

DIGIT TOTAL PROTECT POLICY
UIN: GODPAIP19072V011920
PROSPECTUS

Go Digit General Insurance Ltd.

Go Digit General Insurance Ltd. (“Digit”) is a new general insurance company being set up in India and is backed by Fairfax Financial Holdings Ltd. Fairfax is a large Canada based diversified financial services group engaged in General Insurance, Reinsurance and Investment management across more than 30 countries.

At Digit, our mission is to make Insurance products that are simple and transparent. For us, making Insurance simple translates into – Easy interface for customers to interact with us, Simple products, Simple and effective claims’ process. Our goal is to offer products and services that customer really wants and back it by service, that we can be proud of. We have a team that brings in years of experience in Insurance and technology companies. We want to become a part of consumers’ lives and enable them to live without worrying about uncertain future

Product Introduction

At Digit, we understand that some things are just beyond our control as no one really plans to get sick or hurt, but most people need accident insurance cover or medical care at some point of time. Digit Total Protect Policy is designed to protect your family from loss of income if you are injured in any way for long period of time or die due to an accidental injury. Further, any Critical Illness may lead to high medical costs and this Product will help reduce the financial burden on you, arising from such costs by paying benefit amount opted by You.

What is covered under Digit Total Protect Policy?

There are 27 Sections under this Policy and Coverage under each Section is as mentioned below:

SECTION 1. ACCIDENTAL DEATH

Digit Simplification: The day bad luck strikes

If this Cover has been opted and You sustain an Accidental Bodily Injury during the Policy Period, which is the sole and direct cause of Your Death within twelve (12) months from the date of accident, then We will pay 100% of the Sum Insured, as opted by You against this Section.

Additional Inbuilt Benefits:

Below are the additional inbuilt benefits under **Section 1. Accidental Death** and We will pay 100% of the Sum Insured opted by You against this Section, in the below events:

- a. **Disappearance:** We shall be liable to be pay under this benefit, if the Insured Person’s full body cannot be located within a period of consecutive twelve (12) months, following a forced landing, stranding, sinking, or wrecking of a Common Carrier in which such Insured Person was known to have been travelling as a fare paying passenger or in any event arising as a result of Act of God Perils during the Policy Period, where it is reasonable to believe that such Insured Person has died as a result of an Accidental Injury.
- b. **Drowning:** We shall be liable to be pay under this benefit, if the Insured Person’s full body cannot be located within a period of consecutive twelve (12) months, on account of Drowning during the Policy Period, where it is reasonable to believe that such Insured Person has died as a result of drowning.

For both (a) and (b) above, We will only pay, when the nominee or the legal heir provides a legally binding indemnity bond or any other document as required by Us which guarantees, that, if at any time, after the payment of the Accidental death benefit, it is discovered that the Insured Person is still alive, all payments shall be repaid in full to Us.

Once a claim has been accepted under this Section, this Policy will immediately and automatically cease in respect of that Insured Person. Also, “**Section 5. Children Education Benefit**”, “**Section 6. Marriage Expense for Children**”, “**Section 7. Orphan Benefit for Children**”, “**Section 8. Funeral Expenses**”, “**Section 9. Transportation Expenses**”, “**Section 10. Trauma Counselling**”, “**Section 22. Compassionate Visit**” where ever opted, will cease on payment of entire Sum Insured in respect of the Insured Person against whom a claim has been accepted under this Section.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 2. PERMANENT TOTAL DISABLEMENT

If this Cover has been opted and You sustain an Accidental Bodily Injury during the Policy Period, which is the sole and direct cause of Your “**Permanent Total Disablement**” within twelve (12) months from the Date of accident, then We will pay 100% of Sum Insured, as opted by You against this Section.

Specific Conditions:

1. If the Insured Person suffers Accidental Injuries resulting in more than one of the Permanent Total Disablement, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured opted by You against this Section.
2. Once a claim has been accepted under this Section, this Policy will immediately and automatically cease in respect of that Insured Person. Also, “**Section 5. Children Education Benefit**”, “**Section 6. Marriage Expense for Children**”, “**Section 10. Trauma Counselling**”, “**Section 20. Lifestyle Modification Benefit**”, “**Section 21. Expense for External Aids & Appliances**”, “**Section 22. Compassionate Visit**” where ever opted, will cease on payment of entire Sum Insured in respect of the Insured Person against whom a claim has been accepted under this Section.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 3. PERMANENT PARTIAL DISABLEMENT

If this Cover has been opted and You sustain an Accidental Bodily Injury during the Policy Period, which is the sole and direct cause of Your Permanent Partial Disablement within twelve (12) months from the Date of accident, then We will pay the percentage of Sum Insured, as opted by You against this Section, as per the following Scale.

Permanent Partial Disablement –Table of Benefits

Nature of Injury	% of Sum Insured
Loss of each arm at the shoulder joint	70%
Loss of each leg above centre of the femur	70%
Loss of each arm to a point above elbow joint	65%
Loss of each leg up to a point below the femur	65%
Loss of each arm below elbow joint	60%
Loss of each hand at the wrist	55%
Complete and irrecoverable loss of sight of an eye	50%
Loss of each leg to a point below the knee	50%
Loss of each leg up the centre of tibia	45%
Loss of each foot at the ankle	40%
Loss of hearing in each ear	30%
Loss of each thumb	20%

Loss of each index finger	10%
Loss of sense of smell	10%
Loss of each other finger	5%
Loss of each big toe	5%
Loss of sense of taste	5%
Loss of each other toe	2%

For the purpose of this Cover, Loss means:

- a. The physical separation of a body part, or
- b. The total loss of functional use of body part or organ mentioned in the above Table of Benefits, provided this has continued for at least 180 days from the onset of loss of functional use of body part or organ and at the expiry of 180 days, We have a certification from independent Medical Practitioner empanelled by Us stating that there is no reasonable medical hope for improvement.

Specific Conditions:

1. If the Insured Person suffers Accidental Injuries resulting in more than one Permanent Partial Disablement, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured opted by You against this Section.
2. If the Insured Person suffers from a Permanent Partial Disablement not listed in the above table then an external medical advisor will determine the disablement percentage.
3. On acceptance of a claim under this Benefit, the Insured Person's Cover under this Benefit and Other Benefit opted under this Policy shall continue, subject to the availability of the Sum Insured, terms, conditions and Exclusion of this Policy.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 4. LOSS OF INCOME BENEFIT

If this Cover has been opted and You sustain an Accidental Bodily Injury during the Policy Period, which is the sole and direct cause of a Temporary Total Disablement and which completely prevents You from performing each and every duty pertaining to Your employment or occupation on a temporary basis, then We will pay a weekly benefit, mentioned against this Section, provided that:

1. The Temporary Total Disablement is certified by a Medical Practitioner and submission of supporting documents/reports with respect to clinical examination, radiological scanning or imaging and/or neurological fallout testing as submitted to US, failing which We shall not be liable for any claim under this Section.
2. We will stop making payments when We are satisfied that You can engage in Your occupation again or when We have made payments for number of weeks as opted by You for any one injury calculated from the date of commencement the temporary total disablement as certified by the treating Medical Practitioner, whichever is earlier.
3. We shall not be liable to make any payment under this Benefit in respect of the Insured Person for more than the Total Number of weeks as opted by You for any and all claims arising within the Policy Period under this Benefit.
4. The benefit shall not be paid for the Time Excess i.e. for the number of days as opted by You calculated from the date of commencement of Temporary Total Disablement.
5. In case the Temporary Total Disablement is for a period less than a week, the benefit payable shall be calculated on proportionate basis in relation to the weekly benefit.
6. We will not pay any amount in excess of the Insured Person's base weekly income net of tax and other deductions, excluding overtime, bonuses, tips, commissions, or any other special compensation.
7. In case of any dispute with respect to the duration of Temporary Total Disablement, the duration shall be finally determined by a Doctor/Medical Practitioner mutually appointed by the Insured and Insurer, who

certifies the final date upon which the Insured recovered and fit to perform each and every duty pertaining to his / her employment or occupation.

This Cover is subject to terms, conditions, time excess, limitations and exclusions mentioned in the Policy.

SECTION 5. CHILDREN EDUCATION BENEFIT

If You have opted for this Cover and We have accepted a claim under “**Section 1. Accidental Death**” and/or “**Section 2. Permanent Total Disablement**”, then We will pay the Sum Insured as opted by You against this Section, towards the cost of education of Your dependent child (children) irrespective of whether the child(children) is an Insured Person under the Policy or not and provided that:

1. The dependent child (children) is under the age of 25 years and unmarried as on date of accident.
2. The dependent child (children) pursuing an education course is a full-time student at an educational institution.
3. Irrespective of the number of Children, maximum amount is the Sum Insured.
4. Any Claim under this Section that becomes admissible where the Dependent child (children) is a minor, shall be payable to the legal heirs.

This Cover is subject to terms, conditions, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 6. MARRIAGE EXPENSE FOR CHILDREN BENEFIT

If You have opted for this Cover and We have accepted a claim under “**Section 1. Accidental Death**” and/or “**Section 2. Permanent Total Disablement**”, then We will pay the Sum Insured as opted by You against this Section, towards the marriage expenses of Your dependent child (children) irrespective of whether the child(children) is an Insured Person under the Policy or not and provided that:

1. The dependent child (children) is under the age of 25 years and unmarried as on date of accident.
2. Irrespective of the number of Children, maximum amount is the Sum Insured.
3. Any Claim under this Section that becomes admissible where the Dependent child (children) is a minor, shall be payable to the legal heirs.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 7. ORPHAN BENEFIT FOR CHILDREN

If You have opted for this Cover and We have accepted a claim under “**Section 1. Accidental Death**” for the Insured Person who is a parent and while as a result of same accident or separate accident occurring during the Policy Period the Insured Person’s Spouse (who may or may not be an Insured Person) has also died, then We will pay the Sum Insured as opted by You against this Section to Your dependent child (children) irrespective of whether the child(children) is an Insured Person under the Policy or not and provided that:

1. The dependent child (children) is under the age of 25 years and unmarried as on date of accident.
2. The dependent child (children) does not have any independent source of income.
3. Irrespective of the number of Children, maximum amount is the Sum Insured.
4. Any Claim under this Section that becomes admissible where the Dependent child (children) is a minor, shall be payable to the legal guardian/heirs.
5. For the purposes of this Section, Child (Children) means those who has/have been born out of a marriage which is legally valid as on the date of the accident and/or those who has/have been adopted in accordance with Indian Law.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 8. FUNERAL EXPENSES

If You have opted for this Cover and We have accepted a claim under “**Section 1. Accidental Death**”, then We will pay the Sum Insured as opted by You against this Section, towards funeral, cremation and/or burial of the body of the deceased Insured Person.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 9. TRANSPORTATION EXPENSES

If You have opted for this Cover and We have accepted a claim under “**Section 1. Accidental Death**”, then We will pay the Sum Insured as opted by You against this Section, towards the expenses of transporting the mortal remains of the Insured Person from the place of death to a cremation ground or burial ground or to the residence of the Insured Person.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 10. TRAUMA COUNSELLING

If You have opted for this Cover and We have accepted a claim under “**Section 1. Accidental Death**” and/or “**Section 2. Permanent Total Disablement**” and/or “**Section 3. Permanent Partial Disablement**”, and the treating Medical Practitioner advises Professional Counselling sessions for the psychological upliftment, changes in daily diet or nutrition intake, Psychotherapy or Medications, then We will reimburse up to the Sum Insured as opted by You against this Section, towards the expenses incurred for the counselling session, provided that, Coverage needs to be availed within Six months from the date of incident covered under this Section and is applicable to:

- a. Insured Person’s Parents, Spouse and Children – In case of **accidental death** of the Insured Person.
- b. Insured Person – In case of **Permanent Total Disablement** and/or **Permanent Partial Disablement** sustained by the Insured during the Policy Period.

This Cover is subject to terms, conditions, Co-Payment, limitations and exclusions mentioned in the Policy.

SECTION 11. ACCIDENTAL HOSPITALIZATION COVER

Digit Simplification: The day bad luck strikes.

A. Hospitalization Expenses

If You have opted for this Cover and You suffer an Accidental Injury during the Policy Period that requires Hospitalization as an inpatient, we’ll be there for you. We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible claim. The claim can be made under the following benefits and up to the Sum Insured against this Section.

Accommodation/Room Rent	Hospital accommodation in a ward, shared or private room.
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient’s Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

B. Day Care Procedures

Digit Simplification: Why stay unnecessarily in a hospital when the required procedure requires less than a day!

If You suffer an Accidental Injury during the Policy Period, due to which You need to undergo medical treatment and/or surgical procedure as an inpatient under General or Local Anaesthesia in a hospital/day care centre for a stay less than 24 hour because of technological advancement, We will pay the Medical Expenses Incurred for such Day Care Procedures.

Treatment normally taken on an out-patient basis is not included in the scope of this Cover.

C. Pre-Hospitalization Expenses

Digit Simplification: We all know that sometimes you need to shell out money way before you are actually hospitalised; smile, you're covered.

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by You against this Cover, prior to the date of Your admission in a hospital, provided that:

1. Such Expenses recommended by the Hospital/Medical Practitioner were in fact incurred for the same condition for which Your Subsequent Hospitalization was required.
2. We have accepted an Inpatient Accidental Hospitalization Claim under **Section 11.A. Hospitalization Expenses Cover** of this Policy.

D. Post-Hospitalization Expenses

Digit Simplification: This covers for expenses incurred by You after you get discharged!

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by You against this Cover, from the date of Your Discharge from the hospital, provided that:

1. The expenses are recommended by the Hospital/Medical Practitioner and are for the same condition for which you were hospitalized.
2. We have accepted an Inpatient Accidental Hospitalization Claim under **Section 11.A. Hospitalization Expenses Cover** of this Policy.

E. Dental Treatment

Digit Simplification: Because you need to open your mouth and your wallet wide, at the dentist's.

We will pay for the medical expenses incurred by You for any necessary Dental Treatment needed after an accident. A claim here is valid if the accident resulted in an admissible inpatient Hospitalization Claim under **Section 11. A. Hospitalization Expenses Cover**.

F. Road Ambulance

Digit Simplification: Emergencies will and shall always be a top priority.

We will pay for the expenses incurred on Your road transportation by a Healthcare or an Ambulance Service Provider to a Hospital for treatment following an Emergency arising out of an Accident, provided that:

1. We have accepted a claim under **Section 11. A. Hospitalization Expenses Cover**.
2. The maximum liability per Hospitalization is restricted to the amount against this Cover.
3. The Coverage also Includes Your cost of road Transportation from a Hospital to another nearest Hospital which is prepared to admit You and provide the necessary medical services, if such medical services cannot satisfactorily be provided at a Hospital where You are situated. Such road Transportation has to be prescribed by a Medical Practitioner and/or should be Medically Necessary.

G. Second Medical Opinion

Digit Simplification: We want nothing but the best for You. Which is why we encourage you to go in for a second opinion, wherever necessary!

We shall arrange and bear the cost for Second Opinion from our panel of Medical Practitioners. This is for times when there has been a major accidental injury that requires your hospitalisation in a tertiary care facility during the Policy Period, provided that:

1. We have received Your request to arrange for a Second Opinion.
2. You have the option to choose any One of Our Panel Medical Practitioners.
3. We will not provide more than one Opinion for the same Medical Condition within a Policy Period.

All the above Covers are Subject to terms, conditions, co-payment, limitations and exclusions mentioned in the Policy.

H. Transportation of Imported Medicine

We will reimburse the costs incurred by You for freight charges for importing medicines to India, provided that:

1. We have accepted a claim under **Section 11. A. Hospitalization Expenses Cover**.
2. Such medicines, formulations or their alternatives are not available in India.
3. Such medicines are necessary for the medical or surgical treatment of the Insured Person in a Hospital following the Accident.
4. Such medicines shall not include any drugs under clinical trials or medicines, formulations or molecules of unproven efficacy.
5. The Medicines are recommended by the treating Medical Practitioner

Sum Insured Basis

Claim settlement would be done on the basis of Sum Insured Options selected by You. The two Sum Insured Basis are as mentioned below:

Basis 1: This is the percentage as opted by You against this Section applied on the admissible claim amount of “**Section 1. Accident Death**” and/or “**Section 2. Permanent Total Disablement**” and/or “**Section 3. Permanent Partial Disablement**” and/or “**Section 4. Loss of Income Benefit**” as per the Sections opted by You.

Basis 2: This is the amount opted by You against this Section.

This Cover is subject to terms, conditions, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 12. HOME (DOMICILIARY) HOSPITALIZATION

Digit Simplification: Sometimes, admitting the patient in a hospital is not possible!

If You have opted for this Cover, We will pay the Medical Expenses incurred by You for accidental bodily Injury requiring medical treatment taken at home, which would otherwise have required Hospitalization, up to the Sum Insured opted by You against this Section and provided that:

1. The condition of the patient is such that s/he is not in a condition to be moved to a Hospital or
2. The patient takes treatment at home on account of non-availability of room in a Hospital, and
3. The condition for which the medical treatment is required continues for at least 3 days, in which case We will pay the reasonable charge of any necessary medical treatment for the entire period
4. No Payment will be made if the condition for which You require medical treatment is due to any reason other than an accidental bodily injury.

This Cover is subject to terms, conditions, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 13. LONG HOSPITALIZATION CASH BENEFIT

Digit Simplification: If even ward boys seem to know You by name, this cover is for You.

If You have opted for this Cover and You suffer an Accidental Injury during the Policy Period that requires Hospitalization as an inpatient for a minimum number of consecutive days as Opted by You against this Section, We will give you a lump sum amount. Provided that the benefit is payable only once to an Insured Person during the Policy Period.

For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 14. DAILY HOSPITAL CASH COVER

Digit Simplification: Staying in Hospital has expenditure beyond Hospital bill!

If You have opted for this Cover, We agree to pay a Daily Cash Allowance, amount mentioned against this Section. This will be paid for each continuous and completed period of 24 hours of Hospitalisation arising out of accidental bodily injury for a maximum number of days mentioned against this Section.

If You are hospitalised in the **Intensive Care Unit (ICU)** of a Hospital for each continuous and completed period of 24 hours, We will pay twice the Daily Cash Allowance amount mentioned against this Section.

Payment of claim under this benefit is subject to the time excess as opted by You against this Section.

This Cover is subject to terms, conditions, time excess, limitations and exclusions mentioned in the Policy.

SECTION 15. OUT-PATIENT (OPD) BENEFIT

Digit Simplification: Expenses like doctor's consultation fees, health check-ups, pharmacy bills, dental treatment, diagnostic tests, etc... when You are not hospitalized are covered under this!

If You have opted for this Cover and You sustain accidental bodily injury, We will pay the Reasonable and Customary Charges for below mentioned expenses incurred by You as an Allopathic Out-patient when OPD treatment is taken from a Medical Practitioner to the extent of the Sum Insured opted by You against this Section.

What all is covered under this:

Professional Fees	Fees for Medically Necessary Consultation and Examination by Medical Practitioners to assess Your Health for any injury.
Diagnostic	Medically Necessary Out-patient diagnostic Procedures such as x-rays, pathology, Brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment from a diagnostic centre.
Surgical Treatment	Minor Surgical Procedure such as POP, Suturing, Dressings for Accidents and Animal Bite Related Outpatient Procedures Etc. Carried out by a Medical Practitioner
Medication	Drugs & Medicines prescribed by a Medical Practitioner
Out-Patient Dental Treatment	Any Out-patient dental treatment arising out of an accidental injury.
Rehabilitation	Physiotherapy, Psychiatric Counselling and Therapy

This cover excludes expenses incurred towards Hearing Aids, Spectacles, Implants, Contact Lenses, Vaccinations other than those required for animal bite, Cosmetic Procedures, Ambulatory Devices like Walkers, BP Monitors, Glucometers, Thermometers, Dietician Fees, Vitamins and Supplements.

This Cover is subject to terms, conditions, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 16. EMERGENCY AIR AMBULANCE

Digit Simplification: When every minute counts. Sometimes when You meet with an Accident and have an Emergency, time is of a lot of importance.

If You have opted for this Cover, We will pay You the expenses incurred for Your transportation in an airplane or helicopter for emergency life threatening health conditions which requires immediate and rapid ambulance transportation to the nearest hospital.

This transportation will be from the location where the accident happened the first time and subject to availability of Sum Insured against **Section 11. Accidental Hospitalization Cover** and provided that such Transportation in an airplane or helicopter has been prescribed or certified by a Medical Practitioner and/or is Medically Necessary.

Provided that, We have accepted a claim under **Section 11. Accidental Hospitalization Cover**.

This Cover is subject to terms, conditions, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 17. COMA BENEFIT COVER

If You have opted for this Cover and You sustain accidental bodily injury which solely and directly results in Your hospitalization in an Intensive Care Unit of a Hospital in a state of Coma, within 30 days of date of accident, then We will pay You the Sum Insured as opted by You against this Section, provided that:

1. The Coma is confirmed by a specialist Medical Practitioner in writing which includes:
 - a. no response to external stimuli continuously for at least 96 hours; and
 - b. life support systems and measures are necessary to sustain life
2. Permanent neurological deficit must be assessed at least 30 days after the onset of the coma and the reports to be submitted to Us for any benefit to be payable under this Section.
3. Coma resulting directly from alcohol or drug abuse or any other illness other than Accidental Bodily Injury is excluded.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 18. FRACTURE COVER

If You have opted for this Cover and You sustain accidental bodily injury which solely and directly results in Fracture(s) of Bone(s), then We will pay the percentage shown in the below table of benefits applied to the Sum Insured opted by You against this Section.

Fracture Cover - Table of Benefits

Nature of Fracture	% of Sum Insured
Hip or Pelvis (excluding thigh or coccyx)	
Open Fracture of more than one bone with flail pelvis	100%
Open Fracture of more than one bone without flail pelvis	50%
Open Fracture of one bone	50%
Closed Fracture of more than one bone with flail pelvis	50%
Closed Fracture of more than one bone without flail pelvis	25%
Closed Fracture one bone	15%
Thigh	
Open Fracture of neck of Femur	60%
Open Fracture of shaft of femur	45%
Closed Fracture of neck of Femur	25%
Closed Fracture of shaft of femur	25%
Fracture of condyles /patella	15%
Lower Leg	
Open Fracture of more than one bone	60%
Open Fracture of one bone	45%
Closed Fracture of more than one bone	25%
Closed Fracture one bone	15%
Fracture Ribs	
Fracture of Multiple Ribs with Flail Chest	25%
Fracture of Multiple Ribs with without Flail Chest	20%

Fracture of Single rib / Fracture of sternum	10%
Elbows, Arm (including wrist but excluding Colles type fractures)	
Open Fracture of more than one bone	45%
Open Fracture of one bone	35%
Closed Fracture of more than one bone	20%
Closed Fracture one bone	15%
Colles type fracture of the lower arm	
Open Fracture	25%
Closed Fracture	10%
Skull	
Fracture of the skull needing surgical Intervention	60%
Fracture of the skull not needing surgical Intervention	20%
Shoulder Blade, Rib(s), Knee cap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes or heel)	
Open Fracture	30%
Closed Fracture	15%
Spinal Column (Vertebrae but excluding coccyx)	
Compression fractures of more than one vertebrae	40%
Spinous, transverse process of pedicle fractures of more than one vertebrae	40%
Permanent Spinal Cord damage	40%
Fractures of Single Vertebra	15%
Lower Jaw	
Open Fracture	25%
Closed Fracture	10%
Cheekbone, Clavicle, Coccyx, Upper Jaw, Nose, Toe(s), Finger(s), Ankle, Heel	
Open Fracture of more than one bone	15%
Open Fracture of one bone	12%
Closed Fracture of more than one bone	4%
Closed Fracture one bone	2%
Dislocations requiring surgery under anaesthesia	
Spine	35%
Back (Excluding slipped disc)	35%
Hip	25%
Knee (left or right)	20%
Wrist (left or right)	15%
Elbow (left or right)	15%
Ankle (left or right)	10%
Shoulder Blade (left or right)	10%
Collar bone	10%
Fingers (left or right hand)	5%
Toes (left or right foot)	5%
Jaw	5%
Internal Injuries	
Internal injuries resulting in open abdominal or Thoracic Surgery	25%
Intracranial haemorrhage and/ or physical brain injury	25%

Specific Conditions:

1. If You suffer a Fracture not specified in the below table but the fracture is due to an injury solely and directly due to an accident, then Our Medical Practitioner will decide the amount payable, if any.

2. A fracture which results due to any illness or disease (including malignancy) or due to osteoporosis shall not be payable under this benefit.
3. A fracture where the broken bone penetrates the skin is an Open Fracture and where the broken bone does not penetrate the skin is a Closed Fracture.
4. If the Insured Person suffers Accidental Injuries resulting in more than one fractures, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured opted by You against this Section.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 19. BURNS COVER

If You have opted for this Cover and You sustain Second Degree Burns or Third Degree Burns solely and directly due to an accident, then We will pay the percentage shown in the below table of benefits applied to the Sum Insured opted by You against this Section.

Burns Cover - Table of Benefits

Nature of Burns	% of Sum Insured
SECOND DEGREE BURNS	
Head	
Second degree burns of 30% or more of the total head surface area	50%
Second degree burns of 20% or more, but less than 30% of the total head surface area	40%
Second degree burns of 10% or more, but less than 20% of the total head surface area	30%
Rest of the Body	
Second degree burns of 20% or more of the total body surface area	50%
Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
Second degree burns of 5% or more, but less than 10% of the total body surface area	10%
THIRD DEGREE BURNS	
Head	
Third degree burns of 30% or more of the total head surface area	100%
Third degree burns of 20% or more, but less than 30% of the total head surface area	80%
Third degree burns of 10% or more, less than 20% of the total head surface area	60%
Rest of the Body	
Third degree burns of 20% or more of the total body surface area	100%
Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
Third degree burns of 10% or more, less than 15% of the total head body area	60%
Third degree burns of 5% or more, less than 10% of the total head body area	20%

For the purpose of this cover,

1. Burns means an injury caused by exposure to heat or flame including chemical and electric burns.
2. **Second Degree Burns** means Burns which involve the epidermis and part of the dermis layer of skin, causing the burn site to appear red, blistered, and may be swollen and painful.
3. **Third Degree Burns** (full thickness burns) means the burns that destroy the outer layer of the skin (epidermis) and the entire layer beneath i.e. the dermis. It also affects deeper tissues resulting in white or blackened, charred skin that may cause numbness, loss of fluid and sometimes shock.

Specific Conditions:

1. The burns that are self-inflicted by You in any way will not be covered under this Benefit;
2. A Medical Practitioner has to confirm the percentage of the surface area of the burn and the diagnosis of the burn to Us in writing.
3. If the Insured Person suffers Accidental Injuries resulting in more than one of the nature of burns mentioned in the above table of benefits, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured opted by You against this Section.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 20. LIFESTYLE MODIFICATION BENEFIT

If You have opted for this Cover and We have accepted a claim under “**Section 2. Permanent Total Disablement**” and/or “**Section 3. Permanent Partial Disablement**”, then We will reimburse the Reasonable and Customary Charges/Expenses incurred for improvements to be carried out in the Insured Person’s residence and/or vehicle which are certified in writing by a Medical Practitioner to be necessary and following the accident, up to the Sum Insured opted by You against this Section.

This Cover is subject to terms, conditions, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 21. EXPENSE FOR EXTERNAL AIDS & APPLIANCES

If You have opted for this Cover and We have accepted a claim under “**Section 2. Permanent Total Disablement**” and/or “**Section 3. Permanent Partial Disablement**”, then We will reimburse the Reasonable and Customary Charges incurred towards purchase of support items such as artificial limbs, crutches, stretcher, tricycle, wheelchairs or any other item which is prescribed by a Medical Practitioner following an injury sustained in the accident, up to the Sum Insured opted by You against this Section

This Cover is subject to terms, conditions, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 22. COMPASSIONATE VISIT

If You have opted for this Cover and We have accepted a claim under “**Section 1. Accident Death**” and/or “**Section 2. Permanent Total Disablement**” and/or “**Section 11. Accidental Hospitalization**” due to an accident in a location situated outside the City/Town of Your usual place of residence, then We will reimburse the actual cost incurred for to and fro economy class transportation by the most direct route via a common carrier, up to the Sum Insured opted by You against this Section, for one of the Insured’s “**Immediate Family Person**” to travel to the place of accident or the Hospital in which the Insured Person is hospitalized.

For the purpose of this Section, the term “**Immediate Family Person**” would mean the Insured Person’s spouse, siblings, Children above age of 18 years, parents or parents in law.

Specific Conditions:

The benefit is payable under this Section subject to:

1. The Insured Person’s treating Medical Practitioner has advised in writing the personal attendance of an Immediate Family Person.
2. The Insured Person is Hospitalized at a distance of at least 100 kilometres from his place of residence.

This Cover is subject to terms, conditions, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 23. MISCARRIAGE DUE TO ACCIDENTAL INJURY

If You have opted for this Cover and You sustain accidental bodily injury which solely and directly results in **Miscarriage** of a Pregnant Insured Person within 15 days of such accident, then We will pay a lumpsum amount as opted by You, provided that:

- a. The miscarriage shall not be attributed to any natural causes and/or sickness relating to pregnancy or child birth.
- b. We shall not be liable for voluntary termination of pregnancy.
- c. This benefit is applicable only to the female Insured Person covered under this Policy.

For the purpose of this Cover, **Miscarriage** shall mean the spontaneous or unplanned expulsion of a foetus from the womb within the first 20 weeks of gestation.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 24. ADVENTURE SPORTS COVER

If You have opted for this Cover and You sustain accidental bodily injury, whilst engaged in Adventure Sports listed below in a non-professional capacity and under the supervision of a trained professional, which solely and directly results in Your

- a. **“Death”** and/or **“Permanent Total Disablement”** within twelve (12) months from the Date of accident; then We will pay 100% of Sum Insured opted by You against this Section for **“Death”** and/or **“Permanent Total Disablement”**;
and/or
- b. **“Accidental Hospitalization”**, then We will Pay Up to the Sum Insured opted by You against this Section for **“Accidental Hospitalization”**. We will pay the expenses Incurred in respect of the below items under **“Accidental Hospitalization”**:

Accommodation/Room Rent	Hospital accommodation in a ward, shared or private room.
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient’s Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees
Day Care Procedures	Medical Expenses incurred for Medical treatment and/or surgical procedure as an inpatient under General or Local Anaesthesia in a hospital/day care centre for a stay less than 24 hour because of technological advancement.

Depending upon the option opted by You

Option 1: a. **“Death”** and/or **“Permanent Total Disablement”** and b. **“Accidental Hospitalization”**

Option 2: a. **“Death”** and/or **“Permanent Total Disablement”**

Option 3: b. **“Accidental Hospitalization”**

List of Adventure Sports Activities Covered:

If You have opted for this Section, We will cover You against the below listed Adventure Sports only:

“abseiling, aerial safari, ballooning , black water rafting, bouldering , bushwalking up to 3,000 mts, canoeing , go karting, hiking/trekking up to 3,000 mts, ice skating (indoor only) , jet boating , jet skiing , kayaking , mountain biking (cross country) , mountain biking on tracks and trails , parasailing , parascending (over water only) , rafting , river boarding , rock climbing up to 3,000 mts, rowing / sculling , sea canoeing , sea kayaking (coastal waters only) , snorkelling , speed boating , surf boat rowing , surfing , tubing, wake skating , wakeboarding , windsurfing (coastal waters within 3 nautical miles only), yachting (coastal waters only), bungee jumping, motor biking ,

sandboarding , sand skiing , skidoos, skiing / snowboarding , snow mobiling , snow rafting, zip lining , zorbing , triathlon, gliding , hang gliding , parachuting , paragliding , parapenting, skydiving with a professional trainer, scuba diving to 50 metres, unless any of the activities are modified/added /deleted.”

Specific Conditions:

1. The cover for the Insured Person under this Section shall terminate immediately once a claim is admitted and paid under the Adventure Sports Cover for “**Death**” or “**Permanent Total Disablement**”.
2. Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured opted by You against this Section
3. We will not pay any claim under this Cover, whilst You are Training for or Taking part in sport as a:
 - professional for which You are paid or funded by sponsorship or grant; or
 - as an amateur sports person; or
 - You are not performing the activity under the supervision of a trained professional

This Cover is subject to terms, conditions, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 25. CRITICAL ILLNESS

Digit Simplification: We are with you for the best of times, and the worst of times.

If You have opted for this Cover, We will pay You the Sum Insured mentioned against this Section, in case You are diagnosed as suffering from any of the Critical Illnesses or undergoing covered Surgical Procedures as per the Plan Opted by You as specified below Provided that,

- a) This Critical illness or covered surgical procedure has happened to you for the first time in your life.
- b) We will not make any payment if You are diagnosed as suffering from Critical Illness within the number of days (i.e. Initial Waiting Period) from the date of inception of first “**Digit Total Protect Policy**” with Us covering Critical Illness.
- c) You survive for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness, unless this condition is specifically waived by Us.
- d) No Claim under this Section shall be admissible if the Critical Illness or the Surgical Procedure is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- e) Once a claim has been Paid under Critical Illness and / or Surgical Procedure, Cover under this Section shall cease and no further payment will be made for any consequent disease or any dependent disease.

Plan wise Covered Critical Illnesses

Sr. No.	Category	Critical Illness	Plan A	Plan B	Plan C
1	Malignancy	Cancer of Specified Severity	Covered	Covered	Covered
2	Cardiovascular system	Myocardial Infarction	Covered	Covered	Covered
3		Open Heart Replacement or Repair of Heart Valves	Covered	Covered	Covered
4		Surgery to Aorta	Covered	Covered	Covered
5		Primary (Idiopathic) Pulmonary Hypertension	Not Covered	Covered	Covered
6		Aneurysm of Abdominal Aorta	Not Covered	Not Covered	Covered
7		Cardiomyopathy	Not Covered	Not Covered	Covered
8		Pulmonary artery graft surgery	Not Covered	Not Covered	Covered

9		Open Chest CABG	Covered	Covered	Covered
10	Major Organ Transplant	End Stage Lung Failure	Covered	Covered	Covered
11		End Stage Liver Failure	Covered	Covered	Covered
12		Kidney Failure Requiring Regular Dialysis	Covered	Covered	Covered
13		Major Organ/ Bone Marrow Transplant	Covered	Covered	Covered
14	Nervous System	Apallic Syndrome	Not Covered	Covered	Covered
15		Benign Brain Tumour	Covered	Covered	Covered
16		Coma of Specified Severity	Covered	Covered	Covered
17		Major Head Trauma	Covered	Covered	Covered
18		Permanent Paralysis of Limbs	Covered	Covered	Covered
19		Stroke Resulting in Permanent Symptoms	Not Covered	Covered	Covered
20		Motor Neurone Disease with Permanent Symptoms	Not Covered	Covered	Covered
21		Parkinson's Disease	Not Covered	Not Covered	Covered
22		Muscular Dystrophy	Not Covered	Not Covered	Covered
23		Progressive Supranuclear Palsy	Not Covered	Not Covered	Covered
24		Creutzfeldt-Jakob disease (CJD)	Not Covered	Not Covered	Covered
25		Bacterial Meningitis	Not Covered	Not Covered	Covered
26		Alzheimer's disease	Not Covered	Not Covered	Covered
27		Encephalitis	Not Covered	Not Covered	Covered
28		Multiple Sclerosis with Persisting Symptoms	Covered	Covered	Covered
29	Others	Loss of Independent Existence	Not Covered	Covered	Covered
30		Systemic lupus erythematosus	Not Covered	Not Covered	Covered
31		Goodpasture's syndrome	Not Covered	Not Covered	Covered
32		Fulminant Viral Hepatitis	Not Covered	Not Covered	Covered
33		Pneumonectomy	Not Covered	Not Covered	Covered
34		Aplastic Anaemia	Not Covered	Covered	Covered

Critical Illness Definitions Applicable to Benefit Cover 25 Above:

Digit Simplification: What all is covered and what is not. Everything in black and white for You!

I. **Standard Definitions:**

1. CANCER OF SPECIFIED SEVERITY

- I. 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

- I. 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 disease- affected 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

- I. 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 embolization 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

- I. 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

- I. 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. Neurological damage due to SLE is excluded.

12. 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.

13. END STAGE LUNG FAILURE

- III. 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 ($\text{PaO}_2 < 55\text{mmHg}$); and
 - iv. Dyspnoea at rest.

14. 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**.

15. MAJOR HEAD TRAUMA

- I. Accidental head injury resulting in permanent Neurological deficit is 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 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.

IV. The following are excluded:

- i. Spinal cord injury;

16. 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.

II. Specific Definitions:

17. SURGERY TO AORTA

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

18. ABDOMINAL AORTA ANEURYSM

An abdominal aortic aneurysm (AAA) is a swelling/dilatation (aneurysm) of the aorta – the main blood vessel that leads away from the heart, down through the abdomen to the rest of the body.

- a. The diagnosis must be supported by a CT scans or CTA (Angiography) and requiring Endovascular aneurysm repair and the realization of surgery has to be confirmed by a cardiovascular surgeon.
- b. Congenital conditions are excluded

19. CARDIOMYOPATHY

A diagnosis of cardiomyopathy by a Specialist Medical Practitioner (Cardiologist). There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities for a minimum period of 30 days to at least Class 3 of the New York Heart Association classifications of functional capacity (heart disease resulting in marked limitation of physical activities where less than

ordinary activity causes fatigue, palpitation, breathlessness or chest pain) and LVEF of 40% or less.

The following conditions are excluded:

- Cardiomyopathy secondary to alcohol or drug abuse.
- All other forms of heart disease, heart enlargement and myocarditis.

20. PULMONARY ARTERY GRAFT SURGERY:

The undergoing of surgery requiring median sternotomy on the advice of a Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

21. APALLIC SYNDROME

- I. Universal necrosis of the brain cortex, with the brain stem intact. Diagnosis must be definitely confirmed by a Registered Medical practitioner who is also a neurologist holding such an appointment at an approved hospital. This condition must be documented for at least one (1) month.

22. 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:

- a. the disease cannot be controlled with medication;
- b. signs of progressive impairment; and
- c. inability of the Insured Person to perform at least 3 of the 6 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 a continuous period of at least 6 months.

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

23. MUSCULAR DYSTROPHY

A group of hereditary degenerative diseases of muscle characterised by progressive and permanent weakness and atrophy of certain muscle groups. The diagnosis of muscular dystrophy must be unequivocal and made by a Neurologist acceptable to Us, with confirmation of at least 3 of the following four conditions:

- a. Family history of muscular dystrophy;
- b. Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;
- c. Characteristic electromyogram; or
- d. Clinical suspicion confirmed by muscle biopsy.

The condition must result in the inability of the Insured Person to perform at least 3 of the 6 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 a continuous period of at least 6 months.

24. PROGRESSIVE SUPRANUCLEAR PALSY:

A diagnosis of progressive supranuclear palsy by a Specialist Medical Practitioner (Neurologist). There must be permanent clinical impairment of eye movements and motor function for a minimum period of 30 days.

25. CREUTZFELDT-JAKOB DISEASE (CJD)

A Diagnosis of Creutzfeldt-Jakob disease must be made by a Specialist Medical Practitioner (Neurologist). There must be permanent clinical loss of the ability in mental and social functioning for a minimum period of 30 days to the extent that permanent supervision or assistance by a third party is required. Social functioning is defined as the ability of the individual to interact in the normal or usual way in society.

Mental functioning would mean functions /processes such as perception, introspection, belief, imagination reasoning which we can do with our minds.

26. BACTERIAL MENINGITIS

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal chord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities for Loss of Independent Living.

This diagnosis must be confirmed by:

- a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- b. A consultant neurologist certifying the diagnosis of bacterial meningitis.

Bacterial Meningitis in the presence of HIV infection is excluded.

27. ALZHEIMER'S DISEASE

Alzheimer's disease is a progressive degenerative illness of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.

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 specialist Medical Practitioner (Neurologist) and supported by Our Appointed Medical Practitioner, evidenced by findings in cognitive and neuro radiological tests (e.g. CT scan, MRI, PET scan of the Brain). The disease must result in a permanent inability to perform three or more Activities with Loss of Independent Living or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days

The following conditions are however not covered:

- a. non-organic diseases such as neurosis and psychiatric illnesses;
- b. alcohol related brain damage; and
- c. any other type of irreversible organic disorder/dementia.

28. ENCEPHALITIS

Severe inflammation of the brain tissue due to infectious agents like viruses or bacteria which results in significant and permanent neurological deficits for a minimum period of 30 days, certified by a specialist Medical Practitioner (Neurologist)

The permanent deficit should result in permanent inability to perform three or more Activities for Loss of Independent Living.

Exclusions:

- Encephalitis in the presence of HIV infection is excluded.

29. LOSS OF INDEPENDENT EXISTENCE

Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three (3) of Activities of Daily Living.

30. SYSTEMIC LUPUS ERYTHEMATOUS

A multi-system, multifactorial, autoimmune disorder characterized by the development of autoantibodies directed against various self-antigens. 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 World Health Organization (WHO) classification). The final diagnosis must be confirmed by a registered Medical Practitioner specializing in Rheumatology and Immunology acceptable to Us, Other forms, discoid lupus, and those forms with only haematological and joint involvement are however not covered:

The WHO lupus classification is as follows:

- a. Class I: Minimal change – Negative, normal urine.
- b. Class II: Mesangial – Moderate proteinuria, active sediment.
- c. Class III: Focal Segmental – Proteinuria, active sediment.
- d. Class IV: Diffuse – Acute nephritis with active sediment and/or nephritic syndrome.
- e. Class V: Membranous – Nephrotic Syndrome or severe proteinuria.

31. GOODPASTURE`S SYNDROME

Goodpasture`s syndrome is an autoimmune disease in which antibodies attack the lungs and kidneys, leading to permanent lung and kidney damage. The permanent damage should be for continuous period of atleast *30 Days*. The Diagnosis must be proven by Kidney biopsy and confirmed by a Specialist Medical Practitioner (Rheumatologist *or Nephrologist*).

32. FULMINANT HEPATITIS

A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure.

This diagnosis must be supported by all of the following:

- a. Rapid decreasing of liver size;
- b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- c. Rapid deterioration of liver function tests;
- d. Deepening jaundice; and
- e. Hepatic encephalopathy.

Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

33. 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

34. APLASTIC ANAEMIA

- I. Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:

- (a) Blood product transfusion;
- (b) Marrow stimulating agents;
- (c) Immunosuppressive agents; or
- (d) Bone marrow transplantation.

The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:

- Absolute Neutrophil count of 500 per cubic millimetre or less;

- Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
- Platelet count of 20,000 per cubic millimetre or less.

Subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 26. HIV COVER

If You have opted for this Cover, We will pay You the Sum Insured mentioned against this Section, in case You are first diagnosed to be suffering from an HIV Infection during the Policy Period and provided that HIV Infection is caused by any of the reasons other than Transmission through unprotected sex (Heterosexual, Homosexual or Bisexual).

For the purpose of this cover,

“HIV Infection” means a positive HIV antibody testing (rapid or laboratory-based enzyme immunoassay). This is usually confirmed by a second HIV antibody test (rapid or laboratory-based enzyme immunoassay) relying on different antigens or of different operating characteristics.

and /or;

a positive virological test for HIV or its components (HIV-RNA or HIV-DNA or ultrasensitive HIV p24 antigen) confirmed by a second virological test obtained from a separate determination.

Special Terms and Conditions Applicable to this Section

- a. Coverage under this Section shall terminate in respect of the Insured Person against whom a claim has been accepted. However, the coverage under the Policy for other Sections (if opted) for that Insured Person shall continue under this Policy.
- b. Any Claim with respect to an HIV infection detected, diagnosed or which manifested prior to Policy Start Date or during Initial Waiting Period as opted by You is excluded from the Scope of the Cover provided under this Section.

SECTION 27. EMI PROTECTION COVER

If You have opted for this Cover and You sustain accidental bodily injury which solely and directly results in Your **“Death”** or **“Permanent Total Disablement”** or **“Permanent Partial Disablement”** within twelve (12) months from the Date of accident or suffer from **“Critical Illness”** as per the cover opted by You against this Section and this completely prevents You from performing each and every duty pertaining to Your employment or occupation for a minimum period of 1 month, We will pay an amount equivalent to Your contribution in EMI of Your Loan from a Financial Institution, up to the Sum Insured and Number of Months opted by You against this Section, provided that:

- a. Satisfactory proof is submitted confirming that **“Permanent Total Disablement”** or **“Permanent Partial Disablement”** or **“Critical Illness”** has completely prevented You from engaging in Your Employment or Occupation.
- b. We will stop making payments when We have a certification from Independent medical practitioner empanelled by Us stating that You can engage in Your Employment or Occupation again or when We have made payments for a maximum period of months, as opted by You and mentioned in Your Policy Schedule, beginning from the date You met with the Accidental Bodily Injury or were first Diagnosed with Critical Illness or first underwent Surgical Procedures mentioned under Critical Illness, whichever is earlier.
- c. The EMI amount would not include any arrears/payment that are overdue and unpaid by the Insured Person prior to the date of accident, due to any reasons whatsoever.

For the Purpose of this Cover;

a. **“Permanent Partial Disablement”** means:

- Loss of arm at the shoulder joint
- Loss of leg above centre of the femur
- Loss of arm to a point above elbow joint
- Loss of leg up to a point below the femur

- Loss of arm below elbow joint
- Loss of hand at the wrist
- Complete and irrecoverable loss of sight of an eye
- Loss of leg to a point below the knee
- Loss of leg up the centre of tibia
- Loss of foot at the ankle

b. **“Critical Illness”** shall mean the below listed illnesses that You are diagnosed as suffering from or Surgical Procedures that You are undergoing, for the first time in your life.

Provided that:

1. We will not make any payment if You are diagnosed as suffering from Critical Illness within the number of days (i.e. Initial Waiting Period) from the date of inception of first **“Digit Total Protect Policy”** with Us covering Critical Illness.
2. You survive for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness, unless this condition is specifically waived by Us.
3. No Claim under this Section shall be admissible if the Critical Illness or the Surgical Procedure is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.

Sr. No.	Category	Critical Illness
1	Malignancy	Cancer of Specified Severity
2	Cardiovascular system	Myocardial Infarction
3		Open Heart Replacement or Repair of Heart Valves
4		Surgery to Aorta
5		Primary (Idiopathic) Pulmonary Hypertension
6		Open Chest CABG
7	Major Organ Transplant	End Stage Lung Failure
8		End Stage Liver Failure
9		Kidney Failure Requiring Regular Dialysis
10		Major Organ/ Bone Marrow Transplant
11	Nervous System	Apallic Syndrome
12		Benign Brain Tumour
13		Coma of Specified Severity
14		Major Head Trauma
15		Permanent Paralysis of Limbs
16		Stroke Resulting in Permanent Symptoms
17		Motor Neurone Disease with Permanent Symptoms
18		Multiple Sclerosis with Persisting Symptoms
19	Others	Loss of Independent Existence
20		Aplastic Anaemia

Critical Illness Definitions Applicable to Cover 27 Above:

Digit Simplification: What all is covered and what is not. Everything in black and white for You!

I. **Standard Definitions:**

1. **CANCER OF SPECIFIED SEVERITY**

- I. 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

- I. 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 disease- affected 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

- I. 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 embolization 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

- I. 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

- I. 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. Neurological damage due to SLE is excluded.

12. 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.

13. END STAGE LUNG FAILURE

- I. 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 ($\text{PaO}_2 < 55\text{mmHg}$); and
 - iv. Dyspnoea at rest.

14. 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.

15. MAJOR HEAD TRAUMA

- I. Accidental head injury resulting in permanent Neurological deficit is 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 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.

- IV. The following are excluded:
- i. Spinal cord injury;

16. 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.

II. Specific Definitions:

17. APLASTIC ANAEMIA

Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:

- (a) Blood product transfusion;
- (b) Marrow stimulating agents;
- (c) Immunosuppressive agents; or
- (d) Bone marrow transplantation.

The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:

- Absolute Neutrophil count of 500 per cubic millimetre or less;
- Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
- Platelet count of 20,000 per cubic millimetre or less.

Subject to terms, conditions, limitations and exclusions mentioned in the Policy.

18. APALLIC SYNDROME

- I. Universal necrosis of the brain cortex, with the brain stem intact. Diagnosis must be definitely confirmed by a Registered Medical practitioner who is also a neurologist holding such an appointment at an approved hospital. This condition must be documented for at least one (1) month.

19. LOSS OF INDEPENDENT EXISTENCE

- I. Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three (3) of Activities of Daily Living.

20. SURGERY TO AORTA

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

Important Conditions:

1. This is a Modular basis product and Insured can choose to take any 1 or any combination of more than 1 cover. All Sections are optional and can be opted on Standalone basis except for
 - a. Section 5, Section 6 and Section 10 and Section 22 which can be taken in conjunction with Section 1 and/or Section 2;
 - b. Section 7, Section 8, Section 9 can be taken in conjunction with Section 1 only;
 - c. Section 20 and Section 21 can be taken in conjunction with Section 2 and/or Section 3;
 - d. Section 10 can be taken in conjunction with Section 3.
 - e. Section 12, Section 16 and Section 22 can be taken in conjunction with Section 11.
2. Sum Insured on Floater basis is available for Section 11 only.
3. Cumulative Bonus is applicable only for Section 1, Section 2, Section 3 and Section 11.
4. Family Definition
 - a) Self, Spouse, Dependent Children, Grand Children, Parents, Sister, Brother, Father in Law, Mother In Law, Aunt, Uncle, can be covered on Individual Sum Insured Basis.
 - b) Self, Spouse, Children & Grand Children can be covered under floater option. Member with the highest age will considered for calculating Premium in floater option.

What are the exclusions under Digit Total Protect Policy?

We shall not be liable to make any claim payment under this Policy caused by, based on, arising out of or howsoever attributable to any of the following unless specifically agreed:

Digit Simplification: We believe in being transparent with you, no hidden terms and conditions. So, here's what you are not covered for:

We shall not be liable to make any claim payment under this Policy arising out of any of the following unless specifically agreed and mentioned elsewhere in the Policy Schedule:

I. STANDARD EXCLUSIONS**1. 30-day waiting period/ Initial Waiting Period- Code- Excl03**

- a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

However, such waiting Period can be amended to the number of days as opted by you and mentioned in your policy schedule.

2. Investigation & Evaluation- Code- Excl04

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded

3. Rest Cure, rehabilitation and respite care- Code- Excl05

- a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs
 except to the extent covered under **Section 12. Home (Domiciliary) Hospitalization**, if opted by You.

4. Cosmetic or plastic Surgery: Code- Excl08

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

5. Hazardous or Adventure sports: Code- Excl09

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
(However, You would be covered if you participate in a non-professional capacity for any recreational sport which may be under the supervision of a trained professional)
This exclusion will be deleted to the extent of the coverage provided under **“Section 24 – Adventure Sports Cover”**, provided this section is opted by You.

6. Breach of law: Code- Excl10

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

7. Excluded Providers: Code- Excl11

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

8. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12.

9. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13

10. 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

11. Refractive Error: Code- Excl15

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

12. Unproven Treatments: Code- Excl16

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

II. SPECIFIC EXCLUSIONS

13. Artificial Life Maintenance

Artificial Life Maintenance, including life support machine used, where such treatment where such treatment is used to maintain the Insured/Patient in a vegetative state. However, expenses up to the date of confirmation by the treating doctor that the patient is in vegetative state shall be covered as per the terms and conditions of the Policy.

14. Suicide and Self-Injury

We do not cover treatment arising from or contributed or aggravated or accelerated by any of the following:

- a. Suicide or attempted suicide, while sane or insane, or due to use, misuse or abuse of narcotic or intoxicating drugs or alcohol or solvent
- b. Intentional self-injury
- c. Use or consumption of narcotic or intoxicating drugs or alcohol or solvent, or taking of drugs (except under the direction of a Medical Practitioner)

15. Pre-Existing Disability

- a. Any Hospitalization for an existing disability from a previous Accident which has occurred prior to the first of this Policy.
- b. Any additional Hospitalization Expenses not resulting from an accidental Injury.

16. Circumcision

Circumcision unless necessitated by an Accident;

17. Defence Operation/Aviation Activities

We will not pay any claim under this Policy, arising out of Your

- a. whilst engaging in aviation or whilst mounting into, dismounting from or traveling in any aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world and except to the extent covered under “**Section 24 – Adventure Sports Cover**”, provided this section is opted by you
- b. whilst the Insured person is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines
- c. Involvement in naval, military, air force operation.

18. Non-Medical Expenses

Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuffs (except patient’s diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies including but not limited to charges for admission, discharge, administration, registration, documentation and filing. (Please refer Annexure A provided in the Policy document or visit our website for complete list of non-medical items)

19. Insufficient Document

Under “**General Condition No. 35 - Claims Notification and Procedure**”, We have provided Section wise list

of relevant necessary documents to be submitted at the time of claim. We shall not be liable to pay any claim in case all the relevant necessary documents are not submitted to Us and further We shall settle or reject a claim, as may be the case, within thirty days of the receipt of the last necessary document.

20. Spectacles, Hearing aids & related Expenses

Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy.

21. Eye Sight & Optical Services

We do not cover treatment for:

- a. Correction of refractive errors of the eye including but not limited to short-sight or long-sight, such as glasses, contact lenses or laser eyesight correction Surgery.
- b. Intravitreal injection including but not limited to Lucentis, Macugen or any other similar treatment in excess of 5% of Sum Insured opted under **Section 11 Accidental Hospitalization Cover**.

22. Preventive Treatment

We do not cover inoculations, vaccinations of any kind unless forming part of treatment for accidental bodily Injury as prescribed by the Medical Practitioner.

23. Unjustified or Unwarranted Hospitalization

Admission solely for Physiotherapy or observation service.

24. Substance abuse and Addictions

- a. Any claim resulting from an event where You were under the influence of Alcohol, opioids or nicotine or drugs.
- b. Any claim as a result of Withdrawal and de-addiction of Alcohol, opioids or nicotine or drugs, unless the drugs are prescribed by a medical practitioner and supported by a prescription.
- c. any injury resulting from event strictly prohibited or not advised by Your treating medical practitioner.

25. War and hazardous substances

We do not cover treatment directly or indirectly arising from or required as a consequence of:

- a. War, invasion, acts of foreign enemy hostilities (whether or not War is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege, attempted overthrow of Government; or
- b. Chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel; or
- c. any acts of terrorism, unless specifically agreed by Us and mentioned in Your Policy Schedule.

26. Legal Liability

Any Legal Liability due to any errors or omission or representation or consequences of any action taken on the part of any Hospital or Medical Practitioner.

27. Prosthetics and other devices

Prosthetics and other devices NOT implanted internally by surgery.

28. Specific Treatments

We will not pay for expenses related to administration of medications or procedures mentioned below:

- a. Hyaluronic acid, Remicade or Botulinum Toxin, Lucentis, Avastin.
- b. Intra-articular/intra thecal or cortico-steroid injections.
- c. Robotic surgeries however expenses will be covered up-to the conventional procedure cost.
- d. Predictive Genome testing

29. Dental Treatment

Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and Gingiva, unless requiring Hospitalisation due to Accident and except to the extent covered under **Section 15. Out-Patient (OPD) Benefit, if opted.**

30. Non-Allopathic Treatment

We shall not pay for any non-allopathic treatment.

31. Mental Disorders

Accidental “Death” or “Permanent Total Disablement” or “Permanent Partial Disablement” due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.

What are the Minimum & Maximum Entry age for Adults & Children?

Below is the Minimum & Maximum Entry age for Adults & Children:

Type of Cover	Entry Age	Minimum	Maximum
Accidental Death/Permanent Total Disablement/Permanent Partial Disablement	Proposer	18yrs	No Limit
	Child	91days	No Limit
	Adult Insured	18yrs	No Limit
Critical Illness Cover	Proposer	18yrs	85yrs*
	Child	181days	NA
	Adult Insured	18yrs	85yrs*

*there is no age limit for renewals, however policy will be terminated in case of claim settlement as per the Policy Terms and Conditions.

For what tenure can this Policy be opted?

This Policy can be opted for a period of 1 Year, 2 Years and 3 Years. However, for some special events, the policy tenure can be less than one year.

What are the various Sum Insured options available under this Policy?

Below mentioned are the Section wise Minimum and Maximum Sum Insured options available under this Policy:

Section Details	Sum Insured (INR)	
	Minimum (INR)	Maximum (INR)
Section 1. Accidental Death	5,000	20,00,00,000
Section 2. Permanent Total Disablement	5,000	20,00,00,000
Section 3. Permanent Partial Disablement	5,000	20,00,00,000
Section 4. Loss of Income Benefit	1,000 per week	2,00,000 per week
Section 5. Children Education Benefit	5,000	50,00,000
Section 6. Marriage Expense for Child Benefit	5,000	50,00,000
Section 7. Orphan Benefit for Children	5,000	5,00,00,000
Section 8. Funeral Expense	1,000	25,00,000
Section 9. Transportation Expense	1,000	25,00,000
Section 10. Trauma Counselling	5,000	25,00,000
Section 11. Accidental Hospitalization Cover	5,000	2,00,00,000

Section 12. Home (Domiciliary) Hospitalization	5,000	2,00,00,000
Section 13. Long Hospitalization Cash Benefit	5,000	10,000
Section 14. Daily Hospital Cash Cover	100 per day	5,000 per day
Section 15. Out Patient (OPD) Benefit	1,000	1,00,000
Section 16. Emergency Air Ambulance	5,000	2,00,00,000
Section 17. Coma Benefit Cover	5,000	1,00,00,000
Section 18. Fracture Cover	5,000	25,00,000
Section 19. Burns Cover	5,000	1,00,00,000
Section 20. Lifestyle Modification Benefit	5,000	1,00,00,000
Section 21. Expense for External Aids and Appliances	5,000	10,00,000
Section 22. Compassionate Visit	5,000	5,00,000
Section 23. Miscarriage Due to Accidental Injury	5,000	10,00,000
Section 24. Adventure Sports Cover	5,000	2,00,00,000
Section 25. Critical Illness	5,000	3,50,00,000
Section 26. HIV Cover	5,000	1,00,00,000
Section 27. EMI Protection Cover	1,000	1,00,00,000

How much premium, I have to pay to buy this policy?

In the table below, we have provided the base premium rates, however, to get the final premium amount, You need to contact us either through our call centre or on our website or submit completely filled proposal form.

The Base premium rates will depend upon the Risk Class which you belong to. Risk Class categorization is as mentioned below:

- **Risk Class I** corresponds to insured members engaged in administrative or managing functions, accountant, doctor, lawyer, architect, consulting engineer, teacher, and banker or primarily engaged in similar occupation.
- **Risk Class II** corresponds to person engaged in manual labour, garage or motor mechanic, machine operator, paid driver of a car, a truck, a lorry or other heavy vehicles, cash carrying employee, wood working machinist or a builder – contractor and engineering in superintending functions, veterinary doctor, or engaged in similar occupation.
- **Risk Class III** corresponds to person working in underground mines, in explosive magazines or in electrical installations with high tension supply, or insured is a jockey, circus personnel, engaged in racing on wheels or horseback, big game hunting, mountaineering, winter sports, skiing, ice hockey, river rafting, polo, or in similar activity or occupation.

Section wise Base premium rates (excluding any applicable taxes) are as mentioned below. These rates shall vary depend on various factors shared by you in the Proposal:

Section	Section Details	Risk Class (Base Rates Per Mile)			Other factors affecting the Premium
		I	II	III	
Section 1	Accidental Death	0.417	0.63 3	0.933	-

Section 2	Permanent Total Disablement	0.070	0.10 5	0.157	-
Section 3	Permanent Partial Disablement	0.150	0.22 5	0.337	-
Section 4	Loss of Income Benefit (Note: Mentioned Base Premium rates will be applied on Weekly Sum Insured chosen)	60.000	90.0 00	NA	Duration of Benefit Opted, Time Excess Opted
Section 5	Children Education Benefit (Due to Accidental Death)	0.417	0.63 3	0.933	-
	Children Education Benefit (Due to Permanent Total Disablement)	0.070	0.10 5	0.157	-
Section 6	Marriage Expense for Child Benefit (Due to Accidental Death)	0.417	0.63 3	0.933	
	Marriage Expense for Child Benefit (Due to Permanent Total Disablement)	0.070	0.10 5	0.157	
Section 7	Orphan Benefit for Children	0.209	0.31 7	0.467	
Section 8	Funeral Expense	0.417	0.63 3	0.933	
Section 9	Transportation Expense	0.417	0.63 3	0.933	
Section 10	Trauma Counselling (Due to Accidental Death)	0.334	0.50 6	0.746	
	Trauma Counselling (Due to Permanent Total Disablement)	0.056	0.08 4	0.126	
	Trauma Counselling (Due to Permanent Partial Disablement)	0.120	0.18 0	0.270	
Section 11	Accidental Hospitalization Cover (Basis 1)	Base Premium Rate for this Section will depend on the Percentage of Claim Amount opted by You and Information Provided in the Proposal Form.			
	Accidental Hospitalization Cover (Basis 2)	INR 250			Individual / Family Floater Sum Insured Basis Opted, Sum Insured Opted, Per & Post Hospitalization Duration Opted
Section 12	Home (Domiciliary) Hospitalization	2% of Section 11. Accidental Hospitalization Cover Premium Rate			-
Section 13	Long Hospitalization Cash Benefit	For 5 Days Cover: 4.167	For 7 Days Cover: 2.5	For 10 Days Cover: 1.25	
Section 14	Daily Hospital Cash Cover	INR 54.160			Time Excess Opted, Daily Benefit Opted,

					Maximum Number of Days Opted
Section 15	Out Patient (OPD) Benefit	0.0025			Sum Insured opted
Section 16	Emergency Air Ambulance	2% of Section 11. Accidental Hospitalization Cover Base Rate			
Section 17	Coma Benefit Cover	0.070	0.10 5	0.157	
Section 18	Fracture Cover	3.33			
Section 19	Burns Cover	0.300	0.45 0	0.683	
Section 20	Lifestyle Modification Benefit (Due to Permanent Total Disablement)	0.035	0.05 3	0.078	
	Lifestyle Modification Benefit (Due to Permanent Partial Disablement)	0.075	0.11 3	0.168	
Section 21	Expense for External Aids and Appliances (Due to Permanent Total Disablement)	0.035	0.05 3	0.078	
	Expense for External Aids and Appliances (Due to Permanent Partial Disablement)	0.075	0.11 3	0.168	
Section 22	Compassionate Visit (Due to Accidental Death)	0.417	0.63 3	0.933	
	Compassionate Visit (Due to Permanent Total Disablement)	0.070	0.10 5	0.157	
	Compassionate Visit (Due to Accidental Hospitalization)	5			
Section 23	Miscarriage Due to Accidental Injury	0.417			
Section 24	Adventure Sports Cover	Two times the Base Premium Rate for Accidental Death and/or Permanent Total Disablement and/or Accidental Hospitalization			Coverage Opted
Section 25	Critical Illness	Base Premium Rate for this Section will depend on the Age mentioned in the Proposal Form.			Plan Opted, Initial Waiting Period Opted
Section 26	HIV Cover	0.417	0.63 3	0.933	Initial Waiting Period Opted
Section 27	EMI Protection Cover	Base Premium Rate for this Section shall be same as Accidental Death, Permanent Total Disablement, Permanent Partial Disablement and Critical Illness			Coverage Opted, Number of Months Cover Opted, Initial Waiting Period Opted for Critical Illness,

What are the waiting period and survival periods under this Policy?

There are various options for Waiting Period. You can choose the option of Your Choice:

Description	Initial Waiting Period
Section 25. Critical Illness	Options: No Waiting Period, 30 days, 60 days, 90 days
Section 26. HIV Cover	Options: No Waiting Period, 30 days, 60 days, 90 days

We also Survival Period Applicable for below Cover:

Cover Description	Survival Period
Section 25. Critical Illness	30 Days

Are there any Sub-Limits under this Policy?

1. We have below mentioned Sub-Limit only under Section 11 for the Road Ambulance Cover

Section Details	Sub Limits (Options)
11. Accidental Hospitalization Cover	Not Applicable
11.F. Road Ambulance	1% of Section 11 up to INR 5,000

What are the Deductibles/Co-payments under this Policy?

There are various Deductible/Co-payment options available under this Policy as mentioned below:

Name of the Benefit	Whether Deductible allowed	If Yes, range of Deductible		Whether Co-Pay allowed	If yes, range of Co-Pay	
		Min	Max		Min	Max
Section 1. Accidental Death	No	-	-	No	-	-
Section 2. Permanent Total Disablement	No	-	-	No	-	-
Section 3. Permanent Partial Disablement	No	-	-	No	-	-
Section 4. Loss of Income Benefit	Yes (Time Excess)	0 Weeks	4 Weeks	No	-	-
Section 5. Children Education Benefit	No	-	-	No	-	-
Section 6. Marriage Expense for Children Benefit	No	-	-	No	-	-
Section 7. Orphan Benefit for Children	No	-	-	No	-	-
Section 8. Funeral Expense	No	-	-	No	-	-
Section 9. Transportation Expenses	No	-	-	No	-	-
Section 10. Trauma Counselling	No	-	-	Yes	0%	20%
Section 11. Accidental Hospitalization Cover	No	-	-	Yes	0%	20%
Section 12. Home (Domiciliary) Hospitalization	No	-	-	Yes	0%	20%
Section 13. Long Hospitalization Cash Benefit	No	-	-	No	-	-
Section 14. Daily Hospital Cash Cover	Yes (Time Excess)	0 Days	2 Days	No	-	-
Section 15. Out-patient Benefit	No	-	-	Yes	0%	20%
Section 16. Emergency Air Ambulance	No	-	-	Yes	0%	20%
Section 17. Coma benefit cover	No	-	-	No		
Section 18. Fracture Cover	No	-	-	No		
Section 19. Burns cover	No	-	-	No		

Section 20. Lifestyle Modification	No	-	-	Yes	0%	20%
Section 21. Expense for External Aids and Appliances	No	-	-	Yes	0%	20%
Section 22. Compassionate Visit	No	-	-	Yes	0%	20%
Section 23. Miscarriage Due to Accidental Injury	No	-	-	No	-	-
Section 24. Adventure Sports Cover	No	-	-	-	-	-
A. Death/Permanent Total Disablement	No	-	-	No	-	-
B. Accidental Hospitalization	No	-	-	Yes	0%	20%
Section 25. Critical Illness	No	-	-	No	-	-
Section 26. HIV Cover	No	-	-	No	-	-
Section 27. EMI Protection Cover	No	-	-	No	-	-

Do I need to go undergo any medical test and who will bear the costs?

In case only Personal Accident Cover is opted, Medical Test won't be required. However, if you opt for Critical Illness Cover or HIV Cover, based on the Proposal Form shared by You, we will advise if any medical tests are required. For all proposals accepted by US, We will bear the costs of pre-policy medical check-ups.

What are the discounts/loadings available under this Policy?

Discounts/Loadings available under this Policy, are as below:

Direct Business Discount: 16.7%

Long-Term Discount: For 2 Years Policy: 4% & For 3 Years Policy: 8%.

Multiple Section Discount:

Number of Sections Opted	Discount
1 to 4	0%
5 to 8	14%
9 to 12	19%
13 to 16	22%
17 to 20	26%
More than 20	28%

What are benefits if I renew this Policy and there are no claims in the expiring Policy?

If You've been safe and healthy and have had No Claims made under the "Section 1. Accidental Death" and/or "Section 2. Permanent Total Disablement" and/or "Section 3. Permanent Partial Disablement" and/or "Section 11. Accidental Hospitalization Cover" in the expiring Policy Period, You would be eligible for Cumulative Bonus at the time of renewal, provided that:

- We will be offering multiple options for Cumulative Bonus to the Insured to choose from. These options are:
 - Cumulative Bonus of 5%, 10% and 20% Cumulative Bonus each year. Cumulative Bonus can be accrued up to a maximum of 25%, 50% and 100% respectively.
 - If you opt for a higher Cumulative bonus of 50%, the same can be accrued either up to 100% or 150% based on the option selected by you.
- For "Section 11. Accidental Hospitalization Cover" opted on Floater Policy, the Cumulative Bonus shall be available only on Floater Basis. It shall accrue only if no claim has been made for any of the Insured Members of the Family during the expiring Policy Period.

3. In the event of a claim in the expiring policy period, the Cumulative Bonus will reduce in the same way as it was accrued in the policy at the time of renewal.
4. If You discontinue the Policy or fail to renew the Policy within the Grace Period of 30 days from the due date of renewal, the entire Cumulative Bonus will be lost.
5. The Cumulative Bonus shall be applicable on an annual basis subject to continuation of the Policy with Us. The Cumulative Bonus will be Calculated on the Sum Insured as opted by You under **“Section 1. Accidental Death”** and/or **“Section 2. Permanent Total Disablement”** and/or **“Section 3. Permanent Partial Disablement”** and/or **“Section 11. Accidental Hospitalization Cover”**

Does this Policy Cover Accidents/Events which happen only in India or is the coverage worldwide?

Geographical Coverage for each Section is as per the below table and Claims under the Policy will be paid in accordance with the same. All claims will be payable in INR only.

Section with Benefits	Geography Coverage
Section 1. Accidental Death	Worldwide
Section 2. Permanent Total Disablement	Worldwide
Section 3. Permanent Partial Disablement	Worldwide
Section 4. Loss of Income Benefit	Worldwide
Section 5. Children Education Benefit	Worldwide
Section 6. Marriage Expense for Children Benefit	Worldwide
Section 7. Orphan Benefit for Children	Worldwide
Section 8. Funeral Expenses	Worldwide
Section 9. Transportation Expenses	Worldwide
Section 10. Trauma Counselling	Within India
Section 11. Accidental Hospitalization Cover	Within India
Section 12. Home (Domiciliary) Hospitalization	Within India
Section 13. Long Hospitalization Cash Benefit	Within India
Section 14. Daily Hospital Cash Cover	Within India
Section 15. Out-patient Benefit	Within India
Section 16. Emergency Air Ambulance	Within India
Section 17. Coma benefit cover	Worldwide
Section 18. Fracture Cover	Worldwide
Section 19. Burns cover	Worldwide
Section 20. Lifestyle Modification	Worldwide
Section 21. Expense for External Aids and Appliances	Worldwide
Section 22. Compassionate Visit	Worldwide
Section 23. Miscarriage Due to Accidental Injury	Worldwide
Section 24. Adventure Sports Cover	-
A. Death/Permanent Total Disablement	Worldwide
B. Accidental Hospitalization	Within India
Section 25. Critical Illness	Worldwide
Section 26. HIV Cover	Worldwide
Section 27. EMI Protection Cover	Worldwide (Claim Payment Can be done only if loan is availed from Indian Financial Institutions in INR)

What if the Insurers decides to revise/modify or withdraw this Product?

Revision/Modification and Withdrawal of the Product will be as per the below Provisions only:

a) Revision/Modification of the Policy

There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDAI. In such an event of revision/modification of the product, We will inform you at least 3 months prior to the date of such revision/modification comes into effect.

b) Withdrawal of Product

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, as We reserve Our right to do so with an intimation of 3 months to all the existing insured Persons. In such an event of withdrawal of this product, at the time of Your seeking extension of this Policy, you can choose, among Our available similar and closely similar Health Insurance Products. Upon Your so choosing Our new product, you will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDAI.

Can I pay premium in installments? What are the various conditions applicable for the same?

You can choose to pay Premium on an instalment basis i.e. Half Yearly, Quarterly, Monthly or yearly and the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

1. Grace Period of 15 Days would be given to Pay the instalment premium due for the Policy.
2. During such Grace Period, Coverage will not be available from the instalment premium payment due date till the date of receipt of premium by US.
3. The Benefit of "Initial Waiting Periods" shall continue in the event of default payment being received within the Grace Period.
4. No interest will be charged If the instalment premium is not paid on due date.
5. In case of instalment premium due not received within the Grace Period the Policy will get Cancelled and a fresh policy would be issued with fresh waiting periods.
6. Where Premium Payment is on Installment Basis, there will be no refund of premium in case of Policy Cancellation requested by You.

Important Note (ECS Or NACH Mode):

1. Installment can also be paid through ECS or NACH mode. In cases where monthly installment is allowed by NACH or ECS mandate, three (3) installments need to be paid at the inception of the Policy.
2. We shall inform You in case of any change either in the terms and conditions of the Policy Contract or in the Premium Rate and afresh ECS authorization needs to be submitted by You.
3. You can withdraw from the ECS mode of payment at least fifteen days prior to the due date of instalment premium payable as per the ECS/NACH mandate form submitted by You, by submitting written communication to Us as well as Your Bank.

What are the cancellation provisions applicable to this Policy?

Cancellation provisions applicable to this Policy are as mentioned below:

A. Cancellation by You

1. The policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Short Period Scale

Period in Risk	Premium Refund based on Policy Term		
	Up to 1 Year	2 Year	3 Year
Within 3 months	60%	60%	60%
Exceeding 3 months but less than 6 months	40%	50%	55%
Exceeding 6 months but less than 9 months	25%	40%	50%
Exceeding 9 months but less than 12 months	0%	35%	45%
Exceeding 12 months but less than 15 months	NA	25%	40%
Exceeding 15 months but less than 18 months	NA	20%	30%

Exceeding 18 months but less than 21 months	NA	10%	25%
Exceeding 21 months but less than 24 months	NA	0%	20%
Exceeding 24 months but less than 27 months	NA	NA	15%
Exceeding 27 months but less than 30 months	NA	NA	10%
Exceeding 30 months but less than 33 months	NA	NA	5%
Exceeding 33 months	NA	NA	0%

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

B. Cancellation by Company

The Company may cancel the policy at any time on grounds of misrepresentation 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 misrepresentation, non-disclosure of material facts or fraud

C. IN CASE OF DEATH OF INSURED PERSON

i. Individual Policy

In case, no claim has been made, and termination takes place on account of death of the insured person, We shall refund a portion of the premium as per short term premium mentioned in 8.A.1, subject to the terms and conditions of the Policy. There will be no change in premium for other family members covered under the policy for the remaining duration of the policy.

ii. Family Floater Policy.

In case of death of Insured Family Member, cover shall continue for the remaining family members till the end of Policy Period. Provided no claim has been made, revised premium would be calculated basis new family composition and revised premium would be calculated on short-term basis as per table mentioned in 8.A.1, subject to the terms and conditions of the Policy. Difference between short-term premium of new family composition with old family composition shall be considered for refund.

Note: Please note KYC documents (Photo ID card) shall be required if the premium refund to the Insured Member exceeds a threshold limit of Rs. 1 Lakhs per premium refund.

Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

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

- i. a refund of the premium paid less any expenses incurred by the Company 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;

Please note KYC documents (Photo ID card) shall be required if the premium refund to the Insured Member exceeds a threshold limit of Rs. 1 Lakhs per premium refund.

How do I claim in case I have multiple policies with the same coverage?

- i. If two or more policies are taken by You, during the period for which You are covered under this Policy, from one or more insurers, the contribution clause shall not be applicable where the cover/ benefit offered:
 - is fixed in nature (For Example: Accidental Death, Permanent Total Disablement, Permanent Partial Disablement, Critical Illness, Daily Hospital Cash Cover)
 - does not have any relation to the treatment costs;
- ii. In case of multiple policies which provided fixed benefit, on the occurrence of the Insured event in accordance with the terms and conditions of the policies, We shall make the claim payments independent of payments received under other similar policies in respect of the covered event.
- iii. If two or more policies are taken from one or more insurers by You during the time for which You are covered under this Policy for indemnification of Your Hospitalisation treatment costs, We shall not apply the Contribution clause and You shall have the following rights.
 - You may choose to get the settlement of claim from Us as long as the claim is within the limits of and according to terms and conditions of the Policy.
 - If the amount to be claimed exceeds the Sum Insured under a single Policy after consideration of the co-pay, You shall have the right to choose any insurers including Us from whom You want to claim the balance amount.
 - Except for the benefits fixed in nature (For Example: Accidental Death, Permanent Total Disablement, Permanent Partial Disablement, Critical Illness, Daily Hospital Cash Cover), in case if You have taken policies from Us and one or more insurers to cover the same risk on indemnity basis, You shall only be indemnified the hospitalisation costs in accordance with the terms and condition of the Policy.

How do I notify a claim and what is the claim procedure?

Claims Notification and Procedure is as mentioned below:

If the Insured Person meets any accidental injury or suffers from Critical illness or any specific condition covered under the Policy that may result in a claim under this policy, it is a condition precedent to Our liability under the Policy that below procedure should be followed depending on the type of claim:

1. Cashless Claim Process (Applicable Only for "Section 11. Accidental Hospitalization Cover"):

Cashless Facility can be availed from our network hospitals only. This is facilitated by our Service Provider / Third Party Administrator (TPA) and we would make a direct payment to the Network Hospital to the extent of Our Liability provided that:

1. We are given a notice within 24 Hours of hospitalization in case of an emergency situation
2. For Cashless Facility You shall follow the below Procedure:
 - a. Share the Health Card/Copy of E-Cards along with ID Proof with the Hospital Authority & Obtain the Pre-Authorization Form from the Hospital.
 - b. Submit Duly filled & Signed Pre-Authorization Form to the Hospital Counter.
 - c. Ensure that the Hospital shares the Duly filled & Signed Pre-Authorization Form to Service Provider / Third Party Administrator (TPA) for further Processing.
 - d. Service Provider / Third Party Administrator (TPA) will inform the decision and may issue authorization letter depending on the Policy Terms and Conditions to the Hospital directly.
 - e. Once the request for Pre-Authorization has been granted, the treatment must take place within 15 days of the Pre-Authorization Approval Date or the Policy Expiry Date whichever is earlier and shall be valid only if all the details of the Authorised details, Hospital and Location including Dates match with the details of the Actual Treatment Received.
 - f. We reserve the right to modify, add or restrict any Network Provider for Cashless Facility in Our sole discretion. Before availing Cashless Facility, please check the applicable updated list of Network Providers.
 - g. For any queries designated Service Provider / Third Party Administrator (TPA) may be contacted on the contact details mentioned on the Health Card/Copy of E-Cards issued to You.

2. Reimbursement Claim Process

A. For all Section with Accidental Hospitalization Cover

Reimbursement Facility can be availed from any hospital within India of Your Choice Wherein You will have to make payment directly to the Hospital and submit the documents to Service Provider / Third Party Administrator (TPA) for processing the reimbursement of the claim amount provided that:

1. We or Our Service Provider / Third Party Administrator (TPA) should be intimated within 48 hours of date of admission.
2. For Reimbursement Claim You shall follow the below Procedure:
 - a. Within 30 Days from the date of discharge, You should submit all original documents pertaining to the hospitalization as mentioned in the List of Claim Documents.
 - b. On receipt of intimation from You regarding a claim under the Policy, We are entitled to investigate and obtain information on the alleged injury or illness requiring hospitalization, if required,
 - c. All Claims shall be settled/repudiated within 30 days from the date of receipt of the last necessary claim document subject to the Policy Terms and Conditions. In case of any delay in payment for all approved claims beyond 30 days from the receipt of the last necessary claim document, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by You.
 - d. In case of Your Death, We shall reimburse the claim amount to Your Nominee or Your Legal representative holding a valid succession certificate.

Note: There are times when You or any other person who could claim on Your behalf, may be in such a state of hardship, that You or Such other person is unable to give us a notice or file a claim within the prescribed time limit. In such cases, condonation of delay can be done by waiver of conditions A.1 and A.2.a above may be considered where the reason for delay is proved to our satisfaction.

B. For All Other Covers without Accidental Hospitalization Cover

Upon the occurrence of any event that may result in a Claim under this Policy, then as a condition precedent to our liability:

- a. Policyholder or the Insured Person or someone claiming on his/her behalf must inform Us in writing immediately and in any event within 30 days from the date of occurrence any accident/incident that may result in a claim and submit all documents to us within 30 days from the date of intimation.
- b. Insured Person must immediately consult a Doctor and follow the advice and treatment that he recommends, where ever required.
- c. Insured Person must take reasonable steps to lessen the consequence of Bodily injury.
- d. Insured Person should allow examination by our medical advisors if we ask for this.
- e. Policyholder or Insured Person or someone claiming on his/her behalf must promptly give us documentation and other information we ask for to investigate the claim or our obligation to make payment for it.
- f. In case of the Insured Person's death, someone claiming on his/her behalf must inform us in writing immediately and send us a copy of the post mortem report (if conducted) within 30 days.
- g. All Claims shall be settled/repudiated within 30 days from the date of receipt of the last necessary claim document subject to the Policy Terms and Conditions. In case of any delay in payment for all approved claims beyond 30 days from the receipt of the last necessary claim document, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by You.

Note: There are times when You or any other person who could claim on Your behalf, may be in such a state of hardship, that You or Such other person is unable to give us a notice or file a claim within the prescribed time limit. In such cases, condonation of delay can be done by waiver of conditions a and f above may be considered where the reason for delay is proved to our satisfaction.

*KYC documents shall be required at the claim settlement stage where claims pay-out to the Insured Person exceeds a threshold limit of Rs. 1 Lakhs per claim

****For List of Documents required at the time of Claim, please refer the Policy Wordings.***

Is Sum Insured enhancement allowed during the Policy Period?

- a. Sum Insured enhancement can be done only at the time of renewal. You need to submit fresh proposal for Sum Insured Enhancement.
- b. The acceptance of enhancement of Sum Insured would be at Our discretion, based on the income, health condition of the insured members & claim history of the policy.
- c. All waiting periods (if any) as defined in the Policy shall apply for this enhanced Sum Insured limit from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy with the Company.

Can I opt of any of Section(s) during the existing Policy Period?

- a. New Sections can be added only at the time of renewal. You need to submit fresh proposal for addition of New Sections.
- b. The acceptance of addition of New Sections would be at Our discretion, based on the income, health condition of the insured members & claim history of the policy.
- c. All waiting periods (if any) as defined in the Policy shall apply for the New Section from the effective date of addition of such Section considering such Policy Period as the first Policy with the Company.

What are the renewal terms applicable to this Policy?

- i. Your policy shall ordinarily be renewable for lifetime except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by You, provided the Product is not withdrawn.
- ii. We shall not deny the renewal of Your policy on the ground that You had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates after the payment of Sum Insured (For Example: Accidental Death, Permanent Total Disablement, Permanent Partial Disablement, Critical Illness, Daily Hospital Cash Cover)
- iii. If you get delayed in renewing your policy, you can renew it within 30 days from the due date of renewal. Just that the coverage will not be available for such break in period.
- iv. If the Policy is not renewed within the above Grace Period of 30 days from the due date of renewal, You can still renew the policy with Us. But it will then be issued as a fresh policy, subject to Our Underwriting criteria and no continuing benefits (if any) shall be available from the expired Policy.

What are the Portability and Continuity Benefits applicable to this Policy?

We will grant continuity of benefits which were available to the Insured Persons under a health insurance policy which provides similar benefits in the immediately preceding Year of Coverage provided that:

- i. We shall be liable to provide continuity of only those benefits (for e.g.: Initial wait period etc) which are applicable under this Policy;
- ii. Any other wait period that is applicable specific to this policy but was permanently excluded in the previous policy will not be given any credit.
- iii. Insured Members covered under this Policy shall have the right to migrate from this Policy to an individual health insurance policy or a family floater policy offered by our company. The credit for wait periods would be given in the opted individual health insurance policy or a family floater policy offered by our company.
- iv. Application for this Policy is made within 45 days before, but not earlier than 60 days from the expiry of that insurance policy

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. ANY PERSON MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.

IMPORTANT NOTE: Above is a summary of Coverage and Exclusions, please refer to detailed Policy Terms & Conditions and Policy Schedule for full description which shall prevail in the event of any claim/complaint/dispute.

Disclaimer: The description mentioned under "Digit Simplification" / "Examples" / throughout the Insurance Policy is only to aid your understanding of the coverage / benefit offered. In case of dispute, the terms and conditions detailed in the policy document and policy schedule shall prevail.

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