



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

ITGI / IAH / 03

Comprehensive Accident Hospitalisation Policy

UIN: IFFHLIP21354V032021

POLICY WORDING

This Policy is evidence of the contract between You and Us. The Proposal along with any written statement(s), declaration(s) of Yours for purpose of this Policy forms part of this contract.

This Policy witnessed that in consideration of Your having paid the premium for the period stated in the Schedule or for any further period for which We may accept the payment for renewal of this Policy, We will insure the Insured Person(s) and accordingly We will pay to You or to Insured Person(s) or their legal representatives, as the case may be in respect of events occurring during the Period of Insurance in the manner and to the extent set forth in the Policy including endorsements provided that all the terms, conditions, provisions and exceptions of this Policy in so far as they relate to anything to be done or complied with by You and/or Insured Person(s) have been met.

The Schedule shall form part of this Policy and the term Policy whenever used shall be read as including the Schedule.

Any word or expression to which a specific meaning has been attached in any part of this Policy or Schedule shall bear such meaning whenever it may appear.

The Policy is based on information which have been given to Us about Insured Person(s) pertaining to risk insured under the Policy and the truth of this information shall be condition precedent to Your or the Insured Person's right to recover under this Policy.

DEFINITION OF WORDS

1. **Accident** - It means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. **AYUSH Treatment**

It refers to the medical and/or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

3. **AYUSH Hospital**

An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- a. Central or State Government AYUSH Hospital or
- b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
- c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to Our authorized representative.

4. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:
 - i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
 - ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iii. Maintaining daily records of the patients and making them accessible to Our authorized representative.

5. **Dependent child** - It means a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his/her independent sources of income.

6. **Disease** It means a condition affecting the physical wellbeing and health of the body having a defined and recognized pattern of symptoms that first manifests itself in the period of insurance and which requires treatment by a medical practitioner.

7. **Family** is defined as primary policy holder, Spouse and two dependent children up to age of 21 years only

8. **Hospital/Nursing Home** It 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 Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:
 - i. has qualified nursing staff under its employment round the clock;
 - ii. has at least ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient beds in all other places;
 - iii. has qualified medical practitioner (s) in charge round the clock;
 - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out
 - v. maintains daily records of patients and shall make these accessible to Our authorized personnel.

*Following are the enactments specified under the Schedule of section 56 of clinical Establishments (Registration and Regulation) Act, 2010 as of October 2013 or any amendments thereof.

 1. The Andhra Pradesh Private Medical Care Establishments (Registration and Regulation) Act, 2002.
 2. The Bombay Nursing Homes Registration Act, 1949.
 3. The Delhi Nursing Homes Registration Act, 1953.
 4. The Madhya Pradesh Upcharya Griha Tatha Rujopchar Sanbabdu Sthapamaue (Ragistrikaran Tatha Anugyapan) Adhiniyam, 1973.
 5. The Manipur Homes and Clinics Registration Act, 1992.
 6. The Nagaland Health Care Establishments Act, 1997.
 7. The Orissa Clinical Establishments (Control and Regulation) Act, 1990.
 8. The Punjab State Nursing Home Registration Act, 1991.
 9. The West Bengal Clinical Establishments Act, 1950.

Note: Any make-shift or temporary hospital permitted temporarily by Central/ State Government and allowed by the IRDAI under specific situations shall also be regarded as a hospital.

9. **Grace Period** 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 (sum insured, cumulative bonus, specific waiting periods,

waiting periods for pre-existing diseases, moratorium periods etc.) accrued under the policy. The grace period for payment of the premium shall be:

- a) fifteen days for monthly installment modes, (wherever applicable)
- b) thirty days for any other installment modes (wherever applicable)
- c) thirty days for renewal.

Provided,

- a) the coverage shall be available during the grace period, wherever the premium payment is paid in installments. (wherever applicable)
- b) Coverage is not available during the period for which no premium is received after the expiry of the Policy.

10. **Hospitalisation** means admission in a Hospital for a minimum period of 24 (twenty four) Inpatient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24(twenty four) consecutive hours.
11. **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.
12. **Insured Person:** It means person(s) named in the schedule of the Policy
13. **Loss of Limbs:** The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded
14. **Medical Practitioner** A Medical Practitioner is 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.
15. **Medical Expenses:** It means those expenses that an Insured Person has/you have necessarily and actually incurred for medical treatment on account of Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
16. **Medical Services:** means the stipulated medical services offered by AAEMSIL during a medical emergency situation while You are away from home, consisting of medical consultation and evaluation, medical referrals, medically supervised repatriation.
17. **Medically Necessary**
Medically Necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
 - I. is required for the medical management of the injury suffered by the insured person;
 - II. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - III. must have been prescribed by a medical practitioner
 - IV. must conform to the professional standards widely accepted in international medical practice or by the medical community in India
18. **Migration**
It means a facility provided to policyholders (including all members under family cover and group policies), to 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. and from one health insurance policy to another with the same insurer.

19. **Network Provider -**
It means hospitals enlisted by IFFCO TOKIO to provide medical services to an insured person on payment by a cashless facility. The list of network hospitals is dynamic and hence may change from time to time. We suggest you to please check our website www.iffcotokio.co.in or contact our call centre/ nearest office for updated list of such hospitals before admission.
20. **Notification of Claim -** It means the process of intimating a claim to Us or our TPA through any of the recognized modes of communication.
21. **Non- Network Provider** means any *hospital/ day care centre* that is not part of the *network*.
22. **Out-Patient (OPD) Treatment -** It means one in which the Insured person visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured person is not admitted as a day care or in-patient.
23. **Personal Services:** means the other emergency services offered by AAEMSIL during a medical emergency situation while You are away from home, consisting of message transmission, care of minor children left unattended due to medical incident, return of mortal remains, prescription assistance, and legal and interpreter referrals.
24. **Permanent Total Disablement** - The bodily injury, which as its direct consequence immediately and/or in foreseeable future, will permanently, totally and absolutely prevent Insured Person from engaging in any kind of occupation.
25. **Physical Separation** - It shall mean separation at or above the wrist and/or of the foot at or above the ankle respectively.
26. **Policy**
It means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to The Insured person.
27. **Policy Period/ Period of Insurance**
It means period of one policy year as mentioned in the schedule for which the Policy is issued.
28. **Policy Schedule -** It means the Policy Schedule attached to and forming part of Policy.
29. **Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to 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. from the existing insurer to acquiring insurer.
30. **Post Hospitalisation** means Medical Expenses incurred during pre-defined number of days immediately after the Insured Person(s) is/are discharged from the hospital provided that:
 - I. such Medical Expenses are for the same condition for which the Insured person's hospitalisation was required and
 - II. the In-patient Hospitalisation claim for such Hospitalisation is admissible by us.

31. **Pre-existing Condition** It 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, a physician, not more than 36 months prior to the date of commencement of the policy.
- It means any condition, ailment, injury or disease
- a) That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - b) For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement.
32. **Proposal** means any signed proposal by filing up the questionnaires and declarations, written statements and any information in addition thereto supplied to Us by You.
33. **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
34. **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 injury involved.
35. **Sum Insured** means the monetary amount shown against the Basic coverage as a family floater Sum Insured for the Plan chosen. The individual Sum Insured under the Section 2 of the coverage shall be referred to as Capital Sum Insured for the insured person.
36. **Surgery or Surgical Procedure** - It means manual and / or operative procedure(s) required for treatment of an 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.
37. **Temporary Total Disablement** The bodily injury which as its direct consequence will prevent the Insured Person from engaging in all types of the occupation or any employment whatsoever for a period not exceeding 104 weeks since the date of injury to the time, Insured Person is fit enough to resume duty or engage in any kind of occupation as certified by Medical practitioners.
38. **Third Party Administrator (TPA)** means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.
39. **AAEMSIL**: means Assist America Emergency Medical Services (India) Private Limited, the Indian subsidiary of Assist America, a leading global Medical Travel Assistance Service Provider. AAEMSIL provides identified Emergency Medical Assistance and Personal services to people travelling more than 150 kilometers from their declared place of residence in India. AAEMSIL is not the Third Party Administrator for cashless claim settlement under this Policy.
40. **We/Our/Us** means IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.
41. **You/Your** means the Person(s) named as Insured in the Schedule, including all Insured Persons

SECTION 1

BASIC COVERAGE

<u>WHAT IS COVERED</u>	<u>WHAT IS NOT COVERED:EXCLUSIONS</u> <u>APPLICABLE TO SECTION 1 AND 2 OF THE</u> <u>COVERAGE</u>
If the Insured Person sustains any accidental Injury and upon advice of a Medical Practitioner, he/she has to incur Hospitalisation expenses, then We will pay Reasonable and Customary charges of the following Hospitalisation expenses subject to the limit of Sum Insured as mentioned. 1. Room, Boarding and Nursing Expense as provided in the Hospital/Nursing Home subject 2. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees (including consultation through telemedicine as per prevailing Telemedicine Practice Guideline) whether paid directly to the treating doctor / surgeon or to the hospital. 3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and diagnostic imaging modalities, Artificial Limbs, Cost of Organs and reconstructive surgery and similar expenses. Note 2: The expenses that are not covered in this policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively. 4. Benefits: The following are the family floater benefits covered per policy per family per annum: (a) Accidental Hospitalisation benefit - The cover pays the Actual Cost incurred as a result of hospitalization due to an accident subject to a cap as corresponding to the Plan opted. (b) Outpatient Managed Fracture benefit (applicable only to Gold Plan, Plans A, B and C): This Policy covers the actual cost of treatment of confirmed Fractures which do not result in Hospitalisation, subject to a maximum limit of Rs.10,000 per episode. The Benefit is restricted to payment for one episode of fracture per year per Insured. (c) Supplementary benefits (available only for	WE will not pay for 1. Pre-Existing Condition a) Expenses related to the treatment of all Injuries which are in pre-existing condition and their direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us. b) In case of enhancement of sum insured on account of change of plan, the exclusion shall apply afresh to the extent of sum insured increase. c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage. d) Coverage under the policy after the expiry of 36 months for any injury in pre-existing condition is subject to the same being declared at the time of application and accepted by us. 2. Any claim arising out of external congenital Disease or defects or anomalies. 3. Any expense on treatment of any disease or medical condition unless the same is directly caused by an accident occurring during the Period of the Policy. 4. Any Injury directly or indirectly caused by or arising from or attributable to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds. 5. Circumcision, unless necessary as a result of accidental bodily injury, vaccination, inoculation except those relating to treatment of Injury. 6. Cosmetic or plastic Surgery: Expenses for

Gold Plan, Plans A, B and C and not applicable for Plans D and E) Supplementary benefits are payable only if main Hospitalisation is payable. Supplementary Benefits applicable per insured for all covered hospitalization: (i) Hospital Cash: During the hospitalization, a cash allowance of - Gold Plan, Plan A and B : INR 1000 per day is payable - Plan C: INR 500 per day is payable This would be capped to a maximum of 7 days of hospitalization stay per accident- to cover all incidental costs linked to hospitalization. It is subject to an annual maximum of 15 days. (ii) Post Hospitalisation medical benefit: The Policy shall pay for actual cost of post discharge follow – up care delivered under directions of the attending physician, including cost of rehabilitation through alternative means like physiotherapy etc., incurred up to 60 days from the date of discharge from the Hospital, subject to a maximum payout of Rs. 10,000 per covered accident and Rs. 20,000 per annum. This benefit is paid as one consolidated claim .The limits apply per Insured (d) Ancillary service (applicable to all plans including Plan D and E) The Policy shall pay for the actual cost of availing ambulance service for transportation of Insured to the Hospital subject to a maximum payment of Rs. 1000 per episode and a maximum of 3 episodes per annum per family.	cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, or Burn(s). - Cost of spectacles and contact lens or hearing aids. - Dental treatment or surgery of any kind unless caused by an accidental injury and requiring Hospitalisation. - Any claim resulting for any injury or fracture necessitating surgery or hospitalization while driving under the influence of alcohol or drugs - Fractures arising from pathological conditions of bone like pagets Disease/Osteogenesis imperfectia - Total Knee Replacement or Total Hip Replacement carried out for treatment of age related or post traumatic Degenerative Osteoarthritis. - Treatment for any injury or fracture sustained during the lapse period prior to renewal of this cover. - Any hospitalization or surgical intervention whether primary or redo of any previous surgery due to trauma that has occurred prior to Policy inception will not come under the purview of this Policy. For example any surgery for removal of nails/ plate/screw for an old fracture sustained before the Policy inception will not be covered. 14 . Rest Cure, rehabilitation and respite care- Code- Excl05 - Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: - Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. - Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. 15. Investigation & Evaluation(Code- Excl04) - Expenses related to any admission primarily for diagnostics and evaluation purposes. - Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.
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	16. Maternity Expenses: Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization); i. expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period. 17. Any expense on treatment of Insured Person as outpatient in a Hospital except as covered under Outpatient Managed Fracture benefit. 18. Travel or transportation expenses other than Ambulance service charges. 19. Any expense related to Injury suffered whilst engaged in aviation other than as a passenger (fare paying or otherwise). 20. Hazardous or Adventure sports: Code- Excl09 Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. 21. Expenses related to any treatment necessitated due to participation as a non-professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. 22. External medical equipment of any kind used at home as post hospitalisation care. 23. Any claim arising out of Nuclear attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion: a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death. 24. Breach of law: Code- Excl10
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	Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. 25. 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
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SECTION 2- PERSONAL ACCIDENT COVERAGE

The coverage under this Section is not available under Plan E

WHAT IS COVERED	WHAT IS NOT COVERED
If following Bodily injury which solely and directly causes Insured Person to death or disablement within 12 months of injury as stated in Table of Benefits, WE shall pay to YOU or YOUR legal personal representative / assignee / nominee the sum or sums hereinafter set forth in Table of Benefits. This cover is not on a floater basis , each insured member shall be covered for a Capital Sum Insured (C.S.I.) and coverage as given below: Proposer- C.S.I equal to the limit of Basic Accidental Hospitalisation Coverage. Insured Spouse- 50% of the C.S.I. of the Proposer Coverage for Proposer and Insured Spouse shall be as per Item 1-6 of the Table of Benefits below Insured Children-equal to 50% of Proposer's C.S.I each with, the coverage as per Item 1-4 of the "Table of Benefits "below.	In addition to the Exclusions mentioned under Section 1 coverage under the Section "What is not Covered" WE will not be liable for 1 Compensation under more than one of the benefits mentioned in Table of Benefits in respect of same period of disablement. 2. Any other payment after a claim under one of the benefits 1,2,3 and 4 in Table of benefits has been admitted and becomes payable. 3. Any payment in case of more than one claim under this section during any one period of Insurance by which OUR liability in that period would exceed sum payable under benefits(1) of this policy. 4 Payment of compensation in respect of injury as a consequence of - Committing or attempting suicide, intentional self-injury. - Venereal disease or insanity. - Committing any breach of law with criminal intent.
TABLE OF BENEFITS	PERCENTAGE OF CAPITAL SUM INSURED
1. Death	100
2. a) Loss of sight (both eyes)	100
b) Loss of two limbs	100
c) Loss of one limb and one eye	100
3. a) Loss of sight of one eye	50
b) Loss of one limb	50
4. Permanent Total and absolute disablement	100
5. i) Loss of toes-all	20
ii) Great-both phalanges	5
iii) Great-one phalanx	2
iv) Other than great, if more than one toe lost	1

each	
i) Loss of hearing – both ears	50
ii) Loss of hearing – one ear	15
c) Loss of Speech	50
d) Loss of four fingers and thumb of one hand	40
e) Loss of four fingers	35
f) Loss of thumb	
i) Both phalanges	25
ii) One phalanx	10
g) Loss of index finger	
i) Three phalanges	10
ii) Two phalanges	8
iii) One phalanx	4
h) Loss of middle finger	
i) Three phalanges	6
ii) Two phalanges	4
iii) One phalanx	2
i) Loss of ring finger	
i) Three phalanges	5
ii) Two phalanges	4
iii) One phalanx	2
j) Loss of little finger	
i) Three phalanges	4
ii) Two phalanges	3
iii) One phalanx	2
k) Loss of Metacarpals	
i) First or second (additional)	3
ii) Third, fourth or fifth (additional)	2
l) Any other permanent partial disablement	% as assessed by Doctor
6. Temporary Total disablement benefit at the rate per week	1% of C.S.I or Rs.3000 whichever is lower.
Special Benefit	
A. Education Fund	
In the event of death, Permanent Total Disablement of the Proposer only triggering a claim under Item 1 to 4 of Table of Benefits above WE will pay compensation towards Education Fund for dependent children as below	
a) For one child upto the age of 21 yrs.	@ Rs 5000 each child subject to a maximum of Rs 10,000
b) For two children upto the age of 21 yrs.	

Specific Provisions applicable to Section 2 :Personal Accident Cover:

PROVIDED THAT ALL SUMS PAYABLE HEREUNDER SHALL BE PAYABLE

- (i) In case of claim for Death due to an accident or Permanent Total Disablement i.e. Benefit 1) to Benefit 4) of Table of Benefits only after deleting by an endorsement the name of Insured Person(s) in respect of whom such sums shall become payable without any refund of premium.
- (ii) In case of claim by Permanent Partial Disablement i.e. Benefit 5) of Table of Benefits only after reduction by an endorsement of Capital Sum Insured by the amount admissible under the claim in respect of Insured person in respect of whom such sum shall become payable.

- (iii) In case of Temporary Total Disablement Benefit i.e. 6) of Table of Benefits only upon termination of such disablement in respect of Insured person for whom the claim has been lodged..

EMERGENCY ASSISTANCE SERVICES (NOT APPLICABLE TO PLAN E)

This Policy provides You a host of value added Emergency Medical Assistance and Emergency Personal Services as described below. The services are provided by Assist America Emergency Medical Services (India) Private Ltd. (AAEMSIL) when You are traveling within India 150 kilometers or more away from Your residential address as mentioned in the Policy Schedule for less than 90 days. **All services will be arranged by AAEMSIL only. No claims for reimbursement of expenses incurred for services arranged by You will be entertained. The Services are available under all Plans except Plan E**

1. **Medical Consultation, Evaluation and Referral:** You have access to an Operations Center with multilingual medical staff on duty 24 hours a day, 365 days a year. Medical personnel are available for medical consultation, evaluation and referrals to qualified physicians.
2. **Emergency Medical Evacuation:** If You have a medical emergency and an adequate medical facility is not available (as determined by the AAEMSIL's Physician and the Consulting Physician) proximate to where the You are located, AAEMSIL will arrange an emergency evacuation, with medical supervision, by an appropriate means to the nearest medical facility capable of providing the required care.
3. **Medical Repatriation:** When medically necessary, as determined by the AAEMSIL's Physician and the Consulting Physician, repatriation under medical supervision to Your address as mentioned in the Policy Schedule at such time as You are medically cleared for travel via commercial carrier, provided the repatriation can be accomplished without compromising Your medical condition. If the time period to receive medical clearance to travel by common carrier exceeds fourteen days from the date of discharge from the hospital, an appropriate mode of transportation may be arranged, such as an air ambulance. Medical or non-medical escorts may be provided as necessary.
4. **Transportation to Join Patient:** Provide a designated family member or personal friend with an economy, round-trip, common carrier transportation to the major airport closest to the place of hospitalization, provided You have travelled alone and You are required to be hospitalized for more than seven consecutive days. At Your request, AAEMSIL will also provide assistance with arrangements for the family member or the friend's accommodation. It is the responsibility of the family member or the friend to meet all documentary requirements for the travel and accommodation costs.
5. **Care and/or Transportation of Minor Children:** When Your minor child(ren) is left unattended as a result of Your medical situation, AAEMSIL will provide the child with transportation to home or to the home of a person designated by You living in the same city as Your address. If appropriate, an attendant will escort the child.
6. **Emergency Message Transmission:** AAEMSIL will receive and transmit emergency messages to/from home.
7. **Return of Mortal Remains:** In the event of death of Insured Person, AAEMSIL will arrange and pay for the return of mortal remains. AAEMSIL will render any assistance necessary in the transport including locating a local, licensed funeral home, mortuary or direct disposition facility to prepare the body for transport, completing all documentation, obtaining all legal clearances, providing death certificates, purchasing the minimally necessary casket or air transport container, as well as transporting the remains, including retrieval from site of death and delivery to receiving funeral home.

8. **Emergency Cash Coordination:** AAEMSIL will assist in coordinating the transfer of emergency cash. Source of funds is solely Your responsibility

Conditions

- a) The geographical scope of this Policy will be India and all claims shall be payable in Indian currency. The Emergency Assistance Services-Medical and Personal are not available on reimbursement basis.
- b) The provision of the Emergency Medical or Personal Assistance Services to You during the Period of Insurance by AAEMSIL does not necessarily mean that the hospitalization claim is admissible under the Policy.

Exclusions: The Emergency Assistance Services are available subject to certain limited exclusions as set forth below:

AAEMSIL will not provide services in the following instances:

- ◆ For those covered under Plan E
- ◆ Travel undertaken specifically for securing medical treatment
- ◆ Services sought outside India.
- ◆ Injuries resulting from participation in acts of war or insurrection
- ◆ Commission of unlawful act(s)
- ◆ Attempt at suicide /self inflicted injuries
- ◆ Incidents involving the use of drugs, unless prescribed by a physician
- ◆ Transfer of the Insured Person from one medical facility to another medical facility of similar capabilities and providing a similar level of care

AAEMSIL will not evacuate or repatriate an insured person in the following instances:

- ◆ Without medical authorization
- ◆ With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent You from continuing Your trip or returning home
- ◆ With a pregnancy term of over six months
- ◆ With mental or nervous disorders unless hospitalized

Specific Exclusions: applicable to Emergency Assistance Services Benefit

- ◆ Travel by Insured's spouse when it is for the benefit of the spouse's employer (spouse business travel)
- ◆ Trips exceeding 90 days from declared residence without prior notification to AAEMSIL.
- ◆ Students at home/school campus address (as they are not considered to be in travel status)

Legal actions arising hereunder shall be barred unless written notice thereof is received by Us/AAEMSIL within one (1) year from the date of event giving rise to such legal action.

While assistance services are available all over India, transportation response time is directly related to the location/jurisdiction where an event occurs. We/AAEMSIL are not responsible for failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond our / their control, including by way of example and not by limitation, weather conditions, availability of airports,

flight conditions, availability of hyperbaric chambers, communications systems or where rendering of service is limited or prohibited by local law or edict.

All consulting physicians and attorneys are independent contractors and not under Our control or of AAEMSIL. We/ AAEMSIL are not responsible or liable for any malpractice committed by professionals rendering services to You.

You must reimburse AAEMSIL for any service rendered upon request by You that is beyond the scope of this Policy.

We shall not be held liable or responsible for any acts or omissions by AAEMSIL in connection with or arising from the rendering of services described above.

FOR EMERGENCY SERVICE PROVIDER: Remote Healthcare Technologies Private Limited (Second Medic) : Toll Free : 9700001298

CLAIM PROCEDURE AND REQUIREMENTS -

1. Claims trigger: The trigger shall be the actual occurrence of an accident resulting in inpatient hospitalization. For OPD fracture benefit the claims trigger is occurrence of a confirmed fracture (confirmed by X ray reports) and the treatment taken for this

2. **Claim documentation:** All claims at network hospitals would need to be preauthorized in case of Inpatient cashless hospitalization. This is an indemnity cover so all original bills/discharge summary with the detailed case notes by the attending medical officer, as well as the X- ray films with reports and bills showing the evidence of actual cost incurred will be required. A copy of First Information Report (FIR) will be required to be submitted along with the claim documents for payment of claim where the episode is a MLC (Medico Legal case) only.

For the outpatient- managed fracture benefit, claims will be paid on a 'reimbursement' basis.

3. **Claim Procedure and Requirements**

(a) An event which might become a claim under the Policy must be reported to Us as soon as possible, but not later than 7 days from the date of Hospitalisation. A written statement of the claim with the duly completed and signed Claim Form must be filed within 30 days from the date of discharge from the Hospital or completion of treatment, except in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You / Insured Person or his/her personal representative were placed, it was not possible for any one of You to give notice or file claim within the prescribed time limit. The Insured Person must give all original bills, receipts, certificates, information and evidences from the attending Medical Practitioner/Hospital/Chemist/Laboratory as required by Us in the manner and form as We may prescribe. In such claims Our representative shall be allowed to carry out examination and obtain information on any alleged Injury requiring Hospitalisation if and when We may reasonably require.

(b) In case of an accident resulting in Death of the Insured Person a written notice also of death must be given before internment/ cremation and in any case, within one calendar month after the death. In the event of loss of sight or amputation of limbs, written notice thereof must also be given within one calendar month after such loss of sight or amputation. A written statement of the claim along with a duly completed and signed Claim form will be provided.

(c) In case of an accident leading to Permanent Total disablement or Permanent Partial disablement You Need to submit completed claim form with the Certificate of degree of disability with all supporting medical

records .You also are required to submit a leave certificate and a certificate of fitness from the attending Physician to us within at the most one calendar month from the date of the accident .

4. Claim Settlement (provision for Penal Interest):-

- a) We shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- b) In the case of delay in the payment of a claim, We shall be liable to pay interest to You/the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate**
- c) However, where the circumstances of a claim warrant an investigation in Our opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, We shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- d) In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate** from the date of receipt of last necessary document to the date of payment of claim.

***"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)

Note : This Clause shall always correspond with the amendment(s), if any, to the relevant provisions of Protection of Policyholder's Interests Regulations, 2017.

GENERAL CONDITIONS: APPLICABLE TO THE WHOLE POLICY

1. Disclosure of Information

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* by you/policyholder.

*Material facts for the purpose of this policy shall mean all relevant information sought by Us in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

(Note: We, at our discretion, might choose to continue the policy by imposing a waiting period or by taking any other measures in such an event of non-declaration/ mis-representation of material facts that surface during the course of the policy contract.)

2. Records to be Maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow Us or Our representatives to inspect such records. You/ Insured Person shall furnish such information as We may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.

3. Complete Discharge

Any payment to You/the policyholder/insured person or your/his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by Us to the extent of that amount for the particular claim.

4. Multiple Policies (Not applicable to Section 2)

- a) For Indemnity Coverages-In case of multiple policies taken by You/ insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In case, the available coverage under the said policy is less than the admissible claim amount, the insurer chosen by the insured person shall seek the details of other available policies of the Insured Person and shall

coordinate with other Insurers to ensure settlement of the balance amount as per the respective policy conditions.

b) For Benefit Coverage-On occurrence of the Insured event, You can claim from all Insurers under the Policy.

5. **Fraud**

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to Us.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by You/the insured person or by your/his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive Us or to induce Us to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which You/the insured person do/does not believe to be true;
- b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

We shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

6. **Cancellation**

The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Insurer shall

- a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.
- b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

We may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

7. **Automatic Termination of Insurance**

The coverage for the Insured Person(s) shall automatically terminate in the case of his/ her (Insured Person) demise or exhaustion of Sum Insured. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other insured persons may also apply to renew the policy. In case, the other insured person is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application.

Provided no claim has been made, and termination takes place on account of death of the insured person, due to reasons apart from what stands covered under the policy, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.

8. **Migration**

You/the Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by Us by applying for migration of the Policy atleast 30 days before the policy renewal date.. If You/insured Persons is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by Us , You will get all the accrued continuity benefits as per below:

- i. The waiting periods specified in Section E, Sub section 1-Standard Exclusions, Point No-1,2 and shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii. Migration benefit will be offered to the extent of sum of previous insured and accrued bonus (as part of the sum insured), migration benefit shall not apply to any other additional increased Sum Insured.
- iii. Moratorium Period

We may underwrite your migration proposal, in case You are not continuously covered for 36 months

9. **Portability**

You/the Insured Person will have the option to port the Policy to same product of other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days. If You/ Insured person is presently covered and has been continuously covered without any lapses under this health insurance plan with an Indian General/Health insurer, the proposed Insured Person will get all the accrued continuity benefits as under:

- i. The waiting periods specified in Section E, Sub section 1-Standard Exclusions, Point No-1,2 and 3 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the sum insured), portability benefit shall not apply to any other additional increased Sum Insured.
- iii. Moratorium Period

10. **Renewal of Policy**

The policy shall be renewable, except in case of established fraud or non-disclosure or misrepresentation by You/ the Insured person, provided the product is not withdrawn and also subject to the following conditions:

- i. The Company shall send renewal notices to the Policyholder, at least 30 days in advance from Policy due date.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. Sum Insured can be enhanced at the time of renewal for which fresh proposal form and medical reports will be required to be submitted. However, the waiting periods will apply afresh for the enhanced sum insured. In case increase in Sum Insured is requested by You, We may underwrite to the extent of increased Sum Insured.

11. Withdrawal of Policy

The policy terms

- i. In the likelihood of this product being withdrawn in future, We will intimate You/the insured person about the same 90 days prior to expiry of the policy.
- ii. You/ Insured Person will have the option to migrate to similar health insurance product available with Us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

12. Moratorium Period

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by Us on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

After completion of sixty continuous months under the policy (Including portability and migration) no look back to be applied. This period of sixty months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of Sixty continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period, no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

13. Possibility of Revision of Terms of the Policy Including the Premium Rates

We, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. You shall be notified three months before the changes are affected.

14. Free look period

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting/ migrating the policy.

You/the insured shall be allowed a period of thirty days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. A refund of the premium paid less any expenses incurred by Us on medical examination of the insured person and the stamp duty charges; or
- ii. Where the risk has already commenced and the option of return of the Policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

15. Nomination

The policyholder is required at the inception and renewal of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, We will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case

there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

16. **Notice & Communication**

- i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to Our address or through any other electronic modes specified in the Policy Schedule.
- iii. We shall communicate with You/ Insured person at the address or through any other electronic mode mentioned in the schedule.

17. **Territorial Jurisdiction**

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

18. **Changes in Circumstances**

You must inform us, as soon as reasonably possible of any change in information you have provided to us about insured person(s) which may affect the insurance cover provided.

19. **Terms and conditions of the Policy**

The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

20. **Sum Insured Enhancement:** In case of increase in Capital Sum Insured more than 10% (ten percent) of last year capital Sum Insured at the time of renewal, subject to underwriter's discretion.

21. **Payment of Premium:**

The premium payable shall be paid in advance before commencement of risk..

Restrictions on supplementary benefits: Supplementary benefits are payable only if main hospitalization benefit is paid. They are available only in Plans A, B and C.

22. **Electronic Transaction**

You /insured person(s) agree(s) to adhere to and comply with all such terms and conditions as we may prescribe from time to time and hereby agree(s) and confirm(s) that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of us for and in respect of the policy or its terms or our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with our terms and conditions for such facilities, as may be prescribed from time to time. However, the terms of the condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDA regulations for protection of policy holder's interests.

23. **Reasonable Precaution**

You/insured person(s) shall take all reasonable precaution to prevent injury or illness in order to minimize claims.

24. **Disclaimer Clause**

If we shall disclaim our liability for any claim and such claim shall not have been made subject matter of suit in a court of law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this policy.

25. **Arbitration**

- i. If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
- ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

26. **Provision for Senior Citizens**

Separate channel to address the related claims and grievances of senior citizen are mentioned below:

Claims/ Grievance: seniorcitizengrievance@iffcotokio.co.in

Toll free: 1800-103-5498

Address: Chief Grievance Officer
IFFCO-Tokio General Insurance Co Ltd
IFFCO Tower, Plot no. 3
Sector -29, Gurgaon - 122001

27. **Redressal Of Grievance**

In case of any grievance, You may contact Us through:

Website: <https://www.iffcotokio.co.in/customer-services/grievance-redressal>

Toll free: 1800-103-5499

E-mail: support@iffcotokio.co.in

Address: IFFCO-Tokio General Insurance Co Ltd
IFFCO Tower, Plot no. 3
Sector -29, Gurgaon – 122001

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. The list of branches with addresses are available at <https://www.iffcotokio.co.in/contact-us>

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 chiefgrievanceofficer@iffcotokio.co.in

For updated details of grievance officer, kindly refer the link

<https://www.iffcotokio.co.in/contact-us/customer-services/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.

We shall comply with the award of the Insurance Ombudsman within 30 days of its receipt by Us. We shall be liable for a penalty of Rs 5,000/- per day in case of non-compliance in addition to the penal interest liable to be paid by Us under The Insurance Ombudsman Rules, 2017.

Grievance may also be lodged at Grievance Portal of IRDAI- 'Bima Bharosa' and tracked through your mobile number.

- <https://bimabharosa.irdai.gov.in/Home/Home>

For Updated List of Ombudsman Address, Please visit:

- <https://www.cioins.co.in/Ombudsman>

The contact details of the Insurance Ombudsman offices have been provided as below:

AHMEDABAD - Shri Collu Vikas Rao 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	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU – Mr Vipin Anand Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL - Shri R. M. Singh Office of the Insurance Ombudsman, 1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Shri Manoj Kumar Parida Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455. Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH – Mr Atul Jerath 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	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.
CHENNAI - Shri Somnath Ghosh Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453,	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).

Anna Salai, Teynampet, CHENNAI – 600 018.
Tel.: 044 - 24333668 / 24335284
Email: bimalokpal.chennai@cioins.co.in

DELHI – Ms. Sunita Sharma

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

GUWAHATI - Shri Somnath Ghosh

Office of the Insurance Ombudsman,
Jeevan Nivesh, 5th Floor,
Nr. Panbazar over bridge, S.S. Road,
Guwahati – 781001(ASSAM).
Tel.: 0361 - 2632204 / 2602205
Email: bimalokpal.guwahati@cioins.co.in

HYDERABAD - Shri N Sankaran

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

JAIPUR – Shri Rajiv Dutt Sharma

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

Delhi & following Districts of Haryana - Gurugram, Faridabad,
Sonapat & Bahadurgarh.

Assam,
Meghalaya,
Manipur,
Mizoram,
Arunachal Pradesh,
Nagaland and Tripura.

Andhra Pradesh,
Telangana,
Yanam and
part of Territory of Pondicherry.

Rajasthan

KOCHI – Shri G. Radhakrishnan

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

Kerala,
Lakshadweep,
Mahe-a part of Pondicherry.

KOLKATA - Ms Kiran Sahdev

Office of the Insurance Ombudsman,
Hindustan Bldg. Annexe, 4th Floor,
4, C.R. Avenue, KOLKATA - 700 072.
Tel.: 033 - 22124339 / 22124341,
Email: bimalokpal.kolkata@cioins.co.in

West Bengal,
Sikkim,
Andaman & Nicobar Islands.

LUCKNOW - Shri. Atul Sahai

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

Districts of Uttar Pradesh : 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,
Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar,

MUMBAI – Mr Vipin Anand

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

NOIDA - Shri Bimbadhar Pradhan

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

PATNA - Ms Susmita Mukherjee

Office of the Insurance Ombudsman,
2nd Floor, Lalit Bhawan,
Bailey Road,
Patna 800 001. Tel.: 0612-2547068
Email: bimalokpal.patna@cioins.co.in

PUNE – Shri Sunil Jain

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

Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur,
Chandauli, Ballia, Sidharathnagar.

Goa,
Mumbai Metropolitan Region
(excluding Navi Mumbai & Thane).

State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.

Bihar,
Jharkhand.

Maharashtra,
Area of Navi Mumbai and Thane
excluding Mumbai Metropolitan Region.

Address of Insurance Regulatory and Development Authority of India is also mentioned below –

Insurance Regulatory and Development Authority of India
Sy. No 115/1, Financial District, Nanakramguda, Gachibowli,
HYDERABAD 500 032

Insurance is the subject matter of solicitation

Annexure - A

List I – List of non-payable Items

Sl. No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]



List II – Items that are to be subsumed into Room Charges

SI No.	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III – Items that are to be subsumed into Procedure Charges

Sl No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

Sl No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP- COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer & Strips
18	URINE BAG