

**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 Supreme Care Policy (UIN: GODHLGP24055V012324)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |
| <b>2</b>     | Policy number                     | <b>As per the Policy Schedule</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |
| <b>3</b>     | Type of Insurance Product/ Policy | <b>On Indemnity Basis:</b><br><b>Section 10. Trauma Counselling</b><br><b>Section 14. Lifestyle Modification Benefit</b><br><b>Section 15. Expense for External Aids and Appliances</b><br><b>Section 16. Compassionate Visit</b><br><b>Section 21. Critical Illness Hospitalization Cover</b><br><b>Section 23. Cancer Hospitalization Cover</b><br><b>Section 24. EMI Protection Cover</b><br><b>Section 25. Loss of Employment</b><br><b>Section 26. Hospitalization Cover</b><br><b>Section 36. Infertility Treatment Cover</b><br><b>Section 29. Organ Donor</b><br><b>Section 30. Alternate Treatment (AYUSH) Cover (Mandatory In-Built cover in Section-26 Hospitalization Cover)</b><br><br><b>Section 31. Emergency Air Ambulance</b><br><b>Section 33. Maternity Benefit &amp; New Born Baby Cover</b><br><b>Section 35. Miscarriage Due to Accidental Injury</b><br><b>Section 36. Infertility Treatment Cover</b><br><b>Section 37. Out Patient (OPD) Benefit</b><br><b>Section 38. Home (Domiciliary) Hospitalization</b><br><b>Section 40. Wellness Benefit Program</b><br><b>Section 43. Card Cover</b> | <b>I. Coverage</b>          |

**Section 44. Other Electronic Transaction Cover**  
**Section 45. Digital Wallet Cover**  
**Section 46. Identity Theft**  
**Section 47. Purchase Protection**  
**Section 48. Price Protection**  
**Section 49. Wallet Protection (Lost Wallet Coverage)**

**On Benefit Basis:**

**Section 1. Accidental Death**  
**Section 2. Permanent Total Disablement**  
**Section 3. Permanent Partial Disablement**  
**Section 4. Loss of Income Benefit**  
**Section 5. Children Education Benefit**  
**Section 6. Marriage Expense for Children Benefit**  
**Section 7. Orphan Benefit for Children**  
**Section 8. Funeral Expenses**  
**Section 9. Transportation Expenses**  
**Section 11. Coma Benefit Cover**  
**Section 12. Fracture Cover**  
**Section 13. Burns Cover**  
**Section 18. HIV Cover**  
**Section 19. Critical Illness Benefit Cover**  
**Section 20. Critical Illness Hospitalization Cover**  
**Section 21. Critical Illness Hospitalization Cash Allowance Cover**  
**Section 22. Cancer Benefit Cover**  
**Section 27. Accidental Hospitalization Cash Allowance Cover**  
**Section 28. Accidental & Illness Hospitalization Cash Allowance Cover**  
**Section 32. Long Hospitalization Cash Benefit**  
**Section 34. Maternity Benefit**  
**Section 35. Miscarriage Due to Accidental Injury**  
**Section 39. Sum Insured Refill Benefit**  
**Section 41. Companion Benefit Cover**  
**Section 42. Parent Accommodation**

**Both Benefit and Indemnity Basis**

**Section 17. Adventure Sports Cover**

|                 |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |
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| <p><b>4</b></p> | <p>Sum Insured (Basis) (Along with amount)</p>                           | <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>NA</p>              |
| <p><b>5</b></p> | <p>Policy Coverage (What am I covered for?) (Policy Clause Number/s)</p> | <p><b><u>COVERAGE</u></b></p> <p><b><u>SECTION 1. ACCIDENTAL DEATH</u></b></p> <p><b>If You sustain an Accidental Bodily Injury during the Policy Period, which is the sole and direct cause of Your Death within twelve (12) months from the date of accident, then We will pay 100% of the Sum Insured, as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.</b></p> <p><b><u>Inbuilt Benefits:</u></b></p> <p><b>Below are the inbuilt benefits under Section 1. Accidental Death and We will pay 100% of the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, in the below events:</b></p> <p><b>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></p> <p><b>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.</b></p> <p><b>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</b></p> | <p>C.I. Section 1.</p> |

any time, after the payment of the Accidental death benefit, it is discovered that the Insured Person is still alive, all payments shall be repaid in full to Us.

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

This Cover is subject to terms, conditions, limitations 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:**

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

This Cover is subject to terms, conditions, limitations 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

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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%              |
| 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

C.I. Section 3

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

**Specific Conditions:**

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

This Cover is subject to terms, conditions, limitations 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 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

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Schedule/Certificate of Insurance for any and all claims arising within the Policy Period under this Benefit.

4. The benefit shall not be paid for the Time Excess mentioned in Your Policy Schedule/Certificate of Insurance i.e. for the number of days as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance calculated from the date of commencement of Temporary Total Disablement.
5. In case the Temporary Total Disablement is for a period less than a week, the benefit payable shall be calculated on proportionate basis in relation to the weekly benefit.
6. We will not pay any amount in excess of the Insured Person's base weekly income net of tax and other deductions, excluding overtime, bonuses, tips, commissions, or any other special compensation.
7. In case of any dispute with respect to the duration of Temporary Total Disablement, the duration shall be finally determined by a Doctor/Medical Practitioner mutually appointed by the Insured and Insurer, who certifies the final date upon which the Insured recovered and fit to perform each and every duty pertaining to his / her employment or occupation.

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

**SECTION 5. CHILDREN EDUCATION BENEFIT**

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

1. The dependent child (children) is under the age of 25 years and unmarried as on date of accident.
2. The dependent child (children) pursuing an education course is a full-time student at an educational institution.
3. Irrespective of the number of Children, maximum amount is the Sum Insured as mentioned in Your Policy Schedule/Certificate of Insurance.
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.

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**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.
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**

C.I. Section 6

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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 12. FRACTURE COVER**

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

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**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%              |
| <b>Lower Leg</b>                                           |                  |
| Open Fracture of more than one bone                        | 60%              |

|  |                                                                                                                     |     |  |
|--|---------------------------------------------------------------------------------------------------------------------|-----|--|
|  | Open Fracture of one bone                                                                                           | 45% |  |
|  | Closed Fracture of more than one bone                                                                               | 25% |  |
|  | Closed Fracture one bone                                                                                            | 15% |  |
|  | <b>Fracture Ribs</b>                                                                                                |     |  |
|  | Fracture of Multiple Ribs with Flail Chest                                                                          | 25% |  |
|  | Fracture of Multiple Ribs with without Flail Chest                                                                  | 20% |  |
|  | Fracture of Single rib / Fracture of sternum                                                                        | 10% |  |
|  | <b>Elbows, Arm (including wrist but excluding Colles type fractures)</b>                                            |     |  |
|  | Open Fracture of more than one bone                                                                                 | 45% |  |
|  | Open Fracture of one bone                                                                                           | 35% |  |
|  | Closed Fracture of more than one bone                                                                               | 20% |  |
|  | Closed Fracture one bone                                                                                            | 15% |  |
|  | <b>Colles type fracture of the lower arm</b>                                                                        |     |  |
|  | Open Fracture                                                                                                       | 25% |  |
|  | Closed Fracture                                                                                                     | 10% |  |
|  | <b>Skull</b>                                                                                                        |     |  |
|  | Fracture of the skull needing surgical Intervention                                                                 | 60% |  |
|  | Fracture of the skull not needing surgical Intervention                                                             | 20% |  |
|  | <b>Shoulder Blade, Rib(s), Knee cap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes or heel)</b> |     |  |
|  | Open Fracture                                                                                                       | 30% |  |
|  | Closed Fracture                                                                                                     | 15% |  |
|  | <b>Spinal Column (Vertebrae but excluding coccyx)</b>                                                               |     |  |
|  | Compression fractures of more than one vertebrae                                                                    | 40% |  |
|  | Spinous, transverse process of pedicle fractures of more than one vertebrae                                         | 40% |  |
|  | Permanent Spinal Cord damage                                                                                        | 40% |  |
|  | Fractures of Single Vertebra                                                                                        | 15% |  |
|  | <b>Lower Jaw</b>                                                                                                    |     |  |
|  | Open Fracture                                                                                                       | 25% |  |
|  | Closed Fracture                                                                                                     | 10% |  |
|  | <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. For this section the Company's Medical Practitioner refers to the Medical Practitioner who is working as an off roll /contract basis with the Insurer.
2. A fracture which results due to any illness or disease (including malignancy) or due to osteoporosis shall not be payable under this benefit.
3. A fracture where the broken bone penetrates the skin is an Open Fracture and where the broken bone does not penetrate the skin is a Closed Fracture.
4. If the Insured Member suffers Accidental Injuries resulting in more than one fractures, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

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

**SECTION 13. BURNS COVER**

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

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**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 14. LIFESTYLE MODIFICATION BENEFIT**

If You have opted for this Cover and We have accepted a claim under “Section 2. Permanent Total Disablement” and/or “Section 3. Permanent Partial Disablement”, then We will reimburse the Reasonable and Customary Charges/Expenses incurred for improvements to be carried out in the Insured Person’s residence and/or vehicle which are certified in writing by a Medical Practitioner to be necessary and following the accident, 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.

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**SECTION 15. EXPENSE FOR EXTERNAL AIDS & APPLIANCES**

If You have opted for this Cover and We have accepted a claim under “Section 2. Permanent Total Disablement” and/or “Section 3. Permanent Partial Disablement”, 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.

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**SECTION 16. COMPASSIONATE VISIT**

If You have opted for this Cover and We have accepted a claim under “Section 1. Accident Death” and/or “Section 2. Permanent Total Disablement” and/or “Section 26.A. Accidental Hospitalization” due to an accident in a location situated outside the City/Town of Your usual place of residence mentioned in Your Policy Schedule/Certificate of Insurance, then We will reimburse the actual cost incurred for to and fro economy class transportation by the most direct route via a common carrier, up to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, for one of the Insured’s “Immediate Family Member” to travel to the place of accident or the Hospital in which the Insured Person is hospitalized.

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

**Specific Conditions:**

The benefit is payable under this Section subject to:

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

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

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**SECTION 17. 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”:

|                                |                                                                                                                                                                                                                                                                       |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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”

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**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 sportsperson; 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.**



- c) You survive for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness, unless this condition is specifically waived by Us.
- d) 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  | Plan D  |
|---------|-----------------------|--------------------------------------------------|-------------|-------------|---------|---------|
| 1       | Malignancy            | Cancer of Specified Severity                     | Covered     | Covered     | Covered | Covered |
| 2       | Cardiovascular system | Myocardial Infarction                            | Covered     | Covered     | Covered | Covered |
| 3       |                       | Open Heart Replacement or Repair of Heart Valves | Covered     | Covered     | Covered | Covered |
| 4       |                       | Surgery to Aorta                                 | Covered     | Covered     | Covered | Covered |
| 5       |                       | Primary (Idiopathic) Pulmonary Hypertension      | Not Covered | Covered     | Covered | Covered |
| 6       |                       | Aneurysm of Abdominal Aorta                      | Not Covered | Not Covered | Covered | Covered |
| 7       |                       | Cardiomyopathy                                   | Not Covered | Not Covered | Covered | Covered |
| 8       |                       | Pulmonary artery graft surgery                   | Not Covered | Not Covered | Covered | Covered |
| 9       |                       | Open Chest CABG                                  | Covered     | Covered     | Covered | Covered |

|  |  |                                |                |    |                                           |                  |             |             |         |
|--|--|--------------------------------|----------------|----|-------------------------------------------|------------------|-------------|-------------|---------|
|  |  |                                | 10             |    | Infective Endocarditis                    | Not Covered      | Not Covered | Not Covered | Covered |
|  |  |                                | 11             |    | Dissecting Aortic Aneurysm                | Not Covered      | Not Covered | Not Covered | Covered |
|  |  | Major Organ Condition/ Disease | 12             |    | End Stage Lung Failure                    | Covered          | Covered     | Covered     | Covered |
|  |  |                                | 13             |    | End Stage Liver Failure                   | Covered          | Covered     | Covered     | Covered |
|  |  |                                | 14             |    | Kidney Failure Requiring Regular Dialysis | Covered          | Covered     | Covered     | Covered |
|  |  |                                | 15             |    | Major Organ/ Bone Marrow Transplant       | Covered          | Covered     | Covered     | Covered |
|  |  |                                | 16             |    | Medullary Cystic Disease                  | Not Covered      | Not Covered | Not Covered | Covered |
|  |  |                                | 17             |    | Chronic Relapsing Pancreatitis            | Not Covered      | Not Covered | Not Covered | Covered |
|  |  |                                | Nervous System | 18 |                                           | Apallic Syndrome | Not Covered | Covered     | Covered |
|  |  | 19                             |                |    | Benign Brain Tumour                       | Covered          | Covered     | Covered     | Covered |
|  |  | 20                             |                |    | Coma of Specified Severity                | Covered          | Covered     | Covered     | Covered |
|  |  | 21                             |                |    | Major Head Trauma                         | Covered          | Covered     | Covered     | Covered |
|  |  | 22                             |                |    | Permanent Paralysis of Limbs              | Covered          | Covered     | Covered     | Covered |
|  |  | 23                             |                |    | Stroke Resulting in Permanent Symptoms    | Not Covered      | Covered     | Covered     | Covered |

|  |  |  |    |                                              |             |             |             |         |  |
|--|--|--|----|----------------------------------------------|-------------|-------------|-------------|---------|--|
|  |  |  | 24 | Motor Neuron Disease with Permanent Symptoms | Not Covered | Covered     | Covered     | Covered |  |
|  |  |  | 25 | Parkinson's Disease                          | Not Covered | Not Covered | Covered     | Covered |  |
|  |  |  | 26 | Muscular Dystrophy                           | Not Covered | Not Covered | Covered     | Covered |  |
|  |  |  | 27 | Progressive Supranuclear Palsy               | Not Covered | Not Covered | Covered     | Covered |  |
|  |  |  | 28 | Creutzfeldt-Jakob disease (CJD)              | Not Covered | Not Covered | Covered     | Covered |  |
|  |  |  | 29 | Bacterial Meningitis                         | Not Covered | Not Covered | Covered     | Covered |  |
|  |  |  | 30 | Alzheimer's disease                          | Not Covered | Not Covered | Covered     | Covered |  |
|  |  |  | 31 | Encephalitis                                 | Not Covered | Not Covered | Covered     | Covered |  |
|  |  |  | 32 | Multiple Sclerosis with Persisting Symptoms  | Covered     | Covered     | Covered     | Covered |  |
|  |  |  | 33 | Brain Surgery                                | Not Covered | Not Covered | Not Covered | Covered |  |
|  |  |  | 34 | Multiple System Atrophy                      | Not Covered | Not Covered | Not Covered | Covered |  |

|  |  |  |    |                      |                                                   |             |             |             |         |
|--|--|--|----|----------------------|---------------------------------------------------|-------------|-------------|-------------|---------|
|  |  |  | 35 | Auto Immune Disorder | Systemic lupus erythematosus                      | Not Covered | Not Covered | Covered     | Covered |
|  |  |  | 36 |                      | Goodpasture's syndrome                            | Not Covered | Not Covered | Covered     | Covered |
|  |  |  | 37 |                      | Aplastic Anaemia                                  | Not Covered | Covered     | Covered     | Covered |
|  |  |  | 38 |                      | Systemic Lupus Erythematosus with Lupus Nephritis | Not Covered | Not Covered | Not Covered | Covered |
|  |  |  | 39 |                      | Progressive Scleroderma                           | Not Covered | Not Covered | Not Covered | Covered |
|  |  |  | 40 |                      | Crohn's Disease                                   | Not Covered | Not Covered | Not Covered | Covered |
|  |  |  | 41 |                      | Severe Ulcerative Colitis                         | Not Covered | Not Covered | Not Covered | Covered |
|  |  |  | 42 | Others               | Loss of Independent Existence                     | Not Covered | Covered     | Covered     | Covered |
|  |  |  | 43 |                      | Fulminant Viral Hepatitis                         | Not Covered | Not Covered | Covered     | Covered |
|  |  |  | 44 |                      | Pneumonectomy                                     | Not Covered | Not Covered | Covered     | Covered |
|  |  |  | 45 |                      | Deafness                                          | Not Covered | Not Covered | Not Covered | Covered |
|  |  |  | 46 |                      | Loss of Speech                                    | Not Covered | Not Covered | Not Covered | Covered |

|    |                                                   |             |             |             |         |
|----|---------------------------------------------------|-------------|-------------|-------------|---------|
| 47 | Third Degree Burns                                | Not Covered | Not Covered | Not Covered | Covered |
| 48 | Chronic Adrenal Insufficiency (Addison's Disease) | Not Covered | Not Covered | Not Covered | Covered |
| 49 | Blindness                                         | Not Covered | Not Covered | Not Covered | Covered |
| 50 | Severe Rheumatoid Arthritis                       | Not Covered | Not Covered | Not Covered | Covered |

**SECTION 20. CRITICAL ILLNESS HOSPITALIZATION COVER**

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

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 and hospitalized within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first policy with Us.
- c) No Claim under this option shall be admissible if the Critical Illness or the Surgical Procedure is a consequence of or arising out of any pre-existing condition/disease.

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Accommodation/Room Rent</b> | Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section. Note: If You have opted for a Limit on "Accommodation/Room Rent" and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|                   |                                                                                                                                                                                                                                                                       |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables.                                                                                                                                                                            |
| 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                                                                                                                                                                                                                                                |

**Critical Illness** means the following major disease, which You have been diagnosed during the Policy Period to have suffered from and which requires Hospitalisation and are specifically defined as below:

| Sr. No. | Category              | Critical Illness                                 | Plan A      | Plan B  | Plan C  | Plan D  |
|---------|-----------------------|--------------------------------------------------|-------------|---------|---------|---------|
| 1       | Malignancy            | Cancer of Specified Severity                     | Covered     | Covered | Covered | Covered |
| 2       | Cardiovascular system | Myocardial Infarction                            | Covered     | Covered | Covered | Covered |
| 3       |                       | Open Heart Replacement or Repair of Heart Valves | Covered     | Covered | Covered | Covered |
| 4       |                       | Surgery to Aorta                                 | Covered     | Covered | Covered | Covered |
| 5       |                       | Primary (Idiopathic) Pulmonary Hypertension      | Not Covered | Covered | Covered | Covered |



|  |  |  |    |                                                                             |             |             |             |         |
|--|--|--|----|-----------------------------------------------------------------------------|-------------|-------------|-------------|---------|
|  |  |  | 6  | Aneurysm of Abdominal Aorta                                                 | Not Covered | Not Covered | Covered     | Covered |
|  |  |  | 7  | Cardiomyopathy                                                              | Not Covered | Not Covered | Covered     | Covered |
|  |  |  | 8  | Pulmonary artery graft surgery                                              | Not Covered | Not Covered | Covered     | Covered |
|  |  |  | 9  | Open Chest CABG                                                             | Covered     | Covered     | Covered     | Covered |
|  |  |  | 10 | Infective Endocarditis                                                      | Not Covered | Not Covered | Not Covered | Covered |
|  |  |  | 11 | Dissecting Aortic Aneurysm                                                  | Not Covered | Not Covered | Not Covered | Covered |
|  |  |  | 12 | End Stage Lung Failure                                                      | Covered     | Covered     | Covered     | Covered |
|  |  |  | 13 | End Stage Liver Failure                                                     | Covered     | Covered     | Covered     | Covered |
|  |  |  | 14 | Major Organ Condition/ Disease<br>Kidney Failure Requiring Regular Dialysis | Covered     | Covered     | Covered     | Covered |
|  |  |  | 15 | Major Organ/ Bone Marrow Transplant                                         | Covered     | Covered     | Covered     | Covered |
|  |  |  | 16 | Medullary Cystic Disease                                                    | Not Covered | Not Covered | Not Covered | Covered |
|  |  |  | 17 | Chronic Relapsing Pancreatitis                                              | Not Covered | Not Covered | Not Covered | Covered |
|  |  |  | 18 | Nervous System<br>Apallic Syndrome                                          | Not Covered | Covered     | Covered     | Covered |
|  |  |  | 19 | Benign Brain Tumour                                                         | Covered     | Covered     | Covered     | Covered |

|  |  |  |    |                                               |             |             |         |         |  |
|--|--|--|----|-----------------------------------------------|-------------|-------------|---------|---------|--|
|  |  |  | 20 | Coma of Specified Severity                    | Covered     | Covered     | Covered | Covered |  |
|  |  |  | 21 | Major Head Trauma                             | Covered     | Covered     | Covered | Covered |  |
|  |  |  | 22 | Permanent Paralysis of Limbs                  | Covered     | Covered     | Covered | Covered |  |
|  |  |  | 23 | Stroke Resulting in Permanent Symptoms        | Not Covered | Covered     | Covered | Covered |  |
|  |  |  | 24 | Motor Neurone Disease with Permanent Symptoms | Not Covered | Covered     | Covered | Covered |  |
|  |  |  | 25 | Parkinson's Disease                           | Not Covered | Not Covered | Covered | Covered |  |
|  |  |  | 26 | Muscular Dystrophy                            | Not Covered | Not Covered | Covered | Covered |  |
|  |  |  | 27 | Progressive Supranuclear Palsy                | Not Covered | Not Covered | Covered | Covered |  |
|  |  |  | 28 | Creutzfeldt-Jakob disease (CJD)               | Not Covered | Not Covered | Covered | Covered |  |
|  |  |  | 29 | Bacterial Meningitis                          | Not Covered | Not Covered | Covered | Covered |  |
|  |  |  | 30 | Alzheimer's disease                           | Not Covered | Not Covered | Covered | Covered |  |
|  |  |  | 31 | Encephalitis                                  | Not Covered | Not Covered | Covered | Covered |  |
|  |  |  | 32 | Multiple Sclerosis with Persisting Symptoms   | Covered     | Covered     | Covered | Covered |  |

|  |  |                      |        |    |                                                   |                               |             |             |         |         |
|--|--|----------------------|--------|----|---------------------------------------------------|-------------------------------|-------------|-------------|---------|---------|
|  |  |                      | 33     |    | Brain Surgery                                     | Not Covered                   | Not Covered | Not Covered | Covered |         |
|  |  |                      | 34     |    | Multiple System Atrophy                           | Not Covered                   | Not Covered | Not Covered | Covered |         |
|  |  | Auto Immune Disorder | 35     |    | Systemic lupus erythematosus                      | Not Covered                   | Not Covered | Covered     | Covered |         |
|  |  |                      | 36     |    | Goodpasture's syndrome                            | Not Covered                   | Not Covered | Covered     | Covered |         |
|  |  |                      | 37     |    | Aplastic Anaemia                                  | Not Covered                   | Covered     | Covered     | Covered |         |
|  |  |                      | 38     |    | Systemic Lupus Erythematosus with Lupus Nephritis | Not Covered                   | Not Covered | Not Covered | Covered |         |
|  |  |                      | 39     |    | Progressive Scleroderma                           | Not Covered                   | Not Covered | Not Covered | Covered |         |
|  |  |                      | 40     |    | Crohn's Disease                                   | Not Covered                   | Not Covered | Not Covered | Covered |         |
|  |  |                      | 41     |    | Severe Ulcerative Colitis                         | Not Covered                   | Not Covered | Not Covered | Covered |         |
|  |  |                      | Others | 42 |                                                   | Loss of Independent Existence | Not Covered | Covered     | Covered | Covered |
|  |  |                      |        | 43 |                                                   | Fulminant Viral Hepatitis     | Not Covered | Not Covered | Covered | Covered |
|  |  | 44                   |        |    | Pneumonectomy                                     | Not Covered                   | Not Covered | Covered     | Covered |         |
|  |  | 45                   |        |    | Deafness                                          | Not Covered                   | Not Covered | Not Covered | Covered |         |
|  |  | 46                   |        |    | Loss of Speech                                    | Not Covered                   | Not Covered | Not Covered | Covered |         |
|  |  | 47                   |        |    | Third Degree Burns                                | Not Covered                   | Not Covered | Not Covered | Covered |         |

|    |                                                   |             |             |             |         |
|----|---------------------------------------------------|-------------|-------------|-------------|---------|
| 48 | Chronic Adrenal Insufficiency (Addison's Disease) | Not Covered | Not Covered | Not Covered | Covered |
| 49 | Blindness                                         | Not Covered | Not Covered | Not Covered | Covered |
| 50 | Severe Rheumatoid Arthritis                       | Not Covered | Not Covered | Not Covered | Covered |

**SECTION 21. CRITICAL ILLNESS HOSPITALIZATION CASH ALLOWANCE COVER**

This cover protects You in case of Your Hospitalization as an inpatient due to a Critical Illnesses or undergoing related Surgical Procedures during the Policy Period, as per the Plan Opted by You and mentioned in Your Policy Schedule/Certificate of Insurance. We will pay You as per the Sum Insured Basis Opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.

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The above is provided that,

- a) This Critical illness or Covered Surgical Procedure has happened to You for the first time in Your life.
- b) The diagnosis of the Critical Illness or Covered Surgical Procedure and hospitalization should have happened after the Critical Illness Initial Waiting Period mentioned in Your Policy Schedule/Certificate of Insurance against this section.
- c) No Claim under this option shall be admissible if the Critical Illness or the Surgical Procedure is a result of any pre-existing condition/disease.

**Sum Insured Basis Option:**

You would have chosen one among the following two 'Basis' of payment. Please check your Policy Schedule/ Certificate of Insurance for the chosen 'Basis':

**Basis 1 - Per Day Benefit**

If You have opted for this Basis, We will 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 the Critical Illnesses or Surgical Procedures mentioned in Your Plan, 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 an amount equivalent to the percentage of the Daily Cash Allowance as opted by You and mentioned in the Policy Schedule / Certificate of Insurance against this Basis.

**Basis 2 – Fixed Lump Sum Benefit**

If You have opted for this Basis, We will pay a Fixed 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 the number of days of Hospitalisation arising out of the Critical Illnesses or Surgical Procedures mentioned in Your Plan, for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

**Conditions Applicable to both Basis 1 & 2:**

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

**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 Damage/Transplant | End Stage Lung Failure                                    | Covered     | Covered     | Covered |
|  |  | 11 |                               | End Stage Liver Failure                                   | Covered     | Covered     | Covered |
|  |  | 12 |                               | Kidney Failure Requiring Regular Dialysis                 | Covered     | Covered     | Covered |
|  |  | 13 |                               | Major Organ Damage or Transplant / 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 |

**SECTION 22. CANCER BENEFIT COVER**

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

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

C. Section 22

**SECTION 23. CANCER HOSPITALIZATION COVER**

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

Provided that,

- a) We will not make any payment if You are diagnosed as suffering from Cancer for Specified Severity and hospitalized within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first policy with Us.
- b) No Claim under this option shall be admissible if Cancer is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.

C. Section 23

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Accommodation/Room Rent</b> | Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.<br>Note: If You have opted for a Limit on “Accommodation/Room Rent” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables. |
| <b>ICU</b>                     | <b>Intensive Care Unit</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <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.                                                                                                                                                                                                                                                                                                                                                                                                           |



Theatre Fees

Operation Theatre Fees

**SECTION 24. 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:

- 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

C. Section 24

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 Supreme Care 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                           |
| 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                                 |

**SECTION 25. 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:

C. Section 25

**Basis 1:**

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

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

**Basis 2:**

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

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

**Specific Exclusions Applicable to this Section**

- 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**

**a) Re Employment**

In the event insured gets re-employed but with reduced monthly take home salary. The Company shall pay the 70% of difference between the reduced monthly take home salary and monthly take home salary prior to the insured event, subject to the maximum of the EMI amount and shall be

restricted to number of months as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance.

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

**b) Initial Waiting Period**

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.

**Waiting Periods before the Benefit payment starts after an Insured Event**

- a. If the Employer pays any severance pay Benefit, then the claim payable under this section shall start only after the time period for which severance pay is applicable. For the calculation of “Time Period” for which severance pay shall be applicable, the company shall consider the Severance pay paid by the Employer divided by the monthly take home salary to consider the amount of period for which severance pay shall be applicable.
- b. In addition to the point a. above, there will be a further waiting period of one month that shall be applicable before the claim payable under this policy Commences.

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

**SECTION 26: HOSPITALIZATION COVER**

**A. ACCIDENTAL HOSPITALIZATION COVER**

If You have opted for this Cover and You suffer an Accidental Injury during the Policy Period that requires Hospitalization as an inpatient, we’ll be there for you. We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible claim. The claim can be made under the following benefits and up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

C. Section 26

|                                       |                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Accommodation/Room Rent</b></p> | <p>Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule/ Certificate of Insurance against this Cover.<br/> <b>Note: If You have opted for a Limit on “Accommodation/Room Rent” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same</b></p> |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                   |                                                                                                                                                                                                                                                                               |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables, unless this condition is specifically waived off by Us and mentioned in Your Policy Schedule/Certificate of Insurance. |
| ICU               | Intensive Care Unit                                                                                                                                                                                                                                                           |
| Professional Fees | Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.                                                                                                                                                                                            |
| Medication        | Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient's Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.         |
| Diagnostic        | Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.                                                                                                                                             |
| Theatre Fees      | Operation Theatre Fees                                                                                                                                                                                                                                                        |

**A1. Day Care Procedures**

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

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

**A2. Pre-Hospitalization Expenses**

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

- a) Such Expenses recommended by the Hospital/Medical Practitioner were in fact incurred for the same condition for which Your Subsequent Hospitalization was required.
- b) We have accepted an Inpatient Accidental Hospitalization Claim under Section 26.A. Accidental Hospitalization Cover of this Policy.

**A3. Post-Hospitalization Expenses**

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

- a) The expenses are recommended by the Hospital/Medical Practitioner and are for the same condition for which you were hospitalized.
- b) We have accepted an Inpatient Accidental Hospitalization Claim under Section 26. A. Accidental Hospitalization Cover of this Policy.

Instead, You may also choose to opt for a onetime lumpsum benefit, which shall be a percentage of the claim amount approved under Section 26.A. Accidental Hospitalization Cover towards Post Hospitalization Expenses, after Your discharge from the Hospital. This percentage is mentioned in Your Policy Schedule/Certificate of Insurance.

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

**A4. Dental Treatment**

We will pay for the medical expenses incurred by You for any necessary Dental Treatment needed after an accident. A claim here is valid if the accident resulted in an admissible inpatient Hospitalization Claim under Section 26. A. Accidental Hospitalization Cover.

**A5. Road Ambulance**

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

- a) We have accepted a claim under Section 26. A. Accidental Hospitalization Cover.
- b) The maximum liability per Hospitalization is restricted to the amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.
- c) The Coverage also Includes Your cost of road Transportation from a Hospital to another nearest Hospital which is prepared to admit You and provide the necessary medical services, if such medical services cannot satisfactorily be provided at a Hospital where You are situated. Such road Transportation has to be prescribed by a Medical Practitioner and/or should be Medically Necessary.

**A6. Second Medical Opinion**

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

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

All the above Covers are Subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

**B. ACCIDENTAL & ILLNESS HOSPITALIZATION COVER**

If You have opted for this Cover and You suffer an **Accidental Injury** or **Illness** during the **Policy Period** that requires **Hospitalization** as an inpatient, We will pay You all **Reasonable and Customary Charges** that are **Medically Necessary** and **Incurred** by You in respect of an **admissible claim**. The claim can be made under the following benefits and up to the **Sum Insured** mentioned in Your **Policy Schedule / Certificate of Insurance** against this Section.

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Accommodation/Room Rent</b> | <p>Hospital accommodation in a ward, shared or private room subject to a <b>Limit Per Day</b> as opted by You and mentioned in Your <b>Policy Schedule / Certificate of Insurance</b> against this Cover.</p> <p><b>Note:</b> If You have opted for a <b>Limit on “Accommodation/Room Rent”</b> and the <b>Room Rent Rate</b> exceeds the limits at the time of <b>Hospitalization</b> our liability will be restricted to the same proportion <b>Admissible Rate Per Day Limit Opted</b> bears to the <b>Actual Rate Per Day of Room Rent Charges</b> except for the cost of medicines and consumables, unless this condition is specifically waived off and mentioned in Your <b>Policy Schedule/Certificate of Insurance</b>.</p> |
| <b>ICU</b>                     | <b>Intensive Care Unit</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Professional Fees</b>       | <b>Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Medication</b>              | <b>Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient’s Diet, Surgical appliances &amp; cost of</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |



|              |                                                                                                                                   |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------|
|              | prosthetic and other devices or equipment if implanted during the Surgical Procedure.                                             |
| Diagnostic   | Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment. |
| Theatre Fees | Operation Theatre Fees                                                                                                            |

**B1. Day Care Procedures**

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

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

**B2. Pre-Hospitalization Expenses**

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

- a) Such Expenses recommended by the Hospital/Medical Practitioner were in fact incurred for the same condition for which Your Subsequent Hospitalization was required.
- b) We have accepted an Inpatient Hospitalization Claim under Section 26.B. Accidental & Illness Hospitalization Cover of this Policy.

**B3. Post-Hospitalization Expenses**

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

- a) The expenses are recommended by the Hospital/Medical Practitioner and are for the same condition for which you were hospitalized.
- b) We have accepted an Inpatient Hospitalization Claim under Section 26.B. Accidental & Illness Hospitalization Cover of this Policy.

Instead, You may also choose to opt for a onetime lumpsum which shall be a percentage of the claim amount approved under Section 26.B. Accidental & Illness Hospitalization Cover towards Post Hospitalization Expenses, after Your discharge from the Hospital. This percentage is mentioned in Your Policy Schedule/Certificate of Insurance.

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

**B4. Dental Treatment**

We will pay for the Medical Expenses incurred in respect of any necessary Dental Treatment from a dentist provided the Dental Treatment is required as a result of an Accident that results in an admissible inpatient Hospitalization Claim under Section 26. B. Accidental & Illness Hospitalization Cover.

**B5. Road Ambulance**

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

- a) We have accepted a claim under Section 26. B. Accidental & Illness Hospitalization Cover.
- b) The maximum liability per Hospitalization is restricted to the amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.
- c) The Coverage also Includes Your cost of road Transportation from a Hospital to another nearest Hospital which is prepared to admit You and provide the necessary medical services, if such medical services cannot satisfactorily be provided at a Hospital where You are situated. Such road Transportation has to be prescribed by a Medical Practitioner and/or should be Medically Necessary.

**B6. Bariatric Surgery Cover**

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

- a) The Insured Person undergoing the surgery is minimum 18 Years old.
- b) The Medical Practitioner / Bariatric Surgeon confirms that Your Existing Body Mass Index (BMI) and health conditions fall within the below qualification requirements for Bariatric Surgery:
  - Class III Obesity (extreme obesity)- [Body Mass Index (BMI)  $\geq$  40 kg/m<sup>2</sup>];

➤ **Class II Obesity- (Body Mass Index (BMI) 35-39.9 kg/m<sup>2</sup>) along with any of the following co-morbidities:**

- **Uncontrolled Diabetes Mellitus**
- **Cardiovascular Disease**
- **History of Coronary Artery Disease with a surgical intervention such as Cardiopulmonary Bypass or Percutaneous Transluminal Coronary Angioplasty;**
- **Cardiopulmonary Problems as a result of another disease process, including, though not limited to, a documented severe obstructive sleep apnea (OSA), confirmed on polysomnography.**

**c) A claim under this cover is acceptable *only* if it is under any of the below procedures:**

- **Gastric Bypass-**
  - **The Roux-en-Y Gastric Bypass**
  - **Biliopancreatic Diversion with or without Duodenal Switch (BPD/DS) Gastric Bypass**
- **Sleeve Gastrectomy**
- **Laparoscopic Gastric Banding**

**d) This particular cover has a waiting period. Waiting period shall be as per the “Specific Waiting Period” Section stated in Your Schedule / Certificate of Insurance against this Section which shall apply from the date of inception of the first policy with Us, provided that the Policy has been renewed continuously with Us without break with Bariatric Surgery Cover as a benefit since inception of the first policy.**

**e) If you are porting an existing policy under Portability Guidelines, from some other General or Health Insurance Company where this cover was not there or if you are adding this cover while renewing our health policy, a fresh waiting period as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance will be applied.**

**f) Confirmation from Medical Practitioner / Bariatric Surgeon that the Bariatric Surgery is not for a specific correctable cause for treating obesity.**

**g) And We would need a documented detailed history of your obesity-related health problems, difficulties, and treatment attempts demonstrating that a multidisciplinary approach with dietary, other lifestyle modifications (such as exercise and behavioural modification), and pharmacological therapy, if appropriate, have been unsuccessful, at least for past 6 months.**

**h) A prior approval should be taken from Us before the Bariatric Surgery is performed.**

**i) Our maximum liability under this benefit is restricted to the Limit as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.**

**Bariatric surgery for the following reasons is not covered:**

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

**B7. Psychiatric illness Cover**

We will pay up to the Limit mentioned in Your Policy Schedule / Certificate of Insurance against this Cover for the Medical Expenses, related to Psychiatric Illness which includes, though not limited to, dementia, depression, bipolar disorder, schizophrenia, anxiety disorders and obsessive-compulsive disorders, provided that:

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

**B8. Complimentary Health Check Up**

If You Renew Your Policy with Us without a break, then at every Policy Renewal We will pay the expenses incurred towards cost of health check-up up to the Limits Per Policy (excluding any cumulative bonus) mentioned in Your Policy Schedule/Certificate of Insurance. This shall be paid, provided that:

- a. You are above 18 Years of age at the time of Health Check Up.
- b. You submit a duly filled and signed claim form along with original bills and copy of medical reports.

Please Note- Payment under this benefit won't be deducted from Your Sum Insured. It is additional.

**B9. Second Medical Opinion**

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

1. We have received Your request to arrange for Second Opinion.
2. You have option to choose any one of Our Panel Medical Practitioners.

**3. We will not provide more than one Opinion for the same Medical Condition within a Policy Period.**

**SECTION 27. ACCIDENTAL HOSPITALIZATION CASH ALLOWANCE COVER**

**If You have opted for this Cover and in case of Your Hospitalization as an inpatient due to an Accidental Injury during the Policy Period, We will pay You as per the Sum Insured Basis Opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.**

**Sum Insured Basis Option:**

**You would have chosen one among the following two 'Basis' of payment. Please check Your Policy Schedule/ Certificate of Insurance for the chosen 'Basis':**

**Basis 1 - Per Day Benefit**

**If You have opted for this Basis We will pay You 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 an amount equivalent to the percentage of the Daily Cash Allowance as opted by You and mentioned in the Policy Schedule / Certificate of Insurance against this Basis.**

**Basis 2 – Fixed Lump Sum Benefit**

**If You have opted for this Basis We will pay You a Fixed 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 the number of days 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.**

**Conditions Applicable to both Basis 1 & 2:**

- In case of Individual Sum Insured basis, maximum number of days will be Per Policy Year Per Insured Person and in case of Floater Policy the maximum number of days will be Per Policy Year on Floater Sum Insured basis.**

**C.I. Section  
27**

- For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.
- Payment of claim under this benefit is subject to the time excess as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the Policy.

**SECTION 28. ACCIDENTAL & ILLNESS HOSPITALIZATION CASH ALLOWANCE COVER**

If You have opted for this Cover and in case of Your Hospitalization as an inpatient due to an Accidental bodily Injury or Illness during the Policy Period. We will pay You as per the Sum Insured Basis Opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.

**Sum Insured Basis Option:**

You would have chosen one among the following two 'Basis' of payment. Please check your Policy Schedule/ Certificate of Insurance for the chosen 'Basis':

**Basis 1 - Per Day Benefit**

If You have opted for this Basis We will 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 or illness 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 an amount equivalent to the percentage of the Daily Cash Allowance as opted by You and mentioned in the Policy Schedule / Certificate of Insurance against this Basis.

**Basis 2 – Fixed Lump Sum Benefit**

If You have opted for this Basis We agree to pay a Fixed 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 the number of days of Hospitalisation arising out of accidental bodily injury or illness for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

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**Conditions Applicable to both Basis 1 & 2:**

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

**SECTION 29. ORGAN DONOR**

If You have opted for this Cover, We will pay You for the following incurred Medical Expenses in respect of organ transplantation:

- a) For the harvesting of the donated organ subject to availability of the Sum Insured under Section 26.B. Accidental & Illness Hospitalization Cover.
- b) There are strict guidelines when it comes to organ transplantation, therefore the organ donor whose organ has been made available should be in accordance and in compliance with the Transplantation of Human Organs Act 1994 (as amended) and the organ is donated for Your use only.
- c) We will pay the donor's Pre and Post Hospitalization expenses. This is up to 5% of the claim amount approved in respect of harvesting expenses.
- d) We will not pay any other medical treatment for the donor consequent on the harvesting.
- e) This also has a waiting period. Waiting period shall be as per the "Specific Waiting Period" Section stated in Your Schedule / Certificate of Insurance against this Section which shall apply from the date of inception of the first policy with Us, provided that the Policy has been renewed continuously with Us without break, with ORGAN DONOR Cover as a benefit since inception of the first policy.

Provided that, We have accepted a claim under Section 26.B. Accidental & Illness Hospitalization Cover.

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

**SECTION 30. ALTERNATE TREATMENT (AYUSH) COVER (Mandatory In-Built cover in Section-26**

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**Hospitalization Cover)**

**We will pay the Medical Expenses for Your In-patient Treatment, taken under Ayurveda, Unani, Siddha or Homeopathy. This is up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against Section 26.B. Accidental & Illness Hospitalization Cover. This is paid provided that treatment has been undergone in Ayush Hospital.**

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

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

**Specific Conditions applicable to this cover:**

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

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

**SECTION 31. EMERGENCY AIR AMBULANCE**

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

**This transportation will be from the location where the illness /accident happened the first time and subject to availability of Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against Section 26.A. Accidental Hospitalization Cover and/or Section 26.B. Accidental & Illness Hospitalization Cover and provided that such Transportation in an airplane or helicopter has been prescribed by a Medical Practitioner and/or is Medically Necessary.**

**Provided that, We have accepted a claim under Section 26.A. Accidental Hospitalization Cover and/or Section 26.B. Accidental & Illness Hospitalization Cover.**

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

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**SECTION 32. LONG HOSPITALIZATION CASH BENEFIT**

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

- a) We have accepted a claim under Section 26.A. Accidental Hospitalization Cover and/or Section 26.B. Accidental & Illness Hospitalization Cover, and
- b) 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.

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

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**SECTION 33. MATERNITY BENEFIT & NEWBORN BABY COVER**

**A. MATERNITY BENEFIT**

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

- a) Female Insured Person's legally married spouse is also covered under this Policy, unless specifically waived by Us.

This also has a waiting period. Waiting period as opted by You and mentioned in Your Policy Schedule / Certificate Of Insurance shall apply from the date of inception of the first policy with Us, provided that the policy has been renewed continuously with us without break, with maternity as a benefit.

- b) If You are porting an existing policy under Portability Guidelines, from some other General or Health insurance company where this cover was not there or if you are adding this cover while renewing our health policy, a fresh waiting period as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance will be applied.
- c) The maternity benefit is limited to cover up to two living children. However, there is no restriction on the number of medically necessary and lawful termination of pregnancies.
- d) If on renewal without any break in coverage, the Sum Insured is increased, there is a fresh waiting period as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance applied to the increased part of the Sum Insured.

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- e) Any complications arising out of or as a consequence of maternity/childbirth will also be covered within the limit of Sum Insured, available under this benefit.

If We had already accepted a claim for Maternity Expenses for your first living child under this benefit, then for the subsequent Maternity Expenses i.e. for the delivery of Your Second child, We shall pay up to the percentage of the Sum Insured opted under this Section and mentioned in Your Policy Schedule / Certificate of Insurance provided the Policy is renewed with Us continuously without break with Maternity Benefit & New Born Baby Cover benefit.

We shall not pay for the following under this Section:

- a) Expenses for the harvesting and storage of stem cells when carried out as a preventive measure against possible future illness.
- b) Medical Expenses for Ectopic Pregnancy will be covered under Section 26.B. In-patient Accidental & Medical Treatment and not under the Maternity Benefit.
- c) Pre-natal and Post-natal Medical Expenses are not covered unless leading to Your Hospitalization.

**B. NEWBORN BABY BENEFIT**

Under this cover, we will also pay the Medical Expenses, within the limit of the Sum Insured available under the Section 33.A. Maternity Benefit Section of the Policy, provided that We have accepted a claim under Section 33. A. Maternity Benefit, incurred towards:

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

- e) After 90 Days from the date of delivery, the New Born Baby will be covered under the existing Policy only if it is Endorsed with the New Born Baby as an Insured Person. This is subject to our underwriting policy and payment of the Pro-Rata Additional Premium, for the balance period.

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

**SECTION 34. MATERNITY BENEFIT**

If this cover is opted by You in case of Your Hospitalization as an inpatient under the Maternity Benefit, for the delivery of the Insured Person's child (including caesarean section) or for the Medically necessary and lawful termination of pregnancy during this Policy Period. We will pay You as per the Sum Insured Basis Opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.

The above is provided that:

- a. The treatment is taken as an In-patient in a Hospital
- b. "Maternity Benefit Waiting Period" as mentioned in the Policy Schedule/Certificate of Insurance against this Section is applicable.

**Sum Insured Basis Option:**

You would have chosen one among the following two 'Basis' of payment. Please check your Policy Schedule/ Certificate of Insurance for the chosen 'Basis':

**Basis 1 - Per Day Benefit**

If You have opted for this Basis, We will 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 Insured Person's Hospitalisation under the Maternity Benefit, for the delivery of the Insured Person's child (including caesarean section) or for the Medically necessary and lawful termination of pregnancy for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

**Basis 2 – Fixed Lump Sum Benefit**

If You have opted for this Basis, We will pay a Fixed 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 the number of days of Insured Person's Hospitalisation under

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the Maternity Benefit, for the delivery of the Insured Person's child (including caesarean section) or for the Medically necessary and lawful termination of pregnancy for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

**Conditions Applicable to both Basis 1 & 2:**

- Permanent “Exclusion - Sterility and Infertility: Code- Excl17 and Exclusion - Maternity: Code Excl18” of the Policy Wordings stands partially deleted to the extent of the Coverage provided under this Section.
- For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.
- We shall be liable to make payment under this cover in respect of an Insured Person only once during the Policy Year, unless specifically agreed otherwise and mentioned in Your Policy Schedule / Certificate of Insurance.
- This benefit is applicable on an Individual Sum Insured basis irrespective of type of Policy (Individual/Floater).

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

**SECTION 35. 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 36. INFERTILITY TREATMENT COVER**

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If You have opted for this Cover, We will pay the Medical Expenses if You are hospitalized on the advice of the Medical Practitioner for Infertility/ Subfertility Treatments. This includes, though not limited to, IVF, IUI, ZIFT, ICSI. Make sure the following conditions are met:

- a) A waiting period of 48 months will apply from the date of inception of the first policy with Us, provided that the Policy has been renewed continuously with this cover, without a break, with 'Infertility Treatment Cover' as a benefit since inception of the first policy.
- b) Our maximum liability per Hospitalization shall be restricted to the amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- c) The benefit is payable only once to an Insured Person during the Policy Tenure.

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

**SECTION 37. OUT-PATIENT (OPD) BENEFIT**

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

**Basis 1: Co-payment of 25% in the First Year of this Section being Opted, 10% on First Renewal. From the Second Renewal, there will be no Co-payment, provided the Policy is renewed with Us continuously without a break with this benefit.**

**Basis 2: Nil Co-payment**

**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 Illness.</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> |
| <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>                                                                                                                                  |

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|                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Out-Patient Dental Treatment</b></p> | <p>Out-patient dental treatment for the immediate relief of dental Pain; taken by You from a dentist, provided that We will pay only for X-rays, Extractions, Amalgam or composite fillings, root canal treatments and prescribed drugs for the same, teeth alignment for adolescents. We will not pay for any dental treatment that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for temporomandibular (jaw), or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury or cancer.</p> |
| <p><b>Hearing Aids</b></p>                 | <p>One pair of hearing aids (Excluding Batteries), provided that:</p> <ul style="list-style-type: none"> <li>▪ These have been prescribed by an ENT specialist or Network Medical Practitioner.</li> <li>▪ You have continuously renewed the Policy with Us without break for a period of 36 months with Out-Patient (OPD) Benefit as a benefit, since inception of the first policy.</li> </ul>                                                                                                                                                                                                                                                                  |
| <p><b>Psychiatric Illness</b></p>          | <p>Specialist Consultation, assessment, treatment and medication for Psychiatric Disorders.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

This cover excludes expenses incurred towards Spectacles, Contact Lenses and Physiotherapy, Cosmetic Procedures, Ambulatory Devices like Walkers, BP Monitors, Glucometers, Thermometers, Dietician Fees, Vitamins and Supplements.

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

**SECTION 38. HOME (DOMICILIARY) HOSPITALIZATION**

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

- a) The condition of the patient is such that s/he is not in a condition to be moved to a Hospital or
- b) The patient takes treatment at home on account of non-availability of room in a Hospital, and

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- c) The condition for which the medical treatment is required continues for at least 3 days, in which case We will pay the reasonable charge of any necessary medical treatment for the entire period
- d) No Payment will be made if the condition for which You require medical treatment is due to:  
Asthma, Bronchitis, Tonsillitis, Upper Respiratory Tract Infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza, Arthritis, Gout and Rheumatism, Chronic Nephritis and Nephritic Syndrome, Diarrhoea and all types of Dysenteries including Gastroenteritis, Diabetes Mellitus and Insipidus, Epilepsy, Hypertension, Psychiatric or Psychosomatic Disorders of all kinds, Pyrexia of unknown Origin.
- e) Subject to availability of the sum insured under Section 26.A. Accidental Hospitalization Cover and/or Section 26.B. Accidental & Illness Hospitalization Cover.

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

**SECTION 39. SUM INSURED REFILL BENEFIT**

If You have opted for this Cover, We will refill 100% of the Sum Insured specified and utilized under Section 26.A. Accidental Hospitalization Cover and/or Section 26.B. Accidental & Illness Hospitalization Cover for that particular Policy Period, provided that:

- a) The refilled Sum Insured would be triggered only if the cause of the Hospitalization is not related to /arising out of earlier Hospitalization, including its complications, for which a claim has already been availed during the same policy period for the same Insured Person, unless this condition is specifically waived by Us and mentioned in Your Policy Schedule / Certificate of Insurance.
- b) If the first claim amount exceeds the Sum Insured under Section 26.A. Accidental Hospitalization Cover and/or Section 26.B. Accidental & Illness Hospitalization Cover, the refilled Sum Insured will not be applicable for the same hospitalisation.
- c) After the refill, the maximum amount payable for any single claim will not exceed the Sum Insured mentioned under Section 26.A. Accidental Hospitalization Cover and/or Section 26.B. Accidental & Illness Hospitalization Cover.
- d) The number of times this benefit may be availed shall be as per the limit mentioned in Your Policy Schedule / Certificate of Insurance against this Section during each Policy Period.
- e) In case of Floater Policy, the refilled Sum Insured will be applicable on family floater basis.

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

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**SECTION 40. WELLNESS BENEFIT PROGRAM**

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

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**There are total 12 services under Wellness Benefit Program. Services applicable for Your Policy are as shown in Your Policy Schedule / Certificate of Insurance. Only services mentioned in your Policy Schedule/Certificate of Insurance are available for You.**

**1. Doctor on Call**

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

**2. Wellness Coach**

**In order to educate, empower and engage You to become more aware of Your health and proactively manage it, We will, through periodic communications like e-mailers, blogs and online platform provide You information on wellness coaching in areas such as:**

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

**3. Lab Services (Home Collection)**

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

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

**4. Pharmacy (Home Delivery)**

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



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

**5. Vital/Physical Activity Monitoring Services**

Upon Your request, We will facilitate, through Our Empanelled Service Provider, the integration of Your Health Device(s) such as Blood-Pressure Monitors, Glucometers, Wireless Pedometers, Smart Watches etc. to an online database that will track and asses Your vitals as reported by the device.

It can provide periodic updates and reports of your health status. The cost of the device will have to be borne by You.

**6. Reminder Notifications**

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

**7. Medical Wallet**

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

**8. Report Aggregation**

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

**9. Home Care Services**

Upon Your request, We will facilitate, through Our Empanelled Service Provider, Home Care Services for You in case You are in need of any of the following:

- a. Home Care Nursing
- b. Patient Assistant
- c. Physiotherapy
- d. Yoga Trainer
- e. Psychologist
- f. Palliative Care
- g. Renting Medical equipment. For Example - Wheelchair, Patient Bed, Oxygen Cylinder etc.

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

**10. Ambulance Arrangement Services**

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

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

**11. Pick-up and Drop Services for Consultation**

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

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

**12. Prioritizing Appointments**

Upon Your request, We will facilitate, through Our Empanelled Service Provider, prioritization of Your appointment, based on the urgency, with the Network Providers offering the necessary treatment/diagnostics subject to availability of the service(s).

The cost of the Consultancy/Diagnostic will have to be borne by You.

**Terms and Conditions applicable to Wellness Benefit Program**

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

**SECTION 41. COMPANION BENEFIT COVER**

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

**The above is provided that:**

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

**Sum Insured Basis Option:**

**You would have chosen one among the following two 'Basis' of payment. Please check your Policy Schedule/ Certificate of Insurance for the chosen 'Basis':**

**Basis 1 - Per Day Benefit**

**If You have opted for this Basis, We will 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 Insured Person's Hospitalisation arising out of accidental bodily injury and/or illness for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.**

**Basis 2 – Fixed Lump Sum Benefit**

**If You have opted for this Basis, We will pay a Fixed 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 the number of days of Insured Person's Hospitalisation arising out of accidental bodily injury and/or illness for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.**

**Conditions Applicable to both Basis 1 & 2:**

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

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

**SECTION 42. PARENT ACCOMODATION**

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

The above is provided that:

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

**Sum Insured Basis Option:**

You would have chosen one among the following two 'Basis' of payment. Please check your Policy Schedule/ Certificate of Insurance for the chosen 'Basis':

**Basis 1 - Per Day Benefit**

If You have opted for this Basis, We will 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 Insured Person's Hospitalisation arising out of accidental bodily injury or illness for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

**Basis 2 – Fixed Lump Sum Benefit**

If You have opted for this Basis, We will pay a Fixed 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 the number of days of Insured Person's Hospitalisation arising out of accidental bodily injury or illness for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

**Conditions Applicable to both Basis 1 & 2:**

- In case of Individual Sum Insured basis, maximum number of days will be Per Policy Year Per Insured Person and in case of Floater Policy the maximum number of days will be Per Policy Year Per Family on Floater Sum Insured basis.

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- For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.
- Payment of claim under this benefit is subject to the time excess as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the Policy.

**SECTION 43: CARD COVER**

If You have opted for this Cover, the Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to indemnify to the Insured Person an amount not exceeding the Sum Insured as specified in the Policy Schedule/ Certificate Of Insurance against the respective sections.

**Section 43.1: Lost Card Liability**

**I. What We Cover**

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

**II. Condition applicable to Section 43.1.**

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

**III. Exclusions applicable to section 43.1**

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

**Section 43.2: Online Transaction cover**

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**I. What We Cover**

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

**II. Conditions applicable to section 43.2:**

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

**III. Exclusions applicable to section 43.2:**

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

**Section 43.3: Card Liability due to unauthorized / fraudulent usage on account of including but not limited to Skimming / Phishing / Counterfeit/ Cloning/ Payment made on mirror sites**

**I. What We Cover**

We will indemnify the Insured Person against the financial loss arising out of unauthorized/ fraudulent transaction using Insured Person's cards due to skimming, counterfeiting, cloning, phishing, payment made on mirror sites and other similar kind of fraud as mentioned in the Policy schedule/ Certificate of Insurance.

**II. Condition applicable to Section 43.3:**

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

**III. Exclusions applicable to section 43.3**

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

**Specific Exclusion applicable to section 43.3 which can be waived in case specifically agreed by us:**

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

**Section 43.4: ATM assault and robbery****What We Cover**

**We will reimburse the Insured Person against the following covers:**

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

**I. Exclusions applicable to section 42.4:**

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

**Section 43.5 ATM Fraud Cover****I. What We Cover**

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

**II. Exclusions applicable to section 43.5:**

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

**CONDITIONS APPLICABLE TO SECTION 43: CARD COVER**

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

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

**EXCLUSIONS APPLICABLE TO SECTION 43– CARD COVER**

1. In case Geographical Location opted as India only- Any loss arising due to any unauthorised / fraudulent transaction done outside India.
2. If there was no transaction on the Card for consecutive 3 months or duration as specifically mentioned in the Policy Schedule / Certificate of Insurance, prior to the date of loss.
3. Any loss or damage if the Insured Person uses a Card in a way which the financial institution does not allow.
4. For any claim where “One-time Password” on registered mobile number for any transaction has been shared with any person by the Insured person.
5. If in case of cancellation of purchases of products or services, if the amount refunded is not credited to the original source of booking then the Company will not make payment for any claim arising as a consequence of this to the Insured person.



6. Loss incurred due to breach of security or failure of security mechanism of the financial institution.
7. For losses resulting from any Card issued by financial institution without Insured person making a proper application. However, this exception will not apply in respect of replacement of a Card which has been previously issued by the Insured named in the Schedule.
8. Damages and/ or liabilities to any third parties
9. Losses sustained by the Insured Person resulting directly or indirectly from any fraudulent or dishonest acts committed by the Insured Person's employee/members of household, acting alone or in collusion with others.
10. Loss of Interest, Consequential loss, loss of market, late fees, interest, and charges levied by the financial institution.
11. Loss incurred due to gross negligence on part of the Insured Person, including but not limited to insufficient measures taken by the Insured Person to keep the PIN, Password etc safe including without limitation recording of the PIN, Password in an intelligible form by the Insured Person.

**Specific Exclusion applicable to Section 43 – Card Cover which can be waived in case specifically agreed by us:**

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

**SECTION 44: OTHER ELECTRONIC TRANSACTION COVER**

**What We Cover**

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

**Conditions applicable to section 44: Other Electronic Transaction Cover**

1. Insured Person must comply with all terms and conditions given by the financial organisation.

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2. The cover under this section shall be applicable only for the number of hours prior to reporting the loss (pre-reporting period) and the number of hours post reporting of loss (post-reporting period) as specifically mentioned in the Policy schedule / Certificate of Insurance.
  3. Insured Person must report the loss/ damage to the financial institution immediately but not later than 12 hours after discovering the loss event, unless specifically agreed otherwise by Us and mentioned in the Policy Schedule / Certificate of Insurance.
  4. Insured Person must report the loss/ damage to the Police Authority immediately but not later than 24 hours after discovering the loss event, unless specifically agreed otherwise by Us and mentioned in the Policy Schedule / Certificate of Insurance.
- Note: There are times when You may be in such a state of hardship, that You are unable to report the loss / damage to the financial institution and / or Police Authority within the prescribed time limit. In such cases, condonation of delay may be considered by waiving conditions 2 and 3, where the reason for delay is provided to our satisfaction.***

**Exclusions Applicable to section 44: Other Electronic Transaction Cover**

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

**Specific Exclusion applicable to Section 44- Other Electronic Transaction Cover which can be waived in case specifically agreed by us:**

- 12. Any loss arising out of transaction due to Sim Cloning / Sim Hacking
- 13. Any loss arising out of NFC transactions that are charged to the Insured Person's account.
- 14. In case Geographical Location opted as worldwide- Any loss arising due to any unauthorised / fraudulent transaction done outside India when the Insured Person is in India / has returned back to India

**SECTION 45: DIGITAL WALLET COVER**

**What We Cover**

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

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

**Conditions applicable to section 45: Digital Wallet Cover**

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

**Note: There are times when You may be in such a state of hardship, that You are unable to report the loss / damage to the financial institution and / or Police Authority within the**

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*prescribed time limit. In such cases, condonation of delay may be considered by waiving conditions 2 and 3, where the reason for delay is provided to our satisfaction.*

**Exclusions Applicable to section 45: Digital Wallet Cover**

1. Any loss occurring in case the user details/device were shared/misplaced/acquired due to user's negligence.
2. Any fraud due to misuse of credit card/debit card/bank account information through the digit wallet platform.
3. Any loss arising out of negligence on the part of the Insured Person (e.g. typing a wrong number to send money).
4. Any loss arising due to Insured Person not upgrading/adopting the latest security features released by digital wallet company.
5. Any loss arising due to failure of security mechanism of the digital wallet.
6. In case Geographical Location opted as India only- Any loss arising due to any unauthorised / fraudulent transaction done outside India.

**Specific Exclusion applicable to Section 44 which can be waived in case specifically agreed by us:**

7. Any loss arising out of transaction due to Sim Cloning / Sim Hacking
8. Any loss arising out of NFC transactions that are charged to the Insured Person's digital wallet
9. In case Geographical Location opted as worldwide- Any loss arising due to any unauthorised / fraudulent transaction done outside India when the Insured Person is in India / has returned back to India.

**SECTION 46: IDENTITY THEFT**

**What We Cover**

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

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

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

- 1. Legal Expenses: We will reimburse Insured Person for attorney and court fees incurred by him/her for:**
  - a. defending any suit brought against Insured Person by a creditor or collection agency or someone acting on their behalf as a result of the identity theft.**
  - b. removing any civil or criminal judgment against Insured Person, wrongfully charged as a result of the identity theft.**
  
- 2. Lost Wages: We will reimburse Insured Person for time taken from work solely as a result of his/her efforts to correct his/her financial records that have been altered due to identity theft. Payment of lost wages (excluding any applicable taxes/ deductions) includes compensation for whole or partial unpaid workdays for a period not exceeding 7 working days, unless specifically agreed otherwise by Us and mentioned on the Certificate of Insurance/ Policy Schedule. Taking time from self-employment or workdays that will be paid by Insured Person's employer will not be considered for Lost wages payment.**
  
- 3. Miscellaneous Expenses: We will reimburse the following:**
  - a. the cost of refiling application for credit accounts or banking accounts that are rejected solely because the lender received incorrect information as a result of identity theft.**
  - b. the cost of notarizing documents related to Insured Person's identity theft reasonably incurred as a result of Insured Person's efforts to report an identity theft or to correct his/her financial and credit records that have been altered as a result of his/her identity theft.**
  - c. the cost of contesting the accuracy or completeness of any information contained in Insured Person's credit report as result of his/her identity theft.**
  - d. the cost of a maximum of 4 (four) credit reports from an entity approved by us. The credit reports shall be requested when Insured Person makes a claim.**

**Conditions applicable to section 45 – Identity Theft:**

- 1. The fraudulent account must have been opened with the Insured Person's credentials without his/her authorization.**
- 2. Any false charge or withdrawal from the unauthorized opened account must be verified by Insured Person's financial institution.**
- 3. The Company will be permitted to inspect Insured Person's financial records.**

4. Insured Person will cooperate with us and help us to enforce any legal rights he/she or we may have in relation to his/her identity theft; this may include his/her attendance at depositions, hearings and trials and giving evidence as necessary to resolve his/her identity theft.
  5. Insured Person must report the identity theft to the financial institution immediately but not later than 12 hours of discovering the identity theft, unless specifically agreed otherwise by Us and mentioned in the Policy Schedule / Certificate of Insurance.
  6. Insured Person must report the identity theft to the card Policy Authority immediately but not later than 24 hours of discovering the identity theft, unless specifically agreed otherwise by Us and mentioned in the Policy Schedule / Certificate of Insurance.
- Note: There are times when You may be in such a state of hardship, that You are unable to report the loss / damage to the financial institution and / or Police Authority within the prescribed time limit. In such cases, condonation of delay may be considered by waiving conditions 5 and 6, where the reason for delay is provided to our satisfaction.***

**Exclusion applicable to section 45 – Identity Theft:**

**We will not pay for any expenses or loss for:**

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

**Specific Exclusion applicable to Section 45 – Identity Theft which can be waived in case specifically agreed by us:**

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

### **SECTION 47- PURCHASE PROTECTION**

**What We Cover**

**If You have opted for this cover, The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to indemnify the Insured Person upto the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance in respect of loss / damage to the items that Insured Person purchases entirely with his/her card/ bank account/ digital wallet/ any other mode of payment as specified in the Policy Schedule/ Certificate of Insurance,**

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provided that the loss/ damage to the purchased item is due to the below listed covered perils and within number of days as specified in the Policy Schedule/ Certificate of Insurance from the date of purchase or date of confirmed delivery of the item (whichever is later).

**Covered Perils**

1. Fire Perils
2. Earthquake
3. Burglary

**Condition Applicable to Section 47 – Purchase Protection**

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

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

**Exclusion Applicable to Section 47 – Purchase Protection**

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

**Specific Exclusion applicable to Section 47 which can be waived in case specifically agreed by us:**

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

**SECTION 48- PRICE PROTECTION**

**What We Cover**

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

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

**Condition Applicable to Section 48 – Price Protection**

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

**Specific Exclusion applicable to Section 48 – Price Protection:**

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

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

**SECTION 49– WALLET PROTECTION (LOST WALLET COVERAGE)**

**What We Cover**

If You have opted for this cover, The Company hereby agrees to indemnify to the Insured Person when Insured Person's wallet is lost or stolen, a sum not exceeding the Sum Insured as specified in the Policy Schedule/ Certificate Of Insurance against this section.

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

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

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

**Condition Applicable to Section 49 – Wallet Protection**

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

**Exclusion Applicable to Section 49– Wallet Protection**

We will not cover:

- 1. money, cheque(s), transportation tickets, tickets of any kind, negotiable instruments, stamp or other similar items that were in the lost or stolen wallet;
- 2. losses that are caused by any events other than lost or stolen, such as fire, water, normal wear and tear, manufacturing defects, vermin, insects, cleaning or repairs, or similar events;

|                 |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |
|-----------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
|                 |                                                        | <p>3. accidental damage to Insured Person’s wallet and items inside;<br/> 4. any fraudulent/unauthorized charges on the lost or stolen cards;<br/> 5. any identity theft related costs that are caused by lost or stolen personal papers or cards.</p> <p><b>Policy Deductible (applicable to Section 43 – Section 49)</b><br/> Subject to the policy limits that apply, we will pay only that part of the total of all covered loss that exceeds the deductible amount shown in the Policy Schedule/ Certificate of Insurance.</p> <p><b>Policy Limitation (applicable to Section 43 – Section 49)</b><br/> For each of the coverage, we will pay up to the maximum amount per occurrence and per policy period/ cover period as shown in the Policy Schedule / Certificate of Insurance.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |
| <p><b>6</b></p> | <p>Exclusions<br/>(what the policy does not cover)</p> | <p><b><u>There are 3 types of exclusions:</u></b><br/> <b><u>I. STANDARD EXCLUSIONS (Please refer below for brief headers, for detail exclusions, please refer to the policy wordings)</u></b><br/> <b><u>(Applicable to Section 1 – Section 42)</u></b></p> <ol style="list-style-type: none"> <li>1. Pre-Existing Diseases - Code- Excl01</li> <li>2. Specified disease/procedure waiting period- Code- Excl02</li> <li>3. 30-day waiting period/Initial Waiting Period- Code- Excl03</li> <li>4. Investigation &amp; Evaluation- Code- Excl04</li> <li>5. Rest Cure, rehabilitation and respite care- Code- Excl05</li> <li>6. Obesity/ Weight Control: Code- Excl06</li> <li>7. Change-of-Gender treatments: Code- Excl07</li> <li>8. Cosmetic or plastic Surgery: Code- Excl08</li> <li>9. Hazardous or Adventure sports: Code- Excl09</li> <li>10. Breach of law: Code- Excl10</li> <li>11. Excluded Providers: Code- Excl11</li> <li>12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12</li> <li>13. 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>14. 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>15. Refractive Error: Code- Excl15</li> <li>16. Unproven Treatments: Code- Excl16</li> </ol> | <p>D.I Standard Exclusion</p> |

- 17. Sterility and Infertility: Code- Excl17
- 18. Maternity: Code Excl18

**II.SPECIFIC EXCLUSIONS ((Please refer below for brief headers, for detail exclusions, please refer to the policy wordings)**

- 19. Maternity Benefit Waiting Period
- 20. Artificial Life Maintenance
- 21. Suicide and Self-Injury
- 22. Cosmetic, Aesthetic and Re-Shaping Treatment & Surgeries
- 23. Pre-Existing Disability
- 24. Circumcision, Aesthetic reasons
- 25. Defence Operation/Aviation Activities
- 26. External Congenital Anomaly
- 27. Geographical Limits
- 28. Non-Medical Expenses
- 29. Insufficient Document
- 30. Spectacles, Hearing aids & other Expenses
- 31. Professional Sports
- 32. Preventive Treatment
- 33. Sexual disorder and Erectile Dysfunction
- 34. Behavioural and Neurodevelopment Disorders
- 35. Sexually Transmitted Infections & Disease
- 36. Sleep Disorders and Sleep Problems
- 37. Spectacles, Hearing aids & other Expenses
- 38. Stem Cell Transplant
- 39. Unjustified or Unwarranted Hospitalization
- 40. Substance abuse and Addictions
- 41. War and hazardous substances
- 42. Legal Liability
- 43. Ear, Eyesight & Optical Services
- 44. Prosthetic and other devices
- 45. Specific Treatments
- 46. Dental Treatment
- 47. Mental Disorders
- 48. Organ Donor

**D.II Specific Exclusion**

**49. Our Maximum Liability in respect of the following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured opted under Section 26.A. Accidental Hospitalization Cover and/or Section 26.B. Accidental & Illness Hospitalization Cover:**

- A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)**
- B. Balloon Sinuplasty**
- C. Deep Brain stimulation**
- D. Oral chemotherapy**
- E. Immunotherapy - Monoclonal Antibody to be given as injection**
- F. Intra vitreal injections**
- G. Robotic surgeries**
- H. Stereotactic radio surgeries**
- I. Bronchial Thermoplasty**
- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)**
- K. IONM - (Intra Operative Neuro Monitoring)**
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.**

**EXCLUSIONS (APPLICABLE TO SECTION 43-SECTION 49)**

- 1. Deductible as mentioned in the Policy Schedule/ Certificate of Insurance against the specific section for each loss.**
- 2. Losses that do not occur within the cover period as specified in the Policy Schedule/ Certificate of Insurance**
- 3. Losses caused by illegal acts;**
- 4. Losses that Insured Person have intentionally caused;**
- 5. Losses sustained by the Insured Person resulting directly or indirectly from the actions of the Insured Person's employee/members of household, relative, acting alone or in collusion with others.**
- 6. Losses due to war, invasion, act of foreign enemy, hostilities or warlike operations (whether war has been declared or not), civil war, rebellion, revolution, insurrection, civil commotion, uprising, military or usurped power, martial law, riot or the act of any lawfully constituted authority.**
- 7. Losses due to the order of any government, public authority, or customers' officials.**
- 8. Losses due to ionizing radiations contamination by radio activity from any nuclear fuel or from any nuclear waste from the combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.**

|  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|  |  | <p>9. Losses due to nuclear, biological, or chemical event<br/>           10. Any loss directly or indirectly caused by pandemic or epidemic as declared by WHO / Indian Government/ any Authorized Government body<br/>           11. Any legal liability, of whatsoever nature.<br/>           12. Any loss or damage which is recoverable from any other source<br/>           13. Any consequential losses of any kind (financial or otherwise), and/or any actual or alleged legal liability of the Insured<br/>           14. Loss due to Terrorism, unless specifically agreed otherwise by Us.</p> <p><b>III. Any other specific exclusions mentioned in the policy schedule/COI.</b></p> |  |
|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

| 7                                                 | <p>Waiting period</p> <ul style="list-style-type: none"> <li>Time period during which specified diseases/ treatments are not covered.</li> <li>It is counted from the beginning of the policy coverage</li> </ul> | <p><b>(Waiting Periods as applicable to Your policy will be mentioned in your policy schedule) - NA</b></p> <table border="1"> <thead> <tr> <th>Waiting Period options</th> <th>Period</th> </tr> </thead> <tbody> <tr> <td>Initial Waiting Period</td> <td>30 days, 15 days, 7 days, 48 hours and NIL</td> </tr> <tr> <td>Pre – existing waiting period</td> <td>0 years, 3 months, 6 months, 1 year, 2 years, 3 years</td> </tr> <tr> <td>Specific Waiting period</td> <td>0 years, 3 months, 6 months, 1 year, 2 years</td> </tr> <tr> <td>Maternity Waiting Period</td> <td>0 years, 9 months, 1 year, 2 years, 3 years, 4 years</td> </tr> <tr> <td>Initial waiting period for HIV cover</td> <td>0 days, 30 days, 60 days, 90 days</td> </tr> <tr> <td>Initial waiting period for Critical illness cover</td> <td>0 days, 30 days, 60 days, 90 days</td> </tr> </tbody> </table> | Waiting Period options | Period | Initial Waiting Period | 30 days, 15 days, 7 days, 48 hours and NIL | Pre – existing waiting period | 0 years, 3 months, 6 months, 1 year, 2 years, 3 years | Specific Waiting period | 0 years, 3 months, 6 months, 1 year, 2 years | Maternity Waiting Period | 0 years, 9 months, 1 year, 2 years, 3 years, 4 years | Initial waiting period for HIV cover | 0 days, 30 days, 60 days, 90 days | Initial waiting period for Critical illness cover | 0 days, 30 days, 60 days, 90 days |  |
|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------|------------------------|--------------------------------------------|-------------------------------|-------------------------------------------------------|-------------------------|----------------------------------------------|--------------------------|------------------------------------------------------|--------------------------------------|-----------------------------------|---------------------------------------------------|-----------------------------------|--|
| Waiting Period options                            | Period                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |        |                        |                                            |                               |                                                       |                         |                                              |                          |                                                      |                                      |                                   |                                                   |                                   |  |
| Initial Waiting Period                            | 30 days, 15 days, 7 days, 48 hours and NIL                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |        |                        |                                            |                               |                                                       |                         |                                              |                          |                                                      |                                      |                                   |                                                   |                                   |  |
| Pre – existing waiting period                     | 0 years, 3 months, 6 months, 1 year, 2 years, 3 years                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |        |                        |                                            |                               |                                                       |                         |                                              |                          |                                                      |                                      |                                   |                                                   |                                   |  |
| Specific Waiting period                           | 0 years, 3 months, 6 months, 1 year, 2 years                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |        |                        |                                            |                               |                                                       |                         |                                              |                          |                                                      |                                      |                                   |                                                   |                                   |  |
| Maternity Waiting Period                          | 0 years, 9 months, 1 year, 2 years, 3 years, 4 years                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |        |                        |                                            |                               |                                                       |                         |                                              |                          |                                                      |                                      |                                   |                                                   |                                   |  |
| Initial waiting period for HIV cover              | 0 days, 30 days, 60 days, 90 days                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |        |                        |                                            |                               |                                                       |                         |                                              |                          |                                                      |                                      |                                   |                                                   |                                   |  |
| Initial waiting period for Critical illness cover | 0 days, 30 days, 60 days, 90 days                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |        |                        |                                            |                               |                                                       |                         |                                              |                          |                                                      |                                      |                                   |                                                   |                                   |  |

| 8               | <p>Financial limits of coverage</p> <p>I. Sub-limit (It is a pre-</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><br/> <b>Since this is a package policy sublimit will be as per the filed products that are given are as follows:</b></p> <table border="1"> <thead> <tr> <th>Section Details</th> <th>Sub Limits (Options)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table> | Section Details | Sub Limits (Options) |  |  |  |
|-----------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------|--|--|--|
| Section Details | Sub Limits (Options)                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                      |  |  |  |
|                 |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                      |  |  |  |

|                                                                                           |                                                                                          |                                                                                        |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| defined limit and the insurance company will not pay any amount in excess of this limit). | <b>Accidental Death</b>                                                                  | Not Applicable                                                                         |
|                                                                                           | <b>Permanent Total Disablement</b>                                                       | Not Applicable                                                                         |
|                                                                                           | <b>Permanent Partial Disablement</b>                                                     | Not Applicable                                                                         |
|                                                                                           | <b>Loss of Income Benefit</b>                                                            | Not Applicable                                                                         |
|                                                                                           | <b>Children Education Benefit</b>                                                        | Not Applicable                                                                         |
|                                                                                           | <b>Marriage Expense for Children Benefit</b>                                             | Not Applicable                                                                         |
|                                                                                           | <b>Orphan Benefit for Children</b>                                                       | Not Applicable                                                                         |
|                                                                                           | <b>Funeral Expense</b>                                                                   | Not Applicable                                                                         |
|                                                                                           | <b>Transportation Expenses</b>                                                           | Not Applicable                                                                         |
|                                                                                           | <b>Trauma Counselling</b>                                                                | Not Applicable                                                                         |
|                                                                                           | <b>Coma Benefit Cover</b>                                                                | Not Applicable                                                                         |
|                                                                                           | <b>Fracture Cover</b>                                                                    | Not Applicable                                                                         |
|                                                                                           | <b>Burns cover</b>                                                                       | Not Applicable                                                                         |
|                                                                                           | <b>Lifestyle Modification</b>                                                            | Not Applicable                                                                         |
|                                                                                           | <b>Expense for External Aids and Appliances</b>                                          | Not Applicable                                                                         |
|                                                                                           | <b>Compassionate Visit</b>                                                               | Not Applicable                                                                         |
|                                                                                           | <b>Miscarriage Due to Accidental Injury</b>                                              | Not Applicable                                                                         |
|                                                                                           | <b>Adventure Sports Cover</b>                                                            |                                                                                        |
|                                                                                           | A. Death/Permanent Total Disablement                                                     | Not Applicable                                                                         |
|                                                                                           | B. Accidental Hospitalization                                                            | Not Applicable                                                                         |
|                                                                                           | <b>HIV Cover</b>                                                                         | Not Applicable                                                                         |
|                                                                                           | <b>Critical Illness Benefit Cover</b>                                                    | Not Applicable                                                                         |
|                                                                                           | <b>Critical Illness Hospitalization Cover</b>                                            | Accommodation/Room Rent: 1%, 1.5% or 2% or No Limit (as a % of Section 21 Sum Insured) |
|                                                                                           | <b>Cancer Benefit Cover</b>                                                              | NA                                                                                     |
|                                                                                           | <b>Cancer Hospitalization Cover</b>                                                      | Accommodation/Room Rent: 1%, 1.5% or 2% or No Limit (as a % of Section 23 Sum Insured) |
|                                                                                           | <b>EMI Protection Cover</b>                                                              | Not Applicable                                                                         |
|                                                                                           | <b>Loss of Employment</b>                                                                | Not Applicable                                                                         |
| <b>Hospitalization Cover</b>                                                              |                                                                                          |                                                                                        |
| <b>A. Accidental Hospitalization Cover</b>                                                | Accommodation/Room Rent: 1%, 1.5% or 2% or No Limit (as a % of Section 26.A Sum Insured) |                                                                                        |
| A1. Day Care Procedures                                                                   | NA                                                                                       |                                                                                        |
| A2. Pre-Hospitalization Expenses                                                          | NA                                                                                       |                                                                                        |
| A3. Post-Hospitalization Expenses                                                         | NA                                                                                       |                                                                                        |

|                                                                                                         |                                                                                                                 |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| A4. Dental Treatment                                                                                    | NA                                                                                                              |
| A5. Road Ambulance                                                                                      | 1% of Section 26.A Sum Insured Max up to the INR 5000                                                           |
| A6. Second Medical Opinion                                                                              | NA                                                                                                              |
| <b>B. Accidental &amp; Illness Hospitalization Cover</b>                                                | Accommodation/Room Rent: 1%, 1.5% or 2% or No Limit (as a % of Section 26.A Sum Insured)                        |
| B1. Day Care Procedures                                                                                 | NA                                                                                                              |
| B2. Pre-Hospitalization Expenses                                                                        | NA                                                                                                              |
| B3. Post-Hospitalization Expenses                                                                       | NA                                                                                                              |
| B4. Dental Treatment                                                                                    | NA                                                                                                              |
| B5. Road Ambulance                                                                                      | 1% of Section 26.B Sum Insured Max up to the INR 5000                                                           |
| B6. Bariatric Surgery Cover                                                                             | 5%/10%/20% / 100% of Section 26.B Sum Insured                                                                   |
| B7. Psychiatric Illness Cover                                                                           | 5%/10%/20% of Section 26.B Sum Insured Up to 1 Lakh                                                             |
| B8. Complimentary Health Check Up                                                                       | Up to 0.25%/0.5% of the Sum Insured (excluding any cumulative bonus) Subject to maximum of INR 5,000 Per Policy |
| B9. Second Medical Opinion                                                                              | NA                                                                                                              |
| <b>Infertility Treatment Cover</b>                                                                      | 10% of the Section 26.B Sum Insured                                                                             |
| <b>Organ Donor</b>                                                                                      | NA. However donor's Pre and Post Hospitalization expenses up to 5% of the admissible harvesting expenses        |
| <b>Alternate Treatment (Ayush) Cover (Mandatory In-Built cover in Section-26 Hospitalization Cover)</b> | NA                                                                                                              |
| <b>Emergency Air Ambulance</b>                                                                          | NA                                                                                                              |
| <b>Long Hospitalization Cash Benefit</b>                                                                | NA                                                                                                              |
| <b>Maternity Benefit &amp; New Born Baby Cover</b>                                                      | NA                                                                                                              |
| <b>Out-Patient (OPD) Benefit</b>                                                                        | NA                                                                                                              |
| <b>Home (Domiciliary) Hospitalization</b>                                                               | NA                                                                                                              |
| <b>Sum Insured Refill Benefit</b>                                                                       | NA                                                                                                              |
| <b>Daily Hospital Cash Cover</b>                                                                        |                                                                                                                 |
| A. Accidental Hospitalization Cover                                                                     | NA                                                                                                              |



|                                                                      |    |
|----------------------------------------------------------------------|----|
| B. Accidental & Illness Hospitalization Cover                        | NA |
| <b>Wellness Benefit Program</b>                                      | NA |
| <b>Accidental Hospitalization Cash Allowance Cover</b>               | NA |
| <b>Accidental &amp; Illness Hospitalization Cash Allowance Cover</b> | NA |
| <b>Critical Illness Hospitalization Cash Allowance Cover</b>         | NA |
| <b>Companion Benefit Cover</b>                                       | NA |
| <b>Parent Accommodation</b>                                          | NA |
| <b>Maternity Benefit</b>                                             | NA |
| <b>Card Cover</b>                                                    | NA |
| <b>Other Electronic Transaction Cover</b>                            | NA |
| <b>Digital Wallet Cover</b>                                          | NA |
| <b>Identity Theft</b>                                                | NA |
| <b>Purchase Protection</b>                                           | NA |
| <b>Price Protection</b>                                              | NA |
| <b>Wallet Protection (Lost Wallet Coverage)</b>                      | NA |

II. Co-payment (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured).

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

| Name of the Benefit                  | Whether Deductible allowed | If Yes, range of Deductible |         | Whether Co-Pay allowed | If yes, range of Co-Pay |         |
|--------------------------------------|----------------------------|-----------------------------|---------|------------------------|-------------------------|---------|
|                                      |                            | Minimum                     | Maximum |                        | Minimum                 | Maximum |
| <b>Accidental Death</b>              | No                         |                             |         | No                     |                         |         |
| <b>Permanent Total Disablement</b>   | No                         |                             |         | No                     |                         |         |
| <b>Permanent Partial Disablement</b> | No                         |                             |         | No                     |                         |         |
| <b>Loss of Income Benefit</b>        | Yes (Time Excess)          | 0 Weeks                     | 4 Weeks | No                     |                         |         |

|                                                                                                                                                                                                                                                                 |                                                 |    |  |    |     |    |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----|--|----|-----|----|-----|
| <p>III. Deductible (It is a specified amount: - upto which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>IV. Any other limit (as applicable)</p> | <b>Children Education Benefit</b>               | No |  |    | No  |    |     |
|                                                                                                                                                                                                                                                                 | <b>Marriage Expense for Children Benefit</b>    | No |  |    | No  |    |     |
|                                                                                                                                                                                                                                                                 | <b>Orphan Benefit for Children</b>              | No |  |    | No  |    |     |
|                                                                                                                                                                                                                                                                 | <b>Funeral Expense</b>                          | No |  |    | No  |    |     |
|                                                                                                                                                                                                                                                                 | <b>Transportation Expenses</b>                  | No |  |    | No  |    |     |
|                                                                                                                                                                                                                                                                 | <b>Trauma Counselling</b>                       | No |  |    | Yes | 0% | 50% |
|                                                                                                                                                                                                                                                                 | <b>Coma benefit cover</b>                       | No |  |    | No  |    |     |
|                                                                                                                                                                                                                                                                 | <b>Fracture Cover</b>                           | No |  |    | No  |    |     |
|                                                                                                                                                                                                                                                                 | <b>Burns cover</b>                              | No |  |    | No  |    |     |
|                                                                                                                                                                                                                                                                 | <b>Lifestyle Modification</b>                   | No |  |    | Yes | 0% | 50% |
|                                                                                                                                                                                                                                                                 | <b>Expense for External Aids and Appliances</b> | No |  |    | Yes | 0% | 50% |
|                                                                                                                                                                                                                                                                 | <b>Compassionate Visit</b>                      | No |  |    | Yes | 0% | 50% |
|                                                                                                                                                                                                                                                                 | <b>Miscarriage Due to Accidental Injury</b>     | No |  |    | No  |    |     |
|                                                                                                                                                                                                                                                                 | <b>Adventure Sports Cover</b>                   | No |  |    | -   |    |     |
|                                                                                                                                                                                                                                                                 | <b>A. Death/Permanent Total Disablement</b>     | No |  |    | No  |    |     |
|                                                                                                                                                                                                                                                                 | <b>B. Accidental Hospitalization</b>            | No |  |    | Yes | 0% | 50% |
|                                                                                                                                                                                                                                                                 | <b>HIV Cover</b>                                | No |  |    | No  |    |     |
|                                                                                                                                                                                                                                                                 | <b>Critical Illness Benefit Cover</b>           | No |  |    | No  |    |     |
|                                                                                                                                                                                                                                                                 | <b>Critical Illness Hospitalization Cover</b>   | No |  |    | No  |    |     |
|                                                                                                                                                                                                                                                                 | <b>Cancer Benefit Cover</b>                     | No |  |    | No  |    |     |
| <b>Cancer Hospitalization Cover</b>                                                                                                                                                                                                                             | No                                              |    |  | No |     |    |     |
| <b>EMI Protection Cover</b>                                                                                                                                                                                                                                     | No                                              |    |  | No |     |    |     |
| <b>Loss of Employment</b>                                                                                                                                                                                                                                       | No                                              |    |  | No |     |    |     |
| <b>Hospitalization Cover</b>                                                                                                                                                                                                                                    | Yes                                             |    |  |    |     |    |     |

|  |                                                                      |     |                                         |                                            |     |    |     |
|--|----------------------------------------------------------------------|-----|-----------------------------------------|--------------------------------------------|-----|----|-----|
|  | A. Accidental Hospitalization Cover                                  | Yes | NIL                                     | 15 Lakhs                                   | Yes | 0% | 50% |
|  | B. Accidental & Illness Hospitalization Cover                        | Yes | NIL                                     | 15 Lakhs                                   | Yes | 0% | 50% |
|  | <b>Infertility Treatment Cover</b>                                   | Yes | NIL                                     | 15 Lakhs                                   | Yes | 0% | 50% |
|  | <b>Organ Donor</b>                                                   | Yes | NIL                                     | 15 Lakhs                                   | Yes | 0% | 50% |
|  | <b>Emergency Air Ambulance</b>                                       | Yes | NIL                                     | 15 Lakhs                                   | Yes | 0% | 50% |
|  | <b>Long Hospitalization Cash Benefit</b>                             | No  |                                         |                                            | No  |    |     |
|  | <b>Maternity Benefit &amp; New Born Baby Cover</b>                   | No  |                                         |                                            | No  |    |     |
|  | <b>Out-Patient (OPD) Benefit</b>                                     | No  |                                         |                                            | No  |    |     |
|  | <b>Home (Domiciliary) Hospitalization</b>                            | Yes | NIL                                     | 15 Lakhs                                   | Yes | 0% | 50% |
|  | <b>Sum Insured Refill Benefit</b>                                    | Yes | NIL                                     | 15 Lakhs                                   | Yes | 0% | 50% |
|  | <b>Daily Hospital Cash Cover</b>                                     |     |                                         |                                            |     |    |     |
|  | A. Accidental Hospitalization Cover                                  |     |                                         |                                            |     |    |     |
|  | B. Accidental & Illness Hospitalization Cover                        |     |                                         |                                            |     |    |     |
|  | <b>Wellness Benefit Program</b>                                      | NA  |                                         | NA                                         |     |    |     |
|  | <b>Accidental Hospitalization Cash Allowance Cover</b>               | Yes | Basis 1 - 0 Day<br>Basis 2 – 0 Interval | Basis 1- 10 Days /<br>Basis 2- 3 Intervals | NA  | NA | Yes |
|  | <b>Accidental &amp; Illness Hospitalization Cash Allowance Cover</b> | Yes | Basis 1 - 0 Day<br>Basis 2 – 0 Interval | Basis 1- 10 Days /<br>Basis 2- 3 Intervals | NA  | NA | Yes |

|  |  |                                                              |     |                                         |                                            |    |    |     |  |
|--|--|--------------------------------------------------------------|-----|-----------------------------------------|--------------------------------------------|----|----|-----|--|
|  |  | <b>Critical Illness Hospitalization Cash Allowance Cover</b> | Yes | Basis 1 - 0 Day<br>Basis 2 – 0 Interval | Basis 1- 10 Days /<br>Basis 2- 3 Intervals | NA | NA | Yes |  |
|  |  | <b>Companion Benefit Cover</b>                               | Yes | Basis 1 - 0 Day<br>Basis 2 – 0 Interval | Basis 1- 10 Days /<br>Basis 2- 3 Intervals | NA | NA | Yes |  |
|  |  | <b>Parent Accommodation</b>                                  | Yes | Basis 1 - 0 Day<br>Basis 2 – 0 Interval | Basis 1- 10 Days /<br>Basis 2- 3 Intervals | NA | NA | Yes |  |
|  |  | <b>Maternity Benefit</b>                                     | Yes | Basis 1 - 0 Day<br>Basis 2 – 0 Interval | Basis 1- 10 Days /<br>Basis 2- 3 Intervals | NA | NA | Yes |  |
|  |  | <b>Card Cover</b>                                            | NA  | NA                                      | NA                                         | NA | NA | NA  |  |
|  |  | <b>Other Electronic Transaction Cover</b>                    | NA  | NA                                      | NA                                         | NA | NA | NA  |  |
|  |  | <b>Digital Wallet Cover</b>                                  | NA  | NA                                      | NA                                         | NA | NA | NA  |  |
|  |  | <b>Identity Theft</b>                                        | NA  | NA                                      | NA                                         | NA | NA | NA  |  |
|  |  | <b>Purchase Protection</b>                                   | NA  | NA                                      | NA                                         | NA | NA | NA  |  |
|  |  | <b>Price Protection</b>                                      | NA  | NA                                      | NA                                         | NA | NA | NA  |  |
|  |  | <b>Wallet Protection (Lost Wallet Coverage)</b>              | NA  | NA                                      | NA                                         | NA | NA | NA  |  |

|          |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |
|----------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>9</b> | Claims/Claims Procedure | <p><b>1. Claims Notification and Procedure (Applicable to section 1 – Section 42)</b><br/>In the event of any accidental injury or illness or condition that may result in a claim under this policy, it is a condition precedent to Our liability under the Policy that below procedure should be followed depending on the type of claim:</p> <p><b>A. Cashless Claim Process:</b><br/>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> <p>1. We are given a notice at least 72 hours before any planned hospitalization or within 24 Hours of hospitalization in case of an emergency situation.</p> | E.II.45 & 46 |
|----------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|

2. For Cashless Facility You shall follow the below Procedure:
  - a. Share the Health Card/Copy of E-Cards along with ID Proof with the Hospital Authority & Obtain the Pre-Authorization Form from the Hospital.
  - b. Submit Duly filled & Signed Pre-Authorization Form to the Hospital Counter.
  - c. Ensure that the Hospital shares the Duly filled & Signed Pre-Authorization Form to Service Provider / Third Party Administrator (TPA) for further Processing.
  - d. Service Provider / Third Party Administrator (TPA) will inform the decision and may issue authorization letter depending on the Policy Terms and Conditions to the Hospital directly.
  - e. Once the request for Pre-Authorization has been granted, the treatment must take place within 15 days of the Pre-Authorization Approval Date or the Policy Expiry Date whichever is earlier and shall be valid only if all the details of the Authorised details, Hospital and Location including Dates match with the details of the Actual Treatment Received.
  - f. We reserve the right to modify, add or restrict any Network Provider for Cashless Facility in Our sole discretion. Before availing Cashless Facility, please check the applicable updated list of Network Providers.
  - g. For any queries designated Service Provider / Third Party Administrator (TPA) may be contacted on the contact details mentioned on the Health Card/Copy of E-Cards issued to You.

**B. Reimbursement Claim Process:**

Reimbursement Facility can be availed from any hospital within India of Your Choice Wherein You will have to make payment directly to the Hospital and submit the documents to Service Provider / Third Party Administrator (TPA) for processing the reimbursement of the claim amount provided that:

1. We or Our Service Provider / Third Party Administrator (TPA) should be intimated within 48 hours of date of admission.
2. For Reimbursement Claim You shall follow the below Procedure:
  - a. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
  - b. In case the claim is not settled within the specified timelines, then the claimant is entitled for interest at bank rate plus 2 percent from the date of receipt of intimation to till the date of payment.
  - c. However, where the circumstances of a claim warrant an investigation in the opinion of the company, it shall initiate and complete such investigation at the earliest, in any case not later than 15 days from the date of receipt of last necessary document. In such cases, the company shall settle or reject the claim within 15 days from the date of receipt of last necessary document.
  - 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.

“Bank rate” shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

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

**C. List of Claim Documents:**

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

| Section                      | Documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Hospitalization Claim</b> | <ul style="list-style-type: none"> <li>• Discharge Summary</li> <li>• Medical Records<br/>(Optional Documents may be asked on need basis: Indoor case papers, OT notes, PAC notes etc.)</li> <li>• Original Hospital Main Bill</li> <li>• Original Hospital Bill Break Up</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>• Postmortem Report (If applicable)</li> <li>• Disability Certificate (If applicable)</li> <li>• Attending Physician Certificate (If applicable)</li> <li>• Ante-natal Record (If applicable)</li> <li>• Birth discharge Summary (If applicable)</li> <li>• Death Certificate (If applicable)</li> <li>• Any other documents on case-to-case basis</li> </ul> |

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|  |  | <p><b>Out - Patient (OPD) Claim</b></p>                                                                 | <ul style="list-style-type: none"> <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>• Any other documents on case-to-case basis</li> </ul>                                                                                                                                                                                                                                                                      |  |
|  |  | <p><b>Critical Illness/Cancer Claim</b></p>                                                             | <ul style="list-style-type: none"> <li>• Medical Records<br/>(Optional Documents may be asked on need basis: Indoor case papers, OT notes, PAC notes etc.)</li> <li>• Consultation Papers</li> <li>• Investigation Reports</li> <li>• MLC/FIR Report (If applicable)</li> <li>• Disability Certificate (If applicable)</li> <li>• Attending Physician Certificate (If applicable)</li> <li>• Copy of Hospital Summary</li> <li>• Death Certificate (If applicable)</li> <li>• Any other documents on case-to-case basis</li> </ul>                                                                                                                                           |  |
|  |  | <p><b>Daily Hospital Cash Claim</b></p>                                                                 | <ul style="list-style-type: none"> <li>• Discharge Summary</li> <li>• Any other documents on case-to-case basis</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|  |  | <p><b>Accidental Death</b><br/><b>Adventure Sports Cover</b><br/><b>Orphan Benefit For Children</b></p> | <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 / Panchnama / Inquest Panchnama. (Wherever applicable).</li> <li>• Attested Copy of Postmortem Report (Only if conducted).</li> <li>• Attested Copy of Viscera report if any (Only if Postmortem is conducted).</li> </ul> |  |

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|  |  |                                                                                                                            | <ul style="list-style-type: none"> <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> <li>• Any other documents on case-to-case basis</li> </ul>                                                                                                                                                                     |  |
|  |  | <p><b>Permanent Total Disablement</b></p> <p><b>Permanent Partial Disablement</b></p> <p><b>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> <li>• Any other documents on case-to-case basis</li> </ul> |  |
|  |  | <p><b>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> <li>• Any other documents on case-to-case basis</li> </ul>                                                                                                                  |  |
|  |  | <p><b>Children Education Benefit</b></p>                                                                                   | <ul style="list-style-type: none"> <li>• Bonafide Certificate from School / College or Certificate from the Educational Institution</li> <li>• Any other documents on case-to-case basis</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|  |  | <p><b>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> <li>• Any other documents on case-to-case basis</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |



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|  |  | <p><b>Funeral Expenses</b></p>                   | <ul style="list-style-type: none"> <li>• Original Invoice of Expenses Incurred during Funeral.</li> <li>• Any other documents on case-to-case basis</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|  |  | <p><b>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> <li>• Any other documents on case-to-case basis.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|  |  | <p><b>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> <li>• Any other documents on case-to-case basis.</li> </ul>                                                                                                                                                                                                                                                                                                                                    |  |
|  |  | <p><b>Long Hospitalization Cash Benefit</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>• Postmortem Report (If applicable)</li> <li>• Attending Physician Certificate (If applicable)</li> <li>• Death Certificate (If applicable)</li> <li>• Any other documents on case-to-case basis.</li> </ul> |  |
|  |  | <p><b>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>                                                                                                                                                                                                                                                                                                                                                                                                                              |  |

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|  |  |                                                 | <ul style="list-style-type: none"> <li>• Any other documents on case-to-case basis.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|  |  | <b>Emergency Air Ambulance</b>                  | <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> <li>• Any other documents on case-to-case basis.</li> </ul>                                                                                                                                                        |  |
|  |  | <b>Coma Benefit Cover</b>                       | <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> <li>• Any other documents on case-to-case basis.</li> </ul>                                                                                                                                                                                                                                  |  |
|  |  | <b>Fracture Cover</b>                           | <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> <li>• Any other documents on case-to-case basis.</li> </ul> |  |
|  |  | <b>Burns cover</b>                              | <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> <li>• Any other documents on case-to-case basis.</li> </ul>                                                                                                                         |  |
|  |  | <b>Lifestyle Modification</b>                   | <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> <li>• Any other documents on case-to-case basis.</li> </ul>                                                                                                                                                                                                                                 |  |
|  |  | <b>Expense for External Aids and Appliances</b> | <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> <li>• Any other documents on case-to-case basis.</li> </ul>                                                                                                                                                                                          |  |

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|  |  | <p><b>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> <li>• Any other documents on case-to-case basis.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|  |  | <p><b>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> <li>• Any other documents on case-to-case basis.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|  |  | <p><b>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> <li>• Any other documents on case-to-case basis.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|  |  | <p><b>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 / Panchnama / Inquest Panchnama. (Wherever applicable).</li> </ul> </li> </ul> |  |

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|  |  |                                  | <ul style="list-style-type: none"> <li>○ Attested Copy of Postmortem Report (Only if conducted).</li> <li>○ Attested Copy of Viscera report if any (Only if Postmortem is conducted).</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> <li>○ Disability assessment report from Digit empanelled medical specialist (if required)</li> </ul> </li> </ul> <p>Any other documents on case-to-case basis.</p>                                                                                                                                                                                                                                                                                                      |  |
|  |  | <p><b>Loss of Employment</b></p> | <ul style="list-style-type: none"> <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> </ul> |  |

- Self-declaration
- Any other document as required by the Company /TPA to investigate the Claim or Our obligation to make payment for it, including documents related to proof that the insured has not found any job or has not started working again in family business or started his / her own venture.
- Any other documents on case-to-case basis.

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

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

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

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

- a) Following a Claim, the Insured Person shall immediately give written notice to the Company giving preliminary information regarding particulars about the loss. The Policyholder and Insured Person will, within a period of 15 days of reporting of loss, submit full details of the Claim, supported by the following documents duly completed in all respects to the Company:
  - i. Completed claim form.
  - ii. Claims documents as listed below
  - iii. Photo Id proof of the Insured person
- b) We shall settle or reject a claim, as the case may be within 15 days of submission of last necessary documents / information. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Interest Regulation), 2017. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDAI (Protection of Policyholders Interest Regulation), 2017, 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) For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.
- d) On payment of a claim by the Company, the Sum Insured mentioned in the Certificate of Insurance will stand reduced by the amount of claim paid and cannot be reinstated. Claim amount will be paid

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

| Section                                     | Claim Documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| Section: Card Cover                         | <ol style="list-style-type: none"> <li>1) For Card Related claims – Proof of Disabling of Card facility at core banking Proof (to be done within 24 hours from the date of realisation of loss)</li> <li>2) Card Statement/ Account Statement for last 6 months indicating Fraudulent Transactions/Unauthorised Use and loss liability.</li> <li>3) Card Copy / Declaration from the Bank/ financial institution</li> <li>4) Internal Investigation report of the card issuer/ financial institution</li> <li>5) Proof of settlement / chargeback/ other recoveries</li> <li>6) Customer complaint letter regarding fraudulent / unauthorized transaction to the bank/ financial authority/ card issuer.</li> <li>7) In case of ATM Robbery, FIR must indicate the exact time of ATM Robbery and distance from the ATM from which the money was withdrawn.</li> <li>8) Any other document required for the settlement of claim on case-to-case basis</li> </ol> |
| Section: Other Electronic Transaction Cover | <ol style="list-style-type: none"> <li>1) Account Statement for last 6 months indicating Fraudulent Transactions/Unauthorised Use or loss</li> <li>2) Customer complaint letter regarding fraudulent / unauthorized transaction to the bank/ financial authority.</li> <li>3) Internal Investigation report of the bank/ financial institution</li> <li>4) Proof of settlement / chargeback/ other recoveries</li> <li>5) Any other document required for the settlement of claim on case-to-case basis</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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

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|    |                         | <p>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><br/>           In case of any grievance the insured person may contact the company through<br/>           Website: <a href="https://www.godigit.com">https://www.godigit.com</a><br/>           Toll Free: 1-800-258- 4242<br/>           Email: <a href="mailto:hello@godigit.com">hello@godigit.com</a><br/>           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><br/>           Insured person may also approach the grievance cell at any of the company's branches with the details of grievance<br/>           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><br/>           For updated details of grievance officer, kindly refer the link:<br/> <a href="https://www.godigit.com/claim/grievance-redressal-procedure">https://www.godigit.com/claim/grievance-redressal-procedure</a><br/>           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<br/>           Grievance may also be lodged at IRDAI Integrated Grievance Management System-<br/> <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><br/>           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></p> <p>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><br/>           In case of Indemnity based insurance sections</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |



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|    |                  | <p>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.</p> <p>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/portal">https://iib.gov.in/portal</a>.</p> <p>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.</p> <p>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.</p> <p><b><u>Migration</u></b><br/>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><br/>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 any grounds of non-disclosure and/or 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.7</p> |
| 12 | Your Obligations | <p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Please Disclose any change in Material Information during the policy period.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          |

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|  |  | 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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