause

Reinstatement value insurance may be granted on Machinery, Contents, Furniture, Fixture and Fittings only subject to the incorporation of the following memorandum in the policy:

"It is hereby declared and agreed that in the event of the property insured under (Item Nos.....of) within the policy being lost, destroyed or damaged, the basis upon which the amount payable under (each of the said items of) the policy is to be calculated shall be cost of replacing or reinstating on the same site or any other site with property of the same kind or type but not superior to or more extensive than the insured property when new as on date of the loss, subject to the terms and conditions of the policy."

15. First Loss Clause

First loss coverage involves the selection by the Insured of a Sum Insured for a particular item of property covered, which is lower than the total replacement value of the property at the Insured's premises.

First loss cover can be issued for an amount less than the total value of the property at risk with a stipulation that the Company will pay the whole amount of loss up to the limit of the Sum Insured.

The options for First loss cover will be as follows:

First Loss Cover with Partial Average: Where Sum Insured is on First Loss Basis as a

Percentage of Actual Value at Risk below average clause will be applicable:
If the insured Property under this Policy shall at time of happening of any loss, destruction or damage be collectively of greater value than the total value declared by You, then You shall be considered as Your own Insurer for the difference and accordingly Company's liability is restricted to same proportion of the loss as the declared total value bears to the actual total value found out at the time of loss.

First Loss without Condition of Average: or delete the Under-insurance Condition completely:

Condition of Average will not be applicable where the First Loss Policies has been issued in terms of specific / absolute amount, where there is remote possibility of total loss.

16. Terrorism Damage Exclusion Warranty

Notwithstanding any provision to the contrary within this insurance it is agreed that this insurance excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. For the purpose of this endorsement/warranty; an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organization(s) or government(s), or unlawful associations, recognized under Unlawful Activities (Prevention) Amendment Act, 2008 and any subsequent changes or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.

The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.

If the company alleges that by reason of this exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the insured. In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

17. Agreed Bank Clause

All policies in which a Bank has a partial interest shall be made out in the name of the Bank and Owner

or Mortgagor and shall contain the following clause: -

" It is hereby declared and agreed: -

a. That upon any monies becoming payable under this policy the same shall be paid by the Company to the Bank and such part of any monies so paid as may relate to the interests of other parties insured hereunder shall be received by the Bank as Agents for such other parties.

b. That the receipts of the Bank shall be complete discharge of the Company therefor and shall be binding on all parties insured hereunder.

N.B: The Bank shall mean the first named Financial Institution/Bank named in the policy.

c. That if and whenever any notice shall be required to be given or other communication shall be required to be made by the Company to the insured or any of them in any matter arising under or in connection with this policy, such notice or other communication shall be deemed to have been sufficiently given or made if given or made to the Bank.

d. That any adjustment, settlement, compromise or reference to arbitration in connection with any dispute between the Company and the insured or any of them arising under or in connection with this policy if made by the Bank shall be valid and binding on all parties insured hereunder but not so as to impair the rights of the Bank to recover the full amount of any claim it may have on other parties insured hereunder.

e. That this insurance so far only as it relates to the interest of the Bank therein shall not cease to attach to any of the insured property by reason of the operation of "Fraud" of Policy except where a breach of the condition has been committed by the Bank or its duly authorized agents or servants and this insurance shall not be invalidated by any act or omission on the part of any other party insured whereby the risk is increased or by anything being done to upon or in any building hereby insured or any building in which the goods insured under the policy are stored without the knowledge of the Bank provided always that the Bank shall notify the Company of any change of ownership or alteration or increase of hazards not permitted by this insurance as soon as the same shall come to its knowledge and shall on demand pay to the Company the necessary additional premium from the time when such increase of risk first took place

f. It is further agreed that whenever the Company shall pay the Bank any sum in respect

of loss or damage under this policy and shall claim that as to the Mortgagor or Owner no liability therefor existed, the Company shall become legally subrogated to all the rights of the Bank to the extent of such payment but not so as to impair the right of the Bank to recover the full amount of any claim it may have on such Mortgagor or Owner or any other party or parties insured hereunder or from any securities or funds available."

NOTE: - In cases where the name of any Central Government or State Govt. owned and/or sponsored Industrial Financing or Rehabilitation Financing Corporation and/or Unit Trust of India or General Insurance Corporation of India and/or its subsidiaries or L.I.C. of India is included in the title of the Fire Policy as mortgagees, the above Agreed Bank Clause may be incorporated in the policy substituting the name of such institution in place of the word `Bank' in the said clause.

VI. DIGIT MY PROPERTY INSURANCE
SECTION 63– MY PROPERTY INSURANCE
(Applicable for Sum Insured upto ₹50 Crores)

If You opted for this cover,

To whom this Policy is issued and what it covers

i. This Policy is issued to You and covers Your Insured Property relating to Your Business as mentioned in the Policy Schedule where the total value at risk across all Insurable Asset classes at one location not exceeding ₹ 50 Crore (Rupees Fifty Crore) at the policy Commencement Date

Provided, if the value at risk for all Insurable Assets either exceeds ₹ 50 Crore during the Policy Period, this policy shall, on expiry, be replaced by the applicable policy.

ii. If more than one person is insured under this policy, each of You is a joint policyholder. Any notice or letter We give to any of You will be considered as given to all of You. Any request, statement, representation, claim or action of any one of You will bind all of You as if made by all of You.

iii. If You have mortgaged, pledged or hypothecated any Insured Property with a Bank, the Policy Schedule will show an 'Agreed Bank Clause' and the name of such Bank. The terms and conditions of this arrangement will be added to this Policy as an additional Clause.

C.I. Section 63

I. Clause A : Insured Events

A.1. Property Damage

If You opted for Section 63 “My Property Insurance” then A.1. “Property Damage will be mandatory cover, in this we give insurance cover for physical loss or damage, or destruction caused to Insured Property by the following unforeseen events occurring during the Policy Period.

The events covered are given in Column A and those not covered in respect of these events are given in Column B.

	Column A	Column B
	We cover physical loss or damage, or destruction caused to the Insured Property by	We do not cover for loss or damage, or destruction caused to the Insured Property by
1	Fire, including due to its own fermentation, or natural heating, or spontaneous combustion.	caused by a. its undergoing any heating or drying process, or b. burning of Insured Property by order of any Public Authority.
2	Explosion or Implosion	a. caused to boilers, economizers or other vessels, machinery or apparatus in which steam is generated, or their contents, resulting from their own explosion or implosion, or b. caused by centrifugal forces.
3	Lightning	-

		4	<p>Subsidence of the land on which Your Premises stand, Landslide, Rockslide</p>	<p>caused by a.normal cracking, settlement or bedding down of new structures, b.the settlement or movement of made-up ground, c.coastal or river erosion, d.defective design or workmanship or use of defective materials, or e.demolition, construction, structural alterations or repair of any property, or ground works or excavations.</p>	
		5	<p>Bush fire, Forest fire and Jungle fire</p>	-	
		6	<p>Impact damage of any kind, i.e., damage caused by impact of, or collision caused by, any external physical object (e.g., vehicle, falling trees, aircraft, wall etc.),</p>	<p>a.caused by pressure waves caused by aircraft or other aerial or space devices travelling at sonic or supersonic speeds. b.caused by vehicle, animal or aircraft belonging to or owned by Insured or their employee while acting in the course of employment</p>	
		7	<p>Missile testing operations</p>	-	
		8	<p>Riot, Strikes, Malicious Damages</p>	<p>caused by a.total or partial cessation of work or the retardation or interruption or cessation of any process or operations or omissions of any kind, b.temporary or permanent dispossession, confiscation, commandeering, requisition or destruction by order of the government or any lawful authority, or c.temporary or permanent</p>	

		dispossession of any Building by unlawful occupation by any person.
9	Bursting or overflowing of water tanks, apparatus and pipes,	-
1	Leakage from automatic sprinkler installations.	a.repairs or alterations in the Building in which Your Business is located, b.repairs, removal or extension of any sprinkler installation, or c.defects in the construction known to You.

A.2. Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation

We give insurance cover for physical loss or damage, or destruction caused to Insured Property by Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation excluding those resulting from earthquake, Volcanic eruption or other convulsions of nature occurring during the Policy Period.

This cover will be available only if it is opted and mentioned in Your Policy Schedule. If You have opted for this cover, point no. 125 as provided under “D – General Exclusions” shall stand deleted.

A.3. Earthquake

We give insurance cover for physical loss or damage, or destruction caused to Insured Property by Earthquake, Volcanic Eruption or other convulsion of nature occurring during the Policy Period. This cover will be available only if it is opted and mentioned in Your Policy Schedule.

If A.2. Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation is opted and mentioned in Your Policy Schedule, this Section will cover loss or damage (including loss or damage by fire) to any of the property Insured by this policy occasioned by or through or in consequence of earthquake including flood or overflow of the sea, lakes, reservoirs and rivers and/or Landslide/Rockslide resulting there from.

If A.2. Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation is not opted, this section will cover loss or damage (including loss or damage by fire) to any of the property Insured by this policy occasioned by earthquake including Landslide/Rockslide resulting there from but excluding flood or overflow of the sea, lakes, reservoirs and rivers caused by earthquake.

Provided always that all the conditions of this policy shall apply (except in so far as they may be hereby expressly varied) and that any reference therein to loss or damage by fire shall be deemed to apply also to loss or damage directly caused by any of the perils which this insurance extends to include by virtue of this section.”

Special conditions Applicable to this Section

- 1.If You have opted for this Cover, point no. 126 as provided under “D – General Exclusions” shall stand deleted.
- 2.Extension cover shall be granted only if the entire property in one complex/compound/location covered under the policy is extended to cover this risk and the Sum Insured for this extension is identical to the sum Insured against the risk covered under main policy.
- 3.In the event of the Insured making any claim for loss or damage under this policy, the onus of proof must be on the Insured to prove (if so, required by the Company) that the loss or damage was occasioned by or through or in consequence of earthquake.

A.4. Terrorism

We give insurance cover for physical loss or damage, or destruction caused to Insured Property by the Act of Terrorism occurring during the Policy Period. This cover will be available only if it is opted and mentioned in Your Policy Schedule.

Coverage and exclusions under this section will be as per Terrorism clause attached in Annexure D.

.
If You have opted for this Cover, point no. 127 as provided under “D – General Exclusions” shall stand deleted.

A.5. Theft after an Insured Event

We give insurance cover for physical loss or damage, or destruction caused to Insured Property by Theft within 7 days from the occurrence of and proximately caused by

any of the Insured Events mentioned in the above sections as opted and mentioned in Policy Schedule.

This cover will be available only if it is opted and mentioned in Your Policy Schedule.

Specific Exclusion Applicable to this Cover

1. We do not cover for loss or damage, or destruction due to theft of any article or anything located outside Your Premises, or of any article or anything attached from the outside of the outer walls or the roof of Your Premises, unless securely mounted.
2. If You have opted for this Cover, point no. 128 as provided under “D – General Exclusions” shall be deleted to the extent of coverage provided under this section.

II. Clause B: The Standard Cover:

1. What We Cover

We cover physical loss or damage, or destruction of any Insured Property because of any Insured Event stated in Clause A of this Section and subject to the exclusions stated in under D “General Exclusions” (Applicable to Section 63 subject to all terms and conditions of this Policy. We also give In-built Covers without charging additional premium which are stated in Clause B (4) of this Section.

2. Basis of Sum Insured

- i. for Building, Plant and Machinery, Furniture, Fixture and Fittings and any other contents: Reinstatement Value
- ii. For Stocks:
 - a. For raw material: landed cost at Your Premises.
 - b. For stock in process: input cost of the stock at the time of loss.
 - c. For finished stock: the manufacturing cost of the Finished Stock or the Contract Price of goods sold but not delivered and more precisely defined below.
Contract Price is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company’s liability shall be based on the Contract Price.
- iii. Bullion or unset precious stones, any curios or works of art or obsolete machinery and the like are to be covered on Agreed Value basis subject to a valuation certificate

being submitted and found acceptable by Us.

3. Restoration of Sum Insured

Except as stated in Clause E (2) (e) of this Section, the insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sums Insured. This means that after We have paid for any loss, the policy shall be restored to the full original amount of Sum Insured. You must pay to Us proportionate premium for the unexpired Policy Period from the date of loss. We can also deduct this premium from the net claim that We must pay You.

Notwithstanding the above, the Sum Insured shall stand reduced by the amount of loss in case You, immediately on occurrence of the loss, exercise Your option not to restore the Sum Insured.

4. In Built Covers

If We agree to pay Your claim for loss or damage to Insured Property, We will also pay for the following loss or damage and expenses.

4.1 Additions, alterations or extensions:

We cover Buildings, Plant, Machinery, and Furniture and Fittings, or other Contents which You will erect, or acquire, or for which You will become responsible, after the Commencement Date, in the Insured Premises. We will pay, for that item as follows:

- i. You inform Us of the item so erected or acquired within 7 (seven) days of it becoming known to You,
- ii. such item of Property is not otherwise insured,
- iii. maximum limit under this cover is 15% of Policy Sum Insured (excluding stocks),
- iv. subject to Underinsurance provision of Clause D of this Section.

4.2 Temporary removal of stocks:

We cover stocks temporarily removed to any other premises for the purposes of fabrication, processing or finishing, or other similar purposes as follows:

- i. maximum cover will be 10% of the Sum Insured of Stock,
- ii. such stock is not otherwise insured.

4.3 Cover for Specific Contents: We cover the following, as applicable:

- i. Money for an amount not exceeding ₹50,000 (Rupees Fifty Thousand) during the policy period.
- ii. Deeds, manuscripts and business books, plans, drawings, securities, obligations or

- documents of any kind, but only for the cost of the materials and clerical labour expended in reproducing such records for an amount not exceeding ₹50,000 (Rupees Fifty Thousand) during the policy period.
- iii. Computer programmes, information and data but only for the cost of the materials and clerical labour expended in reproducing such records for an amount not exceeding ₹ 5 Lakh (Rupees Five Lakh) during the policy period.
 - iv. Employees', Directors', visitors' personal effects of every description (other than motor vehicles) for an amount not exceeding ₹15,000 (Rupees Fifteen Thousand) per person for a maximum of 20 (twenty) persons during the policy period.

4.4 Start-Up Expenses:

We cover start-up costs necessarily and reasonably incurred by the insured in respect of the insured risk consequent upon a loss or damage covered by this policy for an amount not exceeding ₹ 5 Lakh (Rupees Five Lakh) during the policy period.

4.5 Professional Fees:

We will pay the expenses that You incur towards reasonable fees of Architects, Surveyors and Consulting Engineers as follows:

- i. The fees are paid for preparing plans, specification tenders and quantities, and services in connection with the superintendence of the reinstatement of the Insured Building, Machinery, Accessories or Equipment;
- ii. The maximum We pay is 5 % of the claim amount;
- iii. We do not cover fees or costs for preparing any claim or estimate of loss or damage by the Insured Perils.

4.6 Costs for removal of debris:

We will pay reasonable expenses You incur towards removal of debris of any Insured Property from Your Premises, and dismantling, demolishing, shoring up or propping up of Insured Building or Machinery. The maximum We pay is 2 % of the claim amount.

4.7 Costs compelled by Municipal Regulations:

We pay such additional cost of reconstruction or reinstatement of the Insured Property that is incurred solely because You must comply with any regulations or bye-laws of any municipal or local authority, or any provision of any State or Central Act, Rules or regulations. We cover these costs on the following conditions:

- i. You must commence the repairs, or reconstruction or reinstatement of the Insured

		<p>Property, within a reasonable time after the date of damage or destruction. You must complete the repairs, reconstruction or reinstatement within reasonable time, in any case not beyond 12 months from the date of damage or destruction, or within such time as We may allow in writing.</p> <ul style="list-style-type: none"> ii. If Our Liability is reduced under any term or condition of this Policy, Our liability under this extension will also be proportionately reduced. iii. The total amount recoverable under any item of the policy shall not exceed the sum insured thereby. iv. All other terms and conditions of this Policy will apply to this extension. v. These costs will not include <ul style="list-style-type: none"> a. the costs incurred for complying with such regulations, <ul style="list-style-type: none"> - for destruction or damage occurring before Commencement Date, - for destruction or damage not insured under this Policy - under which You have received notice before the destruction or damage occurred. b. any additional cost required to repair or reconstruct the Insured Property to a condition equal to its condition when new, had the need to comply with the regulation not arisen. <p>the amount of any rate, tax, duty, development or other charge or assessment arising out of capital appreciation which may be payable in respect of the Insured Property or by the owner thereof by reason of compliance with any of the aforesaid regulations or bye-laws.</p> <p>III. <u>Clause C: What We Pay:</u> If any Insured Property is physically damaged, lost or destroyed, We will pay You as follows:</p> <ul style="list-style-type: none"> 1. Partial Loss: <ul style="list-style-type: none"> i. If any Insured Property is a Partial Loss, We will reimburse to You the cost of repairs to the extent required to bring that Property to a condition substantially the same as, but not superior, better or more extensive than its condition if it were new on the date it was damaged. ii. If any Insured Stock is a Partial Loss We will pay You to the extent of the loss of such Partial Loss. 2. If Building or Plant and Machinery or Furniture, Fixture, Fittings is a Total Loss, We will pay You for <ul style="list-style-type: none"> i. The Reinstatement/Replacement Value or the Market Value of the Building or Plant and Machinery or Furniture, Fixture, Fittings as opted and mentioned in Policy 	
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Schedule.

- ii. **Reconstruction of the new building on the same site, or another site if Reinstatement /Replacement Value is opted. We will pay the cost of reinstatement as on date of actual reinstatement. If You reconstruct the new Building or Reinstatement the Plant and Machinery or Furniture, Fixture, Fittings on another site We will not pay You more than what We would pay to reconstruct or replace on the same site.**
 - iii. **If Market Value option is opted, we will compensate You the Market Price of the covered Property as on date of loss.**
 - iv. **Reinstatement using standard material readily available and in common use for similar type of Building.**
- 3.If the Stock is a Total Loss, We will pay You as follows:**
- i. **landed cost at Your Premises for Stock of raw materials,**
 - ii. **total manufacturing cost for Stock of finished goods,**
 - iii. **the input value of Stock in process at the time loss,**
 - iv. **The Contract Price in case of goods sold but not dispatched and lying within Your premises for which You are responsible under the terms of a contract of sale. We will pay Your claim on the basis of the Contract Price, if the sale is cancelled wholly or to the extent of loss or damage caused by an Insured Event covered by this Policy. For the purposes of this para, the value of all goods to which this basis of settlement could apply in the event of loss or damage will also be ascertained on the same basis.**
- 4.You must commence the repairs or Reinstatement within a reasonable time after the date of the damage or destruction. You must complete the repairs or Reinstatement within reasonable time, in any case not beyond 12 months from the date of damage or destruction, or within such time as We may allow in writing.**
- 5.If You fail to start the work of the repairs or Reinstatement within reasonable time, or to complete the repairs or Reinstatement within time We will pay Your claim based on the Market Value of the Building, Plant and Machinery, Furniture, Fixture, Fittings as the case maybe.**
- 6.If you have opted for Reinstatement Value - We will pay the Market Value of the Building, Plant and Machinery, Furniture, Fixture and Fittings at the time it is a Total Loss, but not more than the relevant Sum Insured,**
- i. **if the Building cannot be Reinstated or rebuilt due to Municipal, State or Central law, rules, regulations or bye-laws,**

ii. if You do not wish to Reinstate the Building, Plant and Machinery, Furniture, Fixture, Fittings.

7. We will also pay other amounts mentioned in Clause B (4) of this Section.

NOTE: In any claim, We will not pay more than the relevant Sum Insured, subject to Underinsurance as stated in Clause D of this Section:

IV. Clause D: Underinsurance:

1. The Sum Insured for each item of Insured Property must be sufficient to pay for Reinstatement/Replacement value of that Property on the date of loss. If the Reinstatement/Replacement Value or market value of the Insured Property, in totality, including additions, alterations, erections and new acquisitions, is more than the Sum Insured, except to the extent waived in Clause D (3) of this Policy, it amounts to underinsurance, and will reduce proportionate to the difference from the amount that We will pay for Your claim.

2. Every item of Insured Property is subject to this condition separately.

3. Under this Policy, We will waive underinsurance upto 15%.

4. If at the time of damage, the Sum Insured applicable to the relevant Buildings, Plant and Machinery, Furniture, Fixture, Fittings, Stocks and other contents is less than 85% of the value of Insurable Assets, You will be responsible for the difference and You will bear a proportionate share of the loss.

5. Underinsurance will not apply to Cover for Specific Contents.

NOTE: The cost for Reinstatement of additions made to Insured Property during the Policy Period will be reckoned from the date of addition.

V. Clause E: Conditions Specific to Section 63- My Property insurance

1. Your Obligations

a. Make true and full disclosure in the proposal and related documents:

i. You have a duty of disclosure to tell Us everything You know, or could reasonably be expected to know, that is relevant to Us for deciding whether to give You insurance cover and on what terms. You owe this duty to disclose such relevant material information even if We have not specifically asked for it. This duty extends to any information or declarations given by anyone else on Your behalf.

ii. We have agreed to give You insurance cover entirely on the basis of the information

You, or anyone on Your behalf, have given Us in the proposal, statements and other declarations and documents (in writing or electronic) about Yourself, the Building, Plant and Machinery, Furniture, Fixture, Fittings, Stocks and other Contents. The correct and complete information You give is the basis of Our contract with You. Our promise to pay is conditional upon the truth of these statements and on the assumption that You, or anyone on Your behalf, has not withheld any material information about Yourself, the Building, Plant and Machinery, Furniture, Fixture, Fittings, Stocks and other Contents.

b. Obligation to take care: You must:

- i. ensure that unauthorised persons do not occupy Your Premises
- ii. whenever Your Premises or any Building in Your Premises is unoccupied, You must ensure that all security procedures on Your Premises are in force.

c. Inform change in circumstances:

You must inform Us immediately if:

- i. You change the nature of Your Business or any processes,
- ii. You let out Your Premises or any part, or Your Premises will no longer be solely occupied by You.
- iii. You change the use of Your Premises or any Building,
- iv. Your Premises or any Building remains unoccupied for more than 30 days.

2. Automatic termination of this Section

This Section will automatically end in the following cases:

- a. **Destruction of any Insured Building:** This Section will automatically end 7 (seven) days after any Insured Building collapses or is displaced or destroyed by reason other than any Insured Event. If a separable part of any Insured Building falls down or is destroyed by reason other than any Insured Event, the cover will end for such part or additional structure.
- b. You can apply within 7 (seven) days of such fall or destruction for continuing insurance cover. We may agree, but will not be bound, to continue the cover on revised rates, terms and conditions.
- c. **Change of use or ownership of Insured Property:** The Section will end in regard to the Insured Property affected, unless You have obtained Our prior consent in writing as an Endorsement on the Policy,
 - i. if You change the trade or manufacture, or the nature of Your occupation, or You change other circumstances relating to the Building or a building containing any

- Insured Property in such a way as to increase the risk of loss or damage by Insured Events;
- ii. if Your interest in any Insured Property passes to another except by will or operation of law.
- d. **Sale of Insured Property:** This Section will end when You sell, surrender or release Your interest in any Insured Property or its part.
- e. **Exhaustion of Sum Insured:** If any Insured Property is lost, destroyed or stolen, or is a Total Loss, and We pay You the full Sum Insured for such item, the insurance cover for that item will automatically end. If We pay the total Sum Insured for any claim, this Section will end.
- f. **Effect of death:** If You are an individual, in the event of Your unfortunate death the Insurance Covers that You have purchased will continue for the benefit of Your legal representative/s during the Policy Period subject to all the terms and conditions of this Section.
- g. **Section not invalidated:** The Section is not invalidated:
- i. by transfer of Your interest in the Policy by operation of law, if that occurs during the Policy Period. We can continue this policy on same or modified terms in favour of Your legal representatives if they apply for this purpose within 30 days of such transfer;
 - ii. by any act, omission, or alteration unknown to You, or beyond Your control, that increases the risk of loss or damage, if You give notice to Us immediately when You become aware of the act, omission or alteration, and pay additional premium if required; or
 - iii. if Your employees or workmen carry out repairs, maintenance work or minor alterations in the Insured Property.

3. Changes to Covers

1. You can choose to make changes to the covers of this section, for example, take additional cover, or increase or reduce any Sum Insured. You must make a proposal or request for any change. It will be effective only after We have accepted Your proposal, and You have paid the additional premium where applicable.
2. This Section (including the Policy Schedule, the proposal, declarations and the Endorsements) consists of the entire contract between You and Us.

4. Designation of Insured Property

For the purpose of determining under which item any Property is insured, We agree to

accept the designation under which such Property appears in Your books of account.

5. Agreed Bank Clause

If You have mortgaged, hypothecated or created any security over any Insured Property in favour of a Bank, and the Bank has an interest in the Policy, the name of such Bank will also be shown in the Policy Schedule under the title 'Agreed Bank Clause'. If You choose to add the name of such Bank at any time during the Policy Period, this will be shown as an Endorsement. In this Clause, the word 'Bank' includes any financial institution.

Under this Clause You agree as follows:

- i. We shall pay to the Bank the entire amount that We are liable to pay under this Policy. Such Bank will receive it for its own demand, and as agent for any other person interested in the amount.
- ii. When We pay the amount to the Bank, Our liability under this Policy will be discharged, and will be binding on all of You and all persons named as the insured.
- iii. Any notice or communication We make to the Bank under the provisions of this Policy shall be sufficient notice or communication to You.
- iv. Any settlement or compromise that We make with the Bank will be binding on You and all persons named as the insured. However, such settlement or compromise will not affect the rights of the Bank to recover any amount from You or any other person.
- v. If You make any change in the use of the Insured Property or Your Premises or sell or transfer the Insured Property, such actions will not prejudice the interest of the Bank under the Policy and this Clause, unless the condition has been broken by the Bank or its employees.
- vi. If You commit any act or omission that will increase the risk, the insurance cover will not be invalidated. However, the Bank shall notify Us of any change or ownership, or alterations and increase in risks as soon they become known to the Bank and shall pay additional premium from the time of such change.
- vii. When We pay the amount to the Bank, We will become legally and automatically subrogated to all rights of the Bank to the extent of such payment. This will not impair or prejudice the rights of the Bank to recover any amount from You or any other person.

20. Cosmetic, Aesthetic and Re-Shaping Treatment & Surgeries
21. Pre-Existing Disability
22. Circumcision, Aesthetic reasons
23. Hazardous or Adventures Sport
24. Defence Operation/Aviation Activities
25. External Congenital Anomaly
26. Geographical Limits
27. Non-Medical Expenses
28. Insufficient Document
29. Spectacles, Hearing aids & other Expenses
30. Professional Sports
31. Preventive Treatment
32. Sexual disorder and Erectile Dysfunction
33. Sexually Transmitted Infections & Disease
34. Spectacles, Hearing aids & other Expenses
35. Stem Cell Transplant
36. Unjustified or Unwarranted Hospitalization
37. Substance abuse and Addictions
38. War and hazardous substances
39. Legal Liability
40. Ear, Eyesight & Optical Services
41. Prosthetic and other devices
42. Specific Treatments
43. Dental Treatment
44. Mental Disorders
45. Organ Donor
46. Our Maximum Liability in respect of the following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured opted under Section 26.A. Accidental Hospitalization Cover and/or Section 26.B. Accidental & Illness Hospitalization Cover:
 - i. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
 - ii. Balloon Sinuplasty
 - iii. Deep Brain stimulation
 - iv. Oral chemotherapy
 - v. Immunotherapy - Monoclonal Antibody to be given as injection
 - vi. Intra vitreal injections

- vii. Robotic surgeries
- viii. Stereotactic radio surgeries
- ix. Bronchial Thermoplasty
- x. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- xi. IONM - (Intra Operative Neuro Monitoring)
- xii. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

Exclusion applicable to Section 49 to Section 55

1. Deductible as mentioned in the Policy Schedule/ Certificate of Insurance against the specific section for each loss.
2. Losses that do not occur within the cover period as specified in the Policy Schedule/ Certificate of Insurance
3. Losses caused by illegal acts;
4. Losses that Insured Person have intentionally caused;
5. Losses sustained by the Insured Person resulting directly or indirectly from the actions of the Insured Person's employee/members of household, relative, acting alone or in collusion with others.
6. Losses due to war, invasion, act of foreign enemy, hostilities or warlike operations (whether war has been declared or not), civil war, rebellion, revolution, insurrection, civil commotion, uprising, military or usurped power, martial law, riot or the act of any lawfully constituted authority.
7. Losses due to the order of any government, public authority, or customers' officials.
8. Losses due to ionizing radiations contamination by radio activity from any nuclear fuel or from any nuclear waste from the combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.
9. Losses due to nuclear, biological, or chemical event
10. Any loss directly or indirectly caused by pandemic or epidemic as declared by WHO / Indian Government/ any Authorized Government body
11. Any legal liability, of whatsoever nature.
12. Any loss or damage which is recoverable from any other source
13. Any consequential losses of any kind (financial or otherwise), and/or any actual or alleged legal liability of the Insured
14. Loss due to Terrorism, unless specifically agreed otherwise by Us.

Terrorism Exclusion Warranty

Notwithstanding any provision to the contrary within this insurance it is agreed that this insurance excludes loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force or violence and / or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organization(s) or governments), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.

The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.

If the Company alleges that by reason of this exclusion, any loss, damage, cost, or expenses is not covered by this insurance the burden of proving the contrary shall be upon the insured.

In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

POLICY DEDUCTIBLE (applicable to all section 49 to section 55)

Subject to the policy limits that apply, we will pay only that part of the total of all covered loss that exceeds the deductible amount shown in the Policy Schedule/ Certificate of Insurance.

POLICY LIMITATION (applicable to all section 49 to section 55)

For each of the coverage, we will pay up to the maximum amount per occurrence and per policy period/ cover period as shown in the Policy Schedule / Certificate of Insurance.

EXCLUSIONS (APPLICABLE TO SECTION 56)

We do not cover losses and expenses for any loss or damage or destruction of the Insured Property that is directly or indirectly as a result of or is caused by or arising from events, stated below:

- 1. i. Excess of % of each claim, subject to a minimum amount as mentioned in Policy Schedule. This means that We will deduct excess as mentioned in Your Policy Schedule for each and every loss suffered by You under the terms of this policy.**
- 2. For terrorism risk the excess shall be as per the clause attached to this policy.**

3. Your deliberate, wilful or intentional act or omission, or of anyone on Your behalf, or with Your connivance.
4. War, invasion, act of foreign enemy hostilities or war-like operations (whether war is declared or not), civil war, mutiny, civil commotion amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.
5. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component that is part of it.
6. Pollution or contamination, unless
 - i. the pollution or contamination itself has resulted from an Insured Event, or
 - ii. an Insured Event itself results from pollution or contamination.
7. Loss, damage or destruction to any electrical/electronic machine, apparatus, fixture, or fitting by over-running, excessive pressure, short circuiting, arcing, self- heating or leakage of electricity from whatever cause (lightning included). This exclusion applies only to the particular machine so lost, damaged or destroyed.
8. Loss or damage to bullion or unset precious stones, manuscripts, plans, drawings, securities, obligations or documents of any kind, coins or paper money, cheques, vehicles, and explosive substances unless otherwise expressly stated in the policy.
9. Loss of any Insured Property which is missing or has been mislaid, or its disappearance cannot be linked to any single identifiable event.
10. Loss or damage to any Insured Property removed from Your Home to any other place.
11. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
12. Any reduction in market value of any Insured Property after its repair or reinstatement.
13. Any addition, extension, or alteration to any structure of Your Home Building that increases its Carpet Area by more than 10% of the Carpet Area existing at the Commencement Date or on the date of renewal of this Policy, unless You have paid additional premium and such addition, extension or alteration is added by Endorsement.
14. Costs, fees or expenses for preparing any claim.
15. Terrorism Damage Exclusion Warranty:
Notwithstanding any provision to the contrary within this insurance it is agreed that this insurance excludes loss, damage cost or expense of whatsoever nature directly

or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force or violence and / or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.

The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.

If the Company alleges that by reason of this exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the insured.

In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

16. Your Premises or any Insured Building remaining continuously unoccupied for a period of more than 30 days, unless You have obtained prior written approval from Us and such approval is recorded as an endorsement on the Policy.

EXCLUSIONS (APPLICABLE TO SECTION 57-SECTION 61)

Standard Exclusions:

1. Any Household Asset(s) not specifically mentioned in the Policy Schedule
2. Deductible as applicable and mentioned in the Policy Schedule.
3. Any non-disclosure (partial or full)/fraudulent disclosure, misrepresentations of information/facts can make your claim invalid.
4. Any consequential loss or damage including but not limited to Bodily Injury/illness/harmful effect due to usage of/inability to use the Household Asset.
5. Any claim caused due to contributory negligence will be invalid. Always take ordinary and reasonable precautions for the safety of your belongings.
6. Loss or damage resulting out of misuse or abuse, unlawful act or illegal activities including criminal acts or intentional or fraudulent act with an objective to gain undue

benefit or economical gain.

7. Loss or damage due to war, War like operations (whether War declared or not), invasion, act of foreign enemy, hostilities, civil war, rebellion, revolution, insurrection, civil commotion, uprising, military or, usurped power or resulting from Seizure or detention or attachment of asset in light of any direction issued by a judicial / quasi-judicial / police or any other Government Agency or Public Authority including Financers/Banks.

8. This Policy excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss, unless specifically agreed by us and mentioned in the Policy Schedule.

For the purpose of this exclusion, an act of terrorism means an act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), or unlawful associations, recognized under Unlawful Activities (Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.

This exclusion also includes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to the above.

Specific Exclusions (Can't be waived):

9. Loss or Damage caused due to Intentional overloading or strain, over-running or excessive pressure, excessive charging is not covered.

10. Any loss or damage to the insured Household Asset which exists prior to commencement of the Policy period.

11. Any loss or damage which is covered under the terms of the maintenance agreement of the insured Household Asset.

12. Expenses which are regular in nature and required to maintain the Household Asset in Proper condition as recommended by the Manufacturer are not covered.

13. Any loss whatsoever to third party including without limitation to persons and/or

property arising due to usage of the Household Asset isn't covered.

14. Wear and tear i.e., gradual deterioration associated with normal use and age of the asset, cosmetic damages including but not limited to peeling of paint, minor scratches not affecting the functioning of the Household Asset is not covered.
15. Loss or damage to fittings/fixtures/accessories/Consumables which forms the part of original Household Asset as supplied by the manufacturer unless damaged or lost along with the Household Asset and at the same time.
16. Loss of/damage to data and contents including pictures, software, downloads, apps, music or any other content is not covered by this policy.
17. Cost of replacement of Battery/SIM Card/Memory Card/Consumables unless damaged at the same time. This can be due to an accidental external impact or liquid damage including Internal leakage of the battery or damage caused due to overcharging, or caused due to use of unauthorized charger in violation to manufacturer's guidelines leading to damage to power board or mother board
18. Any financial loss caused to you as a result of cyber-attack or fraud while the Household Asset was in use.

EXCLUSIONS (APPLICABLE TO SECTION 62)

1. For the amount of the Deductible/Excess specified in the Schedule ascertained after the application of all other terms and conditions of this Section including any condition of average (under-insurance).
2. Loss or damage by fire or explosion however caused.
3. Loss or damage where any inmate or member of the Insured's household or of his business staff or any other person lawfully in the premises is concerned in the actual theft of or damage to any of the articles or premises or where such loss or damage has been expedited or in any way assisted or brought about by any such person or persons.
4. Loss or damage caused by wear and tear or gradual deterioration.
5. Loss or damage occasioned by loot, ransack, spillage or pilferage.
6. Unexplained losses, shortages due to error or omissions, losses discovered when making an inventory or a periodic stock taking or loss resulting from the Insured's voluntarily parting with title or possession of any property or induced to do so by deception.
7. Loss or damage to property from yards, gardens, open spaces unless the property contained within such spaces is specifically insured by the Section.
8. Consequential loss or damage or legal liability of any kind.
9. Loss or damage which either in origin or extent or directly or indirectly proximately

or remotely, occasioned by or contributed to by or which either in origin or extent directly or indirectly, proximately or remotely, arise out of or in connection with earthquake, volcanic eruption, typhoon hurricane, tornado, cyclone, or other convulsion of nature or atmosphere disturbance, or war, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), mutiny, riot & strike, civil commotion, insurrection, rebellion, revolution, conspiracy, military naval or usurped power, martial law or state of siege or any of the events or cause which determine the proclamation or maintenance of martial law or state of siege.

Any loss or damage happening during the existence of abnormal conditions (whether physical or otherwise), directly or indirectly, proximately or remotely, occasioned by or contributed to by or arising out of or in connection with any of the said occurrences shall be deemed to be loss or damage which is not covered by this insurance, except to the extent that the Insured shall prove that such loss or damage happened independently or the existence of such abnormal conditions. In any action, suit or other proceedings, where the Company alleges that by reason of the provisions of this condition any loss or damage is not covered by this insurance, the burden of proving the contrary shall be upon the Insured.

10. Damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. (unless specifically agreed and mentioned in Your Policy Schedule/Certificate of Insurance)

For the purpose of this exclusion an act of terrorism means an act, including but not limited to the use of force or violence and / or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.

This also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.

If the Company alleges that by reason of this Exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the Insured.

11. Loss or damage directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from

any nuclear waste or from the combustion of nuclear fuel nor any consequential loss and for the purpose of this exception combustion shall include any self-sustaining process of nuclear fission directly or indirectly caused by or contribution to / by or arising from nuclear weapons material.

12. Permanent or temporary dispossession resulting from confiscation, commandeering or requisition by any lawfully constituted authority.
13. This Section shall cease to attach:
 - a. If the premises shall have been left uninhabited by day and night for thirty or more consecutive days and nights, unless specifically agreed, altered and mentioned in Your Policy Schedule/Certificate of Insurance.
 - b. If the Insured shall cause or suffer any material alteration to be made in the premises or anything to be done whereby the risk is increased; change or relax any of the safeguards for securing the premises.
 - c. To any property insured which shall be removed from the premises in which it is herein stated to be safe so far as is expressly provided for in the Policy or these conditions.

To any property the interest of the Insured which shall pass from the Insured otherwise than by will or operation of law; unless in every case the consent of the Company to the continuance of the insurance thereon is obtained and signified by a memorandum made on the Policy by or on behalf of the Company.

EXCLUSIONS (APPLICABLE TO SECTION 63)

1. i. Excess of % of each claim, subject to a minimum amount as mentioned in Policy Schedule. This means that We will deduct excess as mentioned in Your Policy Schedule for each and every loss suffered by You under the terms of this Section.
ii. For terrorism risk the excess shall be as per the clause attached to this Section.
2. Your deliberate, wilful or intentional act or omission, or of anyone on Your behalf, or with Your connivance.
3. Loss, damage or destruction to any electrical/electronic machine, apparatus, fixture, or fitting by over-running, excessive pressure, short circuiting, arcing, self-heating or leakage of electricity from whatever cause (lightning included). This exclusion applies only to the particular machine so lost, damaged or destroyed. However, any ensuing loss or damage to other insured property due to operation of an insured peril is covered.
4. Loss, destruction or damage to the stocks in cold storage premises caused by change of temperature.

5. Loss, or damage by spoilage resulting from the retardation or interruption or cessation of any process or operation caused by operation of any of the Insured Events.
6. Your Premises or any Insured Building remaining continuously unoccupied for a period of more than 30 days, unless You have obtained prior written approval from Us and such approval is recorded as an endorsement on this Section.
7. War, invasion, act of foreign enemy hostilities or war-like operations (whether war is declared or not), civil war, mutiny, civil commotion amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.
8. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component that is part of it.
9. Pollution or contamination, unless
10. the pollution or contamination itself has resulted from an Insured Event, in which case only physical damage to the Insured Property is covered, or
11. an Insured Event itself results from pollution or contamination.
12. Loss, destruction or damage to bullion or unset precious stones, any curios or works of art unless such amount is declared separately and recorded in the Policy Schedule.
13. Loss of any Insured Property which is missing or has been mislaid, or its disappearance cannot be linked to any single identifiable Insured Event.
14. Loss or damage to any Insured Property removed from Your Premises to any other place, except
15. machinery and equipment temporarily removed for repairs, cleaning, renovation or other similar purposes for a period not exceeding 60 days,
16. Stock covered under Clause (B) (4.2) of this section.
17. Any reduction in market value of any Insured Property after its repair or reinstatement.
18. Loss or damage to any Insured Property or any claim which is covered by a marine policy in force at the time of loss or damage, except in excess of the limits of that policy.
19. Any consequential or indirect loss or damage of any description, i.e. losses or extra costs (financial or non-financial) that follow or are a consequence of an Insured Event, like, loss by delay, loss of income or wages or earnings, or of market, or of time, medical expenses, or any costs not covered by this Policy.
20. Costs, fees or expenses for preparing any claim.

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| | | <p>21. Any Loss or damage occasioned by or through or in consequence directly or indirectly due to Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation.</p> <p>22. Any Loss or damage occasioned by or through or in consequence directly or indirectly due to earthquake, Volcanic eruption or other convulsions of nature.</p> <p>23. Terrorism Damage Exclusion Warranty:
Notwithstanding any provision to the contrary within this insurance it is agreed that this insurance excludes loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.
For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force or violence and / or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.
The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.
If the Company alleges that by reason of this exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the insured.
In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.</p> <p>24. Any Loss or damage occasioned by or through or in consequence directly or indirectly due to theft.</p> | |
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7	<p>Waiting period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/treatments are not covered. • It is counted from the beginning of the policy coverage 	(Waiting Periods as applicable to Your policy will be mentioned in your policy schedule) - NA	
		Waiting Period options	Period
		Initial Waiting Period	30 days, 15 days , 7 days, 48 hours and NIL
		Pre – existing waiting period	0 years, 3 months, 6 months, 1 year, 2 years, 3 years
		Specific Waiting period	0 years, 3 months, 6 months, 1 year, 2 years
		Maternity Waiting Period	0 years, 9 months, 1 year, 2 years, 3 years, 4 years
		Initial waiting period for HIV cover	0 days, 30 days, 60 days, 90 days
		Initial waiting period for Critical illness cover	0 days, 30 days, 60 days, 90 days
		Initial Waiting Period for Loss of Employment Cover	0 days,15 days, 30 days, 45 days, 60 days, 75 days, 90 days, 105 days, 120 days.
Maternity & new born baby cover	0 years, 6 months, 9 months, 1 year, 2 years, 3 years,4 years		

8	<p>Financial limits of coverage</p> <p>I. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit).</p> <p>II. Co-</p>	Sub – Limit, Co-payment and Deductible as applicable to Your policy will be mentioned in your policy schedule/COI.	
		Sub- Limit	
		Section Details	Sub Limits (Options)
		Section 1. Accidental Death	Not Applicable
		Section 2. Permanent Total Disablement	Not Applicable
		Section 3. Permanent Partial Disablement	Not Applicable
		Section 4. Temporary Total Disablement	Not Applicable
		Section 5. Children Education Benefit	Not Applicable
		Section 6. Marriage Expense for Children Benefit	Not Applicable
		Section 7. Orphan Benefit for Children	Not Applicable
Section 8. Funeral Expense	Not Applicable		

<p>payment (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured).</p> <p>III. Deductible (It is a specified amount: - upto which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>IV. Any other limit (as applicable)</p>	<p>Section 9. Transportation Expenses</p>	Not Applicable	
	<p>Section 10. Trauma Counselling</p>	Not Applicable	
	<p>Section 11. Coma Benefit Cover</p>	Not Applicable	
	<p>Section 12. Fracture Cover</p>	Not Applicable	
	<p>Section 13. Burns cover</p>	Not Applicable	
	<p>Section 14. Lifestyle Modification</p>	Not Applicable	
	<p>Section 15. Expense for External Aids and Appliances</p>	Not Applicable	
	<p>Section 16. Compassionate Visit</p>	Not Applicable	
	<p>Section 17. Miscarriage Due to Accidental Injury</p>	Not Applicable	
	<p>Section 18. Hazardous or Adventure Sports Cover</p>		
	<p>A. Death/Permanent Total Disablement</p>	Not Applicable	
	<p>B. Accidental Hospitalization</p>	Not Applicable	
	<p>Section 19. HIV Cover</p>	Not Applicable	
	<p>Section 20. Critical Illness Benefit Cover</p>	Not Applicable	
	<p>Section 21. Critical Illness Hospitalization Cover</p>	Accommodation/Room Rent: 3%, 2.5%, 2.0% 1.5%, 1% or No Limit (as a % of Section 21 Sum Insured)	
	<p>Section 22. Cancer Benefit Cover</p>	NA	
	<p>Section 23. Cancer Hospitalization Cover</p>	Accommodation/Room Rent: 3%, 2.5%, 2.0% 1.5%, 1% or No Limit (as a % of Section 23 Sum Insured)	
	<p>Section 24. Heart Protect Benefit Cover</p>		
	<p>Section 25. Heart Protect Hospitalization Cover</p>	Accommodation/Room Rent: 3%, 2.5%, 2.0% 1.5%, 1% or No Limit (as a % of Section 25 Sum Insured)	
	<p>Section 26. Organ Failure Benefit Cover</p>		
	<p>Section 27. Organ Failure Hospitalization Cover</p>	Accommodation/Room Rent: 3%, 2.5%, 2.0% 1.5%, 1% or No Limit (as a % of Section 27 Sum Insured)	
	<p>Section 28. EMI Protection Cover</p>	Not Applicable	
	<p>Section 29. Loss of Employment</p>	Not Applicable	
	<p>Section 30. Hospitalization Cover</p>		
	<p>A. Accidental Hospitalization Cover</p>	Accommodation/Room Rent: 3%, 2.5%, 2.0% 1.5%, 1% or No Limit (as a % of Section 30.A Sum Insured)	
	<p>A1. Day Care Procedures</p>	Not Applicable	
	<p>A2. Pre-Hospitalization Expenses</p>	Not Applicable	

A3. Post-Hospitalization Expenses	Not Applicable	
A4. Dental Treatment	Not Applicable	
A5. Road Ambulance	INR 1000 to INR 10,000	
A6. Second Medical Opinion	Not Applicable	
B. Accidental & Illness Hospitalization Cover	Accommodation/Room Rent: 3%, 2.5%, 2.0% 1.5%, 1% or No Limit (as a % of Section 30.B Sum Insured)	
B1. Day Care Procedures	Not Applicable	
B2. Pre-Hospitalization Expenses	Not Applicable	
B3. Post-Hospitalization Expenses	Not Applicable	
B4. Dental Treatment	Not Applicable	
B5. Road Ambulance	INR 1000 to INR 10,000	
B6. Bariatric Surgery Cover	5%, 7.5%, 10%, 15%, 20%, 25%, 30%, 40%, 50% of Section 30.B Sum Insured	
B7. Psychiatric Illness Cover	5%, 7.5%, 10%, 15%, 20%, 25%, 30%, 40%, 50% of Section 30.B Sum Insured	
B9. Second Medical Opinion	Not Applicable	
Section 31. Infertility Treatment Cover	0% to 100% of the Section 30.B Sum Insured	
Section 32. Organ Donor	NA. However donor's Pre and Post Hospitalization expenses up to 5% of the admissible harvesting expenses	
Section 33. Alternate Treatment (Ayush) Cover (Mandatory In built cover in Section- 30 Hospitalization Cover)	0% to 100% of the Section 30.A & B Sum Insured	
Section 34. Emergency Air Ambulance	0% to 100% of the Section 30.A & B Sum Insured	
Section 35. Long Hospitalization Cash Benefit	Not Applicable	
Section 36. Maternity Benefit & Newborn Baby Cover	Not Applicable	
Section 37. Home (Domiciliary) Hospitalization	0% to 100% of the Section 30.A & B Sum Insured	
Section 38. Sum Insured Refill Benefit	Not Applicable	
Section 39. Out- Patient (OPD) Benefit	Not Applicable	
Section 40. Illness Cover		
i. Hospitalization Cover	Accommodation/Room Rent: 3%, 2.5%, 2.0% 1.5%, 1% or No Limit (as a % of Section 40 A. Sum Insured)	
A1. Pre-Hospitalization Expenses	Not Applicable	

A2. Post Hospitalization Expenses	Not Applicable	
A3. Road Ambulance	INR 1000 to INR 10,000	
A4. Second Medical Opinion	Not Applicable	
ii. Virus detection & Quarantine allowance	Under Section 40.B. Part Fixed Benefit: Group Manager will be provided an option to select a benefit which is a Percentage of Section 40B. Sum Insured from 0%-50%	
Section 41. Daily Cash Benefit	Not Applicable	
Section 42. Fixed Cash Benefit	Not Applicable	
Section 43. Companion Benefit Cash Allowance Cover	Not Applicable	
Section 44. Parent Accommodation Cash Allowance Cover	Not Applicable	
Section 45. Loan Shield	Not Applicable	
Section 46. Loss of Pay	Not Applicable	
Section 47. Health Check Up	Not Applicable	
Section 48. Wellness Benefit Program	Not Applicable	

Details of Section Wise Deductible and Co-payment available under the product are mentioned below:

Name of the Benefit	Whether Deductible allowed	If Yes, range of Deductible		Whether Co-Pay allowed	If yes, range of Co-Pay	
		Minimum	Maximum		Minimum	Maximum
Section 1. Accidental Death	No	-	-	No		
Section 2. Permanent Total Disablement	No	-	-	No		
Section 3. Permanent Partial Disablement	No	-	-	No		
Section 4. Temporary Total Disablement	Yes (Time Excess)	0 Weeks	4 Weeks	No		
Section 5. Children	No	-	-	No		

		Education Benefit						
		Section 6. Marriage Expense for Children Benefit	No	-	-	No		
		Section 7. Orphan Benefit for Children	No	-	-	No		
		Section 8. Funeral Expense	No	-	-	No		
		Section 9. Transportation Expenses	No	-	-	No		
		Section 10. Trauma Counselling	No	-	-	Yes	0%	50%
		Section 11. Coma benefit cover	No	-	-	No		
		Section 12. Fracture Cover	No	-	-	No		
		Section 13. Burns cover	No	-	-	No		
		Section 14. Lifestyle Modification	No	-	-	Yes	0%	50%
		Section 15. Expense for External Aids and Appliances	No	-	-	Yes	0%	50%
		Section 16. Compassionate Visit	No	-	-	Yes	0%	50%
		Section 17. Miscarriage Due to Accidental Injury	No	-	-	No		
		Section 18. Hazardous or Adventure Sports cover	No	-	-	-		
		Section 19. HIV Cover	No	-	-	No		
		Section 20. Critical Illness Benefit Cover	No	-	-	No		
		Section 21. Critical Illness Hospitalization Cover	No	-	-	No	0%	50%
		Section 22. Cancer Benefit Cover	No	-	-	No		
		Section 23. Cancer Hospitalization Cover	No	-	-	No	0%	50%
		Section 24. Heart Protect	No	-	-	No		

	Benefit Cover						
	Section 25. Heart Protect Hospitalization Cover	No	-	-	No	0%	50%
	Section 26. Organ Failure Benefit Cover	No	-	-	No		
	Section 27. Organ Failure Hospitalization Cover	No	-	-	No	0%	50%
	Section 28. EMI Protection Cover	No	-	-	No		
	Section 29. Loss of Employment	No	-	-	No		
	Section 30-Hospitalization Cover	Yes	INR 500	INR 1,00,00,000	Yes	0%	50%
	Section 31. Infertility Treatment Cover	Yes	INR 500	INR 1,00,00,000	Yes	0%	50%
	Section 32. Organ Donor	Yes	INR 500	INR 1,00,00,000	Yes	0%	50%
	Section 33. Alternate Treatment (Ayush) Cover (Mandatory In built cover in Section - 30 Hospitalization Cover)	Yes	INR 500	INR 1,00,00,000	Yes	0%	50%
	Section 34. Emergency Air Ambulance	Yes	INR 500	INR 1,00,00,000	Yes	0%	50%
	Section 35. Long Hospitalization Cash Benefit	No	-	-	No		
	Section 36. Maternity & New Born Baby Cover	No	-	-	Yes	0%	50%
	Section 37. Home (Domiciliary) Hospitalization	Yes	INR 500	INR 1,00,00,000	Yes	0%	50%
	Section 38. Sum Insured	No	-	-			

	Refill Benefit						
	Section 39. Out- Patient (OPD) Benefit	No	-	-	Yes	0%	50%
	Section 40. Illness Cover		-	-			
	A. Hospitalization Cover	No	NA	NA	Yes	0%	50%
	B. Virus Detection and Quarantine Allowance	No	NA	NA	No	NA	NA
	Section 41. Daily Cash Benefit	Yes	0 days	10 days	NA	NA	NA
	Section 42. Fixed Cash Benefit	Yes	Basis 1 - 0 Day Basis 2 - 0 Interval	Basis 1- 10 Days / Basis 2- 3 Intervals	NA	NA	NA
	Section 43. Companion Benefit Cash Allowance Cover	Yes	Per day Benefit - 0 Day Fixed Lump Sum - 0 Interval	Per Day Benefit- 10 Days / Fixed Lump Sum - 3 Intervals	NA	NA	NA
	Section 44. Parent Accommodation Cash Allowance Cover	Yes	Per day Benefit - 0 Day Fixed Lump Sum - 0 Interval	Per Day Benefit- 10 Days / Fixed Lump Sum - 3 Intervals	NA	NA	NA
	Section 45. Loan Shield	No	-	-			
	Section 46. Loss of Pay	No	-	-			
	Section 47. Health Check Up	NA	-	-			
	Section 48. Wellness	NA	-	-			

		<p>Benefit Program</p>	
<p>9</p>	<p>Claims/Claims Procedure</p>	<p>1. Claims Notification and Procedure (Applicable to section 1 – Section 42) In the event of any accidental injury or illness or condition that may result in a claim under this policy, it is a condition precedent to Our liability under the Policy that below procedure should be followed depending on the type of claim:</p> <p>A. Cashless Claim Process: Cashless Facility can be availed from our network hospitals only. This is facilitated by our Service Provider / Third Party Administrator (TPA) and we would make a direct payment to the Network Hospital to the extent of Our Liability provided that:</p> <ol style="list-style-type: none"> 1. We are given a notice at least 72 hours before any planned hospitalization or within 24 Hours of hospitalization in case of an emergency situation. 2. For Cashless Facility You shall follow the below Procedure: <ol style="list-style-type: none"> a. Share the Health Card/Copy of E-Cards along with ID Proof with the Hospital Authority & Obtain the Pre-Authorization Form from the Hospital. b. Submit Duly filled & Signed Pre-Authorization Form to the Hospital Counter. c. Ensure that the Hospital shares the Duly filled & Signed Pre-Authorization Form to Service Provider / Third Party Administrator (TPA) for further Processing. d. Service Provider / Third Party Administrator (TPA) will inform the decision and may issue authorization letter depending on the Policy Terms and Conditions to the Hospital directly. e. Once the request for Pre-Authorization has been granted, the treatment must take place within 15 days of the Pre-Authorization Approval Date or the Policy Expiry Date whichever is earlier and shall be valid only if all the details of the Authorised details, Hospital and Location including Dates match with the details of the Actual Treatment Received. f. We reserve the right to modify, add or restrict any Network Provider for Cashless Facility in Our sole discretion. Before availing Cashless Facility, please check the applicable updated list of Network Providers. g. For any queries designated Service Provider / Third Party Administrator (TPA) may be contacted on the contact details mentioned on the Health Card/Copy of E-Cards issued to You. <p>B. Reimbursement Claim Process:</p>	<p>E.II.45 & 46</p>

Reimbursement 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 Service Provider / Third Party Administrator (TPA) for processing the reimbursement of the claim amount provided that:

1. We or Our Service Provider / Third Party Administrator (TPA) should be intimated within 48 hours of date of admission.
2. For Reimbursement Claim You shall follow the below Procedure:
 - a. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
 - b. In case the claim is not settled within the specified timelines, then the claimant is entitled for interest at bank rate plus 2 percent from the date of receipt of intimation to till the date of payment.
 - 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 15 days from the date of receipt of last necessary document. In such cases, the company shall settle or reject the claim within 15 days from the date of receipt of last necessary document.
In case the claim is not settled within the specified timelines, then the claimant is entitled for interest at bank rate plus 2 percent from the date of receipt of intimation to till the date of payment.
“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.
 - d. In case of Your Death, We shall reimburse the claim amount to Your Nominee as named in Your Policy Schedule or Your Legal representative holding a valid succession certificate.

C. List of Claim Documents:

In addition to the Duly Completed Claim Form signed by the Insured/Insured’s Nominee/Legal Heir & NEFT Details or Cancelled Cheque of the Insured/Insured’s Nominee/Legal Heir, ID proof (KYC document) of insured and Nominee, address proof wherever applicable, We need to have the below documents, wherever applicable:

Section	Documents
Hospitalization Claim	<ul style="list-style-type: none"> • Discharge Summary • Medical Records (Optional Documents may be asked on need basis:

			<p>Indoor case papers, OT notes, PAC notes etc.)</p> <ul style="list-style-type: none"> • Original Hospital Main Bill • Original Hospital Bill Break Up • Original Pharmacy Bills • Prescriptions for the Medicines purchased (except hospital supply) and investigations done outside the Hospital • Consultation Papers • Investigation Reports • Digital Images/CDs of the Investigation Procedures (if required) • MLC/FIR Report (If applicable) • Original Invoice/Sticker (If applicable) • Postmortem Report (If applicable) • Disability Certificate (If applicable) • Attending Physician Certificate (If applicable) • Ante-natal Record (If applicable) • Birth discharge Summary (If applicable) • Death Certificate (If applicable) • Any other documents on case-to-case basis 	
		<p>Out - Patient (OPD) Claim</p>	<ul style="list-style-type: none"> • Original Pharmacy Bills • Prescriptions for the Medicines purchased (except hospital supply) and investigations done outside the Hospital • Consultation Papers • Investigation Reports • Digital Images/CDs of the Investigation Procedures (if required) • Any other documents on case-to-case basis 	
		<p>Critical Illness/Cancer Claim</p>	<ul style="list-style-type: none"> • Medical Records (Optional Documents may be asked on need basis: Indoor case papers, OT notes, PAC notes etc.) • Consultation Papers • Investigation Reports • MLC/FIR Report (If applicable) 	

		<ul style="list-style-type: none"> • Disability Certificate (If applicable) • Attending Physician Certificate (If applicable) • Copy of Hospital Summary • Death Certificate (If applicable) • Any other documents on case-to-case basis 	
	Daily Hospital Cash Claim	<ul style="list-style-type: none"> • Discharge Summary • Any other documents on case-to-case basis 	
	<p>Accidental Death</p> <p>Adventure Sports Cover</p> <p>Orphan Benefit For Children</p>	<ul style="list-style-type: none"> • Copy of Address Proof (Ration Card or Electricity Bill Copy). • Attested Copy of Death Certificate. • Death Summary/Certificate from the hospital authority (wherever applicable) • Burial Certificate (wherever applicable). • Attested Copy of Statement of Witness, if any lodged with police authorities. (Wherever applicable). • Attested Copy of FIR / Panchnama / Inquest Panchnama. (Wherever applicable). • Attested Copy of Postmortem Report (Only if conducted). • Attested Copy of Viscera report if any (Only if Postmortem is conducted). • For Adventure Sports Cover, please submit Certificate of Participation from Sports Event organizer/service provider / Pre-participation fitness certificate (wherever applicable). • Attested Copy of Passport or any other valid document which will suffice as a proof of relationship between the insured, insured's spouse and orphan child. (Applicable only for Orphan Benefit) • Any other documents on case-to-case basis 	
	<p>Permanent Total Disablement</p> <p>Permanent Partial Disablement</p> <p>Adventure Sports Cover</p>	<ul style="list-style-type: none"> • Attested Copy of disability certificate from relevant government medical authority. • Attested copy of FIR. (If required) • All Investigation reports confirming the disability. • Complete Treatment record with follow-up 	

			<ul style="list-style-type: none"> documentation. • For Adventure Sports Cover, please submit Certificate of Participation from Sports Event organizer/service provider / Pre-participation fitness certificate (wherever applicable). • Disability assessment report from Digit empanelled medical specialist (if required) • Any other documents on case-to-case basis 	
		Loss of Income Benefit	<ul style="list-style-type: none"> • Attested copy of FIR. (If required) • All Investigation reports confirming the disability. • For Employed persons: Certificate from HR with details of medical leave availed during the period of Injury. • Certificate from the treating doctor mentioning the extent of Injury along with the period of disability. • Certificate from Treating doctor with date of full recovery & resuming of duties. • Any other documents on case-to-case basis 	
		Children Education Benefit	<ul style="list-style-type: none"> • Bonafide Certificate from School / College or Certificate from the Educational Institution • Any other documents on case-to-case basis 	
		Marriage Expense for Children Benefit	<ul style="list-style-type: none"> • Proof of Relationship with the Insured Person • Photo Identity Proof of Child • Age Proof of the Dependent Child • Any other documents on case-to-case basis 	
		Funeral Expenses	<ul style="list-style-type: none"> • Original Invoice of Expenses Incurred during Funeral. • Any other documents on case-to-case basis 	
		Transportation Expenses	<ul style="list-style-type: none"> • Original Invoices of expenses incurred for Carriage of Dead Body/repatriation of mortal remains. • Any other documents on case-to-case basis. 	
		Trauma Counselling	<ul style="list-style-type: none"> • Documents as mentioned under Section 1. Accidental Death and/or Section 2. Permanent Total Disablement and/or Section 3. Permanent Partial Disablement • Original Invoice of Expenses Incurred for Counselling. 	

			<ul style="list-style-type: none"> • Medical Practitioner’s letter advising Counselling. • Treatment plan for Counselling from Specialist. • Any other documents on case-to-case basis. 	
		Long Hospitalization Cash Benefit	<ul style="list-style-type: none"> • Discharge Summary • Original Hospital Main Bill • Original Hospital Bill Break Up of Various Expenses • Original Pharmacy Bills • Prescriptions for the Medicines purchased (except hospital supply) and investigations done outside the Hospital. • Consultation Papers • Investigation Reports • Digital Images/CDs of the Investigation Procedures (if required) • MLC/FIR Report (If applicable) • Original Invoice/Sticker (If applicable) • Postmortem Report (If applicable) • Attending Physician Certificate (If applicable) • Death Certificate (If applicable) • Any other documents on case-to-case basis. 	
		Home (Domiciliary) Hospitalization	<ul style="list-style-type: none"> • Attending Physician Certificate mentioning the need for Home (Domiciliary Hospitalization) • Original Pharmacy Bills • Consultation Papers • Original Investigation bills and Reports • Original Invoices in respect of payment made to the treating Medical Practitioner. • Any other documents on case-to-case basis. 	
		Emergency Air Ambulance	<ul style="list-style-type: none"> • Original bills and receipts paid for the transportation from Registered Ambulance Service Provider • Letter from Medical Practitioner indicating emergency need for such transportation and fitness for transportation. • Any other documents on case-to-case basis. 	

		<p>Coma Benefit Cover</p>	<ul style="list-style-type: none"> • Certificate from the Treating Medical Practitioner certifying the cause and severity of Coma. • All relevant medical summary leading to Coma. • Any other documents on case-to-case basis. 	
		<p>Fracture Cover</p>	<ul style="list-style-type: none"> • X Ray Confirming the Fracture & site of Fracture • Pre and post-operative radiological imaging reports with films confirming the extent of the fracture • Certificate from Treating Medical Practitioner with extent of Injury, Cause of injury, Site of Injury & Date of Injury. • Treatment Details • Discharge Summary (if Hospitalized) • Any other documents on case-to-case basis. 	
		<p>Burns cover</p>	<ul style="list-style-type: none"> • Certificate from Treating Medical Practitioner with extent of Burns Injury/Cause of Burns. • Treatment Details • Medico Legal Certificate copy / First Information Report Copy (If applicable) • Discharge Summary (if Hospitalized) • Any other documents on case-to-case basis. 	
		<p>Lifestyle Modification</p>	<ul style="list-style-type: none"> • Certification from Medical Practitioner necessitating the Modification. • Original Invoices of actual expenses incurred for the Modifications. • Any other documents on case-to-case basis. 	
		<p>Expense for External Aids and Appliances</p>	<ul style="list-style-type: none"> • Prescription of treating Medical Practitioner for use of External Aids and Appliance. • Original Invoices of actual expenses incurred for the purchase of External Aids and Appliance • Any other documents on case-to-case basis. 	
		<p>Compassionate Visit</p>	<ul style="list-style-type: none"> • Letter from Medical Practitioner advising presence of Immediate Family Member. • Original travel tickets / bills and receipts mentioning the actual expenses of the travel with the date of booking & date of travel 	

			<ul style="list-style-type: none"> • Age Proof of the Person who has visited the Insured • Any other documents on case-to-case basis. 	
		Miscarriage Due to Accidental Injury	<ul style="list-style-type: none"> • Treating Medical Practitioners Certificate mentioning reason for Miscarriage and date of accidental injury. • Medical Reports & Investigations Done • Discharge Summary (if applicable) • Any other documents on case-to-case basis. 	
		HIV Cover	<ul style="list-style-type: none"> • Medical Reports/ Records • Investigation Tests Report • Copy of Hospital Summary/Discharge Card • Medical Practitioner's Certificate confirming the Illness /Treatment advise / Medical Reference. • Any other documents on case-to-case basis. 	
		EMI Protection cover	<ul style="list-style-type: none"> • Current Outstanding Loan Certificate from Financer. • Loan Disbursement Letter along with the payment record till the date of Accident or first diagnosis of Critical Illness or first underwent surgical procedure. • Certificate from HR with details of medical leave availed during the period of Injury. • Copy of Address Proof (Ration Card or Electricity Bill Copy). • In Case of Death <ul style="list-style-type: none"> ○ Attested Copy of Death Certificate. ○ Death Summary/Certificate from the hospital authority (wherever applicable) ○ Burial Certificate (wherever applicable). ○ Attested Copy of Statement of Witness, if any lodged with police authorities. (Wherever applicable). ○ Attested Copy of FIR / Panchnama / Inquest Panchnama. (Wherever applicable). ○ Attested Copy of Postmortem Report (Only if conducted). ○ Attested Copy of Viscera report if any (Only if Postmortem is conducted). 	

			<ul style="list-style-type: none"> • In case of Permanent Total Disablement, Permanent Partial Disablement <ul style="list-style-type: none"> ○ Attested Copy of disability certificate from relevant government medical authority. ○ Attested copy of FIR. (If required) ○ All Investigation reports confirming the disability. ○ Complete Treatment record with follow-up documentation. ○ Disability assessment report from Digit empanelled medical specialist (if required) <p>Any other documents on case-to-case basis.</p>	
		<p>Loss of Employment</p>	<ul style="list-style-type: none"> • Certificate from the Employer confirming the termination, dismissal, temporary suspension or retrenchment from employment of the Insured furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment of the Insured with the reasons for the same. In case of temporary suspension, the period of suspension should also be mentioned in such certificate. • Appointment Letter • Latest Copy of Salary Revision, if any. • Last 3 Months Salary Slip • Form 16 • Loan Account Statements duly signed by the Financial Institution. • Contact details of Employer-Phone No. Mobile No., E-mail ID, Contact person in HR/Admin/Personnel dept. • Appointment Letter Employer if Re employed. • Age proof of Insured: Aadhar Card, Election ID Card / PAN Card/ School Leaving • Form 26AS which shows tax deducted at source. • Income tax return for relevant financial year • Self-declaration • Any other document as required by the Company /TPA to investigate the Claim or Our obligation to make 	

payment for it, including documents related to proof that the insured has not found any job or has not started working again in family business or started his / her own venture.

- Any other documents on case-to-case basis.

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 A.1, B.1 may be considered where the reason for delay is proved to our satisfaction.

*KYC documents shall be required at the claim settlement stage where claims pay-out to the Insured Member exceeds a threshold limit of Rs. 1 Lakhs per claim.

2. Making a Claim (Applicable to Section 43 – Section 49)

Upon the happening of any event, which may give rise to a Claim under this Policy:

a) Following a Claim, the Insured Person shall immediately give written notice to the Company giving preliminary information regarding particulars about the loss. The Policyholder and Insured Person will, within a period of thirty (30) days of reporting of loss, submit full details of the Claim, supported by the following documents duly completed in all respects to the Company:

- Completed claim form.
- Claims documents as listed below
- Photo Id proof of the Insured person

b) We shall settle or reject a claim, as the case may be within 30 days of submission of last necessary documents / information. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Interest Regulation), 2017. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDAI (Protection of Policyholders Interest Regulation), 2017, we shall pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

c) On payment of a claim by the Company, the Sum Insured mentioned in the Certificate of Insurance will stand reduced by the amount of claim paid and cannot be

- reinstated. Claim amount will be paid in Indian Rupees and in a bank account in India.
- d) The Policyholder and Insured Person will also make available any additional information/documents required by the Company to enable the Company to determine the admissibility of the claim. Any further / specific requirement which may be typical to the loss may also be raised by the Company, however, such requirement shall have to be raised within 7 working days from the date of receipt of documents.
 - e) Claim documentation: The following set of documents would be submitted by Insured/ Insured Person/ someone claiming on behalf of the Insured Person to the Insurance company:
 - a. Duly filed Claim Form.
 - b. Photo Id proof and address proof of the Insured Person
 - c. Police Acknowledgement Letter / FIR (to be done immediately but not later than 24 hours from the time of realisation of loss (wherever applicable)

Section	Claim Documents
Section: Card Cover	1) For Card Related claims – Proof of Disabling of Card facility at cor banking Proof (to be done within 24 hours from the date of realisation of loss) 2) Card Statement/ Account Statement for last 6 months indicating Fraudulent Transactions/Unauthorised Use and loss liability. 3) Card Copy / Declaration from the Bank/ financial institution 4) Internal Investigation report of the card issuer/ financial institution 5) Proof of settlement / chargeback/ other recoveries 6) Customer complaint letter regarding fraudulent / unauthorized transaction to the bank/ financial authority/ card issuer. 7) In case of ATM Robbery, FIR must indicate the exact time of Robbery and distance from the ATM from which the money withdrawn. 8) Any other document required for the settlement of claim on case case basis
Section: Other Electronic Transaction Cover	1) Account Statement for last 6 months indicating Fraudulent Transactions/Unauthorised Use or loss 2) Customer complaint letter regarding fraudulent / unauthorized transaction to the bank/ financial authority. 3) Internal Investigation report of the bank/ financial institution 4) Proof of settlement / chargeback/ other recoveries

			5) Any other document required for the settlement of claim on case-to-case basis	
		Section: Digital Wallet Cover	<ol style="list-style-type: none"> 1) Digital Wallet Account Statement for last 3 months indicating Fraudulent Transactions/Unauthorised Use and loss liability. 2) Internal Investigation report of the digital wallet company/ financial institution 3) Proof of settlement / chargeback/ other recoveries 4) Customer complaint letter regarding fraudulent / unauthorized transaction to the bank/ financial authority. 5) Any other document required for the settlement of claim on case-to-case basis 	
		Section: Identity Theft	<ol style="list-style-type: none"> 1) Document confirming identity theft of the Insured Person 2) Document / Invoices confirming attorney and court fees 3) Document confirming lost wages 4) Invoices of miscellaneous expenses 5) Any other document required for settlement of claim on case-to-case basis 	
		Section: Purchase Protection	<ol style="list-style-type: none"> 1) Statement of Card / bank account/ wallet confirming that the item was purchased from the Insured Person's Card 2) Invoice of the item purchased. 3) Any other document required for settlement of claim on case-to-case basis 	
		Section: Price Protection	<ol style="list-style-type: none"> 1) Statement of Card / bank account/ wallet confirming that the item was purchased from the Insured Person's Card 2) An original receipt of the purchased item 3) The printed advertisement proving the difference in price between your item and the same lower priced item. 4) Any other document required for settlement of claim on case-to-case basis 	
		Section: Wallet Protection (Lost Wallet Coverage)	<ol style="list-style-type: none"> 1) Original invoice/ proof of purchase of the lost wallet 2) Receipt of cost incurred as replacement costs for the new wallet 3) Receipts for fee payable to the concerned authorities incurred to applying for / obtain new personal papers and/ or cards. 4) Any other document required for settlement of claim 	
10	Policy Servicing	<u>Call Centre Details of the Insurer</u> Toll Free: 1800-258- 4242		E.I.16

		<p>Email: healthclaims@godigit.com Senior citizens can now contact us on 1-800-258-4242 or write to us at seniors@godigit.com Website: https://www.godigit.com</p> <p><u>Details of Company Officials: NA</u> With intent to provide better and fast service to our customers, our claims process is paperless. You may get in touch with the above email id and call centre number we assist you in case of any Policy Servicing issues.</p>	
11	Grievances/Complaints	<p>Customer Grievance Redressal Policy In case of any grievance the insured person may contact the company through Website: https://www.godigit.com Toll Free: 1-800-258- 4242 Email: hello@godigit.com Senior citizens can now contact us on 1-800-258-4242 or write to us at seniors@godigit.com Insured person may also approach the grievance cell at any of the company's branches with the details of grievance If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at grievance@godigit.com For updated details of grievance officer, kindly refer the link: https://www.godigit.com/claim/grievance-redressal-procedure If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017 Grievance may also be lodged at IRDAI Integrated Grievance Management System- https://irdai.gov.in/igms1</p> <p>The contact details of the Insurance Ombudsman Centers are mentioned in the Policy Wordings.</p>	E.I.16
11	Things you need to know	<p><u>Policy Renewal</u> Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation,</p>	

renewal of your policy shall not be denied, provided the policy is not withdrawn.

Migration and Portability:

When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.

Portability

In case of Indemnity based insurance sections

- a. A Policyholder has the choice to port his/ her policies from one Insurer to another. The Acquiring and the Existing Insurers shall jointly, ensure that the entire underwriting details and claim history of the Policyholders are seamlessly transferred.
- b. The existing insurer shall provide the information sought by the Acquiring insurer immediately but not more than 72 hours of receipt of request through Insurance Information Bureau of India (IIB) <https://iib.gov.in/> portal.
- c. The Acquiring insurer shall decide and communicate on the proposal immediately but not more than 5 days of receipt of information from Existing insurer.
- d. The policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease, Moratorium period etc from the Existing Insurer to the Acquiring Insurer in the previous policy

E.I.14

Migration

In case of migration of one policy to another with the same Insurer, the policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. in the previous policy to the migrated policy.

E.I.15

The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.

		<p><u>Moratorium Period</u> After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period</p>	<p>E.I.7</p>
<p>12</p>	<p>Your Obligations</p>	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Please Disclose any change in Material Information during the policy period. Material Information for the purpose of this policy shall mean all relevant information sought by the Company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.</p>	