

MANIPALCIGNA LIFESTYLE PROTECTION - ACCIDENT CARE

Policy Contract

B. Preamble

This is a legal contract between You and Us subject to the receipt of full premium, Disclosure to Information Norm including the information provided by You in the Proposal Form and the terms, conditions and exclusions of this Policy.

If any claim arising as a result of an Injury solely and directly due to an Accident anywhere in the world, that occurred during the Policy Period becomes payable, then We shall pay the Benefits in accordance with terms, conditions and exclusions of the Policy.

C. Definitions

C.I. Standard Definitions

- 1. Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 2. Break in Policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period
- 3. Congenital Anomaly** refers to a condition (s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - **Internal Congenital Anomaly** - Congenital anomaly which is not in the visible and accessible parts of the body
 - **External Congenital Anomaly** - Congenital anomaly which is in the visible and accessible parts of the body
- 4. Condition Precedent** means a Policy term or condition upon which Our liability under the Policy is conditional upon.
- 5. Disclosure to Information Norm** The Policy shall be void and all premium paid thereon shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 6. Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases
- 7. Hospital** means any institution established for in-patient care and day care treatment of Illness and/or Injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section of 56 (1) of the said Act OR complies with all minimum criteria as under:
 - Has qualified nursing staff under its employment round the clock;
 - Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - Has qualified Medical Practitioner (s) in charge round the clock;
 - Has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
 - Maintains daily records of patients and makes this accessible to the insurance company's authorized personnel.
- 8. Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive In-patient Care hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.
- 9. Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
 - (a) **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery

(b) **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs ongoing or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

10. Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

11. Medical Advice means any consultation or advise from a Medical Practitioner including the issue of any prescription or follow-up prescription.

12. Medically Necessary Treatment means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which

- Is required for the medical management of the Illness or injury suffered by the Insured Person;
- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
- Must have been prescribed by a Medical Practitioner.
- Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

13. Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

14. Notification of Claim means the process of intimating a claim to the insurer or TPA through any of the recognised modes of communication.

15. Pre-existing Disease (PED) means any condition, ailment, injury or disease:

- a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
- b) for which medical advice or treatment was recommended by, or received from, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

16. Reasonable and Customary Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/injury involved.

17. Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

18. Surgery or Surgical Procedure means manual and/or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.

19. Unproven/Experimental Treatment means treatment, including drug experimental therapy, which is not based on established medical practice in India

C.II. Specific Definitions

1. Age or Aged means the completed age (in years) of the Insured Person as on his/her last birthday.

2. Annexure means a document attached and marked as Annexure to this Policy.

3. Common Carrier means any land, sea or air conveyance operated under a licence issued by a government authority having jurisdiction for the transportation of fare paying passengers and which has fixed established routes only.

- 4. Dependents** means only the family members listed below
 - i) Your legally married spouse as long as she continues to be married to You;
 - ii) Your children Aged between 91 days and 25 years if they are unmarried
 - iii) Your natural parents or parents that have legally adopted You,
- 5. Dependent Child** means a child up to the age of 25 years (naturally or legally adopted), who is financially dependent on You and does not have his independent source of income.
- 6. Expiry Date** is the date on which this Policy expires as specified in the Policy Schedule.
- 7. Fracture** is a break in continuity of the bone evidenced by an X-Ray and certified by the attending Medical Practitioner.
- 8. Family** for the purpose of Section E.I.4 means immediate family member or blood relative.
- 9. Hazardous Activities** means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained or not. Such sport/activity includes stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/obstacle riding, bobsleighting/using skeletons, bouldering, boxing, canyoning, cavin/pot holing, cave tubing, rock limbing/trekking/mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, marathon running, martial arts, micro - lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/time trials, triathlon, water ski jumping, weight lifting or wrestling any type.
- 10. Inception Date** means the inception date of this Policy as specified in the Policy Schedule
- 11. Insured Person** means the person (s) named in the Policy Schedule, who is/are covered under this Policy, for whom the insurance is proposed and the appropriate premium paid.
- 12. Loss of Independent Living** means that the Insured Person is permanently unable to perform independently three or more of the following six activities of daily living:
 - i. **Washing:** the ability to maintain an adequate level of cleanliness and personal hygiene
 - ii. **Dressing:** the ability to put on and take off all necessary garments, artificial limbs or other surgical appliances that are medically necessary
 - iii. **Feeding:** the ability to transfer food from a plate or bowl to the mouth once food has been prepared and made available
 - iv. **Toileting:** the ability to manage bowel and bladder function, maintaining an adequate and socially acceptable level of hygiene
 - v. **Mobility:** the ability to move indoors from room to room on level surfaces at the normal place of residence
 - vi. **Transferring:** the ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa.
- 13. Nominee** means the person named in the Policy Schedule who is nominated to receive the benefits under the Policy in accordance with the terms and conditions of the Policy, if You are deceased.
- 14. Policy** means this Policy document, the Proposal Form and the Policy Schedule which form part of the Policy including endorsements, as amended from time to time which form part of the Policy and shall be read together.
- 15. Policy Period** means the period between the Inception Date and the Expiry Date of the Policy as specified in the Policy Schedule or the date of cancellation of this Policy, whichever is earlier.
- 16. Policy Year** means a period of 12 consecutive months commencing from the Inception Date.
- 17. Policy Schedule** means the schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to, including any Annexures and/

or endorsements, made to or on it from time to time, and if more than one, then the latest in time.

18. Sum Insured means, subject to terms, conditions and exclusions of this Policy, the amount representing Our maximum, total liability for any or all claims arising under this Policy in respect of an Insured Person and is as specified in the Policy Schedule.

19. We/Our/Us means ManipalCigna Health Insurance Company Limited.

20. You/Your means the person named in the Policy Schedule as the policyholder and who has concluded this Policy with Us.

D. Benefits covered under the policy

D.I. Standard Covers

If an Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in the Insured Person's death or disablement which is of the nature specified below within 365 days of the Accident, then We shall pay the corresponding benefits specified below to You, the Insured Person or the Nominee, as the case may be.

D.I.1. Accidental Death

If the Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in the death of the Insured Person within 365 days from the date of the Accident, We will pay 100% of opted Sum Insured as specified in the Policy Schedule. Where such Death occurs while the Insured Person is a fare paying passenger on a common carrier, We will pay 200% of opted Sum Insured as specified in the Policy Schedule.

Table of Benefits	Percentage of the Sum Insured payable
a. Accidental Death	100%
b. Accidental Death (Common Carrier)	200%

Once a claim has been accepted and paid under this Benefit then this Policy will automatically terminate in respect of that Insured Person.

D.I.2. Permanent Total Disablement

If the Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in the Permanent Total Disablement of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the Sum Insured as specified in the table below. Where such Permanent Total Disablement occurs while the Insured Person is a fare paying passenger on a common carrier, We will pay 200% of opted Sum Insured as specified in the table below.

Table of Benefits	Percentage of the Sum Insured payable
a. Type of Permanent Total Disablement	
i) Total and irrecoverable loss of sight of both eyes	100%
ii) Loss by physical separation or total and permanent loss of use of both hands or both feet	100%
iii) Loss by physical separation or total and permanent loss of use of one hand and one foot	100%
iv) Total and irrecoverable loss of sight of one eye and loss of a Limb	100%
v) Total and irrecoverable loss of hearing of both ears and loss of one Limb/loss of sight of one eye	100%
vi) Total and irrecoverable loss of hearing of both ears and loss of speech	100%
vii) Total and irrecoverable loss of speech and loss of one Limb/loss of sight of one eye	100%
viii) Permanent total and absolute disablement (not falling under the above) disabling the Insured Person from engaging in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in "Loss of Independent Living"	100%

b. Permanent Total Disablement (of the nature listed under II.2.b which occurs due to an Accident while the Insured Person is a fare paying passenger on a common carrier)	200%
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For the purpose of this benefit,

- Limb means a hand at or above the wrist or a foot above the ankle;
- Physical separation of one hand or foot means separation at or above wrist and/or at or above ankle, respectively.

The benefits as specified above will be payable provided that:

- The Permanent Total Disablement is proved to Our satisfaction; and a disability certificate issued by a Civil Surgeon or the equivalent appointed by the District/State or Government Board; and
- The Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement; provided that We must be satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement.
- If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however it will be payable under Accidental Death Benefit under D.I.1 above provided it is payable as per the coverage under Section D.I.1 and such intimation of death has been made to Us.
- If We have admitted a claim for Permanent Total Disablement in accordance with this Benefit, then We shall not be liable to make any payment under the Policy on the death of the Insured Person, if the Insured Person subsequently dies.
- Once a claim has been accepted and paid under this Benefit then cover under this Policy shall immediately and automatically cease in respect of that Insured Person. Claims in respect of Common Carrier benefit are limited to Accidental Death D.I.1 & Permanent Total Disability D.I.2 only.

D.I.3. Permanent Partial Disablement

If the Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in the Permanent Partial Disablement of the Insured Person which is of the nature specified in the table below within 365 days from the date of the

Accident, We will pay the amount specified in the table below.

Table of Benefits	Percentage of the Sum Insured payable
a. Permanent Partial Disablement	
i) Total and irrecoverable loss of sight of one eye	50%
ii) Loss of one hand or one foot	50%
iii) Loss of all toes - any one foot	10%
iv) Loss of toe great - any one foot	5%
v) Loss of toes other than great, if more than one toe lost, each	2%
vi) Total and irrecoverable loss of hearing in both ears	50%
vii) Total and irrecoverable loss of hearing in one ear	15%
viii) Total and irrecoverable loss of speech	50%
ix) Loss of four fingers and thumb of one hand	40%
x) Loss of four fingers	35%
xi) Loss of thumb - both phalanges	25%
xii) Loss of thumb - one phalanx	10%
xiii) Loss of index finger-three phalanges	10%
- two phalanges	8%
- one phalanx	4%
xiv) Loss of middle/ring/little finger-three phalanges	6%
- two phalanges	4%
- one phalanx	2%

The benefits specified above will be payable provided that:

- The Permanent Partial Disablement is proved to Our satisfaction; and a disability certificate issued by a Civil Surgeon or the equivalent appointed by the District/State or Government Board;
- The Permanent Partial Disablement continues for a period of at least 180 days from the commencement of the Permanent Partial Disablement; provided that We must be satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement.
- If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit;
- In case the Insured Person suffers a loss not mentioned in the table above, then Our medical advisors will determine the degree of disablement

and the amount payable, if any.

- e. We will not make any payment under Permanent Partial Disability if we have already paid or accepted any claims under Permanent Total Disability, Permanent Partial Disability or Temporary Total Disability in respect of the Insured Person and the total amount paid or payable under those claims is cumulatively greater than or equal to the opted Sum Insured for that Insured Person.
- f. Once a claim has been accepted and paid under this Benefit then cover under this Policy shall be reduced to the extent of payment made under Permanent Partial Disability in respect of that Insured Person.

D.I.4. Emergency Ambulance Cover

If We have accepted a claim under this Policy, then We will provide a benefit towards Ambulance Expenses as specified in the table below. For the purpose of availing this benefit the Insured Person must have availed of Medically Necessary transportation through a registered Ambulance Service Provider to a Hospital immediately following the Accident.

Sum Insured	Ambulance Benefit
Up to ₹25 Lac	₹2,000
>₹25 Lac up to ₹50 Lac	₹3,000
>₹50 Lac up to ₹3 Cr	₹5,000
Above ₹3 Cr	₹10,000

D.I.5. Orphan Benefit

If We have accepted a claim under Section D.I.1 for an Insured Person who is a Parent and while as a result of the same Accident, the spouse (who may or may not be an Insured Person) has also died, then in addition to any amount payable under Section D.I.1, We will pay an amount equal to the opted Sum Insured of the Insured Person, towards the Dependant Child irrespective of whether the Dependent child is also an Insured Person.

Where both parents are covered with us the Sum Insured payable will be the higher among the two Insured Parents.

Any Claim towards orphan benefit that becomes admissible where the Dependent child is a minor, the Orphan benefit shall be payable to the Legal Guardian.

D.I.6. Loss of Employment

If We have accepted a claim under Section D.I.2 or D.I.3 that results in a condition due to which the Insured Person is totally disabled from engaging in his / her employment and loses his source of income generation through engaging in his/her primary occupation, then a monthly payout according to the below terms shall be paid by Us to the Insured Person in addition to the benefit payable under Section D.I.2 or D.I.3:

- In case of Salaried Insured Persons: A monthly income for 3 months, based on the last 3 months salary slip of the previous employer of the Insured Person. This payout is limited to base monthly net income excluding overtime, bonuses, tips, commissions or any other special compensation.
- In case of Self Employed Insured Persons: A monthly income for 3 months, based on the last income tax returns filed by the Insured Person with the income tax department. This payout will consider net income from primary occupation only and does not include income of other sources.

Benefit for loss of employment shall be available in addition to the Sum Insured and only once during the lifetime of an Insured Person.

D.I.7. Funeral Expenses

If We have accepted a claim under Section D.I.1 in respect of an Insured Person, then in addition to any amount payable under Section D.I.1, We will make a onetime payment as per the amount specified in the table below, towards the funeral/cremation expenses of that Insured Person.

Sum Insured Opted (In ₹)	Funeral Expenses (in ₹)
Up to 50 Lac	₹50,000
Above 50 Lacs	₹1,00,000

D.I.8. Education Fund

If We have accepted a claim under Sections D.I.1 or D.I.2 in respect of an Insured Person, then in addition to any amount payable under these Sections, We will make a onetime payment equal to the 10% of Sum Insured per surviving dependent child of the Insured Person, for a maximum of 2 children, subject to a maximum limit of ₹10,00,000 per Policy.

This benefit shall be payable subject to the dependent child being up to 25 years of age as on date of occurrence of the event and provided that the

dependent child is pursuing an educational course as a full time student at an accredited educational institution and does not have any independent source of income.

D.II. Optional Benefits

The Policy provides the following optional covers. The Policy Schedule will specify the Optional Covers that are in force for the Insured Person. Wherever opted, such Optional Covers shall apply to all Insured Persons under a single policy without any individual selection. All covers available under optional benefits are in addition to the Standard Covers opted under the respective Plan. Wherever a claim qualifies under more than one benefit we will pay for all such eligible covers opted and in force at the time of such claim under the Policy.

D.II.1. Temporary Total Disablement

If the Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in the Temporary Total Disablement of the Insured Person within 365 days from the date of the Accident, We will pay an amount equal to the lesser of 1% of the Sum Insured and ₹25,000 per week for the duration of the Temporary Total Disablement provided that We shall not be liable to make payment under this benefit for more than a total of 100 weeks in respect of any one Injury calculated from the date of commencement of the Temporary Total Disablement, subject always to the availability of the Sum Insured. Minimum absence from work must be for 7 consecutive days, post which if the Insured Person is disabled for a part of the week, then only a proportionate part of the weekly benefit will be payable.

In case of salaried persons this weekly benefit shall in no case exceed the Insured Persons base weekly income excluding overtime, bonuses, tips, commissions or any other special compensation.

For the purpose of this benefit, Temporary Total Disablement means a disablement of an Insured Person such that he/she is totally disabled from engaging in any employment or occupation or business for remuneration or profit, of any description whatsoever on a temporary basis and a disability certificate is issued by a Civil Surgeon or the equivalent appointed by the District/State or Government Board.

D.II.2. Burns Benefit

If the Insured Person suffers from Burns due to an Injury solely and directly due to an Accident that occurs during the Policy Period, We will pay the amount specified in the table below to the Insured Person subject to the following:

- The Burns are not self-inflicted by the Insured Person in any way; and
- A Medical Practitioner has confirmed the diagnosis of the burn and the percentage of surface area in writing.

For the purpose of this benefit, Burns means any burns suffered by the Insured Person as specifically defined in the table below.

Table of Benefits Burns	Percentage of the Sum Insured payable
1. Head	
a. Third degree burns of 8% or more of the total head surface area	100%
b. Second degree burns of 8% or more of the total head surface area	50%
c. Third degree burns of 5% or more, but less than 8% of the total head surface area	80%
d. Second degree burns of 5% or more, but less than 8% of the total head surface area	40%
e. Third degree burns of 2% or more, but less than 5% of the total head surface area	60%
f. Second degree burns of 2% or more, but less than 5% of the total head surface area	30%
2. Rest of the body	
a. Third degree burns of 20% or more of the total body surface area	100%
b. Second degree burns of 20% or more of the total body surface area	50%
c. Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
d. Second degree burns of 15% or more, but less than 20% of the total body surface area	40%

e. Third degree burns of 10% or more, but less than 15% of the total body surface area	60%
f. Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
g. Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
h. Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

Where a claim for 100% Sum Insured has been paid under this coverage under this benefit shall lapse and the policy will continue for the balance period for the other covers, however no further renewals will be permitted.

D.II.3. Broken Bones Benefit

If the Insured Person suffers from Broken Bones due to an Injury solely and directly due to an Accident that occurs during the Policy Period, We will pay percentage the of Sum Insured as specified in the table below.

For the purpose of this benefit, Broken Bones means the breakage of such bones of the Insured Person evidenced by a Fracture and are specifically defined in the table below excluding any form of hair line or simple fracture.

Table of Benefits	Percentage of Sum Insured for Broken Bones Benefit
Injury to vertebral body resulting in spinal cord damage	100%
Pelvis	100%
Skull 30% (excluding nose and teeth)	30%
Chest (all ribs and breast bone)	50%
Shoulder 30% (collar bone and shoulder blade)	30%
Arm	25% or ₹5 Lacs whichever is lower
Leg	25% or ₹5 Lacs whichever is lower
Vertebra-vertebral arch (excluding coccyx)	30% or ₹5 Lacs whichever is lower
Wrist (collies or similar fractures)	10% or ₹5 Lacs whichever is lower
Ankle (Potts or similar fracture)	10% or ₹5 Lacs whichever is lower

Coccyx	5% or ₹1 Lacs whichever is lower
Hand	3% of SI or ₹1 Lac whichever is lower
Finger	3% of SI or ₹1 Lac whichever is lower
Foot	3% of SI or ₹1 Lac whichever is lower
Toe	3% of SI or ₹1 Lac whichever is lower
Nasal bone	3% of SI or ₹1 Lac whichever is lower

For the Purpose of this benefit;

- Pelvis means all pelvic bones which shall be treated as one bone. The sacrum will be considered as part of the vertebral column.
- Skull means all skull and facial bones (excluding nasal bones and teeth) which shall be treated as one bone.
- Any Fracture caused as a result of Sickness or disease (including malignancy), or due to osteoporosis will not be payable under this benefit.
- If an Insured Person suffers a fracture not mentioned in the table above, then We will assess the fracture with Our medical advisors and determine the amount of payment to be made.
- Our maximum liability under this benefit is limited to the opted Sum Insured, irrespective of the number of fractures that the Insured Person suffers caused by the same Accident. Where a claim for 100% Sum Insured has been paid under this coverage under this benefit shall lapse and the policy will continue for the balance period for the other covers, however no further renewals will be permitted.
- If a claim in respect of any fracture of a whole bone also encompasses some or all of its parts, Our liability to make payment will be limited to the whole bone only and not any of its parts.

D.II.4. Coma Benefit

If the Insured Person suffers from a Coma due to an Injury solely and directly due to an Accident that occurs during the Policy Period, We will pay an amount equal to 25% of Sum Insured in respect of that Insured Person, subject to the terms below.

For the purpose of this benefit, Coma means a state of unconsciousness with no reaction or response to external stimuli or internal needs.

This diagnosis of Coma must be supported by evidence of all of the following:

- a) no response to external stimuli continuously for at least 96 hours;
- b) life support measures are necessary to sustain life; and
- c) permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition of Coma has to be confirmed by a specialist Medical Practitioner in writing. Coma resulting directly from alcohol/drug abuse or due to sickness or disease is excluded under this Policy.

E. Exclusions

E.I. Specific Exclusions

We shall not be liable to make any payment for any claim in respect of any Insured Person, directly or indirectly for, caused by or arising from or in any way attributable to any of the following unless otherwise stated in the Policy:

1. Any Pre-existing Disease or Disability arising out of a Pre-existing Diseases or any complication arising therefrom.
2. Any payment in case of more than one claim under the Policy during any one Policy Period by which Our maximum liability in that period would exceed the Sum Insured in respect of Standard Covers. This would not apply to payments made under Optional Covers, Emergency Ambulance Cover, Orphan Benefit, Loss of Employment, Funeral Expenses, Education fund of the Policy.
3. Suicide or attempted Suicide, intentional self-inflicted injury, acts of self-destruction whether the Insured Person is medically sane or insane.
4. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.
5. Death or disablement arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
6. Death or disablement directly or indirectly caused by or associated with any venereal disease, sexually transmitted disease.
7. Congenital internal or external diseases, defects or anomalies or in consequence thereof.
8. Benefit under Accidental Death, Permanent Total Disablement, Permanent Partial Disablement and Emergency Ambulance Cover arising from Bacterial infections (except pyogenic infection which occurs through an cut or wound due to Accident).
9. Benefit under Accidental Death, Permanent Total Disablement, Permanent Partial Disablement and Emergency Ambulance Cover arising from Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
10. Benefit under Accidental Death, Permanent Total Disablement, Permanent Partial Disablement and Emergency Ambulance Cover arising from Hernia.
11. Death or disablement directly or indirectly caused due to or associated with human T-cell Lymphotropic virus type III (HTLV- III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) and its variants or mutants, Acquired Immune Deficiency Syndrome (AIDS) whether or not arising out of HIV, AIDS related complex syndrome (ARCS) and any injury caused by and/or related to HIV.
12. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Policy Schedule.
13. Death or disablement arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion with criminal intent.
14. Death or disablement arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.
15. Death or disablement resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to accident;
16. Death or disablement caused by participation of the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
17. Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating

the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation and is specifically specified in the Policy Schedule.

18. Working in underground mines, tunneling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities.

19. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

- Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
- Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease-producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

20. Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy

F. General Terms and Clauses

F.I. Standard General Terms and Clauses

F.I.1. Duty of Disclosure

- a. The Policy shall be null and void, and all premium paid thereon shall be forfeited to the Company in the event of any misrepresentation or mis-description of any material fact by the policyholder.
- b. The Policy shall be null and void, and all premium paid thereon shall be forfeited to the Company in the event of non-disclosure of any material fact by the policyholder.

("Material facts" 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)

F.I.2. Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject the claim, as the case may be, within 15 days (other than cashless) from date of submission of necessary claim document
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from date of submission of necessary claim documents to the date of payment of claim at a rate 2% above the bank rate.

F.I.3. Free Look period

A period of 30 days from the date of receipt of the Policy document is available to review the terms and conditions of this Policy. You have the option of cancelling the Policy by stating the reasons for cancellation in writing. If there are no claims reported (paid/outstanding) under the Policy then We shall refund the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges. All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy.

Free look cancellation & refund will be made within 7 days from the date of receipt of request. In case of any delay in refund, the insurer shall refund such amounts along with interest at the bank rate plus 2 percent on the refundable amount, from the date of receipt of the request for free look cancellation till the date of refund

F.I.4. Nomination

You can change the nominee to whom such payment is to be made at any time during the Policy Period, provided that such change shall only be effective when You have notified Us and We have recorded the change by an endorsement to this effect.

F.I.5. Cancellation

Request for cancellation shall be notified to Us by giving 15 days' written notice in which case We shall refund the premium for the unexpired term as per the short period scale mentioned below.

Premium shall be refunded only if no claim has been made under the Policy.

1 Year		2 years		3 years	
Policy in force upto	Refund %	Policy in force upto	Refund %	Policy in force upto	Refund %
1 month	75%	1 month	85%	1 month	90%
3 months	50%	3 months	75%	3 months	85%
6 months	25%	6 months	60%	6 months	75%
More than 6 months	NIL	12 months	50%	12 months	60%
		15 months	30%	15 months	50%
		18 months	20%	18 months	35%
		Above 18 months	NIL	24 months	30%
				30 months	25%
				Above 30 months	NIL

In case of Annual instalment premium policies, We will calculate the amount of premium to be retained by Us, considering the full term of the policy as per the short period scale above. Where the premium received on the policy is more than the amount to be retained then, such additional premium shall be refunded. No refund will be processed for cancellation of policies with Premium Payment Mode as Half-yearly, Quarterly or Monthly.

Wherever such Instalment premium received as on the cancellation request date is lower than the amount to be retained by Us, the cancellation will be effected without any refund of premium.

You further understand and agree that We may cancel the Policy by giving 15 days' notice in writing by Registered Post Acknowledgment Due/recorded delivery to Your last known address on grounds of misrepresentation, established fraud, non-disclosure of material fact or for non-co-operation by You without any refund of premium.

An individual Policy with a single Insured Person shall automatically terminate in case of Your death or upon the payment of all eligible Sum Insured's in accordance with the payment of benefits under the applicable sections. In case of a Policy with multiple Insured Persons, the Policy shall continue to be in force for the remaining Insured Persons up to the expiry of current Policy Period until the death of such Insured Persons or upon the payment of the Sum Insured in accordance with Section D. The Policy may be Renewed on an application by

another adult Insured Person under the Policy or any other Member who satisfies the criteria to be a Policyholder whenever such is due for Renewal. All relevant particulars in respect of such person (including his/her relationship with You) must be given to Us along with the application.

F.I.6. Complete Discharge

We will not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy. The payment made by Us to You/Insured Person or to Your Nominee/legal representative, as the case may be, of the Sum Insured under the Policy shall in all cases be complete, valid and construed as an effectual discharge in favour of Us.

F.I.7. Redressal of Grievances

If you have a grievance that you wish us to redress, you may contact us with the details of the grievance through Our website:

www.manipalcigna.com

Email: customercare@manipalcigna.com.

Senior Citizens may write to us at -

seniorcitizensupport@manipalcigna.com

Toll Free: 1800-102-4462

Contact No.: + 91 22 71781300

Courier: Any of Our Branch office or corporate office during business hours. Insured Person may also approach the grievance cell at any of company's branches with the details of the grievance. If Insured Person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at, 'The Grievance Cell,

ManipalCigna Health Insurance Company Limited, Techweb center 2nd Floor New Link Rd, Anand Nagar, Jogeshwari West, Mumbai, Maharashtra 400102, India

or

Email - headcustomercare@manipalcigna.com.

For updated details of grievance officer, kindly refer link-<https://www.manipalcigna.com/grievance-redressal>

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. The contact details of Ombudsman offices attached as Annexure I to this

Policy document.

Grievance may also be lodged at IRDAI complaints management system - <https://bimabharosa.irdai.gov.in/>

You may also approach the Insurance Ombudsman if your complaint is open for more than 30 days from the date of filing the complaint.

The office Name and address details applicable for your state can be obtained from - <https://www.cioins.co.in/Ombudsman>.

F.II. Specific terms and clauses

F.II.1. Material Change

Material information to be disclosed includes every matter that You are aware of, or could reasonably be expected to know, that relates to questions in the Proposal Form and which is relevant to Us in order to accept the risk of insurance and if so on what terms. It is a condition precedent to the Company's liability under the Policy that the Policyholder or the Insured Person shall immediately notify the Company in writing of any material change in the risk on account of change in nature of occupation or business at his own expense. The Company may in its discretion adjust the scope of cover and / or the premium paid or payable, accordingly. You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement or reinstatement of the Policy.

F.II.2. Observance of Terms and Conditions

The due observance and fulfilment of the terms and conditions of the Policy (including the realisation of premium by their respective due dates and compliance with the specified procedure on all claims) in so far as they relate to anything to be done or complied with by You / Insured Person, shall be a Condition Precedent to Our liability under this Policy.

F.II.3. Reasonable Care

You/Insured Person understand and agree to take all reasonable steps in order to safeguard against any Accident or Injuries that may give rise to any claim under this Policy.

F.II.4. Alterations in the Policy

This Policy constitutes the complete contract of insurance between You and Us. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written

endorsement, signed and stamped by Us.

F.II.5. Change of Policyholder

The policyholder may be changed only at the time of Renewal of the Policy. The new policyholder must be a member of the Insured Person's immediate family. Such change would be solely subject to Our discretion and payment of premium by You. The renewed Policy shall be treated as having been renewed without a break. The policyholder may be changed upon request in case of his demise, his moving out of India or in case of divorce during the Policy Period.

F.II.6. No Constructive Notice

Any knowledge or information of any circumstance or condition in relation to You/Insured Person which is in Our possession and not specifically informed by You / Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

F.II.7. Geography

This Policy applies to events or occurrences taking place anywhere in the world unless limited under this Policy in a particular benefit or definition or by Us through an endorsement.

F.II.8. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy by Us or in any separate instrument executed by Us shall be deemed to be part of this Policy and shall have effect accordingly.

F.II.9. Records to be Maintained

You or the Insured Person, as the case may be shall keep an accurate record containing all relevant medical records relevant to the Injury in respect of which a claim has been made under this Policy and shall allow Us or our representative (s) to inspect such records. Such information shall be furnished to Us as may be required by Us under this Policy at any time during the Policy Period and up to the later of three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy.

F.II.10. Loadings and Underwriting

We may apply an additional risk loading of 20% for persons above 70 years of age at the time of buying the Policy for the first time based on a Medical Examination conducted by Us, costs for which will be borne by Us. Additionally a loading 25% may be applied for persons with existing disability of more than 25%. These loadings will be applied from the Inception Date of the first Policy including subsequent Renewal (s) with Us. We will inform You about the applicable risk loading through a counter offer letter and We will only issue the Policy once We receive your consent and applicable additional premium. Maximum loading on a policy shall not increase 45% per Insured Person. There will be no loadings based on individual claims experience.

F.II.11. Grace Period, Revival, Renewal and Discounts Grace Period:

The Policy may be Renewed by mutual consent for life subject to application of renewal and realization of renewal premium and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days (for Single and Annual premium payment mode) from the date of expiry of the Policy. We will not be liable to pay for any claim arising out of an Injury/Accident/condition that occurred during the Grace Period and the period between the date of expiry of previous policy and date of inception of subsequent policy. The provisions of Section 64VB of the Insurance Act shall be applicable. All policies Renewed within the Grace Period shall be eligible for continuity of cover.

Revival Period:

For instalment (Half-yearly and Quarterly) premium policies, the revival period shall be 30 days and for Monthly premium payment mode the revival period shall be 15 days from the due date of next instalment.

You may pay the premium through National Automated Clearing House (NACH)/Standing Instruction (SI) provided that:

- i. NACH / Standing Instruction Mandate form is completely filled & signed by You.
- ii. The Premium amount which would be auto debited & frequency of instalment is duly filled in the mandate form.
- iii. New Mandate Form is required to be filled in

case of any change in the Policy Terms and Conditions whether or not leading to change in Premium.

- iv. You need to inform us at least 15 days prior to the due date of instalment premium if You wish to discontinue with the NACH / Standing Instruction facility.
- v. Non-payment of premium on due date as opted by You in the mandate form subject to an additional renewal/ revival period will lead to termination of the policy.

Renewal Terms:

- a. The Policy will automatically terminate at the end of the Policy Period.
- b. The Policy would be considered as a fresh policy if there would be break of more than 30 days for Single, Annual, Half-yearly and Quarterly payment mode and 15 days for Monthly payment mode, between the previous policy expiry date and current Policy start date.
- c. Renewals will not be denied except on grounds of misrepresentation, fraud, non-disclosure or non-co-operation by You.
- d. Where We have discontinued or withdrawn this product / plan You will have the option to Renew under the nearest substitute policy being issued by Us, provided however benefits payable shall be subject to the terms contained in such other policy which has been approved by IRDAI. We will notify You regarding withdrawal of this product and the options available at the time of Renewal of this Policy.
- e. Insured Persons shall disclose to Us in writing of any material change in his/her health condition or Occupation at the time of seeking Renewal of this Policy, irrespective of any claim arising or made. The terms and condition of the existing policy will not be altered.
- f. We may in Our sole discretion, revise the Renewal premium payable under the Policy or the terms of cover, provided that the Renewal premiums are approved by IRDAI and in accordance with the IRDAI guidelines and regulations as applicable from time to time. Renewal premiums will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification coming into effect.
- g. Alterations like increase/decrease in Sum Insured or change in plan, addition/deletion of Insured Persons, addition/deletion of optional covers/ riders will be allowed at the time of Renewal

of the Policy. You can submit a request for the changes by filling the proposal form before the expiry of the Policy. We reserve Our right to carry out underwriting in relation to acceptance or rejection of the request for changes on Renewal. The terms and conditions of the existing Policy will not be altered.

- h. On renewal, the coverage will be limited to Accidental Death & Permanent Total Disability for Insured Persons above 70 years of age.

Discounts under the Policy

You can avail of the following discounts on the applicable premium on your policy.

i. Family Discount

You can avail a discount of 10% for covering more than 2 family members under the same policy.

ii. Long Term policy discount:

You can avail of a long term discount of 7.5% and 10% on selecting a 2 and 3 years policy respectively. Long term policy discount will not be applicable in case of installment premium policies.

iii. Direct Policy Discount:

You can avail of a 10% discount if you buy this Policy from Us without any intermediary.

iv. Worksite Marketing Discount:

A discount of 10% will be available on policies which are sourced through worksite marketing channel. This discount and Direct Policy discount are mutually exclusive.

F.II.12. Premium calculation

The Premium charged on the Policy will depend on the Plan, Sum Insured, of the Insured Person and Policy Period. Premium can be paid on Single, Yearly, Half yearly, Quarterly or Monthly basis. Premium payment mode can only be selected at the inception of the Policy or at the renewal of the Policy.

In case of premium payment modes other than Single or Yearly, a loading will be applied on the premium.

Loading grid applicable for Half-yearly, Quarterly and Monthly payment mode.

Premium payment mode	% Loading on premium
Monthly	5.5%
QuarterlyHalf yearly	3.5%
Half yearly	2.5

The premium payment mode can be changed only on a policy anniversary by sending a request at least

one month in advance. Change in premium payment mode is subject to:

1. Payment of premium and loading, if any.
2. Minimum premium requirement for the requested premium payment mode, if any.
3. Availability of the requested premium payment mode on the day of implementation of request.
4. Premium rates/ tables applicable for the changed premium payment mode will be the same as the premium rates/tables applicable on the date of commencement of policy.

F.II.13. Communications & Notices

Any communication or notice or instruction under this Policy shall be in writing and will be sent to:

- a. Your address as specified in Policy Schedule;
- b. To Us, at the address specified in the Policy Schedule;

No insurance agents, brokers, other person or entity is authorised to receive any notice on behalf of Us unless explicitly stated in writing by Us;

- c. Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

F.II.14. Electronic Transactions

You agree to comply with all the terms, conditions as We shall prescribe from time to time, and confirm that all transactions effected facilities for conducting remote transactions such as the internet, World Wide Web, electronic data interchange, call centres, tele - service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, in respect of this Policy, or Our other products and services, shall be legally binding when done in compliance with Our terms for such facilities.

Sales through such electronic transactions shall ensure that all conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to You. A voice recording in case of tele - sales or other evidence for sales through the World Wide Web shall be maintained and such consent will be subsequently validated / confirmed by You.

F.II.15. Fraudulent Claims

If any claim is found to be fraudulent, or if any false declaration is made, or if any fraudulent devices are

used by You or the Insured Person or anyone acting on their behalf to obtain any benefit under this Policy then this Policy shall be void and all claims being processed shall be forfeited for all Insured Persons. All sums paid under this Policy shall be repaid to Us by You on behalf of all Insured Persons who shall be jointly liable for such repayment.

F.II.16. Limitation of Liability

If a claim is rejected and is not the subject of any pending suit or other proceeding or arbitration, as the case may be, within twelve months from the date of such rejection or settlement, the claim shall be deemed to have been abandoned and Our liability shall be extinguished and shall not be recoverable thereafter.

F.II.17. Dispute Resolution

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian courts and subject to Indian law.

G. Other terms and conditions

G.I. Claim Procedure

G.I.1. Conditions Preceding

The fulfilment of the terms and conditions of this Policy (including the realization of premium by their respective due dates) in so far as they relate to anything to be done or complied with by You or any Insured Person or any person acting on their behalf, including complying with the following steps, shall be the Condition Precedent to the admissibility of a claim.

Completed claim forms and the necessary processing documents must be furnished to Us within the stipulated timelines for all claims. Failure to furnish this documentation within the time required shall not invalidate nor reduce any claim if We are satisfied that it was not reasonably possible for the required forms / documents to be submitted within such time.

The due notification, submission of necessary documents and compliance with requirements as provided under the claims process under this Section, shall be essential failing which We shall not be bound to accept a claim.

G.I.2. Policyholder / Insured Person's Duty at the Time of Claim

On occurrence of an event which may lead to a claim under this Policy, the following shall be complied with:

- (a) Forthwith notify, file and submit the claim in accordance to the claim procedure set out under Section G.I.3. and G.I.4. as mentioned below.
- (b) Follow the directions, advice or guidance provided by a Medical Practitioner. We shall not be obliged to make any payment (s) that are brought about or contributed to, as a consequence of failure to follow such directions, advice or guidance.
- (c) If so requested by Us, the Insured Person must submit himself / herself for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such examination will be borne by Us.
- (d) Allow the Medical Practitioner or any of Our representatives to inspect the medical and Hospitalization records, investigate the facts and examine the Insured Person as also verify the certificate of disability issued in respect of an Insured Person.
- (e) Assist and not hinder or prevent Our representatives in the pursuance of their duties for ascertaining the admissibility of the claim, its circumstances and its quantum under the provisions of the Policy.

G.I.3. Notification of Claim

Upon the discovery or occurrence of an Accident that may give rise to a Claim under this Policy, You / Insured Person or the Nominee as the case may be shall undertake the following:

Notify Us either at the call center or in writing, within 10 days from the date of occurrence of such Accident. The following details are to be provided to Us at the time of intimation of Claim:

- Policy Number
- Name of the Policyholder
- Name of the Insured Person in whose relation the Claim is being lodged
- Nature of Accident
- Name and address of the attending Medical Practitioner and Hospital (if admission has taken place)
- Date of Admission if applicable
- Any other information, documentation as requested by Us

G.I.4. Claim Documents & Submission

The following documents are required to be submitted to Us within 30 days of the date of occurrence of the Accident to Our branch or Head

Office.

Documents required for all Claims:

- Photo Identity Proof - Voter ID, Passport, PAN Card, Driving License, Ration Card, Aadhar, or any other proof accepted by the KYC norms as approved by Us and which is admissible in court of law
- Duly completed and signed claim form in original as prescribed by Us.
- Copy of FIR/ Panchnama / Police Inquest Report (if conducted) duly attested by the concerned Police Station;
- Copy of Medico Legal Certificate (if conducted) duly attested by the concerned Hospital,
- Income Proof
 - Last 3 months Salary Slip/Form 16 for salaried persons
 - Last financial years ITR for self-employed persons

Section D.I.1 Accidental Death:

- Original Death certificate issued by the office of Registrar of Birth & Deaths;
- Death summary issued by a Hospital;
- Post Mortem Report (if conducted);
- Identity proof of Nominee or Original Succession Certificate /

Original Legal Heir Certificate or any other proof to Our satisfaction for the purpose of a valid discharge in case nomination is not filed by deceased.

Claim under Sections D.I.2 Permanent Total Disablement & D.I.3. Permanent Partial Disablement as well as optional benefit under Section D.II. 1 Temporary Total Disablement

- Original treating Medical Practitioner's certificate describing the disablement;
- Original Discharge summary from the Hospital;
- Photograph of the Insured Person reflecting the disablement;
- Prescriptions and consultation papers of the treatment;
- Disability certificate issued by civil surgeon or equivalent appointed by the District/State or Government Board.
- Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable;

Additional documents required under Section D.II.1 Temporary Total Disablement

- Leave/Absence Certificate from Employer (If Employed)

Additional documents required under Section D.I.1 & D.I. 2 Accidental Death & Permanent Total Disablement (Common Carrier).

- Original Passenger Ticket / Boarding Pass issued in the name of the Insured Person from the Common Carrier (in case of death in a common carrier). Wherever a named ticket is not available, onus of proof of travel will be upon the Insured Person.

Additional documents for Benefits (as applicable):

Emergency Ambulance:

- a. Original Bill from a certified Ambulance Service Provider or Hospital.

Orphan Benefit:

- a. Birth Certificate of child or adoption papers (if adopted)
- b. Any other proof to establish relationship - Passport / Education certificate establishing proof of relationship of child with parents.
- c. Legal Guardian Certificate if the Child is a minor

Education Fund:

- a. Proof to establish relationship - Passport / Education certificate establishing proof of relationship of child with parents / Birth Certificate or Adoption Papers (if adopted).
- b. Photo Identity Proof of Child (Children)
- c. Age proof of Child (Children)
- d. Certificate from Educational Institution describing course details

Loss of Employment:

- a. Loss of Employment / Termination Letter indicating the reason for termination.
- b. Salary Slip of last 3 months (for salaried persons)
- c. Last years Form 16 issued by the employer (for salaried persons)
- d. Income Tax Return attested copy. (for all persons)
- e. Last years Audited Statement of Account (in case of self-employed)

Broken Bones Benefits:

- a. Original X-Ray/MRI/CT-Scan/Radiology Films/ Reports confirming the extent of fracture.

Coma benefit:

- a. Original Specialist Medical practitioner certificate confirming condition with permanent neurological deficit.
- b. Other documents as specified under Section D.II.4 for Coma Benefit

Burns Benefit:

- a. Original Specialist Medical practitioner certificate confirming degree of burns and total area involved.

The above list is indicative and We may Any other evidence as specified under the relevant Section of the Policy.

Our branch offices shall give due acknowledgement of collected documents. In case there is a delay in the submission of claim documents, then in addition to the documents mentioned above, the claimant is also required to provide Us the reason for such delay in writing. We shall condone delay on merit for delayed claims where delay is proved to be for reasons beyond the control of the Policyholder or Insured Person.

G.I.5. Scrutiny of Claim Documents

- a. We shall scrutinize the claim and accompanying documents, and notify the relevant stakeholders (such as Network Provider or Common empanelment of hospital/healthcare providers) of any document deficiencies. We will contact the relevant stakeholders on your behalf to collect the required documents.
- b. We shall settle the claim payable amount after scrutinizing the claim documents.
- c. In case a reimbursement claim is received when a Pre-Authorization letter has been issued, before approving such claim a check will be made with the provider whether the Pre-authorization has been utilized as well as whether the Policyholder has settled all the dues with the provider. Once such check and declaration is received from the Provider, the case will be processed.

G.I.6. Claim Assessment

- a. We will pay fixed benefit amounts as specified in the applicable benefits in accordance with the

terms of this Policy. We are not liable to make any reimbursements of medical expenses or pay any other amounts not specified in the Policy.

- b. Claim payment for policies with Monthly, Quarterly and Half-Yearly Premium Payment Mode:
 - i. In case of a claim, an amount equivalent to the balance of the instalment premiums payable, in that policy year would be recoverable from the claim amount payable in respect of the Insured person.

G.I.7. Claims Investigation

We may, at Our discretion, depending upon the facts of the case, investigate and determine the validity of claims. Such investigation shall be conducted on case to case basis and will be concluded accordingly. Any verification or investigation will be carried out by individuals or entities authorized by Us, and the cost of such verification/ investigation will be borne by Us

G.I.8 Settlement & Repudiation of a claim

We shall settle the claim within 15 days from the date of submission of necessary claim documents. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from date of submission of necessary claim documents to the date of payment of claim at a rate 2% above the bank rate

G.I.9. Representation against Rejection

Where a rejection is communicated by Us, the claimant may if so desired within 15 days of the communication of the rejection, represent to Us for reconsideration of the decision.

G.I.10. Re-opening of Claim

We may allow a closed claim to be reopened depending on the validity and the circumstances of the claim.

G.I.11. Payment Terms

- a. All claims will be payable in India and in Indian rupees.
- b. Once a claim has been paid in respect of any of the Insured Persons for the full Sum Insured, the Policy will terminate and no further renewals will be available under this Policy.
- c. Wherever the claim paid for a percentage of the Sum

Insured the Policy will continue for the remaining period for the balance Sum Insured.

- d. If at the time a claim arises under this Policy the Insured Person has changed his occupation without Us being notified, then Our maximum liability will be limited to the amount that would have been payable for the premium paid and the new occupation.
- e. We will not be liable for any claims which are incurred from the due date of instalment till the date and time of revival of the Policy.
- f. Additionally in the event of any claim being lodged under the Policy for any cause whatsoever, all subsequent premium instalments shall immediately become due and payable notwithstanding anything to the contrary contained hereinabove. We shall have the right to recover and deduct any or all the pending instalments from the claim amount due

under the Policy

- g. The payment will be made to You or the Insured Person as specified in the benefit Sections above. In the unfortunate event of Your death, We will pay the Nominee (as named in the Policy Schedule) and in case of no Nominee to Your legal heir who holds a succession certificate or an indemnity bond to that effect, whichever is available and whose discharge shall be treated as full and final discharge of Our

You are advised to refer to the attached Customer Information Sheet (CIS) for summary of benefits available in the Policy Wordings.

Annexure - I: Ombudsman

Name of the Office of Insurance Ombudsman	State-wise Area of Jurisdiction
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road,,Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email:- bimalokpal.ahmedabad@cioins.co.in	State of Gujarat and Union Territories of Dadra and Nagar Haveli Road, and Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	State of Karnataka.
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Email:- bimalokpal.bhopal@cioins.co.in	States of Madhya Pradesh and Chhattisgarh.
BHUBANESWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubaneshwar – 751 009. Tel.:- 0674-2596461/2596455 Email:- bimalokpal.bhubaneswar@cioins.co.in	State of Orissa.
CHANDIGARH Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017 Tel.:- 0172 - 4646394 / 2706468 Email:- bimalokpal.chandigarh@cioins.co.in	States of Punjab, Haryana, (excluding 4 districts viz Gurugram,Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh,Union Territories of Jammu & Kashmir, Ladakh and Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.:- 044 - 24333668 / 24333678 Email:- bimalokpal.chennai@cioins.co.in	State of Tamil Nadu and Union Territories - Puducherry Town and Karaikal (which are part of Union Territory of Puducherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.:- 011 - 23237539 Email:- bimalokpal.delhi@cioins.co.in	Delhi, 4 Districts of Haryana viz. Gurugram, Faridabad, Sonapat and Bahadurgarh.

GUWAHATI Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.:- 0361-2132204/2132205 Email:- bimalokpal.guwahati@cioins.co.in	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.:- 040 - 23312122 Email:- bimalokpal.hyderabad@cioins.co.in	State of Andhra Pradesh, Telangana and Yanam - a part of Territory of Puducherry
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363/2740798 Email:- bimalokpal.jaipur@cioins.co.in	State of Rajasthan.
KOCHI Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email:- bimalokpal.ernakulam@cioins.co.in	States of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Puducherry.
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. TEL : 033 - 22124339 / 22124341 Email:- bimalokpal.kolkata@cioins.co.in	States of West Bengal, Sikkim, and Union Territories of Andaman and Nicobar Islands
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522 - 4002082 / 3500613 Email:- bimalokpal.lucknow@cioins.co.in	<u>Districts of Uttar Pradesh</u> Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Kushinagar, Gorakhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharthnagar
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022 - 69038800/27/29/31/32/33 Email:- bimalokpal.mumbai@cioins.co.in	State of Goa and Mumbai Metropolitan Region excluding Areas of Navi Mumbai and Thane

NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farukkabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	States of Bihar and Jharkhand.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	States of Maharashtra, Areas of Navi Mumbai and Thane but excluding Mumbai Metropolitan.