


IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

Prospectus –Saral Suraksha Bima, IFFCO-Tokio General Insurance Company Limited
UIN: IFFPAIP21633V012021

The Saral Suraksha Bima Policy has been drafted with the aim to cover Loss of Life, Permanent Total Disablement, Permanent Partial Disablement with optional covers Temporary Total Disablement, Hospitalisation Expenses due to Accident & Education Grant. The Idea is to provide simplified, convenient pre-underwritten plans to customer.

Scope of Cover
1. Base Covers:

- a) **Death:** Benefit equal to 100% of Sum Insured shall be payable on death of the insured person, due to an Injury sustained in an Accident during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of the Accident.
- b) **Permanent Total Disablement:** Benefit equal to 100% of Sum Insured shall be payable if an insured Person suffers Permanent Total Disablement of the nature specified below, solely and directly due to an Accident during the Policy Period, provided that the Permanent Total Disablement occurs within 12 months from the date of the Accident:
- Total and irrecoverable loss of sight of both eyes or
 - Physical separation or loss of use of both hands or feet or
 - Physical separation or loss of use of one hand and one foot or
 - loss of sight of one eye and Physical separation or loss of use of hand or foot
 - If such Injury shall as a direct consequence thereof, permanently, and totally, disables the Insured Person from engaging in any employment or occupation of any description whatsoever.
- c) **Permanent Partial Disablement:**
Sum Insured specified below shall be payable if the Insured Person suffers Permanent Partial Disablement of the nature specified below solely and directly due to an Accident during the Policy Period provided that the Permanent Partial Disablement shall occur within 12 months of the date of the Accident.

S No	Loss Covered	Percentage of Sum Insured
1.	Loss of Use/ Physical Separation: One entire hand One entire foot Loss of Sight of one eye Loss of toes – all Great both phalanges Great – one phalanx Other than great if more than one toe lost	50% 50% 50% 20% 5% 2% 1%
2.	Loss of Use of both ears	50%
3.	Loss of Use of one ear	20%
4.	Loss of four fingers and thumb of one hand	40%
5.	Loss of four fingers	35%

6.	Loss of thumb - both phalanges - one phalanx	25% 10%
7.	Loss of Index finger - three phalanges two phalanges one phalanx	10% 8% 4%
8.	Loss of middle finger – three phalanges two phalanges one phalanx	6% 4% 2%
9.	Loss of ring finger - three phalanges two phalanges one phalanx	5% 4% 2%
10.	Loss of little finger – three phalanges two phalanges one phalanx	4% 3% 2%
11.	Loss of metacarpus - first or second (additional) third, fourth or fifth (additional)	3% 2%
12.	Any other permanent partial disablement	Percentage as assessed by the independent Medical Practitioner

Maximum amount payable in respect of multiple nature of disablements shall be restricted to sum insured chosen by the policyholder.

Note:

- a) The base sum insured chosen and cumulative bonus, if any is applicable cumulatively for all the three covers specified under 1(a),1(b) and 1(c) above i.e, there is a single sum insured for all the three covers namely, Accidental death, Permanent total disability and Permanent Partial Disability.
- b) If the accident occurs during the policy period, benefits covered under 1(a),1(b) and 1(c) above are payable, even if death or Permanent Total Disablement or Permanent Partial Disablement or any combination thereof occurs after the completion of policy period, but within 12 months from the date of accident.

2. Optional Covers:

a) Temporary Total Disablement:

If the Insured Person sustains an Injury in an Accident during the Policy Period and which completely incapacitates the Insured Person from engaging in any employment or occupation of any description whatsoever which the Insured Person was capable of performing at the time of the Accident (Temporary Total Disablement), compensation shall be payable, at the rate of 0.2% of the base sum insured per week, till the time the insured person is able to return to work, provided that:

- (i) Such period of temporary total disablement exceeds 4 weeks, however, benefit shall be payable for the entire duration of disablement.

- (ii) The compensation payable under this benefit mentioned under Section 2(a), shall not be payable for more than 100 weeks in respect of any one Injury calculated from the date of commencement of disablement and in no case shall exceed the Sum Insured.
- (iii) The Temporary Total Disablement is certified in writing by the treating Medical Practitioner to have commenced within 30 days from the date of the Accident.
- (iv) The compensation payable, shall be paid by the insurer at quarterly intervals, after ascertaining the amount payable. If the period of temporary total disablement is for less than a quarter or three months, the compensation may be paid at the end of the disablement period.
- (v) During the course of payment under this benefit, the insurance company shall have right to call for a certification from an independent medical practitioner with regard to the continuity of temporary total disability specified under this section.
- (vi) The insured shall notify the company immediately on resuming to his occupation/employment. Where it is found that the insured resumed to his occupation/employment without notifying to the company and received the compensation under this cover, the company shall have right to claim the recovery of such benefit paid

Note: For the purpose of this benefit, "week" is a period of seven consecutive calendar days.

- b) **Hospitalisation Expenses due to Accident:** Hospitalisation expenses arising due to accident shall be indemnified up to the limit of 10% of base sum insured.

The hospitalisation expenses shall cover the following:

- i. Room, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home.
- ii. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital. iii. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, and such other similar expenses.

(Expenses on Hospitalisation for a minimum period of 24 hours are admissible. However, this time limit of 24 hours shall not apply when the treatment does not require hospitalisation as specified in the terms and conditions of policy contract, where the treatment is taken in the Hospital and the Insured is discharged on the same day.)

- iv. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses
- v. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure carried out to treat the accidental injury covered under the policy
- vi. Expenses incurred on hospitalization due to accident, under AYUSH (as defined in IRDAI (Health Insurance) Regulations, 2016) systems of medicine shall be covered without any sub-limits.

The following expenses necessitated due to injury shall also be covered under the optional cover specified under Section 2(b):

- i. Dental Treatment
- ii. Plastic Surgery
- iii. All the day care treatment
- iv. Expenses incurred on road Ambulance subject to maximum of Rs.2000/- per hospitalization

c) **Education Grant:**

Following an admissible claim of the insured person under the policy towards Death or Permanent Total Disability of the insured person, a one-time Educational Grant of 10% of the Base Sum insured, per child, shall be payable, to all dependent children of the Insured provided that:

- a. Such Dependent Child/ Children(s) is/are pursuing an educational course as a full time student in an educational institution.
- b) Age of the child or children as the case shall not be more than 25 completed years.

Note:

- i. The benefits payable under each of the covers 2(a),2(b) and 2(c) are independent and over and above the base sum insured.
- ii. Claim admissibility under the optional covers "Temporary total disablement" and "hospitalization due to accident" is independent of claim admissibility under the base covers.

3. **Cumulative Bonus (CB):** Sum insured (excluding CB) shall be increased by 5% in respect of each claim free policy year, provided the policy is renewed without a break subject to maximum of 50% of the sum insured. If a claim is made in any particular year, the cumulative bonus accrued may be reduced at the same rate at which it has accrued. The cumulative bonus is applicable only in respect of base covers referred at Section 1.
4. **Deductibles:** No deductibles in this product
5. **Policy Term:** Policy Term for this policy shall be 12 months.
6. **Entry Age:** Minimum entry age shall be 18 years and maximum age at entry shall be at least 70 for the insured members including principal insured. Dependent Child / children shall be covered from the age of 3 months to 25 years.

Note: Age means age of the Insured person on last birthday as on date of commencement of the policy

7. **Who can take this policy:-** Individual, Spouse, Patents and Parents -in-law ,dependent children (natural or legally adopted) between the age of 3 months to 25 years.
8. **Category of Cover:** The base covers of Standard PA product and the optional covers "temporary total disablement benefit" and "Education grant" shall be offered on benefit basis. The optional cover "Hospitalisation Expenses due to Accident" shall be offered on indemnity basis
9. **Modes of premium payment:** All the modes (Yly, Hly, Qly, Mly) shall be allowed for the standard PA product. ECS (Auto Debit facility) is also allowed in respect of the above mentioned modes.
10. **Grace Period for premium payment :** The grace period of fifteen days (where premium is paid on a monthly instalments) and thirty days (where premium is paid in quarterly/half yearly/annual instalments) is available on the premium due date, to pay the premium.
11. **Minimum and Maximum Sum Insured:** Minimum sum insured shall be Rs.2.5 lakhs and maximum sum insured shall be Rs.1 Crore. Sum insured offered shall be in multiples of Rs 50,000/-
12. **Free look period:** The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting/ migrating the policy.

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

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

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

EXCLUSIONS (applicable to all sections of the policy)

The Company shall not be liable to make any payments under this policy in respect of:

- (i) Any claim for death or disablement (whether of a permanent nature or of a temporary nature), hospitalisation of the insured person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- (ii) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person
 - a. from intentional self-injury unless in self-defense or to save life, suicide or attempted suicide;
 - b. whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication.
 - c. whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world.
[Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;]
 - d. arising or resulting from the Insured Person committing any breach of law with criminal intent.
- (iii) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
- (iv) Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.
 - b. Nuclear weapons material
 - c. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - d. Nuclear, chemical and biological terrorism
- (v) Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.

Exclusions specific to section 2(b) "Hospitalisation Expenses due to Accident"

The Company shall not be liable to make any payments under this policy in respect of any expenses incurred by the insured person in connection with or in respect of:

- i. Investigation & Evaluation (Code- Excl04)
 - a) Expenses related to any admission primarily for diagnostics and evaluation purposes.
 - b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.
- ii. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14)
- iii. Expenses incurred for treatment of accidental injuries which does not warrant hospitalization.
- iv. Any expenses incurred on Domiciliary Hospitalization and OPD treatment.
- v. Treatment taken outside the geographical limits of India.
- vi. All other expenses specifically listed in the Policy.

Claim Procedure**Notification of claim:**

- i. Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening.
- ii. Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death.
- iii. If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency, the company shall be informed within 24 hours of the admission of the insured person in Hospital.

Premium**Table-1: Annual Premium Rate per mille**

Premium Payment	Normal Risk	Moderate Risk	Heavy Risk
Base Cover	0.820	1.180	1.500
Optional Cover			
Educational grant per eligible child	0.030	0.043	0.055
Temporary Total disablement	0.040	0.058	0.073
Hospitalisation Expense	10% of Base Cover premium		

Rates are exclusive of

GST**Table-2: Half Yearly Premium Rate per mille**

Premium Payment	Normal Risk	Moderate Risk	Heavy Risk
Base Cover	0.420	0.600	0.770
Optional Cover			
Educational grant per eligible child	0.015	0.022	0.028

Temporary Total disablement	0.020	0.030	0.037
Hospitalisation Expense	10% of Base Cover premium		

Rates are exclusive of GST

Table-3: Quarterly Premium Rate per mille

Premium Payment	Normal Risk	Moderate Risk	Heavy Risk
Base Cover	0.210	0.310	0.390
Optional Cover			
Educational grant per eligible child	0.008	0.011	0.014
Temporary Total disablement	0.010	0.015	0.019
Hospitalisation Expense	10% of Base Cover premium		

Rates are exclusive of GST

Table-4: Monthly Premium Rate per mille

Premium Payment	Normal Risk	Moderate Risk	Heavy Risk
Base Cover	0.070	0.110	0.140
Optional Cover			
Educational grant per eligible child	0.003	0.004	0.005
Temporary Total disablement	0.004	0.005	0.007
Hospitalisation Expense	10% of Base Cover premium		

Rates are exclusive of GST

Cancellation

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

- refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.

- refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

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

Automatic Termination of Insurance

This policy shall automatically terminate upon the Insured Person's death or payment of 100% 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.

This Prospectus

This prospectus given information only. This is not an insurance contract. Each insurance cover is subject to term and conditions, which you can read in the **Saral Suraksha Bima** policy documents. You must read the policy document to know the insurance cover fully. You can get details of the **Saral Suraksha Bima** Policy details from our branch or from our website www.iffcotokio.co.in.

Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, insured person may contact the company through:

- i. Website : www.iffcotokio.co.in
- ii. Toll Free : 18001035499
- iii. E-mail : support@iffcotokio.co.in
- iv. Fax : -----
- v. Courier : IFFCO-Tokio General Insurance Company Limited
IFFCO TOWER – II
Plot No.3, Sector-29, Gurgaon
Haryana-122001

Provision for Senior Citizens

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

Claims/ Grievance: seniorcitizengrievance@iffcotokio.co.in
Toll free: 1800-103-5498

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

Grievances

In case of any grievance, may contact Us through:

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

Toll free: 1800-103-5499

E-mail: support@iffcotokio.co.in

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

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

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

For updated details of grievance officer, kindly refer the link

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

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

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

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

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

For Updated List of Ombudsman Address, Please visit:

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

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.