



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

Comprehensive Accident Hospitalisation Policy

UIN: IFFHLIP21354V032021

SALES LITERATURE

SCOPE OF COVER

The Policy offers a Comprehensive coverage for accident related contingencies like hospitalization, fracture, evacuation and Personal Accident benefit. All these covers are brought to you by ITGI at an affordable Premium. The product is targeted at Budget Buyers, Youngsters and families. It provides the Coverage under 2 Sections as follows

Section 1 - Accidental Hospitalisation Coverage – available on a family floater basis

● **The Section provides for Cashless hospitalization coverage for:**

1. Room, Boarding and Nursing Expense as provided in the Hospital/Nursing Home.
2. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees (including consultation through telemedicine as per prevailing Telemedicine Practice Guideline).
3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and diagnostic imaging modalities, Artificial Limbs, Cost of reconstructive surgery and similar expenses.

● **Benefits under Section 1:**

- (a) Accidental Hospitalisation benefit
- (b) Outpatient Managed Fracture benefit
- (c) Supplementary benefits
 - (i) Hospital Cash
 - (ii) Post Hospitalisation medical benefit
- (d) Ancillary service-ambulance charges upto Rs 1000 per event

Section 2 - Personal accident coverage for insured persons –Proposer/Proposer+spouse/ family unit consisting of Primary policy holder ,spouse and upto 2 children(not above 21 years of age)

● **Personal Accident covers the following:**

This cover is not on a floater basis. Each insured person shall be covered for a Capital Sum Insured (C.S.I.) and coverage as given below:

- a) **Proposer-** C.S.I equal to the limit of Basic Accidental Hospitalisation Coverage.
- b) **Insured Spouse-** 50% of the C.S.I. of the Proposer

Proposer and Insured Spouse shall be as covered for Death , Permanent Total, Permanent Partial and Temporary Total disablement as per the "Table of Benefits" as in the Policy

Insured Children-equal to 50% of Proposer's CSI each covered for Death and Permanent total disability only as per the "Table of Benefits " given in the Policy.



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● **Special Benefit under Section 2:**

Education Fund: In the event of death, Permanent Total Disablement of the Proposer only we will pay compensation towards Education Fund for dependent children as upto a max of Rs 5000 each child for upto 2 children.

Key Exclusions under Section 1:

1. Pre-existing Condition.
2. Any claim arising out of external congenital Disease or defects or anomalies.
3. Fractures arising from pathological conditions of bone like pagets Disease / Osteogenesis imperfectia.
4. Any expense on treatment of any disease or illness
5. Expenses on treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization); expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period .

Key Exclusions under Section 2:

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. Payment of compensation in respect of injury as a consequence of Committing or attempting suicide, intentional self-injury, Venereal disease.

This Policy also provides unique value added Emergency Medical Assistance and Personal Services under all Plans except Plan E. The services are provided by Assist America Emergency Medical Services (India) Private Ltd. ITGI is the first Insurer to bring to You these services and that too without any sub limits:

1. Medical Consultation, Evaluation and Referral
2. Emergency Medical Evacuation
3. Medical Repatriation
4. Transportation to Join Patient
5. Care and/or Transportation of Minor Children
6. Emergency Message Transmission
7. Return of Mortal Remains
8. Emergency Cash Coordination

Key Condition: The Emergency Assistance Services are available when you meet with an accident while travelling 150 kms and more from your place of residence stated in the Policy .The services are to be availed through the Service Provider only and no reimbursement is provided for these.



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Premium and Sum Insured

There are Six Plans Gold, A, B, C, D and E available with different Coverages and different Sum Insured's ranging from Rs 50 thousand to Rs 3 lakh under Section 1 coverage.

The amount of the Personal Accident cover is linked to the Plan Opted.

The premium is also dependent on the age of the primary Policy holder and on the number of insured persons-proposer alone /Proposer and spouse/ Proposer, spouse and Upto 2 children.

Age limit: Proposer 18 years to 55 years
Children 91 days to 21 years

ITGI provides for guaranteed renewability of the Policy with the premiums based on age, the Plan and family size as applicable from time to time.

GENERAL CONDITIONS:

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.



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4. Multiple Policies (Not applicable to Section 2)

- i. 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 all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- ii. You/Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.
- iv. Where You/Insured person has policies from more than one insurer to cover the same risk on indemnity basis, You/the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen 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



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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

- a) You/the Policy holder may cancel this Policy by giving 15 days' written notice, and in such an event, We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period of cover up to	Refund of annual premium rate(%)
1(one) month	75%(seventy five percent)
3(three) months	50%(fifty percent)
6(six) months	25%(twenty five percent)
Exceeding six months	Nil

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by any Insured person under the Policy.

- b) 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 30 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



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policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration.

If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by Us, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

9. Portability

You/the Insured Person will have the option to port the Policy to 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 from the policy renewal date as per IRDAI guidelines related to portability.

If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGeneral_Layout.aspx?page=PageNo2908&flag=1

https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

10. Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by You/the insured person.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- 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. No loading shall apply on renewals based on individual claims experience

11. Withdrawal of Policy

The policy terms



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- 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 eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years 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 fifteen 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 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



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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



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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.



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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

General Exclusions

We will not pay for any compensation in respect of death, Injury or disablement of the Insured Person.

1. 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.
2. 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

This brochure provides only the salient features and for details kindly refer to the complete Policy wordings