



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

IFFCO-TOKIO LOAN PROTECTOR POLICY (GROUP)

UIN: IFFHLGP20034V011920

Policy Wording

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

This Policy witnesses that in consideration of Your having paid the premium, We will insure Your/ Insured person(s) interest(s) under the Sections specified as operative in the Schedule during the Policy Period and accordingly, We will pay You/ Insured Person(s) 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/ 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 of Schedule shall bear such meaning whenever it may appear.

Your Policy is based on information, which You have given Us pertaining to the risk insured under this policy and the truth of this information shall be condition precedent to Your or the Insured person's right to recover under this Policy.

DEFINITIONS OF WORDS

1. **Accident** - It means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Act of Terrorism** - It means an act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), or

unlawful associations, recognized under Unlawful Activities (Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.

This cover also includes loss, damage, cost or expense directly caused by, resulting from or in connection with any action taken in suppressing, controlling, preventing or minimizing the consequences of an act of terrorism by the duly empowered government or Military Authority.

Provided that If the Insured is eligible for indemnity under any government compensation plan or other similar scheme in respect of the damage described above, this Policy shall be excess of any recovery due from such plan or scheme.

For the purpose of the aforesaid definition, "Military Authority" shall mean armed forces, para military forces, police or any other authority constituted by the government for maintaining law and order.

3. **Adventure Activities/ sports** - It means activities/ sports which involves high level of inherent danger. These activities/ sports involve speed, height, high level of physical exertion and/or require highly specialised gear. Such activities include action sports, speed contest or racing (other than on foot), big game hunting, mountaineering or rock-climbing necessitating the use of guides or ropes, winter sports, skiing, ice hockey, ballooning, skydiving, hang gliding, scuba diving or other under water activities, river rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), polo, parachuting, potholing, paragliding, parasailing, bungee jumping, base jumping, hand gliding, ski jumping, abseiling, deep sea diving using hard helmet and breathing apparatus, adventure racing on water, snorkeling, kayaking, surfing, snow and ice sports.
4. **Bank** - It means a banking company that is registered in India to transact the business of banking in India or overseas.
5. **Business** - It means Your/ Insured person's employment, profession, business or trade or that of his/her Family.
6. **Common Carrier:** It means any commercial Airline, Railway, Road transport, or Water borne vessel (which shall include ocean going and / or coastal vessels and / or vessels engaged for official or personal purposes), operating under license issued by the appropriate authority, that offers transportation services to general public for carriage of passengers & cargo (or only passengers), upon the payment of fare at agreed rates, without any discrimination.

7. **Compensation** – It means Sum Insured, Total Sum Insured or percentage of the Sum Insured, as appropriate.
8. **Condition Precedent** – It means a policy term or condition upon which Our liability under the policy is conditional upon.
9. **Congenital Anomaly** - It means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
 - a) Internal Congenital Anomaly Congenital anomaly which is not in the visible and accessible parts of the body.
 - b) External Congenital Anomaly Congenital anomaly which is in the visible and accessible parts of the body
10. **Date of Diagnosis** – It means to the date on which Medical Practitioner confirms the initial diagnosis of the illness.
11. **Dependent child** - It means a child (natural or legally adopted) upto 23 years of age, who is financially dependent on the Insured person and does not have his/her independent sources of income.
12. **Equated Monthly Installments (EMI or EMI Amount)** - It means and includes the amount of monthly payment required to repay the principal amount of Loan and Interest by the Insured person as set forth in the amortization chart referred to in the loan agreement (or any amendments thereto) between the Bank / Financial Institution and the Insured person prior to the date of occurrence of the Insured Event under this Policy. For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the Insured person prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured person. It is further clarified that EMI refers to the EMI or pre-EMI on the loan.
13. **Endorsement** - It means any alteration made to the Policy which has been agreed to by Us in writing.
14. **Extension(s)**: It means optional coverage(s) which are available to You/ Insured person(s) apart from the main Sections, which You can choose to take on payment of necessary additional premium.

15. **Family** - It means Insured person, his/her spouse, children, parents and/or other relatives normally living with the Insured person.
16. **Financial Institution** - It shall have the same meaning assigned to the term under Section 45-I of the Reserve Bank of India Act, 1934 (As amended from time to time) and shall include a Non-banking Financial company as defined under Section 45-I of the Reserve Bank of India Act, 1934 (As amended from time to time).
17. **Grace Period** - Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
18. **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 the schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- Has qualified nursing staff under its employment round the clock;
 - Has at least 10(ten)in-patient beds, in towns having a population of less than 10,00,000 (ten lakhs) and at least 15(fifteen) inpatient beds in all other places;
 - Has qualified medical practitioner(s) in charge round the clock;
 - Has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - Maintains daily records of patients and makes these accessible to Insurance Company 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. Please refer to the act for amendments, if any.

- The Andhra Pradesh Private Medical Care Establishments (Registration and Regulation) Act, 2002.
- The Bombay Nursing Homes Registration Act, 1949.
- The Delhi Nursing Homes Registration Act, 1953.
- The Madhya Pradesh Upcharya Griha Tatha Rujopchar Sanbabdu Sthapamaue (Ragistrikaran Tatha Anugyapan) Adhinyam, 1973.
- 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.
19. **Illness** - It means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment. (a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery (b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics: 1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests 2. it needs ongoing or long-term control or relief of symptoms 3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it 4. it continues indefinitely 5. it recurs or is likely to recur.
20. **Injury** - Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
21. **Insured Event** - It means any event specifically mentioned as covered under this policy
22. **Insured Person** - It means the person proposed for insurance coverage with Us by You for whom the appropriate premium has been paid.
23. **Loan** - It means the sum of money lent at interest or otherwise to the Insured person by any Bank / Financial Institution as identified by the Loan Account Number referred to in the Policy schedule.
24. **Loss Of Limb** - The physical separation of one 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.
25. **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.

26. **Nominee** - It means the person nominated by the insured to receive the insurance benefits under this policy payable on the death of the insured person.
27. **Notification of Claim** - It means the process of intimating a claim to Us through any of the recognized modes of communication.
28. **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.
29. **Physical Separation** - It shall mean separation at or above the wrist and/or of the foot at or above the ankle respectively.
30. **Policy** - It means the Policy booklet, the Schedule and any applicable endorsement. The Policy contains details of the extent of cover available to You/ Insured person, what is excluded from the cover and the conditions, warranties, provisions on which the Policy is issued.
31. **Policy Period** - It means the period commencing from the effective date and hour as shown in the Schedule and terminating on the expiry date as shown in the Schedule. For the purpose of this policy, It shall be the term of the outstanding loan tenure upto a maximum of 5 years (irrespective of the actual span of the outstanding loan period which may be upto 30 years).
32. **Pre-Existing Disease** – It means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter..
33. **Principal Outstanding** – It means the principal amount of the Loan outstanding as on the date of occurrence of Insured Event less the portion of principal component included in the EMIs payable but not paid from the date of the loan agreement till the date of the Insured Event/s. For the purpose of avoidance of doubt, it is clarified that any EMIs that are overdue and unpaid to the Bank / Financial Institution prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured person.

34. **Proposal** - It means any signed Proposal by filling up the questionnaires and declarations, written statements and any information in addition thereto supplied to Us by You or on Your behalf.
35. **Renewal** - It means the terms on which the contract of insurance can be renewed on mutual consent.
36. **Schedule** - It means the latest Schedule issued by Us as part of Your Policy. It provides details of Sections of Your Policy which are in force, and the level of cover You have.
A revised Schedule will be sent at each renewal and whenever You request for a change in the cover.
37. **Senior Citizen** - It means any person who has completed sixty or more years of age as on the date of commencement or renewal of an insurance policy.
38. **Specialist** –Specialist means a qualified Medical Practitioner holding a valid and subsisting license, granted by the appropriate licensing authority, and acting within the scope of his license, expert in the field of medicine for which he carries the status of a Specialist.
39. **Sum Insured** - It means the monetary amounts shown against any Item or Section of the Policy.
40. **Surgery or Surgical Procedure** - It means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
41. **We/Our/Us** - It means **IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED**.
42. **You/Your** - It means the person(s) named as the Insured in the Schedule.
43. **What is Covered** - It means the damages/perils/contingencies which are covered under the Policy and for which We have liability in the event of claim occurrence.
44. **What is Not Covered** - It means the damages/perils/contingencies which are not covered under the Policy and for which We have no liability in the event of claim occurrence.

COVERAGE

SECTION 1 CRITICAL ILLNESS

WHAT IS COVERED	WHAT IS NOT COVERED
<p>We will pay the Sum Insured as mentioned in the schedule, in the event of You/Insured person being diagnosed, during the policy period, with the following critical illnesses, medical events or undergoing surgical procedures (Only those critical illnesses mentioned as per the plan*¹ specified in your policy schedule/ certificate of Insurance shall be applicable):</p> <p style="margin-left: 20px;">A. First diagnosis of the below mentioned Illnesses:</p> <ul style="list-style-type: none"> i) Cancer of specified severity ii) Kidney failure requiring regular dialysis iii) Multiple Sclerosis with persisting symptoms iv) Benign Brain Tumor 	<p>We will not pay for any claim under this Policy towards a covered Critical Illness, directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:</p> <ol style="list-style-type: none"> 1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy. 2. Any critical Illness diagnosed or which manifested prior to the commencement of the policy. 3. Any claim arising out of a pre-existing Disease; injury or any complication arising therefrom, except those declared by You and accepted by Us.

<ul style="list-style-type: none"> v) Motor Neuron Disease with Permanent Symptoms vi) End Stage Lung Failure vii) End Stage Liver Failure viii) Primary (Idiopathic) Pulmonary Hypertension ix) Parkinson's Disease x) Alzheimer's Disease xi) Systemic Lupus Erythematosus with Lupus Nephritis xii) Medullary Cystic Disease xiii) Encephalitis xiv) Multiple System Atrophy <p>B. Undergoing for the first time the following surgical procedures:</p> <ul style="list-style-type: none"> i) Major Organ / Bone Marrow Transplant; ii) Open heart replacement or repair of heart valves iii) Open chest CABG iv) Aorta Graft Surgery v) Pneumonectomy <p>C. Occurrence for the first time of the following medical events:</p> <ul style="list-style-type: none"> i) Stroke resulting in permanent symptoms ii) Permanent Paralysis of Limbs iii) Myocardial Infarction (First Heart Attack of specified severity) iv) Third Degree Burns v) Loss of Speech vi) Blindness vii) Loss of Limb viii) Deafness ix) Coma of Specified Severity x) Major Head Trauma xi) Muscular Dystrophy xii) Cardiomyopathy 	<ul style="list-style-type: none"> 4. Any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, whether or not arising out of conditions listed under 3 above. 5. Any Critical Illness arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen by the Insured person. 6. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner. 7. Intentional self-injury, suicide or attempted suicide. 8. Foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power. 9. Ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack. 10. Working in underground mines, tunneling or involving electrical installations with high tension supply, or as jockeys or circus personnel 11. Congenital Anomalies, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Insured.
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<p>xiii) Progressive Supranuclear Palsy xiv) Angioplasty</p> <p>However, the cover under this Policy, for the specific Insured person, shall terminate in the event of claim of a covered critical illness (except Angioplasty, if opted) becoming accepted and paid by Us. In consequence thereof, no other benefit shall be payable under Section 1 – Critical Illness or Section 2 – Personal Accident – Death and Disability. In case of Angioplasty (if opted), the policy will continue for the balance Sum Insured available under the Policy.</p>	<p>12. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person’s Family.</p> <p>13. Insured Persons whilst engaging in any adventure activities/ sports.</p> <p>14. Any claim if the Insured person is taking part in a naval, military, airforce or law enforcement operation.</p> <p>15. Any claim arising out of sporting risk in so far as they involve, the training or participation in competitions of professional or semi professional sportsmen or women or riding or driving in any form of race or competition.</p> <p>16. Participation by the Insured Person in any flying activity, except as a bona fide, farepaying passenger of a recognized airline on regular routes and on a scheduled timetable.</p> <p>17. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for, or any diagnosis or treatment that is not scientifically recognized or Unproven/Experimental Treatment, or is not Medically Necessary or any kind of self-medication and its complications;</p> <p>18. Any treatment/surgery for change of sex, cosmetic or plastic surgery or any elective surgery or cosmetic procedure that improve physical appearance, surgical and nonsurgical treatment of obesity, including morbid obesity (unless certified to be life threatening) and weight</p>
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	<p>control programs, or treatment of an optional nature including complications/illness arising as a consequence thereof;</p> <p>19. Any Critical Illness arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion with criminal intent;</p> <p>20. In the event of the death of the Insured Person within the stipulated survival period as set out above.</p> <p>21. Failure to seek or follow Medical Advice.</p> <p>22. Birth control procedures and hormone replacement therapy.</p> <p>23. Any loss resulting directly or indirectly, contributed or aggravated or prolonged or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an accident), childbirth, maternity (including Caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy.</p> <p>24. Sterility, treatment whether to effect or to treat infertility, any fertility, sub-fertility or assisted conception procedure, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services.</p>
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*1 Plan-wise Critical Illnesses are as follows:

Sr. No	Particulars	Plan Name			
		Plan 1	Plan 2	Plan 3	Plan 4

1	Cancer of Specified Severity	Yes	Yes	Yes	Yes
2	Kidney Failure Requiring Regular Dialysis	Yes	Yes	Yes	Yes
3	End Stage Liver Failure	Yes	Yes	Yes	Yes
4	Major Organ / Bone Marrow Transplant	Yes	Yes	Yes	Yes
5	Open Heart Replacement or Repair of Heart Valves	Yes	Yes	Yes	Yes
6	Open Chest CABG	Yes	Yes	Yes	Yes
7	Stroke resulting in Permanent Symptoms	Yes	Yes	Yes	Yes
8	Permanent Paralysis of Limbs	Yes	Yes	Yes	Yes
9	Myocardial Infarction (First Heart Attack of Specific Severity)	Yes	Yes	Yes	Yes
10	Multiple Sclerosis with persisting symptoms		Yes	Yes	Yes
11	Coma of Specified Severity		Yes	Yes	Yes
12	Parkinson's Disease		Yes	Yes	Yes
13	Benign Brain Tumor		Yes	Yes	Yes
14	Alzheimer's Disease		Yes	Yes	Yes
15	Aorta Graft Surgery		Yes	Yes	Yes
16	Deafness		Yes	Yes	Yes
17	Loss of speech		Yes	Yes	Yes
18	Third Degree Burns		Yes	Yes	Yes
19	Motor Neurone Disease with Permanent Symptoms			Yes	Yes
20	Primary (Idiopathic) Pulmonary Hypertension			Yes	Yes
21	Loss of Limb			Yes	Yes
22	Muscular Dystrophy			Yes	Yes
23	Blindness			Yes	Yes
24	Major Head Trauma			Yes	Yes
25	End Stage Lung Failure			Yes	Yes
26	Systemic Lupus Erythematosus with Lupus Nephritis				Yes
27	Pneumonectomy				Yes
28	Medullary Cystic Disease.				Yes
29	Cardiomyopathy				Yes
30	Encephalitis				Yes
31	Progressive Supranuclear Palsy				Yes
32	Multiple System Atrophy				Yes

SPECIFIC CONDITIONS

1. The Sum Insured can be less than or upto a maximum of loan value only.
2. Waiting Period - An initial waiting period of 90 days after the commencement of the policy period (or first policy period in case of renewal without break) is applicable for all Critical Illnesses covered under this policy.
Angioplasty, if covered additionally, shall have a waiting period of 180 days. Benefit payable on undergoing Angioplasty is restricted to lower of 25% of total benefit payable or INR 500,000.
3. Survival Period, Clause AC3, wherever applicable.

DEFINITIONS OF CRITICAL ILLNESSES

1. **Cancer of Specified Severity:**
 - I. It means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
 - II. The following are excluded –
 - i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
 - ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - iii. Malignant melanoma that has not caused invasion beyond the epidermis;
 - iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
 - v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
 - vi. Chronic lymphocytic leukaemia less than Rai stage 3
 - vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
 - viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
2. **Myocardial Infarction (First Heart Attack of specific severity)**
 - I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - ii. New characteristic electrocardiogram changes
 - iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:
- i. Other acute Coronary Syndromes
 - ii. Any type of angina pectoris
 - iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. **Open Chest CABG**

- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- II. The following are excluded:
 - i. Angioplasty and/or any other intra-arterial procedures

4. **Open Heart Replacement Or Repair Of Heart Valves**

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or diseaseaffected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

5. **Coma Of Specified Severity**

- I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
 - i. no response to external stimuli continuously for at least 96 hours;
 - ii. life support measures are necessary to sustain life; and
 - iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

7. Stroke Resulting In Permanent Symptoms

- I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- II. The following are excluded:
 - i. Transient ischemic attacks (TIA)
 - ii. Traumatic injury of the brain
 - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

8. Major Organ /Bone Marrow Transplant

- I. The actual undergoing of a transplant of:
 - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- II. The following are excluded:
 - i. Other stem-cell transplants
 - ii. Where only islets of langerhans are transplanted

9. Permanent Paralysis Of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

10. Motor Neuron Disease With Permanent Symptoms

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

11. **Multiple Sclerosis With Persisting Symptoms**

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Other causes of neurological damage such as SLE and HIV are excluded.

12. **Angioplasty**

- I. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).
- II. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- III. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

13. **Benign Brain Tumor**

- I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
 - i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

- III. The following conditions are excluded: Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

14. Blindness

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- II. The Blindness is evidenced by:
 - i. corrected visual acuity being 3/60 or less in both eyes or ;
 - ii. the field of vision being less than 10 degrees in both eyes.
- III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

15. Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing” in both ears.

16. End Stage Lung Failure

- 1. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
 - i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
 - ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
 - iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); and iv. Dyspnea at rest

17. End Stage Liver Failure

- I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
 - i. Permanent jaundice; and
 - ii. Ascites; and
 - iii. Hepatic encephalopathy.
- II. Liver failure secondary to drug or alcohol abuse is excluded.

18. Loss Of Speech

- I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

19. Loss Of Limb

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.

20. Primary (Idiopathic) Pulmonary Hypertension

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:

- i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

21. Major Head Trauma

- I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
- II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the

purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

III. The Activities of Daily Living are:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility: the ability to move indoors from room to room on level surfaces;
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding: the ability to feed oneself once food has been prepared and made available.

1. The following are excluded:

- i. Spinal cord injury;

22. Third Degree Burns

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

23. Parkinson's Disease

The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to us.

The diagnosis must be supported by all of the following conditions:

- the disease cannot be controlled with medication;
- signs of progressive impairment; and
- inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:

Activities of daily living:

- Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;

- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

24. **Alzheimer's Disease**

Alzheimer's (presenile dementia) disease is a progressive degenerative disease of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a Neurologist and supported by Our appointed Medical Practitioner.

The following conditions are however not covered:

- non-organic diseases such as neurosis;
- alcohol related brain damage; and
- any other type of irreversible organic disorder/dementia

25. **Aorta Graft Surgery**

The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches.

You understand and agree that we will not cover:

- Surgery performed using only minimally invasive or intra arterial techniques.
- Angioplasty and all other intra arterial, catheter based techniques, "keyhole" or laser procedures.

26. **Muscular Dystrophy**

A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a Registered Doctor who is a consultant neurologist. The condition must result in the inability of the Life Insured to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least 6 months.

Activities of daily living:

- Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

27. **Systemic Lupus Erythematosus with Lupus Nephritis**

A multi-system autoimmune disorder characterised by the development of autoantibodies directed against various self-antigens. In respect of this Policy, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a Registered Doctor specialising in Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:

- Class I Minimal Change Lupus Glomerulonephritis
- Class II Messangial Lupus Glomerulonephritis
- Class III Focal Segmental Proliferative Lupus Glomerulonephritis
- Class IV Diffuse Proliferative Lupus Glomerulonephritis
- Class V Membranous Lupus Glomerulonephritis

28. **Pneumonectomy**

The undergoing of surgery on the advice of an appropriate Medical Specialist to remove an entire lung for disease or traumatic injury suffered by the life assured.

The following conditions are excluded:

- Removal of a lobe of the lungs (lobectomy)
- Lung resection or incision

29. **Medullary Cystic Disease**

Medullary Cystic Disease where the following criteria are met:

- the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
- the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

Isolated or benign kidney cysts are specifically excluded from this benefit.

30. **Cardiomyopathy**

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Doctor who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association Classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:

- Class IV – inability to carry out an activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance.

Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

31. **Encephalitis**

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a Registered Doctor who is a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks.

Encephalitis caused by HIV infection is excluded.

32. **Progressive Supranuclear Palsy**

Confirmed by a Registered Doctor who is a specialist in neurology of a definite diagnosis of progressive supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.

33. Multiple System Atrophy

A diagnosis of multiple system atrophy by a Specialist Medical Practitioner (Neurologist). There must be evidence of permanent clinical impairment for a minimum period of 30 days of either:

- motor function with associated rigidity of movement; or
- The ability to coordinate muscle movement; or
- Bladder control and postural hypotension.

CLAIM SETTLEMENT PROCESS

In the event of a claim arising out of an Insured Event covered under this Section, the same shall be intimated to Us within **30 (THIRTY)** days from date of first diagnosis of the Illness, date of surgical procedure or date of occurrence of the medical event as the case may be, except under genuine circumstances beyond your/ Insured person's control in our opinion and the Insured person shall arrange for submission of the necessary documents to Us. Submission of these documents to Our satisfaction is condition precedent to admission of any liability under the policy.

1. Duly completed claim forms;
2. Loan Certificate/Amortization Schedule prepared by the bank/ financial institution at the time of disbursement of loan showing details of the loan/EMIs, Principal Outstanding, etc.,
3. Bank's document showing the details of the Loan borrower
4. Copy of Certificate of Insurance
5. Copy of Discharge Certificate/ Card from the hospital/ Medical Practitioner, if applicable;
6. Certificate from the attending Specialist Medical Practitioner of the Insured Person evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical / surgical procedure in relation to the claim of the particular insured person, inter alia,
 - a. name of the Insured person;
 - b. name, date of occurrence and medical details of the Insured Event
 - c. Confirmation that the Insured Event does not relate to any Pre-Existing Illness or any Illness or Injury which existed within the first 30 (Thirty) days of commencement of Period of Insurance.
7. Copy of investigation test reports and hospital receipts;
8. Letter from treating consultant stating presenting complaints with duration and the past medical history.
9. Bills including relevant stickers for implants, if applicable
10. First Information Report/ Final Policy Report, if applicable
11. Death Certificate/ Post mortem report, if applicable

12. KYC (know your customer) documents, if the claim is more than 1 (One) lakh
13. Identity proof
14. Age proof
15. NEFT/Bank Details
16. Discharge voucher from the Insured person
17. List of disease specific documents to be submitted are as below -

I. Cancer of Specified Severity:

- i. Histopathology / Cytology / FNAC / Biopsy / Immuno-histochemistry reports.
- ii. X-Ray / CT scan / MRI scan / USG / Radioisotope / Bone scan Reports.
- iii. Blood Test reports.
- iv. Any other specific investigation done to support the diagnosis like the PAP Smear/ Mammography, etc.

II. Myocardial Infarction (First Heart Attack of specific severity)

- i. Casualty Medical Officers/Emergency room papers with all details of Presenting Complaints and the Medical Examination by the attending physician.
- ii. Subsequent Consultation Papers with the Treating Doctor and the treatment received.
- iii. ECG On Admission and subsequent ECG's
- iv. Stress test/ Tread Mill Test
- v. Cardiac Enzymes Tests: Troponin T/Troponin I, CPK / CPK-MB, SGOT / SGPT, LDH / Electrolytes
- vi. X-ray / 2D-Echocardiography Report
- vii. Thallium Scan Report

III. Open Chest CABG

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. ECG at the time of detection of Coronary Artery Disease and Subsequent ECG's
- iii. Stress test/ Tread Mill Test
- iv. Letter from treating consultant suggesting Coronary Angiography and CABG
- v. Coronary Angiography report / CT Angiography Report
- vi. Cardiac Enzymes Tests: Troponin T/Troponin I, CPK / CPK-MB, SGOT / SGPT, LDH / Electrolytes
- vii. X-ray / 2D-Echocardiography Report
- viii. Thallium Scan Report

IV. Open Heart Replacement Or Repair Of Heart Valves

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. X-ray and 2D-Echocardiography Report.
- iii. Letter from the Cardiologist/Cardiothoracic Surgeon suggesting valve replacement with the type of valve to be used.

V. Coma Of Specified Severity

- i. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.
- ii. Subsequent details of the treatment with the consultation papers from the treating specialist.
- iii. Confirmation from the attending specialist medical practitioner about the permanent neurological deficit and duration of the same

VI. Kidney Failure Requiring Regular Dialysis

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Blood Tests- Renal Function Tests specifically: Serum Creatinine, Blood Urea Nitrogen, Serum Electrolytes done in the recent past (Not more than Two Week period from the date of intimation of Loss)
- iii. Dialysis Papers/Receipts done in recent past.
- iv. Renal scan
- v. Letter from the nephrologists stating the diagnosis of End Stage Kidney Failure.

VII. Stroke Resulting In Permanent Symptoms

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Neurological deficit.
- iii. MRI / CT scan/ 2D Echocardiography Reports or any other Imaging technique Used during the diagnosis and treatment of the Stroke
- iv. Blood tests (Lipid profile/Random Blood Sugar / Prothrombin Time/APTT/ Bleeding Time/ Clotting Time/Homocystiene levels)

VIII. Major Organ /Bone Marrow Transplant

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.

- ii. Scan / Histopathology / Cytology / FNAC / Biopsy report suggesting irreversible & non-compensatory changes of the particular organ.
- iii. Bone Marrow Biopsy Reports (Specifically In Case of Bone Marrow Transplant)
- iv. Letter from a specialist Doctor confirming the need of transplantation(Organs Specified are: Heart , lung, Liver, pancreas, kidney, bone marrow)

IX. Permanent Paralysis Of Limbs

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Neurological deficit and the degree/current status and duration of the Paralysis.
- iii. Confirmation from the Central/State Government Hospital about the complete, irreversible and permanent loss
- iv. MRI / CT scan Reports or any other Imaging technique Used during the diagnosis and treatment of the Stroke
- v. Electro-myogram Report

X. Motor Neuron Disease With Permanent Symptoms

- i. Investigations Reports like Blood tests, EEG, Nerve Conduction test, etc
- ii. MRI / CT scan Reports or any other Imaging technique Used during the diagnosis and treatment
- iii. Electro-myogram Report
- iv. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- v. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Neurological deficit and the degree/current status

XI. Multiple Sclerosis With Persisting Symptoms

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. MRI / CT Scan Report.
- iii. Electro-myogram report
- iv. Biopsy / Cytology Report
- v. Specific Blood Tests: Creatinine Phosphokinase /Anti Nuclear Antibodies , C - reactive protein /Autoimmune work up
- vi. Any other relevant Blood investigations.

- vii. Confirmation from the attending specialist medical practitioner about diagnosis of Multiple Sclerosis and the duration of the same.

XII. Benign Brain Tumor

- i. Histopathology / Cytology / FNAC / Biopsy / Immuno-histochemistry reports
- ii. X-Ray / CT Scan / MRI Scan
- iii. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.
- iv. Subsequent details of the treatment with the consultation papers from the inception of ailment
- v. Letter from the neuro-surgeon confirming the diagnosis
- vi. Blood Tests
- vii. Any other specific investigation done to support the diagnosis

XIII. Blindness

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Medical Report: Visual acuity test, field of vision test
- iii. Ophthalmologist prescription certifying the diagnosis with exact cause.

XIV. Deafness

- i. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.
- ii. Subsequent details of the treatment with the consultation papers from the treating specialist.
- iii. Confirmation from the Central/State Government Hospital about the total and irreversible loss by an ENT specialist
- iv. Audiometry Reports

XV. End Stage Lung Failure

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Medical reports: Forced expiratory volume (FEV1 test), Arterial Blood gas analysis, x-ray, blood test wherever applicable.
- iii. Chest physician's prescription certifying the disease.

XVI. End Stage Liver Failure

- i. Sonography / Biopsy Reports

- ii. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.
- iii. Subsequent details of the treatment with the consultation papers from the treating specialist.
- iv. Blood Tests

XVII. Loss Of Speech

- i. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.
- ii. Subsequent details of the treatment with the consultation papers from the treating specialist.
- iii. Confirmation from the Central/State Government Hospital about the total and irreversible loss and duration of the same

XVIII. Loss Of Limb

- i. Confirmation from the Central/State Government Hospital about the total and irreversible loss and duration of the same

XIX. Primary (Idiopathic) Pulmonary Hypertension

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. MRI / CT Scan Report.
- iii. Echocardiography report
- iv. Computed tomography (CT), magnetic resonance imaging (MRI), and lung scanning
- v. Pulmonary angiography

XX. Major Head Trauma

- i. Letter from treating doctor stating the exact cause of injury leading to head injury, presenting complaints of the patient with the duration, impact of injury on patients normal daily life.
- ii. Medical report: MRI,CT brain

XXI. Third Degree Burns

- i. FIR
- ii. Panchnama
- iii. Inquest Panchnama
- iv. Police Final Report/Charge Sheet (Based on FIR)

- v. Letter from the treating doctor specifying the degree of burns along with body surface area involved
- vi. Post-Mortem Report
- vii. Xerox Policy Certificate

XXII. Parkinson's Disease

- i. PET Scan / CT Scan / MRI Scan / EEG
- ii. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.
- iii. Subsequent details of the treatment with the consultation papers from the treating specialist.
- iv. Confirmation from the attending specialist medical practitioner about the permanent neurological deficit

XXIII. Alzheimer's Disease

- i. PET Scan / CT Scan/ MRI Scan / EEG
- ii. Neuropsychological Tests
- iii. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.
- iv. Subsequent details of the treatment with the consultation papers from the treating specialist.
- v. Confirmation from the attending specialist medical practitioner about the permanent neurological deficit

XXIV. Aorta Graft Surgery

- i. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.
- ii. Subsequent details of the treatment with the consultation papers from the treating specialist
- iii. X-Ray and 2D-Echocardiography Report
- iv. Letter from the Cardiologist/Cardiothoracic Surgeon suggesting Aorta Surgery.

XXV. Muscular Dystrophy

- i. Investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be Multiple Sclerosis; and there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months

- ii. Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart.
- XXVI. **Systemic Lupus Erythematosus with Lupus nephritis**
- a) Medical certificate confirming the diagnosis/treatment of Systemic Lupus Erythematosus with Lupus nephritis from specialist Medical Practitioner.
 - b) Treating doctors certificate regarding the duration & aetiology
- XXVII. **Pneumonectomy**
- a) Medical certificate confirming the diagnosis/treatment of Pneumonectomy from specialist Medical Practitioner.
 - b) Chest X-ray, Chest CT scan, Positron emission tomography (PET) scan confirming need of pneumonectomy
 - c) Pulmonary function tests reports
 - d) Ventilation-perfusion scan
- XXVIII. **Medullary Cystic Disease**
- a) Medical certificate confirming the diagnosis/treatment of Medullary Cystic Disease from specialist Medical Practitioner
 - b) Radiological imaging(CT) of Kidney
 - c) Biopsy of kidney which confirms the diagnosis of Medullary Cystic Disease
- XXIX. **Cardiomyopathy**
- a) Medical certificate confirming the diagnosis/treatment of Cardiomyopathy from specialist Medical Practitioner
 - b) Radiological imaging (X RAY/MRI) confirming diagnosis of Cardiomyopathy
 - c) Blood value of B-type natriuretic peptide (BNP)
- XXX. **Encephalitis**
- a) Medical certificate confirming the diagnosis/treatment of encephalitis from specialist Medical Practitioner
 - b) Brain imaging for confirmation of aetiology of encephalitis
 - c) Report of CSF derived from Spinal Tap (Lumbar Puncture)
- XXXI. **Progressive Supranuclear Palsy**
- a) Medical certificate confirming the diagnosis/treatment of Progressive Supranuclear Palsy from specialist Medical Practitioner

b) A positron emission tomography (PET) scan

XXXII. Multiple System Atrophy

a) Medical certificate confirming the diagnosis/treatment of Multiple System Atrophy from specialist Medical Practitioner

SECTION 2
PERSONAL ACCIDENT – DEATH AND DISABILITY

WHAT IS COVERED	WHAT IS NOT COVERED
<p>We will pay up to the Sum Insured set forth in the chosen Table of Benefits (either A or B) to the Insured person or his/her legal representative(s), if a bodily injury due to an accident or act of terrorism anywhere in the world, solely and directly causes Insured person's death or disablement within 12 (twelve) months of such an injury.</p> <p>Provided that, such disablement shall as a direct consequence thereof permanently disable the Insured person from resuming his normal occupation or engaging in similar gainful employment.</p>	<p>We will not pay for any claim under this Section in respect of any Insured person, directly or indirectly for, caused by or arising out of or in any way attributable to any of the following, unless otherwise stated:</p> <ol style="list-style-type: none"> 1. Any Pre-existing condition or Disability arising out of a Pre-existing Diseases or any complication arising therefrom. 2. Any payment in case of more than one claim under the Policy during any one Policy Period by which our maximum liability in that period would exceed the Sum Insured. This would not apply to payments made under Emergency

<p>However, the cover under this Policy, for the specific Insured person, shall terminate in the event of claim of Death / Permanent Total Disability becoming accepted and paid by us. In consequence thereof, no other benefit shall be payable under Section 1 – Critical Illness or Section 2 – Personal Accident – Death and Disability. In case of Permanent Partial Disability (if Table of Benefits - A is opted), the policy will continue for the balance Sum Insured available under the Policy.</p>	<p>Ambulance Cover, Funeral Expenses or Education fund of the Policy.</p> <ol style="list-style-type: none"> 3. Suicide or attempted Suicide, intentional self-inflicted injury, acts of self-destruction. 4. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family. 5. Foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power. 6. Participation in a naval, military, airforce or law enforcement operation. 7. Insured Persons whilst engaging in any adventure activities/ sports. 8. Participation by the Insured Person in any flying activity, except as a bona fide, farepaying passenger, pilot or crew of a recognized airline on regular routes and on a scheduled timetable. 9. Any venereal disease, sexually transmitted disease. 10. Congenital internal or external diseases, defects or anomalies or in consequence thereof. 11. Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound). 12. Any Medical or surgical treatment except as necessary solely and directly as a result of an Accident. 13. Hernia.
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	<ol style="list-style-type: none"> 14. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Policy Schedule. 15. Committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion with criminal intent. 16. Use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen. 17. Any loss resulting directly or indirectly, contributed or aggravated or prolonged or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an accident), childbirth, maternity (including Caesarian section), abortion, infertility or sub fertility or assisted conception treatment or complications of any of these. This exclusion will not apply to ectopic pregnancy. 18. Working in underground mines, tunneling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities. 19. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
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	<ul style="list-style-type: none"> - Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death. - Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
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Table of Benefits – A

TABLE OF BENEFITS	Compensation Expressed as a Percentage of Capital Sum Insured	Compensation Expressed as a Percentage of Capital Sum Insured in case of claim due to travel in common carriers, if opted
1. Death	100%	200%
2. Permanent Total Disablement (PTD)		
i. Permanent Total Loss of two Limbs	100%	200%
ii. Permanent Total Loss of Sight in both eyes	100%	200%
iii. Permanent Total Loss of Sight of one eye and one Limb	100%	200%
3. Permanent Partial Disablement (PPD)		
i. The sight of one eye or the	50%	

actual loss by physical separation of one entire hand or one entire foot.	
ii. Use of a hand or a foot without physical separation	50%
iii. Loss of speech	50%
iv. Loss of toes – all	20%
v. Loss of toes great - both phalanges	5%
vi. Loss of toes great - one phalanx	2%
vii. Loss of toes other than great, if more than one toe lost: each	2%
viii. Loss of hearing - both ears	75%
ix. Loss of hearing - one ear	30%
x. Loss of four fingers and thumb of one hand	50%
xi. Loss of four fingers of one hand	40%
xii. Loss of thumb - both phalanges	25%
xiii. Loss of thumb – one phalanx	10%
xiv. Loss of index finger – three phalanges	15%
xv. Loss of index finger – two phalanges	10%
xvi. Loss of index finger - one phalanx	5%
xvii. Loss of middle finger or ring finger or little finger – three phalanges	10%
xviii. Loss of middle finger or ring finger or little finger – two phalanges	7%
xix. Loss of middle finger or ring finger or little finger - one phalanx	3%
xx. Loss of metacarpals – first or second (additional) or third, fourth or fifth (additional)	3%

xxi. Any other permanent partial disablement	Percentage as assessed by Our panel of Medical Practitioners
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Table of Benefits – B

TABLE OF BENEFITS	Compensation Expressed as a Percentage of Capital Sum Insured
1. Death	100%
2. Permanent Total Disablement (PTD)	
i. Permanent Total Loss of two Limbs	100%
ii. Permanent Total Loss of Sight in both eyes	100%
iii. Permanent Total Loss of Sight of one eye and one Limb	100%

SPECIFIC CONDITION

1. The Sum Insured can be less than or upto a maximum of loan value only.

ADDITIONAL BENEFITS

1. **Funeral Expenses** – We will reimburse upto Rs. 5000 for funeral expenses, in case of accidental death claim of the Insured person admissible under this Section 2 - Personal Accident-Death and Disability.

2. **Repatriation of Mortal Remains** - We will pay upto 2% of Accidental Death Benefit Sum Insured or INR 10,000, whichever is lower for the cost of transporting the mortal remains of the deceased back to the place of residence or any other place as agreed and accepted by us, in case of accidental death claim of the Insured person being admissible under this Section 2– Personal Accident- Death and Disability.

3. **Mysterious Disappearance Benefit** – We will pay 100% of accidental death as mentioned in either of the Table of benefits of Section 2 - Personal Accident- Death and Disability, if the Insured person’s body cannot be located within 365 days after -

- I. the forced landing, stranding, sinking or wrecking of a conveyance in which He/she were a passenger or
 - II. enduring of any Act of God peril
- No other benefit under this policy will be payable along with this benefit payout.

4. Child Education Benefit – We will pay the benefit in the event of death or permanent total disablement of the Insured Person on account of accident or critical illness*², towards actual education fees payable for upto two years, subject to the maximum amount as specified in Table below:

LOAN AMOUNT		MAXIMUM BENEFIT (INR)	
FROM	TO	For One Child	For Two Children
1	500,000	NIL	NIL
500,001	1,000,000	25,000	50,000
1,000,001	2,000,000	50,000	1,00,000
2,000,001	3,000,000	1,00,000	2,00,000
3,000,001	4,000,000	1,50,000	3,00,000
4,000,001	5,000,000	2,00,000	4,00,000
5,000,001	30,000,000	2,50,000	5,00,000

*² Critical Illnesses as opted in Section 1 above.

CLAIM SETTLEMENT PROCESS

In the event of an accident, You or the Insured person shall immediately contact Us or Our authorized representative stating the details given on the Policy.

If it is not possible to make this emergency call before consulting a Medical Practitioner/ Physician or going to the hospital, You or the Insured person shall contact Us/ Our authorized representative as soon as possible.

In the event of the insured person’s death, We or Our representatives shall have the right to carry out a post mortem at Our expense.

We shall not be liable to pay any claims unless the claim under the Policy is accompanied by the following documents:

- 1. Duly completed claim form;
- 2. Death Certificate, wherever applicable

3. Post-mortem certificate, wherever applicable
4. Loan Certificate/Amortization Schedule prepared by the bank/ financial institution at the time of disbursement of loan showing details of the loan/EMIs, Principal Outstanding, etc.,
5. Bank's document showing the details of the Loan borrower
6. Copy of Certificate of Insurance
7. Insured person's statement explaining the incident which has triggered the claim under the policy
8. Discharge voucher from the Insured person, if applicable
9. First Information Report and Final Police report, wherever necessary;
10. KYC (know your customer) form, if claim is more than 1(One) lakh
11. Identity proof
12. Certificate of proof of age for dependent child/children, in case the claim is under Education Fund Provision.

A. INJURY CLAIMS

- a) Report of attending Medical Practitioner, either as a separate document or on the form forming part of the claim form.
- b) Disability certificate from a Medical Practitioner or hospital confirming the extent and nature of disability;
- c) Investigation reports like laboratory tests, X-ray reports and other reports etc. to confirm the injury.
- d) Proof of admission in the hospital and the discharge from the hospital to establish the hospitalization period.

B. FATAL ACCIDENT CLAIMS:

In addition to the above document, following documents are required for fatal accident claims:

- a) Death Certificate
- b) Post-mortem Report (this report may not be insisted where the Judicial Magistrate or an officer of the State Government has granted exemption for conducting post-mortem)
- c) Report of the magistrate confirming the circumstance of the accident. This could be waived depending upon the merit of the case.
- d) ID proof of Nominee named in the policy/Legal heir ship Certificate

SECTION 3
Loss Of Job

WHAT IS COVERED	WHAT IS NOT COVERED
<p>We will pay a fixed monthly benefit equivalent to an EMI in respect of the outstanding loan (loan account number mentioned on schedule of the policy), in the event of Your/Insured person's involuntary</p> <ol style="list-style-type: none"> 1. Termination from employment or 2. Lay off or 3. Retrenchment or 4. Permanent Dismissal <p>Imposed on him/ her during the policy period due to any of the following:</p> <ol style="list-style-type: none"> a) First time diagnosis of any of the covered critical illness for which a claim is admissible and payable under Section 1 – Critical Illness, during the policy period, or b) Permanent Total Disability occurring due to an accident during the policy period for which a claim is admissible and payable under Section 2 - Personal Accident-Death and Disability. <p>This benefit shall be payable for a maximum of 6 (six) months.</p> <p>This benefit shall be payable till:</p> <ol style="list-style-type: none"> a) The Insured person's employment is reinstated with the same employer or new employer or b) Expiry of period of insurance c) 6 (six) months <p>Whichever is earlier of a) or b) or c).</p>	<p>We will not pay for :</p> <ol style="list-style-type: none"> 1. Any claim where Your/ Insured person's termination, layoff, retrenchment or permanent dismissal from employment is caused due to or arising from: <ol style="list-style-type: none"> i. poor performance or ii. dismissal due to any fraudulent or dishonest act or iii. non-compliance of any company or organization's internal rules/ guidelines or iv. any disciplinary action against You/the Insured person by the employer or v. wilful violation of any laws for the time being in force. 2. Any claim in connection with or in respect of: <ol style="list-style-type: none"> i. Self employed persons; ii. unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer; iii. Any voluntary unemployment; iv. Unemployment at the time of inception of the Policy Period or arising within the first 90(Ninety) days of inception of the Policy Period. 3. Any unemployment from a job under which no salary or any remuneration is provided to You/the Insured person. 4. Any suspension from employment on account of any pending enquiry being

	<p>conducted by the employer/ Public Authority.</p> <p>5. Any unemployment due to resignation, retirement whether voluntary or otherwise.</p> <p>6. Any unemployment due to non-confirmation of employment after or during such period under which the Insured person was under probation.</p>
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SPECIFIC CONDITION

1. The benefit under this Section is available only for salaried employees within India.
2. Waiting Period - An initial waiting period of 90 days after the commencement of the policy period (or first policy period in case of renewal without break).
3. A claim shall be admissible under this section if the insured person loses his job within 12 (Twelve) months from the first date of diagnosis of a covered Critical Illness (payable under Section 1) or the date of Accident leading to the Permanent Total Disablement (payable under Section 2), subject to the policy being in force at the time of unemployment.
4. A claim under this benefit shall become admissible provided the period of termination, layoff, retrenchment or permanent dismissal from employment of the insured person is not less than 30 consecutive days ("Retrenchment Period"). Any payment shall be made after 30(thirty) consecutive days from the last day of employment of the Insured Person.
5. The pay out for Loss of Job benefit is as fixed at the outset and shall not be affected by any midterm change in EMI/interest rates, irrespective of whether You/ Insured person has opted for Fixed Sum Insured or Reducing Sum Insured.
6. The cover shall terminate after an equivalent of upto 6 EMIs have been admissible and paid, whether in one or more claims within a single policy period.
7. In the event the Sum Insured as appearing against Section 1 (Critical Illness) & Section 2 (Personal Accident – Death and Disablement) of the Policy is less than the total of the actual Loan disbursed upto the date of the occurrence of the Insured Event, then the EMI payable shall be in the same proportion as the actual Loan disbursed to the Sum Insured.

CLAIM SETTLEMENT PROCESS

In the event of a claim arising out of an Insured Event covered under this Section, the Insured Event as described above shall be intimated by the Insured person to Us the within 30 (thirty) days from the date of termination from employment of the Insured person or his dismissal, or retrenchment from employment as the case may be and the Insured person shall arrange for submission of the following documents to Us:

1. Duly completed claim form;

2. Certificate from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.
3. Certificate from the employer of the Insured person confirming the termination, dismissal, or retrenchment from employment of the Insured person furnishing the date of termination, dismissal, or retrenchment from employment of the Insured person with the reasons for the same.
4. KYC (know your customer) form, if claim is more than 1(One) lakh

Extension –

SECTION 4
HOSPITAL DAILY CASH

WHAT IS COVERED	WHAT IS NOT COVERED
<p>We will pay the Daily Cash amount as mentioned in the schedule on payment of additional premium, for each continuous and completed period of 24 hours that the Insured Person is Hospitalised due to an accidental bodily injury or illness first occurring or manifesting during the policy period, for upto 30 days in a policy period.</p> <p>In case of each continuous and completed period of 24 hours of hospitalization within the Intensive Care Unit (ICU), We will pay twice the hospital daily cash benefit for a period not exceeding 15 days in a policy period.</p>	<p>We will not pay for any claim under this Section, directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:</p> <ol style="list-style-type: none"> 1. Any condition, ailment or injury or related condition(s) for which you/ Insured person had signs or symptoms, and / or were diagnosed, and /or received medical advice / treatment within 36 months to prior to the first policy issued by us. 2. Routine eye tests, dental treatment or other examination and/or tests not incidental to the treatment or diagnosis of an injury, sickness or disease. 3. Pregnancy (including voluntary termination), miscarriage (unless due to an accident or illness), childbirth, maternity (including Caesarian section), abortion or

	<p>complications of any of these. This exclusion will not apply to ectopic pregnancy.</p> <ol style="list-style-type: none"> 4. Sterility, treatment whether to effect or to treat infertility, any fertility, sub-fertility or assisted conception procedure, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services. 5. Sleep disorder, Parkinson and Alzheimer's disease, external congenital diseases defects or anomalies, general debility or exhaustion ("run-down condition"); stem cell implantation or surgery, or growth hormone therapy. 6. Venereal disease, sexually transmitted disease or illness, Lymphomas in brain, Kaposi's sarcoma, tuberculosis. 7. Dental treatment or other examination and/or tests not incidental to the treatment or diagnosis of an injury, sickness or disease. 8. Circumcisions unless required as a part of treatment of an illness or injury; laser treatment for correction of eye due to refractive error; aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance. 9. Prostheses, cosmetic surgery or reconstructive surgery unless as a result of an accidental injury,
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	<p>10. Custodial care, bed rest, convenience care, convalescence, general debility, rest cure,</p> <p>11. Any treatment relating to obesity, weight reduction, weight improvement,</p> <p>12. Intentional self-injury, suicide or attempted suicide.</p> <p>13. Foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power</p> <p>14. Ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.</p> <p>15. Any hospitalisation arising or resulting from You/ Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion with criminal intent;</p> <p>16. Any hospitalisation arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen by the Insured person.</p> <p>17. Insured Persons whilst engaging in any adventure activities/ sports.</p> <p>18. Any claim if the Insured person is taking part in a naval, military, airforce or law enforcement operation.</p> <p>19. Any claim arising out of sporting risk in so far as they involve, the training or participation in competitions of professional or semi professional sportsmen or women</p>
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	<p>or riding or driving in any form of race or competition.</p> <p>20. Participation by the Insured Person in any flying activity, except as a bona fide, farepaying passenger, pilot or crew of a recognized airline on regular routes and on a scheduled timetable.</p> <p>21. Any diagnosis or treatment that is not scientifically recognized or Unproven/ Experimental/ investigational Treatment and pharmaceutical regimens, or is not Medically Necessary or any kind of self-medication and its complications.</p> <p>22. Any procedure primarily for diagnostic or preventive purposes, which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any illness for which confinement is required at a Hospital.</p> <p>23. Any non-allopathic treatment.</p> <p>24. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner.</p> <p>25. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.</p>
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SPECIFIC CONDITIONS

1. Hospital Cash Benefit is payable only for admission in hospital for a minimum period of 24 consecutive inpatient care hours.
2. Waiting Period - An initial waiting period of 30 days after the commencement of the policy period (or first policy period in case of renewal without break) is applicable under this policy, except for the below illnesses/ treatments, where the waiting period is of 2 years as long as in

the third Policy Year You/ Insured Person has been insured under this policy continuously and without any break:

- a. Illnesses: arthritis if non infective; calculus diseases of gall bladder and urogenital system; cataract; fissure/fistula in anus; hemorrhoids; sinus; gastric and duodenal ulcers; gout and rheumatism; internal tumors; cysts; nodules; polyps including breast lumps (each of any kind unless malignant); osteoarthritis and osteoporosis if age related; polycystic ovarian diseases; sinusitis and related disorders and skin tumors unless malignant.
- b. Treatments: Surgeries for benign ear; adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty; dilatation and curettage (D&C); hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy; joint replacement; myomectomy for fibroids; surgery of gallbladder and bile duct unless necessitated by malignancy; surgery of genito urinary system unless necessitated by malignancy; surgery.

CLAIM SETTLEMENT PROCESS

In the event of a claim arising out of an Insured Event covered under this Section, the same shall be intimated to Us within **30 (THIRTY)** days, except under genuine circumstances beyond your/ Insured person's control in our opinion and the Insured person shall arrange for submission of the necessary documents to Us. Submission of these documents to Our satisfaction is condition precedent to admission of any liability under the policy.

1. Duly completed claim forms;
2. Copy of Discharge Certificate/ Card from the hospital/ Medical Practitioner;
3. Certificate from the attending Specialist Medical Practitioner of the Insured Person evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical / surgical procedure in relation to the claim of the particular insured person, inter alia,
 - a. name of the Insured person;
 - b. name, date of occurrence and medical details of the Insured Event
 - c. Confirmation that the Insured Event does not relate to any Pre-Existing Illness or any Illness or Injury which existed within the first 30 (Thirty) days of commencement of Period of Insurance.
4. Copy of investigation test reports and hospital receipts;
5. Letter from treating consultant stating presenting complaints with duration and the past medical history.
6. First Information Report/ Final Policy Report, if applicable
7. KYC (know your customer) documents

8. Identity proof
9. Age proof
10. NEFT/Bank Details

ADDITIONAL CLAUSES

(APPLICABLE FOR THE WHOLE POLICY)

AC1: REDUCING SUM INSURED COVERS:

Notwithstanding anything contrary stated in the Policy, the Sum Insured under the Policy on the date of the Insured Event covered under Sections 1 & 2 for the purpose of calculation of claim shall be the Principle Outstanding on that date as per the amortization schedule prepared by Bank/Financial Institution at the time of disbursing the loan;

In the event the Sum Insured as appearing against Section 1 (Critical Illness) & Section 2 (Personal Accident – Death and Disablement) of the Policy Schedule is less than the total of the actual Loan disbursed, then the claim amount shall also be proportionately reduced in the ratio in which Sum Insured appearing on the Policy Schedule is to the loan amount.

Premium Refunds (For Reducing Sum Assured Plans):

Notwithstanding anything to the contrary contained in the Policy, an You/Insured person may cancel the cover for yourself/himself at any time during the policy period. The refund of policy premium shall be as under, wherein a portion of the premium shall be refunded as per the rates mentioned below, subject to no claim been admitted for yourself/insured person*³.

A. Short Period Table 1 - Premium Refund (For Reducing Sum Assured Plans)

Length of time Policy in force	Policy Term	1	2	3	4	5	5	5	5	5	5
	Loan Tenure	1	2	3	4	5	6	7	8	9	10
1 month		57%	77%	85%	89%	91%	92%	93%	94%	94%	94%
1-3 months		25%	57%	71%	78%	82%	85%	86%	87%	88%	88%
3-6 months		6%	40%	58%	68%	74%	78%	80%	81%	82%	83%
6-12 months		0%	15%	36%	50%	59%	64%	67%	69%	70%	71%
12-18 months		0%	2%	19%	34%	45%	52%	55%	58%	59%	60%
18-24 months		0%	0%	3%	15%	27%	35%	39%	42%	44%	45%
24-36 months		0%	0%	0%	2%	10%	17%	21%	23%	24%	25%
36-48 months		0%	0%	0%	0%	1%	4%	6%	7%	7%	8%
48-60 months		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Length of time Policy in force	Policy Term	5	5	5	5	5	5	5	5	5	5
	Loan Tenure	11	12	13	14	15	16	17	18	19	20
1 month		94%	94%	94%	95%	95%	95%	95%	95%	95%	95%
1-3 months		89%	89%	89%	89%	89%	89%	89%	90%	90%	90%
3-6 months		83%	83%	84%	84%	84%	84%	84%	84%	84%	84%
6-12 months		72%	72%	73%	73%	73%	74%	74%	74%	74%	74%
12-18 months		61%	62%	62%	63%	63%	63%	64%	64%	64%	64%
18-24 months		46%	46%	47%	47%	48%	48%	48%	49%	49%	49%
24-36 months		26%	27%	27%	28%	28%	28%	29%	29%	29%	29%
36-48 months		8%	9%	9%	9%	9%	9%	9%	9%	10%	10%
48-60 months		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Length of time Policy in force	Policy Term	5	5	5	5	5	5	5	5	5	5
	Loan Tenure	21	22	23	24	25	26	27	28	29	30
1 month		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
1-3 months		90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
3-6 months		85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
6-12 months		74%	74%	74%	75%	75%	75%	75%	75%	75%	75%
12-18 months		64%	64%	64%	64%	65%	65%	65%	65%	65%	65%
18-24 months		49%	49%	49%	49%	49%	50%	50%	50%	50%	50%
24-36 months		29%	29%	29%	29%	30%	30%	30%	30%	30%	30%
36-48 months		10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
48-60 months		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

In case of prepayment (part/full) of loan, the cover can either be continued upto its natural expiry or be cancelled at Your/ Insured person's request. If cancellation request is received, refund will be allowed subject to no claim been admitted for you/Insured person ^{*3}.

Upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in Your/ Insured person's respect, the cover in respect of that Insured person shall forthwith terminate and We shall not be liable hereunder. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of the Insured person where any claim has been admitted / lodged^{*3} with Us.

^{*3}In the event of You/Insured person requesting cancellation of a policy wherein claim under Section 4-Hospital Daily Cash has been admitted, We may refund the premium as per the Grid above only for the premium charged for Section 1, 2, & 3.

No refund for cancellation if claim under any other Section (1, 2 and/or 3) of this policy has been admitted.

Cancellation within the freelook period

In case the policy is cancelled within the freelook period of 15 days, 100% of the premium will be refunded.

AC2: FIXED SUM ASSURED COVERS:

Premium Refunds

Notwithstanding anything to the contrary contained in the Policy, You/Insured person may cancel the cover for yourself/himself at any time during the policy period. The refund of policy premium shall be as under, wherein a portion of the premium shall be refunded as per the rates mentioned below, subject to no claim been admitted for yourself/insured person*⁴.

A. Short Period Table 2 - % Return Premium (**For Fixed Sum Assured Plans**)

Length of time Policy in force	Policy Term				
	1	2	3	4	5
1 month	75%	88%	92%	94%	95%
1-3 months	50%	75%	83%	88%	90%
3-6 months	25%	63%	75%	81%	85%
6-12 months	0%	38%	58%	69%	75%
12-18 months	0%	13%	42%	56%	65%
18-24 months	0%	0%	17%	38%	50%
24-36 months	0%	0%	0%	13%	30%
36-48 months	0%	0%	0%	0%	10%
48-60 months	0%	0%	0%	0%	0%

In case of prepayment (part/full) of loan, the cover can either be continued upto its natural expiry or be cancelled at Your/ Insured person's request. If cancellation request is received, refund will be allowed subject to no claim been admitted for you/Insured person *⁴.

Upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in Your/ Insured person's respect, the cover in respect of that Insured person shall forthwith terminate and We shall not be liable hereunder. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of the Insured person where any claim has been admitted / lodged*⁴ with Us.

*⁴In the event of You/Insured person requesting cancellation of a policy wherein claim under Section 4-Hospital Daily Cash has been admitted, We may refund the premium as per the Grid above only for the premium charged for Section 1, 2, & 3.

No refund for cancellation if claim under any other Section (1, 2 and/or 3) of this policy has been admitted.

Cancellation within the freelook period

In case the policy is cancelled within the freelook period of 15 days, 100% of the premium will be refunded.

AC3: SURVIVAL PERIOD:

Notwithstanding anything to the contrary stated herein, We shall not be liable to make any payment arising out of any claim under Section 1 (Critical Illness) for any Insured person, if the Insured person does not survive a period of 30 days after the date of occurrence Insured Event.

AC4: ASSIGNMENT CLAUSE:

It is hereby declared and agreed that upon the due written consent granted by the proposer:

(i) from the Policy Start Date, the monies payable by Us to the Insured person and all rights, title, benefits and interest of the Insured person under this Policy stand assigned in favour of the " Bank / Financial Institution as named in the Policy";

(ii) upon any monies becoming payable under this Policy the same shall be paid by Us to the "Bank/Financial Institution as named in this Policy" without any reference / notice to the Insured person, but not exceeding the Principal Outstanding as defined under the Policy. In the event of any monies payable under this Policy exceeding the Principal Outstanding, We shall pay such monies as exceeding the Principal Outstanding to the Insured person;

(iii) the receipt of such monies in the manner aforesaid by the Bank/Financial Institution as named in the Policy and the Insured person shall completely discharge Us from all liability under the Policy and shall be binding on the Insured person and the heirs, executors, administrators, successors or legal representatives of the Insured person, as the case may be.

GENERAL EXCLUSIONS

(WHAT IS NOT COVERED BY THE WHOLE POLICY)

We will not be liable for

1. **Existing loss** - Any existing loss, injury or accident which occurred before the commencement of the policy.

2. **Willful Act or Gross Negligence** – Injury, disease or damage due to willful act including attempting suicide or intentional self-injury, self exposure to needless peril (except in an attempt to save Human life) or gross negligence of You or Insured person or his/her family.
3. **Confiscation** - Any loss due to delay, confiscation, commandeering, requisition, distribution, detention or destruction by order of any Government or lawfully constituted authority.
4. **Consequential Loss** – Any consequential or indirect loss or expenses arising out of or related to any insured event.

GENERAL CONDITIONS

(These conditions apply to the whole Policy)

1. **SUM INSURED –**

Section 1 (Critical Illness) & Section 2 (Personal Accident – Death and Disablement) shall always have the same Sum Insured.

The Sum Insured under Section 1 (Critical Illness) & Section 2 (Personal Accident – Death and Disablement) shall have 2 (Two) options –

Basis of Sum Insured opted	Benefit
Reducing Sum Insured* ⁵	Principle Outstanding as per the amortization schedule prepared by Bank/Financial Institution at the time of disbursing the loan
Fixed Sum Insured* ⁶	100% of the Sum Insured

*⁵**AC1 to be incorporated in the policy.**

*⁶**AC2 to be incorporated in the policy.**

In the event the Sum Insured as appearing against Section 1 (Critical Illness) & Section 2 (Personal Accident – Death and Disablement) of the Policy Schedule is less than the total of the actual Loan disbursed upto the date of the occurrence of the Insured Event, then the Amortization schedule shall be calculated as if the actual Loan disbursed was equivalent to the Sum Insured.

2. **AGE LIMIT** – The insured person should have attained the age of atleast 18 years and shall not have completed the age of 65 years as on the date of commencement or renewal of the policy period.

3. In case of borrower and co-borrower, the policy shall terminate for the amount only for the Insured Person against whom claim has been made to the extent of his proportion of the loan amount. Accordingly, the proportionate EMI for Section 3 – Loss of Job will be reduced.

The repayment schedule and the tenure of the loan shall be decided at the outset and shall remain fixed during the policy term. The policy term shall not change even if the loan tenure changes due to changes in interest rates/repayment installments

In case of foreclosure of loan, the policy will continue upto its natural expiry.

4. **CANCELLATION** - We may cancel the policy on grounds of fraud, moral hazard or misrepresentation or non-cooperation by You/ Insured person by sending 15 (fifteen) days notice under recorded delivery to You at Your last known address and in such event, the premium paid shall be forfeited.

You/ Insured person may cancel their cover by sending 15 (fifteen) days written notice to Us. We will then allow a refund as per Additional Clauses - AC1 – Reducing Sum Insured or AC2 – Fixed Sum Insured (as opted under the policy).

This refund of premium is subject to the condition that no claim has been preferred on Us.

5. **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.

6. **RENEWAL:** Policy can be renewed only till the Loan is Active and has outstanding balance against it , subject to the age of the Insured person not exceeding 65 years at the time of renewal.

- i. The cover under this Policy, for the specific Insured Person, shall terminate in the event of claim in respect of that Insured Person becoming admissible and accepted by Us under Section 1 (Critical Illness) or Section 2 (Personal Accident – Death and Disablement). Further renewal of the policy is not allowed
 - ii. The Policy has to be renewed within the expiry date or within a grace period of 30(thirty) days from the expiry date, beyond which the continuity benefits including Waiting Period shall not be available and any insurance cover thereafter will be treated as fresh cover.
 - iii. In any case, we shall not be liable to pay claim occurring during the period of break in insurance including grace period.
 - iv. Renewal shall not be refused unless justified on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured, provided, however, that you apply for renewal and remit the requisite premium within the period stipulated under (a) above.
 - v. Sum Insured can be modified at the time of renewal for which fresh proposal form will be required to be submitted. In case of enhancement of Sum insured at the time of renewal, waiting periods will apply afresh for the enhanced sum insured.
7. **DISCLOSURE TO INFORMATION NORM** - The Policy shall be void and all premium paid hereon shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
8. **NOTICE** – You/ Insured person will give every notice and communication in writing to Our office through which this insurance is effected.
9. **FREE LOOKUP PERIOD** – The free look period shall be applicable at the inception of the policy and
- 1) The insured will be allowed a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable.
 - 2) If the insured has not made any claim during the free look period, the insured shall be entitled to—
 - a) A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
 - b) where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
 - c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

10. **CHANGE IN CIRCUMSTANCES** – You/ Insured person must inform Us, as soon as reasonably possible, of any change in information You have provided to Us about Yourself, Your Business, Your employees and Insured person(s), which may affect the insurance cover provided. You/ Insured person must also notify Us about any alteration made or change in information as described aforesaid whereby risk of damage or Accident is increased. In case of such alteration or changes made and not accepted by Us in writing, all covers under this Policy shall cease.

11. **RECORDS TO BE MAINTAINED** –

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow Us or Our representative(s) to inspect such records. The Insured Person shall furnish such information as We may require under this Policy at any time during the Policy Period and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all Claims under this Policy.

12. **CLAIM PROCEDURE AND REQUIREMENTS** - An event, which gives rise to a claim or might become a claim under the Policy, must be reported to Us as soon as possible.

In case of claim under Section 3 - Loss of Job, the insured shall intimate Us within thirty (30) days from the date of termination, layoff, retrenchment or permanent dismissal from employment as the case may be.

However if a claim is reported later than that period and if the reason for same is genuine then as per IRDA guidelines, claim shall be honored.

The following details are to be provided at the time of intimation of Claim:

- a) Policy Number
- b) Name of the Policy Holder
- c) Name of the Insured Person in whose relation the Claim is being lodged
- d) Nature of Illness / Injury
- e) Name and address of the attending Medical Practitioner and Hospital
- f) Date of Occurrence of Insured Event

A written statement of the claim will be required and a Claim Form will be provided. This written statement of claim along with supporting documentation must be delivered to Us within 30 (thirty) days of occurrence of Insured event.

13. We are entitled to:

- i) Receive all necessary information, proof of occurrence of Insured event and assistance from You/ Insured person and from any other person seeking benefit under this Policy.
 - ii) Inspect the medical hospitalization records, investigate the facts and examine the Insured person.
14. In the event of permanent disablement, You/ Insured person will be under obligation to:
- a) Have himself/herself examined by the Panel Doctors appointed by Us and We will pay the costs involved thereof;
 - b) Authorize doctors providing treatment or giving expert opinion and any other authority to supply Us any information that may be required on the condition of the Insured.

If the above obligation is not met with due to whatsoever reason, We shall be relieved of Our liability to compensate under the Permanent Disablement benefit.

15. You/ Insured person shall assist and not hinder or prevent Us or Our Representatives in pursuance of their duties for ascertaining the admissibility of the claim under the Policy.
16. In case of any inconsistency in the terms and conditions in the policy wordings vis-a-vis the information contained in the Policy Schedule, the information contained in the Policy schedule shall prevail.

17. **FRAUD**

If a claim is fraudulent on account of fraudulent means or action used by You, Your employee, Insured person or his/her Family, all benefits and rights under this Policy shall be forfeited.

18. **ARBITRATION**

If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of the sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 (thirty) days of any party invoking arbitration the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by two such arbitrators and arbitration shall be conducted under and in accordance with the provisions of the arbitration and conciliation act, 1996. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if We have disputed or not accepted liability under or in respect of this policy. It is

understood, however, that You shall have the right at all times during currency of the policy to communicate only, with the leading or issuing office in all matters pertaining to this insurance.

19. **DISCLAIMER CLAUSE**

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

20. No sum payable under this Policy shall carry any interest/penalty except as mentioned under General Condition - Protection of Policy holder's interest.

21. All claims shall be settled in India in Indian Rupees.

22. The provision of this Policy shall be governed by the laws of India for the time being in force. The parties hereto unconditionally subject to the jurisdiction of the Courts in India.

23. **WITHDRAWAL & ALTERATION OF POLICY CONDITIONS**

The policy terms and conditions may undergo alteration as per the IRDA Regulation. However the same shall be duly notified to You at least three months prior to the date when such alteration or revision comes into effect by registered post at Your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Regulation.

A product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to You in advance as per the IRDA guidelines with details of options provided by us. If We do not receive Your response on the intimation of withdrawal, the existing product shall be withdrawn on the renewal date and You shall have to take a new policy available with us, subject to terms & conditions.

24. **PAYMENT OF PREMIUM**

The premium payable shall be paid in advance before commencement of risk. No receipt for premium shall be valid except on Our official form signed by Our duly authorized official. In similar way, no waiver of any terms, provision, conditions and endorsements of this policy shall be valid unless made in writing and signed by Our authorized official.

25. **PROTECTION OF POLICY HOLDER'S INTEREST**

In the event of a claim, if the same is found admissible under the policy, We shall make an offer of settlement or convey the rejection of the claim within 30 (thirty) days of receipt of all relevant documents and investigation/ assessment report (if required). In case the claim is admitted, the

claim proceeds shall be paid within 7(seven) days of Your acceptance of Our offer. In case of delay in payment, We shall be liable to pay interest at a rate which is 2% (two percent) above the bank rate prevalent at the beginning of financial year in which the claim is received by us.

26. PROVISION FOR SENIOR CITIZENS

- a) The insured will be informed in writing of any underwriting loading charged over and above the premium and the specific consent of the policyholder for such loading will be obtained before issuance of a policy.
- b) Separate channel to address the related claims and grievances of senior citizen are mentioned below:

Claims/ Grievance: seniorcitizengrievance@iffcotokio.co.in

Contact Number: 0124-2850100

Address: IFFCO-Tokio General Insurance Company Limited.
IFFCO TOWER – II
Plot No.3, Sector-29, Gurgaon
Haryana-122001

27. GRIEVANCE OR COMPLAINT

In case of any grievance the insured person may contact the company through

Website : <https://www.iffcotokio.co.in/customer-services/grievance-redressal>
Toll Free : 18001035499
E-mail : support@iffcotokio.co.in
Fax : -
Courier : Chief Grievance Officer
IFFCO-Tokio General Insurance Company Limited
IFFCO TOWER – II
Plot No.3, Sector-29, Gurgaon
Haryana-122001

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer atchiefgrievanceofficer@iffcotokio.co.in

For updated details of grievance officer, kindly refer the link <https://www.iffcotokio.co.in/customer-services/grievance-redressal>.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>.

Insurance Ombudsman –

The insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance.

The contact details of the **Insurance Ombudsman** offices are as below-

Office Details	Jurisdiction of Office (Union Territory, District)
<p>AHMEDABAD - Shri Kuldip Singh 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@ecoi.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>
<p>BENGALURU - Smt. Neerja Shah 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@ecoi.co.in</p>	<p>Karnataka.</p>
<p>BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202, Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in</p>	<p>Madhya Pradesh Chattisgarh.</p>
<p>BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455, Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in</p>	<p>Orissa.</p>
<p>CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman,</p>	<p>Punjab, Haryana,</p>

<p>S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468, Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in</p>	<p>Himachal Pradesh, Jammu & Kashmir, Chandigarh.</p>
<p>CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284, Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in</p>	<p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</p>
<p>DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in</p>	<p>Delhi.</p>
<p>GUWAHATI - Shri Kiriti .B. Saha 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@ecoi.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD - Shri I. Suresh Babu 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 - 67504123 / 23312122, Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</p>
<p>JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363, Email: Bimalokpal.jaipur@ecoi.co.in</p>	<p>Rajasthan</p>

<p>ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338, Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry.</p>
<p>KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340, Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331, Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p>	<p>Districts of Uttar Pradesh : Laitpur, 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, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
<p>MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>

<p>Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p>	
<p>NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in</p>	<p>Bihar, Jharkhand.</p>
<p>PUNE - Shri Vinay Sah 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.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>