



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

Corona Rakshak Policy, IFFCO-Tokio General Insurance Company Limited

UIN: IFFHLIP21082V012021

Prospectus

If during the policy period the Insured Person is diagnosed with COVID and hospitalized for more than seventy-two hours following Medical Advice of a duly qualified Medical Practitioner as per the norms specified by Ministry of Health and Family Welfare, Government of India, the Company shall pay the agreed sum insured towards the Coverage mentioned in the policy schedule.

Provided further that, any amount payable under the policy shall be subject to the terms of coverage exclusions, conditions and definitions contained herein. Maximum liability of the Company under all such Claims during the Policy period shall be the Sum Insured) opted and specified in the Schedule.

Coverage:

The cover listed below is in-built Policy benefit and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

COVID Cover - Lump sum benefit equal to 100% of the Sum Insured shall be payable on positive diagnosis of COVID, requiring hospitalization for a minimum continuous period of 72 hours. The positive diagnosis of COVID shall be from a government authorized diagnostic centre.

Note:

- i. Payment will be made only on Hospitalisation for a minimum continuous period of 72 hours following positive diagnosis for COVID.
- ii. This is onetime benefit applicable for the entire tenure of the Policy and shall terminate upon payment of this benefit.

Waiting Period: The Company shall not be liable for any claim arising for COVID within 15 days from the first policy commencement date.

EXCLUSIONS

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

1. Investigation & Evaluation (Code- Excl04)
 - i. Expenses related to any admission primarily for diagnostics and evaluation purposes.
 - ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment
2. Any diagnosis which is not related and not incidental to COVID is not covered in this Policy
3. Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy
4. Any claim with respect to COVID manifested prior to commencement date of this policy or during the waiting period.
5. Cover under this Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.

GENERAL TERMS & CONDITIONS

1. Disclosure of Information

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

2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

3. Material Change

The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

4. Records to be Maintained

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

5. Complete Discharge

Any payment to the policyholder, insured person or 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 the Company to the extent of that amount for the particular claim.

6. 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 the address of the Company or through any other electronic modes specified in the Policy Schedule.
- iii. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

7. Territorial Limit

The company's liability to make any payment under the policy will be within India only.

8 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 shall be forfeited.

Any amount already paid against claims made under the policy which are found fraudulent later under this policy 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.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party, with intent to deceive the insurer or to induce the insurer to issue an insurance Policy:

- (a) the suggestion, as a fact of that which is not true and which the Insured Person 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

The company shall not repudiate the policy 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 mis-statement of or suppression of material fact are within the knowledge of the insurer.

9. Cancellation: The Company may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

10. Automatic termination:

This policy shall terminate for the Insured immediately on the earlier of the following events irrespective of the expiry date mentioned in the policy schedule

- Upon the demise of the covered person.
- Upon payment of an admissible claim and settlement of 100% of Sum Insured specified in the Policy Schedule.

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.

11. 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.

12. 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.

13. Endorsements (Changes in Policy)

This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.

14. 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.

15. Nomination

The policyholder is required at the inception 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 the company 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, the Company 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.

TABLE OF BENEFITS

Name	Corona Rakshak Policy, IFFCO-Tokio General Insurance Company Limited
Product Type	Individual
Category of Cover	Benefit based
Sum insured	Rs 50,000/- (Fifty Thousand) to 2,50,000 (Two and half Lakh) (in the multiples of fifty thousand)
Policy Period	Three and half months (3 ½ months), six and half months (6 ½ months) and nine and half months (9 ½ months) i.e, 105 days, 195 days and 285 days respectively
Eligibility	Policy can be availed by persons between the age of 18 years and 65 years. Proposer with higher age can obtain policy for adult members of the family, without covering self.
Coverage	<p><u>COVID Cover</u></p> <p>Lump sum benefit equal to 100% of the Sum Insured shall be payable on positive diagnosis of COVID, requiring hospitalization for a minimum continuous period of 72 hours. The positive diagnosis of COVID shall be from a government authorized diagnostic centre.</p>

Premium Table

Premium Tables (excluding GST) for 9¹/₂, 6¹/₂ and 3¹/₂ months are as follows:

Revised Premium			
3.5 MONTHS			
SI/Age Group	18-25	26-50	51-65
50,000	1,449	1,892	3,360
1,00,000	2,897	3,784	6,720
1,50,000	4,346	5,676	10,080
2,00,000	5,794	7,568	13,440
2,50,000	7,243	9,460	16,800

6.5 MONTHS			
SI/Age Group			
SI/Age Group	18-25	26-50	51-65
50,000	2,529	3,303	5,865

1,00,000	5,057	6,605	11,730
1,50,000	7,586	9,908	17,595
2,00,000	10,114	13,211	23,460
2,50,000	12,643	16,513	29,325

9.5 MONTHS			
SI/Age Group			
SI/Age Group	18-25	26-50	51-65
50,000	3,390	4,427	7,862
1,00,000	6,779	8,855	15,725
1,50,000	10,169	13,282	23,587
2,00,000	13,559	17,709	31,450
2,50,000	16,948	22,137	39,312

- **Discounts**

- a) Direct/Online Discount - 10% discount in premium
- b) Family Discount
 - 3 members - 5% discount in premium
 - More than 3 members - 10% discount in premium