

**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.*

<b>SI No</b>	<b>Title</b>	<b>Description</b>	<b>Policy Clause Number</b>
<b>1</b>	Name of Insurance Product/ Policy	<b>Digit Group Total Protect Policy (UIN: GODPAGP21491V022021)</b>	
<b>2</b>	Policy number	<b>As per the Policy Schedule</b>	
<b>3</b>	Type of Insurance Product/ Policy	<p><b>On Indemnity Basis:</b>  <b>Section 10. Trauma Counselling</b>  <b>Section 11. Accidental Hospitalization Cover</b>  <b>Section 12. Home (Domiciliary) Hospitalization</b>  <b>Section 15. Out-patient Benefit</b>  <b>Section 16. Emergency Air Ambulance</b>  <b>Section 20. Lifestyle Modification</b>  <b>Section 21. Expense for External Aids and Appliances</b>  <b>Section 22. Compassionate Visit</b>  <b>Section 27. EMI Protection Cover</b>  <b>Section 28. Loss of Employment</b></p> <p><b>On Benefit Basis:</b>  <b>Section 1. Accidental Death</b>  <b>Section 2. Permanent Total Disablement</b>  <b>Section 3. Permanent Partial Disablement</b>  <b>Section 4. Loss of Income Benefit</b>  <b>Section 5. Children Education Benefit</b>  <b>Section 6. Marriage Expense for Children Benefit</b>  <b>Section 7. Orphan Benefit for Children</b>  <b>Section 8. Funeral Expenses</b>  <b>Section 9. Transportation Expenses</b></p>	<p><b>C.Benefit Covered under the Policy</b></p> <p><b>I. Coverage</b></p>

		<p><b>Section 13. Long Hospitalization Cash Benefit</b>  <b>Section 14. Daily Hospital Cash Cover</b>  <b>Section 17. Coma Benefit Cover</b>  <b>Section 18. Fracture Cover</b>  <b>Section 19. Burns Cover</b>  <b>Section 23. Miscarriage Due to Accidental Injury</b>  <b>Section 25. Critical Illness</b>  <b>Section 26. HIV Cover</b></p> <p><b>Both Indemnity and Benefit</b>  <b>Section 24. Adventure Sports Cover</b></p>	
4	Sum Insured (Basis) (Along with amount)	<p>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.</p> <ul style="list-style-type: none"> <li>• Individual Sum Insured -Where each member has a separate sum insured under the policy)</li> <li>• Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilised by any or all members.</li> </ul> <p>Aggregate Sum Insured as per policy schedule/COI (Including cumulative bonus, if any)</p> <p><b>Important Note:</b> Please refer to your policy schedule for more details on section-wise sum insured.</p>	NA
5	Policy Coverage (What am I covered for?) (Policy Clause Number/s)	<p><b><u>COVERAGE</u></b></p> <p><b>Please find the below detailed of all coverages available under the Product.</b>  <b>Coverages available under Your Policy will be as mentioned in Your policy schedule/COI.</b></p> <p><b><u>SECTION 1. ACCIDENTAL DEATH</u></b>  <b>If this Cover has been opted and 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.</b></p> <p><b><u>Additional Inbuilt Benefits:</u></b>  <b>Below are the additional 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:</b></p>	C.I. Section 1.

**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.**

**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.**

**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 22. Compassionate Visit” where ever 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 and exclusions mentioned in the Policy.**

**SECTION 2. PERMANENT TOTAL DISABLEMENT**

**If this Cover has been opted 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.**

**Specific Conditions:**

**C.I. Section 2.**

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 21. Expense for External Aids & Appliances”, “Section 22. Compassionate Visit” where ever 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 and exclusions mentioned in the Policy.

**SECTION 3. PERMANENT PARTIAL DISABLEMENT**

If this Cover has been opted 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.

**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%

C.I. Section 3.

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.
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 and exclusions mentioned in the Policy.

**SECTION 4. LOSS OF INCOME BENEFIT**

If this Cover has been opted 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

C.I. Section 4.

on a temporary basis, then We will pay a weekly benefit, amount of which is mentioned in Your Policy 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 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 of Insurance against this Section, towards

C.I. Section 5.

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.
4. Any Claim under this Section that becomes admissible where the Dependent child (children) is a minor, shall be payable to the legal heirs.

This Cover is subject to terms, conditions, co-payment, 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.

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.

C.I. Section 6.

C.I. Section 7.

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.

C.I. Section 8.

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. 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.

C.I. Section 9.

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

**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

C.I. Section 10.



the counselling session, provided that, Coverage needs to be availed within Six months from the date of incident 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.

**SECTION 11. ACCIDENTAL HOSPITALIZATION COVER**

**A. Hospitalization Expenses**

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

Accommodation/Room Rent	Hospital accommodation in a ward, shared or private room.
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

**B. Day Care Procedures**

C.I. Section 11.

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.

**C. 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:

1. Such Expenses recommended by the Hospital/Medical Practitioner were in fact incurred for the same condition for which Your Subsequent Hospitalization was required.
2. We have accepted an Inpatient Accidental Hospitalization Claim under Section 11.A. Hospitalization Expenses Cover of this Policy.

**D. 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:

1. The expenses are recommended by the Hospital/Medical Practitioner and are for the same condition for which you were hospitalized.
2. We have accepted an Inpatient Accidental Hospitalization Claim under Section 11.A. Hospitalization Expenses Cover of this Policy.

**E. 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 11. A. Hospitalization Expenses Cover.

**F. 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:

1. We have accepted a claim under Section 11. A. Hospitalization Expenses Cover.

2. The maximum liability per Hospitalization is restricted to the amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.
3. 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.

**G. 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, co-payment, limitations and exclusions mentioned in the Policy.

**H. Transportation of Imported Medicine**

We will reimburse the costs incurred by You for freight charges for importing medicines to India, provided that:

1. We have accepted a claim under Section 11. A. Hospitalization Expenses Cover.
2. Such medicines, formulations or their alternatives are not available in India.
3. Such medicines are necessary for the medical or surgical treatment of the Insured Person in a Hospital following the Accident.
4. Such medicines shall not include any drugs under clinical trials or medicines, formulations or molecules of unproven efficacy.
5. The Medicines are recommended by the treating Medical Practitioner

**Sum Insured Basis**

Claim settlement would be done on the basis of Sum Insured Options selected by You and mentioned in Your Policy Schedule/Certificate of Insurance. The two Sum Insured Basis are as mentioned below:

**Basis 1:** This is the percentage as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section applied on the admissible claim amount of “Section 1. Accident Death” and/or “Section 2. Permanent Total Disablement” and/or “Section 3. Permanent Partial Disablement” and/or “Section 4. Loss of Income Benefit” as per the Sections opted by You.  
**Basis 2:** This is the amount opted by You and mentioned Your Policy Schedule/Certificate of Insurance against this Section.

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

**SECTION 12. HOME (DOMICILIARY) HOSPITALIZATION**

If You have opted for this Cover, We will pay the Medical Expenses incurred by You for accidental bodily Injury requiring medical treatment taken at home, which would otherwise have required Hospitalization, up to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section and provided that:

1. The condition of the patient is such that s/he is not in a condition to be moved to a Hospital or
2. The patient takes treatment at home on account of non-availability of room in a Hospital, and
3. 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
4. No Payment will be made if the condition for which You require medical treatment is due to any reason other than an accidental bodily injury.

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

**SECTION 13. LONG HOSPITALIZATION CASH BENEFIT**

If You have opted for this Cover and You suffer an Accidental Injury during the Policy Period that requires Hospitalization as an inpatient 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 in the Policy Schedule / Certificate of Insurance. Provided that the benefit is payable only once to an Insured Person during the Policy Period.

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

C.I. Section 12.

C.I. Section 13.

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

**SECTION 14. DAILY HOSPITAL CASH COVER**

**If You have opted for this Cover, We agree to pay a Daily Cash Allowance, amount for this is 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 Hospitalisation arising out of accidental bodily injury for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.**

**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 twice the Daily Cash Allowance amount mentioned in the Policy Schedule / Certificate of Insurance against this Section.**

**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, time excess, limitations and exclusions mentioned in the Policy.**

**SECTION 15. OUT-PATIENT (OPD) BENEFIT**

**If You have opted for this Cover and You sustain accidental bodily injury, We will pay the Reasonable and Customary Charges for below mentioned expenses incurred by You as an Allopathic Out-patient when OPD treatment is taken from a Medical Practitioner to the extent of the Sum Insured opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.**

**What all is covered under this:**

<b>Professional Fees</b>	<b>Fees for Medically Necessary Consultation and Examination by Medical Practitioners to assess Your Health for any injury.</b>
<b>Diagnostic</b>	<b>Medically Necessary Out-patient diagnostic Procedures such as x-rays, pathology, Brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment from a diagnostic centre.</b>

**C.I. Section 14.**

**C.I. Section 15.**

<b>Surgical Treatment</b>	<b>Minor Surgical Procedure such as POP, Suturing, Dressings for Accidents and Animal Bite Related Outpatient Procedures Etc. Carried out by a Medical Practitioner</b>
<b>Medication</b>	<b>Drugs &amp; Medicines prescribed by a Medical Practitioner</b>
<b>Out-Patient Dental Treatment</b>	<b>Any Out-patient dental treatment arising out of an accidental injury.</b>
<b>Rehabilitation</b>	<b>Physiotherapy, Psychiatric Counselling and Therapy</b>

**This cover excludes expenses incurred towards Hearing Aids, Spectacles, Implants, Contact Lenses, Vaccinations other than those required for animal bite, Cosmetic Procedures, Ambulatory Devices like Walkers, BP Monitors, Glucometers, Thermometers, Dietician Fees, Vitamins and Supplements.**

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

**SECTION 16. 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 accident happened the first time and subject to availability of Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against Section 11. Accidental Hospitalization Cover and provided that such Transportation in an airplane or helicopter has been prescribed or certified by a Medical Practitioner and/or is Medically Necessary.**

**Provided that, We have accepted a claim under Section 11. Accidental Hospitalization Cover.**

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

**SECTION 17. 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**

**C.I. Section 16.**

**C.I. Section 17.**

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:
  - 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 18. 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.

**Fracture Cover - Table of Benefits**

Nature of Fracture	% of Sum Insured
<b>Hip or Pelvis (excluding thigh or coccyx)</b>	
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%
<b>Thigh</b>	
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%

C.I. Section 18.

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



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%
<b>Dislocations requiring surgery under anaesthesia</b>	
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%
<b>Internal Injuries</b>	
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.
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 19. 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  
19

**Burns Cover - Table of Benefits**

Nature of Burns	% of Sum Insured
<b>SECOND DEGREE BURNS</b>	
<b>Head</b>	
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%
<b>Rest of the Body</b>	
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%
<b>THIRD DEGREE BURNS</b>	
<b>Head</b>	
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%
<b>Rest of the Body</b>	
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%

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 20. 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”, then We will reimburse the

C.I. Section 20.

**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, up 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, co-payment, limitations and exclusions mentioned in the Policy.**

**SECTION 21. 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”, 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, up 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, co-payment, limitations and exclusions mentioned in the Policy.**

**SECTION 22. 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 11. 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 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.**

**C.I. Section 21.**

**C.I. Section 22.**

**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 23. 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.**

**SECTION 24. ADVENTURE SPORTS COVER**

**If You have opted for this Cover and You sustain accidental bodily injury, whilst engaged in Adventure Sports listed below in a non-professional capacity and under the supervision of a trained professional, which solely and directly results in Your**

- a. “Death” and/or “Permanent Total Disablement” within twelve (12) months from the Date of accident; then We will pay 100% of Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section for “Death” and/or “Permanent Total Disablement”;**  
**and/or**
- b. “Accidental Hospitalization”, then We will Pay Up to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section for “Accidental Hospitalization”. We will pay the expenses Incurred in respect of the below items under “Accidental Hospitalization”:**

**C.I. Section 23.**

**C.I. Section 24.**

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

Depending upon the option opted by You and mentioned in Your Policy Schedule/Certificate of Insurance

Option 1: a. "Death" and/or "Permanent Total Disablement" and b. "Accidental Hospitalization"

Option 2: a. "Death" and/or "Permanent Total Disablement"

Option 3: b. "Accidental Hospitalization"

**List of Adventure Sports Activities Covered:**

If You have opted for this Section, We will cover You against the below listed Adventure Sports only:

"abseiling, aerial safari, ballooning , black water rafting, bouldering , bushwalking up to 3,000 mts, canoeing , go karting, hiking/trekking up to 3,000 mts, ice skating (indoor only) , jet boating , jet skiing , kayaking , mountain biking (cross country) , mountain biking on tracks and trails , parasailing , parascending (over water only) , rafting , river boarding , rock climbing up to 3,000 mts, rowing / sculling , sea canoeing , sea kayaking (coastal waters only) , snorkelling , speed boating , surf boat rowing , surfing , tubing, wake skating , wakeboarding , windsurfing (coastal waters within 3 nautical miles only), yachting (coastal waters only) , bungee jumping, motor

biking , sandboarding , sand skiing , skidoos, skiing / snowboarding , snow mobiling , snow rafting, zip lining , zorbing , triathlon, gliding , hang gliding , parachuting , paragliding , parapenting, skydiving with a professional trainer, scuba diving to 50 metres, unless any of the activities are modified/added /deleted and are specifically mentioned in Your Policy Schedule/Certificate of Insurance against this Section.”

**Specific Conditions:**

1. The cover for the Insured Member under this Section shall terminate immediately once a claim is admitted and paid under the 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 Insurance against this Section
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 sports person; or
  - You are not performing the activity under the supervision of a trained professional

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

**SECTION 25. CRITICAL ILLNESS**

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 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.
- 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 Group Total Protect Policy” with Us covering Critical Illness.
- 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.

C.I. Section 25.

- d) The Critical Illness or the Surgical Procedure Claim is not a consequence of or arising out of any pre-existing condition/disease
- e) Once a claim has been Paid under Critical Illness and / or Surgical Procedure, Cover under this Section shall cease and no further payment will be made for any consequent disease or any dependent disease.

**Plan wise Covered Critical Illnesses**

Sr. No.	Category	Critical Illness	Plan A	Plan B	Plan C
1	Malignancy	Cancer of Specified Severity	Covered	Covered	Covered
2	Cardiovascular system	Myocardial Infarction	Covered	Covered	Covered
3		Open Heart Replacement or Repair of Heart Valves	Covered	Covered	Covered
4		Surgery to Aorta	Covered	Covered	Covered
5		Primary (Idiopathic) Pulmonary Hypertension	Not Covered	Covered	Covered
6		Aneurysm of Abdominal Aorta	Not Covered	Not Covered	Covered
7		Cardiomyopathy	Not Covered	Not Covered	Covered
8		Pulmonary artery graft surgery	Not Covered	Not Covered	Covered
9		Open Chest CABG	Covered	Covered	Covered
10		Major Organ Transplant	End Stage Lung Failure	Covered	Covered
11	End Stage Liver Failure		Covered	Covered	Covered
12	Kidney Failure Requiring Regular Dialysis		Covered	Covered	Covered
13	Major Organ/ Bone Marrow Transplant		Covered	Covered	Covered
14	Nervous System	Apallic Syndrome	Not Covered	Covered	Covered
15		Benign Brain Tumour	Covered	Covered	Covered
16		Coma of Specified Severity	Covered	Covered	Covered
17		Major Head Trauma	Covered	Covered	Covered



18		Permanent Paralysis of Limbs	Covered	Covered	Covered	
19		Stroke Resulting in Permanent Symptoms	Not Covered	Covered	Covered	
20		Motor Neurone Disease with Permanent Symptoms	Not Covered	Covered	Covered	
21		Parkinson's Disease	Not Covered	Not Covered	Covered	
22		Muscular Dystrophy	Not Covered	Not Covered	Covered	
23		Progressive Supranuclear Palsy	Not Covered	Not Covered	Covered	
24		Creutzfeldt-Jakob disease (CJD)	Not Covered	Not Covered	Covered	
25		Bacterial Meningitis	Not Covered	Not Covered	Covered	
26		Alzheimer's disease	Not Covered	Not Covered	Covered	
27		Encephalitis	Not Covered	Not Covered	Covered	
28		Multiple Sclerosis with Persisting Symptoms	Covered	Covered	Covered	
29		Others	Loss of Independent Existence	Not Covered	Covered	Covered
30			Systemic lupus erythematosus	Not Covered	Not Covered	Covered
31	Goodpasture's syndrome		Not Covered	Not Covered	Covered	
32	Fulminant Viral Hepatitis		Not Covered	Not Covered	Covered	
33	Pneumonectomy		Not Covered	Not Covered	Covered	
34	Aplastic Anaemia		Not Covered	Covered	Covered	

Subject to terms, conditions, limitations and exclusions mentioned in the Policy.

**SECTION 26. 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 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 27. 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” as per the cover opted by You 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:**

**C.I. Section 26.**

**C.I. Section 27.**

- a. Satisfactory proof is submitted confirming that “Permanent Total Disablement” or “Permanent Partial Disablement” or “Critical 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, 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.

**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 Group Total 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. The Critical Illness or the Surgical Procedure Claim is not a consequence of or arising out of any pre-existing condition/disease

Sr. No.	Category	Critical Illness
1	Malignancy	Cancer of Specified Severity
2	Cardiovascular system	Myocardial Infarction
3		Open Heart Replacement or Repair of Heart Valves
4		Surgery to Aorta
5		Primary (Idiopathic) Pulmonary Hypertension
6		Open Chest CABG
7	Major Organ Transplant	End Stage Lung Failure
8		End Stage Liver Failure
9		Kidney Failure Requiring Regular Dialysis
10		Major Organ/ Bone Marrow Transplant
11	Nervous System	Apallic Syndrome
12		Benign Brain Tumour
13		Coma of Specified Severity
14		Major Head Trauma
15		Permanent Paralysis of Limbs
16		Stroke Resulting in Permanent Symptoms
17		Motor Neurone Disease with Permanent Symptoms
18		Multiple Sclerosis with Persisting Symptoms
19	Others	Loss of Independent Existence
20		Aplastic Anaemia

**Note:** For Definitions of the above mentioned Critical Illness, please refer “Section 25. Critical Illness”

**SECTION 28. 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

C.I. Section 28.

**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**

- 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 or arising within first three months of inception of the first policy with Us.
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. Insured event Arising or resulting from the Insured committing any breach of the law with criminal intent.
  9. Insured event 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. Insured event 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 Insured Event.

**Special Terms and Conditions Applicable to this Section**

**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.

**Initial Waiting Period**

		<p>If the Insured event triggers within 90 days of the issuance of first policy with Us, any claim shall not be Payable under this policy.</p> <p><b><u>Waiting Periods before the Benefit payment starts after an Insured Event</u></b></p> <p>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.</p> <p>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.</p> <p>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.</p>	
6	Exclusions (what the policy does not cover)	<p><b><u>There are 3 types of exclusions:</u></b></p> <p><b><u>I. STANDARD EXCLUSIONS (Please refer below for brief headers, for detail exclusions, please refer to the policy wordings)</u></b></p> <ol style="list-style-type: none"> <li>1. 30-day waiting period/ Initial Waiting Period- Code- Excl03</li> <li>2. Investigation &amp; Evaluation- Code- Excl04</li> <li>3. Rest Cure, rehabilitation and respite care- Code- Excl05</li> <li>4. Cosmetic or plastic Surgery: Code- Excl08</li> <li>5. Hazardous or Adventure sports: Code- Excl09</li> <li>6. Breach of law: Code- Excl10</li> <li>7. Excluded Providers: Code- Excl11</li> <li>8. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12</li> <li>9. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13</li> <li>10. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14</li> <li>11. Refractive Error: Code- Excl15</li> <li>12. Unproven Treatments: Code- Excl16</li> </ol>	D.I Standard Exclusion

		<p><b><u>II.SPECIFIC EXCLUSIONS ((Please refer below for brief headers, for detail exclusions, please refer to the policy wordings)</u></b></p> <ol style="list-style-type: none"> <li>13. Artificial Life Maintenance</li> <li>14. Suicide and Self-Injury</li> <li>15. Pre-existing disability</li> <li>16. Circumcision</li> <li>17. Defence Operation/Aviation activities</li> <li>18. Non-Medical Expenses</li> <li>19. Insufficient Document</li> <li>20. Spectacles, Hearing aids &amp; other Expenses</li> <li>21. Ear, Eyesight &amp; Optical Services</li> <li>22. Preventive Treatment</li> <li>23. Unjustified or Unwarranted Hospitalization</li> <li>24. Substance abuse and Addictions by the Insured</li> <li>25. War and hazardous substances</li> <li>26. Legal Liability</li> <li>27. Prosthetic and other devices</li> <li>28. Specific Treatments</li> <li>29. Dental Treatment</li> <li>30. Mental Disorders</li> </ol> <p><b><u>III. Any other specific exclusions mentioned in the policy schedule/COI.</u></b></p>	<p><b>D.II Specific Exclusion</b></p>						
<p>7</p>	<p>Waiting period • Time period during which specified diseases/ treatments are not covered.</p>	<p><b><u>(Waiting Periods as applicable to Your policy will be mentioned in your policy schedule)</u></b></p> <p><b>Following are the waiting period options available under this product. Waiting Period applicable to Your policy will be as mentioned in Your Policy Schedule/COI.</b></p> <table border="1" data-bbox="432 1310 1789 1461"> <thead> <tr> <th>Description</th> <th>Waiting Period Options</th> </tr> </thead> <tbody> <tr> <td>HIV Waiting Period</td> <td>0 days,30 days, 60 days, 90 days initial waiting period</td> </tr> <tr> <td>Critical Illness Waiting Period</td> <td>0 days,30 days, 60 days, 90 days initial waiting period</td> </tr> </tbody> </table>	Description	Waiting Period Options	HIV Waiting Period	0 days,30 days, 60 days, 90 days initial waiting period	Critical Illness Waiting Period	0 days,30 days, 60 days, 90 days initial waiting period	
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	<ul style="list-style-type: none"> <li>It is counted from the beginning of the policy coverage.</li> </ul>																																														
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-payment (It is a specified amount)</p>	<p><b>Sub – Limit, Co-payment and Deductible as applicable to Your policy will be mentioned in your policy schedule/COI.</b></p> <p><b>Sub- Limit</b></p> <table border="1"> <thead> <tr> <th>Section Details</th> <th>Sub Limits (Options)</th> </tr> </thead> <tbody> <tr><td><b>Section 1. Accidental Death</b></td><td>Not Applicable</td></tr> <tr><td><b>Section 2. Permanent Total Disablement</b></td><td>Not Applicable</td></tr> <tr><td><b>Section 3. Permanent Partial Disablement</b></td><td>Not Applicable</td></tr> <tr><td><b>Section 4. Loss of Income Benefit</b></td><td>Not Applicable</td></tr> <tr><td><b>Section 5. Children Education Benefit</b></td><td>Not Applicable</td></tr> <tr><td><b>Section 6. Marriage Expense for Children Benefit</b></td><td>Not Applicable</td></tr> <tr><td><b>Section 7. Orphan Benefit for Children</b></td><td>Not Applicable</td></tr> <tr><td><b>Section 8. Funeral Expense</b></td><td>Not Applicable</td></tr> <tr><td><b>Section 9. Transportation Expenses</b></td><td>Not Applicable</td></tr> <tr><td><b>Section 10. Trauma Counselling</b></td><td>Not Applicable</td></tr> <tr><td><b>11. Accidental Hospitalization Cover</b></td><td>Not Applicable</td></tr> <tr><td><b>11.A. Hospitalization Expenses</b></td><td>Not Applicable</td></tr> <tr><td><b>11.B. Day Care Procedures</b></td><td>Not Applicable</td></tr> <tr><td><b>11.C. Pre-Hospitalization Expenses</b></td><td>Not Applicable</td></tr> <tr><td><b>11.D. Post-Hospitalization Expenses</b></td><td>Not Applicable</td></tr> <tr><td><b>11.E. Dental Treatment</b></td><td>Not Applicable</td></tr> <tr><td><b>11.F. Road Ambulance</b></td><td>1% of Section 11.A up to INR 5,000</td></tr> <tr><td><b>11.G. Second Medical Opinion</b></td><td>NA</td></tr> <tr><td><b>11.H. Transportation of Imported Medicine</b></td><td>Not Applicable</td></tr> <tr><td><b>Section 12. Home (Domiciliary) Hospitalization</b></td><td>Not Applicable</td></tr> <tr><td><b>Section 13. Long Hospitalization Cash Benefit</b></td><td>Not Applicable</td></tr> </tbody> </table>	Section Details	Sub Limits (Options)	<b>Section 1. Accidental Death</b>	Not Applicable	<b>Section 2. Permanent Total Disablement</b>	Not Applicable	<b>Section 3. Permanent Partial Disablement</b>	Not Applicable	<b>Section 4. Loss of Income Benefit</b>	Not Applicable	<b>Section 5. Children Education Benefit</b>	Not Applicable	<b>Section 6. Marriage Expense for Children Benefit</b>	Not Applicable	<b>Section 7. Orphan Benefit for Children</b>	Not Applicable	<b>Section 8. Funeral Expense</b>	Not Applicable	<b>Section 9. Transportation Expenses</b>	Not Applicable	<b>Section 10. Trauma Counselling</b>	Not Applicable	<b>11. Accidental Hospitalization Cover</b>	Not Applicable	<b>11.A. Hospitalization Expenses</b>	Not Applicable	<b>11.B. Day Care Procedures</b>	Not Applicable	<b>11.C. Pre-Hospitalization Expenses</b>	Not Applicable	<b>11.D. Post-Hospitalization Expenses</b>	Not Applicable	<b>11.E. Dental Treatment</b>	Not Applicable	<b>11.F. Road Ambulance</b>	1% of Section 11.A up to INR 5,000	<b>11.G. Second Medical Opinion</b>	NA	<b>11.H. Transportation of Imported Medicine</b>	Not Applicable	<b>Section 12. Home (Domiciliary) Hospitalization</b>	Not Applicable	<b>Section 13. Long Hospitalization Cash Benefit</b>	Not Applicable	
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/percentage of the admissible claim amount to be paid by policyholder/insured).	<b>Section 14. Daily Hospital Cash Cover</b>	Not Applicable
	<b>Section 15. Out-patient Benefit</b>	Not Applicable
	<b>Section 16. Emergency Air Ambulance</b>	Not Applicable
	<b>Section 17. Coma Benefit Cover</b>	Not Applicable
	<b>Section 18. Fracture Cover</b>	Not Applicable
	<b>Section 19. Burns cover</b>	Not Applicable
	<b>Section 20. Lifestyle Modification</b>	Not Applicable
	<b>Section 21. Expense for External Aids and Appliances</b>	Not Applicable
	<b>Section 22. Compassionate Visit</b>	Not Applicable
	<b>Section 23. Miscarriage Due to Accidental Injury</b>	Not Applicable
	<b>Section 24. Adventure Sports Cover</b>	
	<b>A. Death/Permanent Total Disablement</b>	Not Applicable
	<b>B. Accidental Hospitalization</b>	Not Applicable
	<b>Section 25. Critical Illness</b>	Not Applicable
	<b>Section 26. HIV Cover</b>	Not Applicable
<b>Section 27. EMI Protection Cover</b>	Not Applicable	
<b>Section 28. Loss of Employment</b>	Not Applicable	

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

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
<b>Section 1. Accidental Death</b>	No			No		
<b>Section 2. Permanent Total Disablement</b>	No			No		
<b>Section 3. Permanent Partial Disablement</b>	No			No		
<b>Section 4. Loss of Income Benefit</b>	Yes (Time Excess)	0 Weeks	4 Weeks	No		
<b>Section 5. Children Education Benefit</b>	No			No		
<b>Section 6. Marriage Expense for Children Benefit</b>	No			No		

<p>amount (if claim amount is more than the specified amount)</p> <p>IV. Any other limit (as applicable)</p>	<b>Section 7. Orphan Benefit for Children</b>	No			No		
	<b>Section 8. Funeral Expense</b>	No			No		
	<b>Section 9. Transportation Expenses</b>	No			No		
	<b>Section 10. Trauma Counselling</b>	No			Yes	0%	20%
	<b>Section 11. Accidental Hospitalization Cover</b>	No			Yes	0%	20%
	<b>Section 12. Home (Domiciliary) Hospitalization</b>	No			Yes	0%	20%
	<b>Section 13. Long Hospitalization Cash Benefit</b>	No			No		
	<b>Section 14. Daily Hospital Cash Cover</b>	Yes (Time Excess)	0 Days	2 Days	No		
	<b>Section 15. Out-patient Benefit</b>	No			Yes	0%	20%
	<b>Section 16. Emergency Air Ambulance</b>	No			Yes	0%	20%
	<b>Section 17. Coma benefit cover</b>	No			No		
	<b>Section 18. Fracture Cover</b>	No			No		
	<b>Section 19. Burns cover</b>	No			No		
	<b>Section 20. Lifestyle Modification</b>	No			Yes	0%	20%
	<b>Section 21. Expense for External Aids and Appliances</b>	No			Yes	0%	20%
	<b>Section 22. Compassionate Visit</b>	No			Yes	0%	20%
	<b>Section 23. Miscarriage Due to Accidental Injury</b>	No			No		
	<b>Section 24. Adventure Sports Cover</b>	No			-		
	<b>A. Death/Permanent Total Disablement</b>	No			No		
	<b>B. Accidental Hospitalization</b>	No			Yes	0%	20%
	<b>Section 25. Critical Illness</b>	No			No		

		<b>Section 26. HIV Cover</b>	No			No			
		<b>Section 27. EMI Protection Cover</b>	No			No			
		<b>Section 28. Loss of Employment</b>				No			
<b>9</b>	Claims/ Claims Procedure	<p><b>CLAIMS NOTIFICATION AND PROCEDURE</b></p> <p>If the Insured Person meets any accidental injury or suffers from Critical illness or any specific condition covered under the Policy 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><b>1. <u>Cashless Claim Process (Applicable Only for “Section 11. Accidental Hospitalization Cover”):</u></b> 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"> <li>1. We are given a notice within 24 Hours of hospitalization in case of an emergency situation</li> <li>2. For Cashless Facility You shall follow the below Procedure: <ol style="list-style-type: none"> <li>a. Share the Health Card/Copy of E-Cards along with ID Proof with the Hospital Authority &amp; Obtain the Pre-Authorization Form from the Hospital.</li> <li>b. Submit Duly filled &amp; Signed Pre-Authorization Form to the Hospital Counter.</li> <li>c. Ensure that the Hospital shares the Duly filled &amp; Signed Pre-Authorization Form to Service Provider / Third Party Administrator (TPA) for further Processing.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ol> </li> </ol> <p><b>2. <u>Reimbursement Claim Process</u></b></p> <p><b>A. For all Section with Accidental Hospitalization Cover</b></p>							E.II.39

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 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.
  - d. 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.
  - e. In case of Your Death, We shall reimburse the claim amount to Your Nominee as named in Your Policy Schedule/Certificate of Insurance or Your Legal representative holding a valid succession certificate.

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

**B. For All Other Covers without Accidental Hospitalization Cover**

Upon the occurrence of any event that may result in a Claim under this Policy, then as a condition precedent to our liability:

- a. Policyholder or the Insured Person or someone claiming on his/her behalf must inform Us in writing immediately and in any event within 30 days from the date of occurrence any accident/incident that may result in a claim and submit all documents to us within 30 days from the date of intimation.
- b. Insured Person must immediately consult a Doctor and follow the advice and treatment that he recommends, where ever required.
- c. Insured Person must take reasonable steps to lessen the consequence of Bodily injury.

- d. Insured Person should allow examination by our medical advisors if we ask for this.
- e. Policyholder or Insured Person or someone claiming on his/her behalf must promptly give us documentation and other information we ask for to investigate the claim or our obligation to make payment for it.
- f. In case of the Insured Person's death, someone claiming on his/her behalf must inform us in writing immediately and send us a copy of the post mortem report (if conducted) within 30 days.
- g. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- h. 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.
- i. 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.
- j. 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.

**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 and f above may be considered where the reason for delay is proved to our satisfaction.

**3. 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
<b>Section 1. Accidental Death</b> <b>Section 24. Adventure Sports Cover</b> <b>Section 7. Orphan Benefit For Children</b>	<ul style="list-style-type: none"> <li>• Copy of Address Proof (Ration Card or Electricity Bill Copy).</li> <li>• Attested Copy of Death Certificate.</li> <li>• Death Summary/Certificate from the hospital authority (wherever applicable)</li> <li>• Burial Certificate (wherever applicable).</li> <li>• Attested Copy of Statement of Witness, if any lodged with police authorities. (wherever applicable).</li> <li>• Attested Copy of FIR / Panchanama / Inquest Panchanama. (wherever applicable).</li> </ul>

			<ul style="list-style-type: none"> <li>• Attested Copy of Post Mortem Report (Only if conducted).</li> <li>• Attested Copy of Viscera report if any (Only if Post Mortem is conducted).</li> <li>• For Adventure Sports Cover, please submit Certificate of Participation from Sports Event organizer/service provider / Pre-participation fitness certificate (wherever applicable).</li> <li>• 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)</li> </ul>	
		<p><b>Section 2. Permanent Total Disablement</b>  <b>Section 3. Permanent Partial Disablement</b>  <b>Section 24. Adventure Sports Cover</b></p>	<ul style="list-style-type: none"> <li>• Attested Copy of disability certificate from relevant government Medical authority.</li> <li>• Attested copy of FIR. (If required)</li> <li>• All Investigation reports confirming the disability.</li> <li>• Complete Treatment record with follow-up documentation.</li> <li>• For Adventure Sports Cover, please submit Certificate of Participation from Sports Event organizer/service provider / Pre-participation fitness certificate (wherever applicable).</li> <li>• Disability assessment report from Digit empanelled medical specialist (if required)</li> </ul>	
		<p><b>Section 4. Loss of Income Benefit</b></p>	<ul style="list-style-type: none"> <li>• Attested copy of FIR. (If required)</li> <li>• All Investigation reports confirming the disability</li> <li>• For Employed persons: Certificate from HR with details of medical leave availed during the period of Injury</li> <li>• Certificate from the treating doctor mentioning the extent of Injury along with the period of disability</li> <li>• Certificate from Treating doctor with date of full recovery &amp; resuming of duties</li> </ul>	
		<p><b>Section 5. Children Education Benefit</b></p>	<ul style="list-style-type: none"> <li>• Bonafide Certificate from School / College or Certificate from the Educational Institution</li> </ul>	
		<p><b>Section 6. Marriage Expense for Children Benefit</b></p>	<ul style="list-style-type: none"> <li>• Proof of Relationship with the Insured Person</li> <li>• Photo Identity Proof of Child</li> <li>• Age Proof of the Dependent Child</li> </ul>	
		<p><b>Section 8. Funeral Expenses</b></p>	<ul style="list-style-type: none"> <li>• Original Invoice of Expenses Incurred during Funeral.</li> </ul>	

		<p><b>Section 9. Transportation Expenses</b></p>	<ul style="list-style-type: none"> <li>• Original Invoices of expenses incurred for Carriage of Dead Body/repatriation of mortal remains.</li> </ul>	
		<p><b>Section 10. Trauma Counselling</b></p>	<ul style="list-style-type: none"> <li>• Documents as mentioned under Section 1. Accidental Death and/or Section 2. Permanent Total Disablement and/or Section 3. Permanent Partial Disablement</li> <li>• Original Invoice of Expenses Incurred for Counselling.</li> <li>• Medical Practitioner’s letter advising Counselling.</li> <li>• Treatment plan for Counselling from Specialist.</li> </ul>	
		<p><b>Section 11. Accidental Hospitalization Cover</b> <b>Section 13. Long Hospitalization Cash Benefit</b> <b>Section 14. Daily Hospital Cash Cover</b></p>	<ul style="list-style-type: none"> <li>• Discharge Summary</li> <li>• Original Hospital Main Bill</li> <li>• Original Hospital Bill Break Up of Various Expenses</li> <li>• Original Pharmacy Bills</li> <li>• Prescriptions for the Medicines purchased (except hospital supply) and investigations done outside the Hospital</li> <li>• Consultation Papers</li> <li>• Investigation Reports</li> <li>• Digital Images/CDs of the Investigation Procedures (if required)</li> <li>• MLC/FIR Report (If applicable)</li> <li>• Original Invoice/Sticker (If applicable)</li> <li>• Post Mortem Report (If applicable)</li> <li>• Attending Physician Certificate (If applicable)</li> <li>• Death Certificate (If applicable)</li> </ul>	
		<p><b>Section 12. Home (Domiciliary) Hospitalization</b></p>	<ul style="list-style-type: none"> <li>• Attending Physician Certificate mentioning the need for Home (Domiciliary Hospitalization)</li> <li>• Original Pharmacy Bills</li> <li>• Consultation Papers</li> <li>• Original Investigation bills and Reports</li> <li>• Original Invoices in respect of payment made to the treating Medical Practitioner.</li> </ul>	
		<p><b>Section 15. Out-patient Benefit</b></p>	<ul style="list-style-type: none"> <li>• Consultation Papers</li> <li>• Original Investigation bills and Reports</li> <li>• Digital Images/CDs of the Investigation Procedures (if required)</li> <li>• Original Pharmacy Bills</li> </ul>	



		<p><b>Section 16. Emergency Air Ambulance</b></p>	<ul style="list-style-type: none"> <li>• Original bills and receipts paid for the transportation from Registered Ambulance Service Provider</li> <li>• Letter from Medical Practitioner indicating emergency need for such transportation and fitness for transportation.</li> </ul>	
		<p><b>Section 17. Coma Benefit Cover</b></p>	<ul style="list-style-type: none"> <li>• Certificate from the Treating Medical Practitioner certifying the cause and severity of Coma.</li> <li>• All relevant medical summary leading to Coma.</li> </ul>	
		<p><b>Section 18. Fracture Cover</b></p>	<ul style="list-style-type: none"> <li>• X Ray Confirming the Fracture &amp; site of Fracture</li> <li>• Pre and post-operative radiological imaging reports with films confirming the extent of the fracture</li> <li>• Certificate from Treating Medical Practitioner with extent of Injury, Cause of injury, Site of Injury &amp; Date of Injury.</li> <li>• Treatment Details</li> <li>• Discharge Summary (if Hospitalized)</li> </ul>	
		<p><b>Section 19. Burns cover</b></p>	<ul style="list-style-type: none"> <li>• Certificate from Treating Medical Practitioner with extent of Burns Injury/Cause of Burns.</li> <li>• Treatment Details</li> <li>• Medico Legal Certificate copy / First Information Report Copy (If applicable)</li> <li>• Discharge Summary (if Hospitalized)</li> </ul>	
		<p><b>Section 20. Lifestyle Modification</b></p>	<ul style="list-style-type: none"> <li>• Certification from Medical Practitioner necessitating the Modification.</li> <li>• Original Invoices of actual expenses incurred for the Modifications.</li> </ul>	
		<p><b>Section 21. Expense for External Aids and Appliances</b></p>	<ul style="list-style-type: none"> <li>• Prescription of treating Medical Practitioner for use of External Aids and Appliance.</li> <li>• Original Invoices of actual expenses incurred for the purchase of External Aids and Appliance</li> </ul>	
		<p><b>Section 22. Compassionate Visit</b></p>	<ul style="list-style-type: none"> <li>• Letter from Medical Practitioner advising presence of Immediate Family Member.</li> <li>• Original travel tickets / bills and receipts mentioning the actual expenses of the travel with the date of booking &amp; date of travel</li> <li>• Age Proof of the Person who has visited the Insured</li> </ul>	

		<p><b>Section 23. Miscarriage Due to Accidental Injury</b></p>	<ul style="list-style-type: none"> <li>• Treating Medical Practitioners Certificate mentioning reason for Miscarriage and date of accidental injury.</li> <li>• Medical Reports &amp; Investigations Done</li> <li>• Discharge Summary (if applicable)</li> </ul>	
		<p><b>Section 25. Critical Illness</b> <b>Section 26. HIV Cover</b></p>	<ul style="list-style-type: none"> <li>• Medical Reports/ Records</li> <li>• Investigation Tests Report</li> <li>• Copy of Hospital Summary/Discharge Card</li> <li>• Medical Practitioner’s Certificate confirming the Illness /Treatment advise / Medical Reference.</li> </ul>	
		<p><b>Section 27. EMI Protection cover</b></p>	<ul style="list-style-type: none"> <li>• Current Outstanding Loan Certificate from Financer.</li> <li>• Loan Disbursement Letter along with the payment record till the date of Accident or first diagnosis of Critical Illness or first underwent surgical procedure.</li> <li>• Certificate from HR with details of medical leave availed during the period of Injury.</li> <li>• Copy of Address Proof (Ration Card or Electricity Bill Copy).</li> <li>• In Case of Death <ul style="list-style-type: none"> <li>○ Attested Copy of Death Certificate.</li> <li>○ Death Summary/Certificate from the hospital authority (wherever applicable)</li> <li>○ Burial Certificate (wherever applicable).</li> <li>○ Attested Copy of Statement of Witness, if any lodged with police authorities. (wherever applicable).</li> <li>○ Attested Copy of FIR / Panchanama / Inquest Panchanama. (wherever applicable).</li> <li>○ Attested Copy of Post Mortem Report (Only if conducted).</li> <li>○ Attested Copy of Viscera report if any (Only if Post Mortem is conducted).</li> </ul> </li> <li>• In case of Permanent Total Disablement, Permanent Partial Disablement <ul style="list-style-type: none"> <li>○ Attested Copy of disability certificate from relevant government Medical authority.</li> <li>○ Attested copy of FIR. (If required)</li> <li>○ All Investigation reports confirming the disability.</li> <li>○ Complete Treatment record with follow-up documentation.</li> </ul> </li> </ul>	

		<p><b>Section 28. Loss of Employment</b></p>	<ul style="list-style-type: none"> <li>○ Disability assessment report from Digit empanelled medical specialist (if required)</li> <li>● 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.</li> <li>● Appointment Letter</li> <li>● Latest Copy of Salary Revision, if any.</li> <li>● Last 3 Months Salary Slip</li> <li>● Form 16</li> <li>● Loan Account Statements duly signed by the Financial Institution.</li> <li>● Contact details of Employer-Phone No. Mobile No., E-mail ID, Contact person in HR/Admin/Personnel dept.</li> <li>● Appointment Letter Employer if Re employed</li> <li>● Age proof of Insured: Aadhar Card, Election ID Card / PAN Card/ School Leaving</li> <li>● Form 26AS which shows tax deducted at source</li> <li>● Income tax return for relevant financial year</li> <li>● Self-declaration</li> <li>● 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.</li> </ul>	
<p>10 Policy Servicing</p>		<p><b><u>Call Centre Details of the Insurer</u></b> Toll Free: 1800-258- 4242 Email: <a href="mailto:healthclaims@godigit.com">healthclaims@godigit.com</a></p>	<p>E.I.16</p>	

		<p>Senior citizens can now contact us on 1-800-258-4242 or write to us at <a href="mailto:seniors@godigit.com">seniors@godigit.com</a> Website: <a href="https://www.godigit.com">https://www.godigit.com</a></p> <p><b><u>Details of Company Officials:</u></b> NA 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	Grievance s/Complaints	<p><b>Customer Grievance Redressal Policy</b> In case of any grievance the insured person may contact the company through Website: <a href="https://www.godigit.com">https://www.godigit.com</a> Toll Free: 1-800-258- 4242 Email: <a href="mailto:hello@godigit.com">hello@godigit.com</a> Senior citizens can now contact us on 1-800-258-4242 or write to us at <a href="mailto:seniors@godigit.com">seniors@godigit.com</a> Insured person may also approach the grievance cell at any of the company's branches with the detail 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 <a href="mailto:grievance@godigit.com">grievance@godigit.com</a> For updated details of grievance officer, kindly refer the link: <a href="https://www.godigit.com/claim/grievance-redressal-procedure">https://www.godigit.com/claim/grievance-redressal-procedure</a> 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- <a href="https://irdai.gov.in/igms1">https://irdai.gov.in/igms1</a></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><b><u>Policy Renewal</u></b> Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p><b><u>Migration and Portability:</u></b> When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p>	

		<p><b><u>Portability</u></b> In case of Indemnity based insurance sections</p> <ol style="list-style-type: none"> <li>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.</li> <li>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) <a href="https://iib.gov.in/">https://iib.gov.in/</a> portal.</li> <li>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.</li> <li>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</li> </ol> <p><b><u>Migration</u></b> 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.</p> <p><b><u>Change in Sum Insured:</u></b> 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> <p><b><u>Moratorium Period</u></b> 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.14</p> <p>E.I.15</p> <p>E.I.6</p>
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<b>12</b>	Your Obligations	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.	
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