

DIGIT GROUP PROTECT MICRO POLICY**Policy Wordings****UIN: GODHMGP27050V012627****CONTENTS**

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Inside:**Let's get started!**

You're already awesome because you decided to opt for this policy which will compensate in case of Your Disability, Death caused by accidents, any critical illness diagnosed, or any hospitalization expenses, physical loss or damage or destruction caused to your property or asset. While you're reading this policy, if you get confused or have any queries, or are referring to this policy because you have a claim to make, please call us at 1800-258-5956 or email us at hello@godigit.com.

A. PREAMBLE

Based on the declaration provided by You to us, **Go Digit General Insurance Limited** (hereinafter called 'the Company/DIGIT') which forms the basis of this policy contract, and having received your premium, we take pleasure in issuing this policy to you.

Go Digit General Insurance Limited will cover You under this Policy up to the Sum Insured/Limits mentioned against each cover, during the policy period mentioned in Your Policy Schedule/ Certificate of Insurance. Of course, like any insurance cover, it is governed by, and subject to certain terms, conditions and exclusions mentioned in this Policy.

The benefit under each cover will be payable provided that an event or occurrence described under the cover occurs during the Policy Period mentioned in Your Policy Schedule/ Certificate of Insurance.

Note: This Policy Wording provides detailed terms, conditions and exclusions for all sections available under this Product. Kindly refer to the Policy Schedule/ Certificate of Insurance to know exact details of covers opted by You. Only Wordings related to covers mentioned in your Policy Schedule/ Certificate of Insurance are applicable.

B. DEFINITIONS

Certain words and phrases used throughout the Policy have specific meanings, and this section helps to understand them. Specific definitions that are only applicable specifically to section will be mentioned under their respective sections only.

I. STANDARD DEFINITIONS

1. **Accident, Accidental** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Any one illness** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
3. **AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
 - a. Central or State Government AYUSH Hospital or
 - b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
 - c. **AYUSH Hospital**, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
4. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without inpatient services and must comply with all the following criterion:
 - i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
 - ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
5. **AYUSH treatment** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
6. **Break in Policy** means the period of gap that occurs at the end of the existing policy term/instalment premium due date, when the premium due for renewal on a given policy or instalment premium due is not paid on or before the premium renewal date or grace period.
7. **Cashless facility** means a facility extended by the Insurer to the Insured where the payments, of the costs of treatment undergone by the Insured in accordance with the Policy terms and conditions, are directly made to the Network Provider by the Insurer to the extent Pre-authorization is approved.
8. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
9. **Congenital Anomaly:**
 Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
 - a) Internal Congenital Anomaly: Congenital anomaly which is not in the visible and accessible parts of the body.
 - b) External Congenital Anomaly: Congenital anomaly which is in the visible and accessible parts of the body
10. **Co-Payment** means a cost sharing requirement under a Health Insurance Policy that provides that the Policyholder/Insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
 (Co-Payment will not be applicable to benefit Sections for example: Accidental Death, Critical Illness Benefit Cover Daily Cash Benefit, Fixed Cash Benefit and any other relevant section.)

- 11. Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
- 12. Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under
- has qualified nursing staff under its employment;
 - has qualified medical practitioner/s in charge;
 - has fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- 13. Day Care Treatment** means medical treatment, and/or surgical procedure which is:
- undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
 - which would have otherwise required hospitalization of more than 24 hours.
- Treatment normally taken on an out-patient basis is not included in the scope of this definition.
For an updated list of Day Care Procedures kindly visit our website.
- 14. Deductible** means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of Hospital Cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
- 15. Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
- 16. Disclosure to information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 17. Domiciliary Hospitalization** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:
- the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
 - the patient takes treatment at home on account of non-availability of room in a hospital.
- 18. Emergency / Emergency Care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a medical practitioner to prevent death or serious long-term impairment of the insured person's health.
- 19. Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received.
The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.
- 20. Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said Act Or complies with all minimum criteria as under:
- has qualified nursing staff under its employment round the clock;
 - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
 - has qualified medical practitioner(s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
- 21. Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

- 22. Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
 - Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - it continues indefinitely
 - it recurs or is likely to recur
- 23. Injury/Bodily Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
- 24. Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
- 25. Intensive Care Unit (ICU)** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- 26. ICU Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
- 27. Indemnity based health insurance section** means an insurance section that compensates an insured for the loss due to occurrence of an insured event as specified in the policy.
- 28. Benefit based health insurance section** means an insurance section that pays fixed amount on the occurrence of an insured event as specified in the policy.
- 29. Maternity expenses** means;
- medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
 - expenses towards lawful medical termination of pregnancy during the policy period.
- 30. Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- 31. Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- 32. Medical Practitioner/Dentist** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
- The registered practitioner should not be the insured or close member of the family.
- 33. Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
- is required for the medical management of the illness or injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner;
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 34. Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.

- 35. Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.
- 36. New born Baby** means baby born during the Policy Period and is aged upto 90 days.
- 37. Non- Network Provider** means any hospital, day care centre or other provider that is not part of the network.
- 38. Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- 39. OPD treatment** means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
- 40. Pre-Existing Disease (PED)** means any condition, ailment, injury or disease:
- That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
 - For which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.
- 41. Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.
- 42. Pre-hospitalization Medical Expenses** means medical expenses incurred during pre- defined number of days preceding the hospitalization of the Insured Person, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 43. Post-hospitalization Medical Expenses** means medical expenses incurred during pre- defined number of days immediately after the insured person is discharged from the hospital provided that:
- Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
 - The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
- 44. Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- 45. Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
- 46. Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
- 47. Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
- 48. Specific waiting period** means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.
- 49. Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
- 50. Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

II. SPECIFIC DEFINITIONS

- 51. Accidental Damage** Means sudden, unforeseen and involuntary event to the Insured Asset(s), caused by an external, visible, and violent means. The damage must occur unexpectedly and without any intentional act.
- 52. Activities of daily/independent living** means:
- Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
 - Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

- c) Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheelchair and vice versa;
- d) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- e) Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- f) Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

53.Age of Insured Asset as on the day it is assessed, calculated from the invoice date.

54.Agreed Value means an amount agreed between You and Us at the policy Commencement Date for items, the value of which cannot be ascertained

55.Allopathic treatment or medicine or allopathy is a pejorative used by proponents of alternative medicine to refer to modern scientific systems of medicine, such as the use of pharmacologically active agents or physical interventions to treat or suppress symptoms or pathophysiologic processes of diseases or conditions.

56.ATM mean Automated Teller Machines of Banks, which have been approved by Reserve Bank of India.

57.ATM Robbery means Robbery of the money that was withdrawn by the Insured person from any ATM in India using his/her Card, that occurs within time as specified in the Policy Schedule/ Certificate of Insurance of the withdrawal of the money from the ATM and within distance as specified in the Policy Schedule/ Certificate of Insurance of that ATM.

58.Authorized Repair Shop means repair shops that are recommended by Us, for carrying out Asset repair. You can find the list displayed on Our Website or mentioned in the documents provided.

59.Bank is a bank or any financial institution.

60.Break in Policy means the period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.

61.Burglary/Housebreaking means theft involving unforeseen and unauthorized entry into or exit from Your Premises by forcible, violent and detectable means or following assault or violence or threat thereof with the intent to steal contents/property therefrom.

62.Card means the credit card, cash card, debit card, gift card, pre-paid card, travel card and other similar cards issued to the Insured person by a Qualified Financial Institution.

63.Card Loss/ Lost Card means i.) inadvertent loss of possession of the Card by the Insured person or ii.) theft of the Card from the Insured person during the Policy Period.

64.Carpet Area follows:

1. for the main building unit of Your Home, it is the net usable floor area, excluding the area covered by the external walls, areas under services shafts, exclusive balcony or verandah area and exclusive open terrace area, but including the area covered by the internal partition walls of the residential unit;
2. for any enclosed structure on the same site, it is the net usable floor area of such structure; and
3. for any balcony, verandah area, terrace area, parking area, or any enclosed structure that is part of Your Home, it is 25% of its net usable floor area.

65.Commencement Date is the date and time from which the insurance cover under this Policy begins. It is shown in the Policy Schedule/Certificate of Insurance.

66.Cost of Construction is the amount required to construct Your Home Building at the Commencement Date.

This amount is calculated as follows:

- a. For residential structure of Your Home including Fittings and Fixtures:
Carpet Area of the structure in square metres X Rate of Cost of Construction at the Commencement Date.
The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the Commencement Date as declared by You and accepted by Us and shown in the Policy schedule/Certificate of Insurance.
- b. For additional structures: the amount that is based on the prevailing rate of Cost of Construction at the Commencement Date as declared by You and accepted by Us.

67.Claims Analyst means A technical person or persons authorized by Us. He/ she will evaluate the loss and let us know how much we should be paying You.

68.Cloning means stealing card information by swiping the card through the device that copies the information held on the magnetic strip into memory which then copies them onto a bogus card.

69.Counterfeit Card means card which has been embossed or printed so as to pass off as a Card issued by the financial institution which is subsequently altered or modified or tampered without consent of the financial institution.

- 70.Cover Period** means the period as specified in the Certificate of Insurance issued to the respective Insurance Beneficiary during which the coverage is provided as per Terms and Conditions of the Master Policy.
- 71.Claim** means a claim under an Operative clause in respect of an insured event that has taken place.
- 72.Common Carrier** means any civilian land or water conveyance or Scheduled Airline in each case operated under a valid license for the transportation of passengers for hire.
- 73.Computers** mean electronic data processing equipment including software programs.
- 74.Contents (Applicable to Section 40)** mean the items belonging to the Insured or for which the Insured is legally responsible, or have assumed a responsibility to insure, described below:
- a) Furniture, Furnishings, Carpets, Curtains and items of similar nature
 - b) Machinery and plant, tools, instruments and utensils of trade, unaffixed or portable equipment, office equipment, safes, strong rooms;
 - c) Computers, all equipment connected to and operating from Computers, and all disks, tapes, cards or other materials used for storing data;
 - d) Advertising material and display equipment;
 - e) Where the Insured is a tenant of leased or rented premises:
 - i. landlord's fixtures and fittings for which the Insured is liable under the terms of a lease or similar agreement;
 - ii. fixtures and fittings, or materials and supplies intended for use in the construction of fixtures and fittings, installed or to be installed for the Insured's own use;
 - f) but does not include (unless specifically agreed and mentioned in Your Policy Schedule/ Certificate of Insurance):
 - i. Stock;
 - ii. Specified Items;
 - iii. Deeds, bonds, bills of exchange, promissory notes, money or securities for money, monetary instruments, stamps, business books or documents, books of accounts, cheques, share certificates, tickets, stamps,
 - iv. Vehicles or trailers (including their accessories) registered or licensed to travel on a public road, including mobile plant and equipment, cars, sedans, panel vans and trucks, while in the insured premises; - Watercraft, aircraft, locomotives or rolling stock, including their accessories.
 - v. Gold or Silver articles, watches, jewellery, precious stones, medals, coins, stamp collections, coin collections, curiosities, sculptures, manuscripts, rare books or documents of any kind.
 - vi. Plans, patterns, models, moulds, designs, specifications, blue prints, document of title to goods, contracts or other legal documents or documents of any other kind.
 - vii. Clothing and Personal Effects like toiletries, shoes, personal care items, books and items of similar nature.
- 75.Contribution** is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion of Sum Insured. This clause shall not apply to any benefit offered on a fixed benefit basis.
- 76.Dentist** means a person who is registered with (i) the Dental Council of India, (ii) State Dental Councils, (iii) Joint State Dental Councils or any other Dental council recognized as per Dentists Act, 1948 and its subsequent amendments thereof.
- 77.Depreciation means** the reduction in the value of the insured Asset(s) with its age. This is stated in the policy schedule/Certificate of Insurance.
- 78.Digit Application** is to assist you better, We will provide You some softwares/mobile application, for any of the below purposes:
1. Updating personal information about your Insured Asset
 2. Claim related services like Submission of documents, claim registration etc
- 79.Digital Wallet/ E wallet** is an Online Wallet meant for carrying out online transactions only. It is an app that allows users to connect their credit and debit cards, as well as bank accounts, to pay at checkout—both in-store and online—and send money to others.
- 80.Employee** means any person with whom the Insured has entered into a contract of service.
- 81.Endorsement** is a written amendment to the Policy that We make (additions, deletions, modifications, exclusions, or conditions of an insurance Policy) which may change the terms or scope of the original policy.
- 82.Financial Institution** means Banking Company under Reserve Bank of India Act, 1934 and shall also include a Non-Banking Financial Company as defined under Reserve Bank of India Act, 1934 read with the RBI guidelines, from time to time.

- 83.FIR (First Information Report)**- means the complaint filed by the Insured person and registered by the police Station within whose jurisdiction the alleged offence is committed/occurred.
- 84.Fracture** means a complete or incomplete break in a bone resulting from the application of excessive force.
- 85.General Contents** are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennae, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.
- 86.General Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
- 87.Group:** The definition of a group as per the provisions of group guidelines issued by Authority vide circular015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005 and any further amendments issued by the Authority from time to time.
- 88.Home Contents** are Those articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.
- 89.Insured Asset(s) [Applicable to Section 35 to Section 38]** means any electronic, electrical, mechanical or physical asset(s) owned by or legally the responsibility of the Insured as described in the Policy Schedule/Certificate of Insurance.
- 90.Insured Property (Applicable to section 39)** means Your Home Building and Home Contents, or any item of property covered by this Policy.
- 91.Kutchra Construction** means building(s) having walls and/or roofs of wooden planks/ thatched leaves and/or grass/ hay of any kind/ bamboo/ plastic cloth/ asphalt/ canvas/ tarpaulin and the like.
- 92.Limit of Indemnity** means the amount stated in the Schedule to this Policy, which shall be the Company's maximum liability under this Policy (regardless of the number of the total number or amount of claims made) for any one claim or in the aggregate for all claims during the Policy Period for each category of contents specified in the Policy Schedule/Certificate of Insurance and at all times subject to Special Condition applicable to Section 40 No. 9 of the Policy. The limit of Indemnity also represents either the selected percentage of value at risk or specific amount opted in case of a policy taken on "First Loss Basis".
- 93.Loot** means seizing and carrying away Property by force and violence especially in riots or war.
- 94.Master Policy** shall mean the group Policy issued to the Insured containing the terms and conditions of the insurance coverage and under which Certificates of Insurance shall be issued to the Insured person.
- 95.Mechanical & Electrical Breakdown** Means direct loss to Insured Asset(s) that stops it from working properly and caused by, resulting from, or consisting of:
- Failure of pressure or vacuum equipment;
 - Mechanical or electrical failure including arcing; or
 - Rupture, bursting , bulging, implosion or steam explosion
 - Mechanical operational or structural failure of frames, springs, joints, welds, mechanisms (including inclining, reclining, heating, and vibrating), motors, levers or hand wands, or power or remote cords used for sleeper, reclining, and inclining applications (Applicable for Furniture).
- 96. Near Field Communication (NFC):** is a short-range wireless technology that let NFC enabled devices communicate with each other. NFC-enabled devices must be either physically touching or within a few centimetres of each other for data transfer to occur.
- 97. Network Facilitator** means an organization which has, including without limitation, tie-ups with Hospital, Diagnostic Centers, Clinics, Doctors, Medicine and drug vendors, medical service providers, home care treatment providers, Health Care Workers and whose services can be utilized by an Insured and approved by Us.
- 98. Partial Loss** means Any loss other than Total Loss.
- 99. Pathology** means laboratory testing blood and other bodily fluids, tissues, and microscopic evaluation of individual cells.
- 100. Permanent Total Disablement** shall mean either of the following:
- Total Paralysis
 - Total and irrecoverable loss of sight of both eyes, or
 - Total and irrecoverable physical separation of or the loss of ability to use two Limbs (both hands or both feet or one hand and one foot), or
 - Total and irrecoverable loss of sight of one eye and physical separation of or the loss of ability to use a limb (either one hand or one foot), or

e. Total and irrecoverable loss of speech and hearing of both ears

For the purpose of this definition,

1. Total Paralysis means complete and irreversible loss of motor function leading to the total loss of function of the entire body from neck down due to an accidental injury to the spinal cord.
2. Limb means a hand at or above the wrist or foot above the ankle.
3. Loss of Limb means the physical separation of or the loss of ability to use a limb above the wrist and/or ankle respectively.

101. Pharmacy means drugs, medicines and consumables as prescribed by Medical Practitioner.

102. Phishing is the attempt to obtain sensitive information such as usernames/user ID, passwords, and Card details (and sometimes, indirectly, money), often for malicious reasons, by masquerading as a trustworthy Entity in a written electronic communication.

103. Pilferage means the theft of contents in small quantities by a person authorized to stay on the insured premises and deal with the contents (employee).

104. Policy means the Proposal, the Policy Schedule / Certificate of Insurance (and any endorsement attaching to or forming part thereof) and the Policy Wordings.

105. Policy Period means the period between the commencement date and the expiry date specified in the Policy Schedule /Certificate of Insurance and includes both the commencement date/Policy start date as well as the expiry date. The policy period could be different for different sections of the policy as opted by You and defined in policy schedule/certificate of insurance against respective section(s) of the policy.

106. Policy Schedule/Certificate of Insurance means the Policy Schedule attached to and forming part of this Policy specifying the details of the Insured Persons, the Sum Insured, the Policy Period and the Sub-limits to which benefits under the Policy are subject to, including any annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest intime.

107. Post-reporting period means the number of hours after the time of the financial loss / card loss was reported by the Insured person to the card issuer/ financial institution.

108. Pre-reporting period means the number of hours (not falling outside the Cover Period) before the time of the financial loss/Card loss was reported by the Insured person to the card issuer/ financial institution during which any loss incurred by the Insured person will be covered.

109. Premises (Applicable to Section 40) means the buildings at the situation including outbuildings but excluding any garden, yard, open veranda, or other fixed attachments and fixed accessories thereof.

110. Premium is the amount You pay Us for this insurance. The Policy Schedule/Certificate of Insurance shows the amount of premium for the Policy Period and all other taxes and levies.

111. Principal Outstanding Amount means the principal amount of the Loan outstanding as on the date of any occurrence or event which gives rise to a claim under the Policy, less the portion of principal component included in the EMIs, payable but not paid, from the date of the loan agreement till the date of such occurrence or event. For the purpose of avoidance of doubt, it is clarified that any:

- i. EMIs that are overdue and unpaid to the financial institution prior to such occurrence or event,
- ii. any additional amounts imposed by a financial institution, or otherwise falling due as a penalty or by way of a default in repayment, will not be considered for the purpose of the Policy and shall be payable by the Insured Person

112. Professional Sports means the sports in which the sportsperson or the athlete receives payment for their performance.

113. Property/Property Insured (Applicable to Section 40) means contents, specified Items.

114. Pucca Construction means Construction other than Kutcha Construction.

115. Ransack means any loss or damage to the Property while searching through or examining the premises insured in a violent and/or careless way.

116. Robbery : Theft is "robbery" if, in order to the committing of the theft, or in committing the theft, or in carrying away or attempting to carry away property obtained by the theft, the offender, for that end, voluntarily causes or attempts to cause to any person death or hurt or wrongful restraint, or fear of instant death or of instant hurt, or of instant wrongful restraint.

117. Room means a Single Room without wall/permanent partition, dining or waiting room and with or without following amenities: an attendant cot, one television, one sofa, a telephone, refrigerator, wardrobe, computer with internet connection and microwave oven.

118. Safe means a strong cabinet within the Insured Premises designed for the safe and secure storage of Money, valuable items, and Access to which is restricted.

119. Situation means the address of the Insured premises shown in the Policy Schedule/Certificate of Insurance.

- 120. Skimming** means an electronic method of capturing Insured Person's card details by unauthorized means.
- 121. Specialist Medical Practitioner** means a medical practitioner holding specialized qualification and having additional specialized expertise in any one or more type of medicine, including but not limited to Orthopaedic, Paediatrics, cardiologist, gastroenterologist, ENT Specialist, Neurologist, Urologist, Dermatologist, Radiologist, Psychiatrist, Rheumatologist, Pulmonologist.
- 122. Specified Items** mean property specifically described in the Schedule under specified Items.
- 123. Spillage** means and includes the flow, movement, fall or spread of contents over the edge of or outside the container/premises described in the Policy Schedule/Certificate of Insurance.
- 124. Spouse** means Your wife or husband.
- 125. Strong Room** means a room within the Insured Premises designed for the secure storage of Money, and Access to which is restricted.
- 126. Subrogation** means the right of the Company to assume the rights of the Insured person to recover loss/expenses paid out under the Certificate of Insurance that may be recovered from any other source.
- 127. Sum Insured** means the amount as opted by You and stated in the Policy Schedule / Certificate of Insurance against the Section/Cover for each insured person including cumulative bonus (if any) for Individual Sum Insured Policy and aggregately for all insured members for a Floater Policy.
- 128. Total Loss/ BER (Beyond Economic Repair)** is a situation where the Insured Property or item is completely destroyed, lost or damaged beyond retrieval or repair or the cost of repairing it is more than the Sum Insured for that item or in total.
For Section 35 to Section 38 means your asset will be deemed a Total loss/ BER (Beyond Economic Repair) when We consider it uneconomical to repair the insured asset or when the repair costs exceed the sum insured minus the applicable depreciation.
- 129. Tele-phishing** is the practice of using the telephone system to gain access to private personal and financial information for purposes of identity theft.
- 130. Tertiary Care** constitutes of Specialized Advanced Care Unit designed to care to complex medical condition involving super specialist consultant like Neurosurgeon, Neurologist, Spine Surgeons and Reconstructive Surgeons.
- 131. Terrorism or act of Terrorism** means an act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), or unlawful associations, recognized under Unlawful Activities (Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.
- 132. Theft** shall mean intending to take dishonestly any movable property out of the possession of any person without that person's consent with the intention of permanently depriving the Insured of such property and does not include larceny, pilferage and the like.
- 133. Time Excess** means a cost sharing requirement that provides that the insurer will not be liable for a specified number of days, which will apply before any benefits are payable by the insurer.
- 134. Unauthorised /Fraudulent Transaction** means the transactions done through Point of Sale /ATM/Online payment gateway by someone else other than the Insured Person without his/her consent and/or impersonating the Insured Person.
- 135. Valuable Contents** means Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.
- 136. Your Home Building (definition specific to section 39)** is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a dwelling place described in detail as per the Clause A (2) under Clauses (Applicable to Section 39) of this Policy.
- 137. We, Us, Our, Ours, Digit, Company, Insurer** means Go Digit General Insurance Limited
- 138. You, Your, Yours, Yourself, Policyholder, Insured, Insured Member (s) Insured Person(s), Beneficiary** means the Individual Group Members who will be treated as Insured beneficiary both Named and Unnamed as described in the Policy Schedule/Certificate of Insurance.

CRITICAL ILLNESS DEFINITIONS:

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 leukaemia, 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 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.

4. 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.

5. 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

6. 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 (PaO₂ < 55mmHg); and
 - iv. Dyspnoea at rest.

7. 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**.

8. 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.

9. 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

10. 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.

11. 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.

12.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;

13.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.

14.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.

15.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.

16.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.

17.BLINDNESS

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

18.DEAFNESS

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

19.LOSS OF SPEECH

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

20.THIRD DEGREE BURNS

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

21.ANGIOPLASTY

Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

- a. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- b. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

Please note that any specific restriction on benefit payable on Angioplasty and applicable waiting period for Angioplasty (if applicable) will be mentioned in the Policy Schedule/ Certificate of Insurance.

II. SPECIFIC DEFINITIONS:

22.SURGERY TO AORTA

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.

23.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.

24.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.

25.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.

26.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.

27.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.

28.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.

29.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.

30.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.

31.BACTERIAL MENINGITIS

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord 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.

32.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.

33.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.

34.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.

35.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.

36.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).

37.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.

38.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

39.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.

40.MEDULLARY CYSTIC DISEASE

I. Medullary Cystic Disease where all the below criteria are met:

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

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

41.INFECTIVE ENDOCARDITIS

Inflammation of the inner lining of the heart arising out of infection, where all the below criteria are met:

- i Positive result of the blood culture proving presence of the infection;
- ii Presence of valvular incompetence (regurgitant fraction of $\geq 20\%$) or moderate heart valve stenosis (Mitral Valve area upto 2.5 cm^2) attributable to Infective Endocarditis; and
- iii The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a qualified cardiologist.

42.DISSECTING AORTIC ANEURYSM

A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The diagnosis must be made by a qualified cardiologist/Cardio Thoracic

Surgeon supported by computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram etc. where surgical correction is required.

43.SYSTEMIC LUPUS ERYTHEMATOUS WITH LUPUS NEPHRITIS

- i A multi-system autoimmune disorder characterized by the development of autoantibodies directed against various self-antigens. In respect of this Cover, systemic lupus Erythematosus will be restricted to those forms of systemic lupus Erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a Registered Medical practitioner specializing in Rheumatology and Immunology. Class I AND II will not be covered under this coverage.
- ii The WHO Classification of Lupus Nephritis:
 - a. Class I Minimal Change Lupus Glomerulonephritis
 - b. Class II Mesangial Lupus Glomerulonephritis
 - c. Class III Focal Segmental Proliferative Lupus Glomerulonephritis
 - d. Class IV Diffuse Proliferative Lupus Glomerulonephritis
 - e. Class V Membranous Lupus Glomerulonephritis.

44.CHRONIC ADRENAL INSUFFICIENCY (ADDISON'S DISEASE)

- i An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for lifelong glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a Registered Medical practitioner who is a specialist in endocrinology through one of the following:
 - I. ACTH Simulation tests;
 - II. Insulin-induced hypoglycemia test;
 - III. plasma ACTH level measurement;
 - IV. Plasma Renin Activity (PRA) level measurement
- ii Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

45.PROGRESSIVE SCLERODERMA

- I. A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.
- II. The following are excluded:
 - i. Localized scleroderma (linear scleroderma or morphea);
 - ii. Eosinophilic fasciitis; and
 - iii. CREST syndrome.

46.CHRONIC RELAPSING PANCREATITIS

- I. An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Registered Medical practitioner who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterized by irreversible morphological change and typically causing permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence.
- II. Relapsing Pancreatitis caused directly or indirectly, wholly or partly, due to intake of alcohol or any substance abuse is excluded.

47.BRAIN SURGERY

Any brain surgery under general anesthesia involving craniotomy is covered. Keyhole surgery is also included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolization's, thrombolysis and stereotactic biopsy are all excluded. The procedure must be considered medically necessary by a qualified Neurosurgeon.

48.CROHN'S DISEASE

- i Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:
 - I. Stricture formation causing intestinal obstruction requiring admission to hospital, and
 - II. Fistula formation between loops of bowel, and
 - III. At least one bowel segment resection
- ii The diagnosis must be made by a Registered Medical practitioner who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

49.SEVERE RHEUMATOID ARTHRITIS

- I. Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:
 - i. Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
- II. Permanent inability to perform at least two (2) "Activities of Daily Living"; as listed below:
 - a) 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;
 - b) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - c) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - d) Mobility: the ability to move indoors from room to room on level surfaces;
 - e) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - f) Feeding: the ability to feed oneself once food has been prepared and made available.
- III. Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
- IV. The foregoing conditions have been present for at least six (6) months from the date of diagnosis.

50.SEVERE ULCERATIVE COLITIS

- I. Acute fulminant ulcerative colitis with life threatening electrolyte imbalance.
- II. All of the following criteria must be met:
 - i. the entire colon is affected, with severe bloody diarrhea; and
 - ii. the necessary treatment is total colectomy and ileostomy; and
 - iii. the diagnosis must be based on histopathological features and confirmed by a Registered Medical practitioner who is a specialist in gastroenterology.

51.MULTIPLE SYSTEM ATROPHY

A Diagnosis of multiple system atrophy by a Specialist Medical Practitioner (Neurologist). There must be evidence of permanent clinical impairment for a minimum period of thirty (30) days of bladder control with postural hypotension and any 2 of the following:

- i.Rigidity
- ii.Cerebellar Ataxia
- iii.Peripheral Neuropathy

52.OTHER SERIOUS CORONARY ARTERY DISEASE

- i. Severe coronary artery disease in which at least three (3) major coronary arteries are individually occluded by a minimum of sixty percent (60%) or more, as proven by coronary angiogram only (non-invasive diagnostic procedures excluded).
- ii. For purposes of this definition, "major coronary artery" refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).

53.EISENMENGER'S SYNDROME

- i. Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a Registered Medical practitioner who is a specialist with echocardiography and cardiac catheterization and supported by the following criteria:
 - a. Mean pulmonary artery pressure > 40 mm Hg;
 - b. Pulmonary vascular resistance > 3mm/L/min (Wood units); and
 - c. Normal pulmonary wedge pressure < 15 mm Hg.

54.ELEPHANTIASIS

Massive swelling in the tissues of the body as a result of destroyed regional lymphatic circulation by chronic filariasis infection. The unequivocal diagnosis of elephantiasis must be confirmed by a Registered Medical practitioner who is a specialist physician. There must be clinical evidence of permanent massive swelling of legs, arms, scrotum, vulva, or breasts. There must also be laboratory confirmation of microfilariae infection. Swelling or lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.

55.TERMINAL ILLNESS

The conclusive diagnosis of an illness, which in the opinion of a Registered Medical practitioner who is an attending Consultant and agreed by our appointed Registered Medical practitioner, life expectancy is no greater than twelve (12) months from the date of notification of claim, regardless of any treatment that might be undertaken.

56.MYELOFIBROSIS

A disorder which can cause fibrous tissue to replace the normal bone marrow and results in anemia, low levels of white blood cells and platelets and enlargement of the spleen. The condition must have progressed to the point that it is permanent and the severity is such that the Insured requires a blood transfusion at least monthly. The diagnosis of myelofibrosis must be supported by bone marrow biopsy and confirmed by a Registered Medical practitioner who is a specialist.

57.PHEOCHROMOCYTOMA

- i. Presence of a neuroendocrine tumor of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumor.
- ii. The Diagnosis of Pheochromocytoma must be confirmed by a Registered Medical practitioner who is an endocrinologist.

58.CARDIAC ARREST

The sudden and unexpected loss of; heart function, breathing and consciousness which usually results from an electrical disturbance in the heart that disrupts its pumping action, stopping blood flow to the rest of the body resulting in either the death of the Insured Person or either of the following;

- i. Surgical implantation of Implantable Cardioverter-Defibrillator (ICD)
- ii. Surgical implantation of Cardiac Resynchronization Therapy with Defibrillator (CRT-D)

For the above definition, following is not covered

- i. Insertion of Defibrillator without Cardiac Arrest
- ii. Cardiac arrest Secondary to alcohol or Drug Misuse
- iii. Cardiac arrest due to Injury or Accident resulting in Insured Person's death.

DEFINITION, COMPLICATION & DIAGNOSTIC FOR LISTED ILLNESS**1. Cholera:**

- a. **Definition** - Cholera is an acute, diarrheal illness caused by infection of the intestine with the bacterium *Vibrio cholerae* and is spread by ingestion of contaminated food or water.

- b. Complications:** Persons with severe cholera can develop acute renal failure, severe electrolyte imbalances and coma.

6a. Diagnostics: Faecal specimen (hanging drop) and PCR – Positive for **Vibrio cholerae**

2.1. Amoebiasis

- a. Definition:** Amoebiasis is an infection caused by *Entamoeba Histolytica* causing both intestinal and extraintestinal symptoms
- b. Complication:** Amoebic liver abscess
- c. Diagnostics:** Presence of amoeba cyst in the stool specimen, Ultrasound confirming liver abscess

3.2. Typhoid:

- a. Definition:** Typhoid fever also known as enteric fever caused by *Salmonella enterica Typhi* leading to Fever, Abdominal pain, weakness and rose-coloured rash
- b. Complications:** Ileal perforation and / or meningitis, Sepsis
- c. Diagnostics:** Blood culture, PCR, IgG and IgM studies

4.3. Viral Hepatitis:

- a. Definition:** Hepatitis is the infection to the liver due to Viral Infection caused by either Hep A, D or E (water borne). Hepatitis B and C are excluded (as they are chronic and caused from needles and body fluids)
- b. Complications:** Encephalopathy or liver failure
- c. Diagnostics:** IgG and IgM studies, Hepatitis A, D and E specific viral markers

5.4. Tuberculosis:

- a. Definition:** Tuberculosis is an chronic progressive infection caused by *Mycobacterium tuberculosis* in lungs, intestine, bones, nervous system and genital organs
- b. Complications:** Multi drug resistant tuberculosis and /or Tubercular meningitis
- c. Diagnostics:** Mantoux test, Interferon-gamma release assay, IgG and IgM studies

6.5. Plague:

- a. Definition:** Plague is a life-threatening bacterial infection to humans through fleas, contaminated fluid or droplets.
- b. Complications:** Pneumonia and Septicaemia
- c. Diagnostics:** Lymph node swelling (BUBO), CSF analysis, Blood and fluid culture tests

7.6. Diphtheria:

- a. Definition:** Diphtheria is an upper respiratory tract infection which spreads through touch and droplets starts with thick coating of throat, swelling of glands in neck and fever.
- b. Complications:** Respiratory failure, paralysis, myocarditis, polyneuropathy and death.
- c. Diagnostics:** Throat Swab Culture or Sample from a skin lesion (like a sore)

8.7. Typhus:

- a. Definition:** Typhus fevers are a group of diseases caused by bacteria that are spread to humans by fleas, lice, and chiggers
- b. Complications:** Acute respiratory distress, septic shock, myocarditis, meningoencephalitis
- c. Diagnostics:** Skin biopsy, western blot, immunofluorescence test

9.8. Leptospirosis:

- a. Definition:** Leptospirosis is a bacterial infection that affects that spreads from contact of unhealed break or injured skin with contaminated water or soil.
- b. Complications:** Kidney and Liver failure, Sepsis
- c. Diagnostics:** Microscopic Agglutination test and IgG/IgM studies

10.9. Dengue:

- a. Definition:** Dengue fever is caused by the virus spread through *Aedes* mosquito bite resulting to fever, severe headache, vomiting, skin rash and life-threatening internal bleeding.
- b. Complications:** Platelets count < 40k, Septic shock and death

c. **Diagnostics:** NS1 test, IgG/IgM studies, CBC with platelet counts

11.10. Malaria:

- a. **Definition:** Malaria fever is caused by a protozoan – Plasmodium through female anopheles mosquito resulting in fever, weakness, chills, headache, vomiting and Jaundice
- b. **Complications:** kidney failure, Seizures and cerebral malaria, Sepsis
- c. **Diagnostics:** Blood smear, Rapid diagnostic test

12.11. Filariasis:

- a. **Definition:** Filariasis is caused when the lymphatic system is blocked by microfilaria parasite leading to permanent changes in the limbs.
- b. **Complications:** Permanent disability
- c. **Diagnostics:** Blood smear and Antibodies

13.12. Kala Azar

- a. **Definition:** A chronic and potentially fatal parasitic disease of the viscera (the internal organs, particularly the liver, spleen, bone marrow and lymph nodes) due to infection by the parasite called Leishmania donovani.
- b. **Complications:** Anaemia, Septicaemia, Hyperpigmentation, Splenic Rupture.
- c. **Diagnostics:** DAT and the rk39 dipstick tests

14.13. Chikungunya:

- a. **Definition:** Chikungunya is caused by virus through Aedes mosquitoes leading to fever, weakness and severe joint pains
- b. **Complications:** Severe joint pain with disability
- c. **Diagnostics:** IgG and IgM studies

15.14. Japanese Encephalitis:

- a. **Definition:** Inflammation of brain due to virus leading to disorientation, fever, vomiting, convulsions and death
- b. **Complications:** Encephalopathy and death, Sepsis
- c. **Diagnostics:** CSF and blood culture

16.15. HIV

- a. **Definition:** “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.

17.16. Zika Virus:

- a. **Definition:** Zika virus is caused by virus through mosquito bite leading to fever, rash, muscle pain and Joint pain. Pregnant women can transfer the virus to the unborn child leading to the microcephaly.
- b. **Complications:** Birth defects in newborn
- c. **Diagnostics:** RT-PCR, Urine analysis, IgG/IgM studies

18.17. Nipah Virus

- a. **Definition:** Nipah Virus is caused by virus through Bats leading to drowsiness, disorientation and respiratory distress
- b. **Complications:** Inflammation and irreversible damage to brain
- c. **Diagnostics:** RT-PCR, Swab culture, CSF analysis

19.18. EBOLA

- a. **Definition:** Ebola virus disease is a deadly disease which spreads from few animals like Monkeys, Bats etc., through body fluids and mucus membranes leading to Fever, severe body ache, rashes and Diarrhoea
- b. **Complications:** Septic shock and death

c. **Diagnostics:** RT – PCR and Ebola Antigen tests

20.19. Swine Influenza Virus & H1N1 Virus

- a. **Definition:** A rapidly contagious infection transmitted from animals and spread through droplet circulation leading to fever, cough and severe respiratory symptoms.
- b. **Complications:** Pneumonia leading to Respiratory arrest, Lung fibrosis, renal failure, septic shock and death
- c. **Diagnostics:** IgG/IgM studies, Swab cultures (throat), PCR

21.20. COVID-19, SARS and MERS

- a. **Definition:** A rapidly contagious infection caused by a virus from Coronavirus Family, transmitted from animals and spread through droplet circulation leading to fever, cough, mild to severe respiratory symptoms.
- b. **Complications:** Pneumonia leading to Respiratory arrest, Lung fibrosis, renal failure, septic shock and death
- c. **Diagnostics:** IgG/IgM studies, Swab cultures (throat), PCR.

Important Note: In respect of any claim, We will consider the medical practices prevailing at the time of claim for the Disease(s), Condition(s) and/or Virus(es) opted by You and mentioned in Your Policy Schedule/Certificate of Insurance.

BENEFITS COVERED UNDER THE POLICY

C. COVERAGE

SECTION 1. ACCIDENTAL DEATH

If 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 and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

Inbuilt Benefits:

Below are the inbuilt benefits under Section 1. Accidental Death and We will pay 100% of the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, in the below events:

- a. Disappearance: We shall be liable to be pay under this benefit, if the Insured Member'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 Member 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 Member has died as a result of an Accidental Injury.
- b. Drowning: We shall be liable to be pay under this benefit, if the Insured Member'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 Member 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" wherever 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, sum insured basis and exclusions mentioned in the Policy.

SECTION 2. PERMANENT TOTAL DISABLEMENT

If You have opted for this Cover, 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 and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

Specific Conditions:

1. If the Insured Member 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 and mentioned 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 13. Lifestyle Modification Benefit", "Section 14. Expense for External Aids & Appliances" wherever 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, sum insured basis and exclusions mentioned in the Policy.

SECTION 3. PERMANENT PARTIAL DISABLEMENT

If You have opted for this Cover, 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 and mentioned in Your Policy Schedule/Certificate of Insurance 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:

- The physical separation of a body part, or
- The total loss of functional use of body part or organ provided this has continued for at least 12 calendar months from the date of accident, provided that We must be satisfied at the expiry of the 12 calendar months that there is no reasonable medical hope for improvement.

Specific Conditions:

- If the Insured Member 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 and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.
- If the Insured Member suffers from a Permanent Partial Disablement not listed in the above table then an external medical advisor will determine the disablement percentage. For this section External Medical Advisor refers to an independent physician/surgeon who is an expert in the subject matter and is not working as on roll or off roll/ contract basis with the Insurer.
- On acceptance of a claim under this Benefit, the Insured Member'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, sum insured basis and exclusions mentioned in the Policy.

SECTION 4. TEMPORARY TOTAL DISABLEMENT

If You have opted for this Cover, 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, amount of which is mentioned in Your Policy Schedule/Certificate of Insurance 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 and mentioned in Your Policy Schedule/Certificate of Insurance 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 and mentioned in Your Policy Schedule/Certificate of Insurance for any and all claims arising within the Policy Period under this Benefit.
4. The benefit shall not be paid for the Time Excess mentioned in Your Policy Schedule/Certificate of Insurance i.e. for the number of days as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance 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 and mentioned in Your Policy Schedule/Certificate of Insurance 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 as mentioned in Your Policy Schedule/Certificate of Insurance. However, in case the dependent child (children) is/ are girl(s), then We will pay an amount equivalent to the percentage of the Sum insured as opted by You and mentioned in the Policy Schedule / Certificate of Insurance against this section.
4. Any Claim under this Section that becomes admissible where the Dependent child (children) is a minor, shall be payable to the legal 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 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 and mentioned in Your Policy Schedule/Certificate of Insurance 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 as mentioned in Your Policy Schedule/Certificate of Insurance.

3. Any Claim under this Section that becomes admissible where the Dependent child (children) is a minor, shall be payable to the legal heirs.
4. 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 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 and mentioned in Your Policy Schedule/Certificate of Insurance 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 as mentioned in Your Policy Schedule/Certificate of Insurance.
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 and mentioned in Your Policy Schedule/Certificate of Insurance 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 and mentioned in Your Policy Schedule/Certificate of Insurance 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 will be restricted to within India only, unless specifically waived off and mentioned in Policy Schedule.

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

SECTION 10. 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 and mentioned in Your Policy Schedule/Certificate of Insurance 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 11. 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 and mentioned in Your Policy Schedule/Certificate of Insurance 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. For this section the Company's Medical Practitioner refers to the medical practitioner who is working as an off roll /contract basis with the Insurer.
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 Member 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 and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

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

SECTION 12. 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 and mentioned in Your Policy Schedule/Certificate of Insurance 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 Member 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 and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

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

SECTION 13. 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”, and/or Section 15. Critical Illness Benefit Cover and/or Section 16. Critical Illness Hospitalization Cover (wherever opted), 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 or diagnosis of critical illness, up to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

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

SECTION 14. 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”, and/or Section 15. Critical Illness Benefit Cover and/or Section 16. Critical Illness Hospitalization Cover (wherever opted), 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 or critical illness, up to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section

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

SECTION 15. CRITICAL ILLNESS BENEFIT COVER

If You have opted for this Cover, We will pay You the Sum Insured opted by you for as mentioned in Your Policy Schedule / Certificate of Insurance 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 and mentioned in Your Policy Schedule/Certificate of Insurance as specified below Provided that,

- a) This Critical illness or covered surgical procedure has happened to you for the first time in Your life and during the Policy Period.
- 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) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Protect Micro Policy” with Us covering Critical Illness benefit.
- 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. Please note that in case this condition is specifically waived by Us, you need to survive for a minimum period of at least 24 hours from the time of diagnosis of such critical illness.
- d) No Claim under this option shall be admissible if the Critical Illness /or covered Surgical Procedure claim 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 covered Surgical Procedure, coverage under this Section shall cease in respect of the Insured Person against whom a claim has been accepted under this Section and no further payment will be made for any consequent disease or any dependent disease.
- f) The List of Plan wise covered Critical Illness is mentioned in **Annexure B**.

Optional Cover Under Section 15

Following are optional covers available under this section, which will be available on payment of additional premium. The optional covers will be applicable to Your policy only if they are opted specifically and mentioned on the Policy Schedule / Certificate of Insurance.

i. Second Medical Opinion

We will arrange and bear the cost for Second Opinion from our panel of Medical Practitioners or from Medical Practitioner of as per Your choice. This is for times when there has been diagnosed with critical illness as Plan opted by You, during the Policy Period and for which claim can be admissible under this section (ie. Section 15), 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. In case Medical Practitioner is outside of our panel of Medical Practitioners, our prior approval needs to be taken.
3. We will not provide more than one Opinion for the same Medical Condition within a Policy Period.
4. Our maximum liability during the Policy Year will be limited to Sum Insured mentioned under this optional cover section, subject to number of opinion limit as mentioned in the Policy Schedule/Certificate of Insurance.

ii. Molecular Gene Expression profiling test

We will pay the expenses incurred towards Molecular Gene Expression Profiling Test for Treatment Guidance on diagnosis of Cancer of specified severity for which claim can be admissible under this section (ie. Section 15), provided that

1. Our maximum liability for this test will be limited to Sum Insured mentioned under this optional cover section.
2. The benefit under this optional cover can be availed only once during lifetime of Coverage under this Section,

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

SECTION 16. CRITICAL ILLNESS HOSPITALIZATION COVER

If You have opted for this Cover and You are diagnosed as suffering from any of the Critical Illnesses or undergoing covered Surgical Procedures as per the Plan Opted by You and mentioned in Your Policy Schedule/Certificate of Insurance, during the Policy Period, We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible hospitalization claim, up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Provided that,

- a. This Critical illness and/or covered surgical procedure has happened to you for the first time in Your life and during the Policy Period.
- b. We will not make any payment if You are diagnosed as suffering from Critical Illness and hospitalized within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first "Digit Group Protect Micro Policy" with us covering critical illness hospitalization.
- c. No Claim under this option shall be admissible if Critical Illness and/or covered 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.
- d. In this section we will not cover any expense related to Pre-Hospitalization and Post-Hospitalization.
- e. The List of Plan wise covered Critical Illness is mentioned in **Annexure B**.

Accommodation/Room Rent	Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section. Note: If You have opted for a Limit on "Accommodation/Room Rent" and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables. <i>Example, if You have opted a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor's fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i>
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

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

SECTION 17. CANCER BENEFIT COVER

If You have opted for this Cover, We will pay You the Sum Insured as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are diagnosed as suffering from Cancer for Specified Severity for the first time in Your life and during the Policy Period. Provided that,

- a) We will not make any payment if You are diagnosed as suffering from Cancer for Specified Severity within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first "Digit Group Protect Micro Policy" with us covering Cancer Benefit.
- b) You survive for a minimum period of at least 30 days from the date of diagnosis of such Cancer for Specified Severity, unless this condition is specifically waived by Us.
- c) No Claim under this option shall be admissible if the Cancer 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.
- d) Cover under this Section shall cease upon payment of the compensation on the happening of a Cancer for Specified Severity and no further payment will be made for any consequent disease or any dependent disease.
- e) In case You are a woman and have opted to limit the coverage under this cover only to cancers specific to women, then coverage under this section will be limited only to the diagnosis of Cancers as mentioned in Your Policy Schedule/Certificate of Insurance.

Women-specific cancers are those that arise in organs that are anatomically unique to biological females.

Optional Cover Under Section 17

Following are optional covers available under this section, which will be available on payment of additional premium. The optional covers will be applicable to Your policy only if they are opted specifically and mentioned on the Policy Schedule / Certificate of Insurance.

i. Second Medical Opinion

We will arrange and bear the cost for Second Opinion from our panel of Medical Practitioners or from Medical Practitioner of as per Your choice. This is for times when there has been diagnosed with Cancer, during the Policy Period and for which claim can be admissible under this section (ie. Section 17), 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. In case Medical Practitioner is outside of our panel of Medical Practitioners, our prior approval needs to be taken.
3. We will not provide more than one Opinion for the same Medical Condition within a Policy Period.
4. Our maximum liability during the Policy Year will be limited to Sum Insured mentioned under this optional cover section, subject to number of opinion limit as mentioned in the Policy Schedule/ Certificate of Insurance.

ii. Molecular Gene Expression profiling test

We will pay the expenses incurred towards Molecular Gene Expression Profiling Test for Treatment Guidance on diagnosis of Cancer of specified severity for which claim can be admissible under this section (ie. Section 17), provided that

1. Our maximum liability for this test will be limited to Sum Insured mentioned under this optional cover section.
2. The benefit under this optional cover can be availed only once during lifetime of Coverage under this Section,

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

SECTION 18. CANCER HOSPITALIZATION COVER

If You have opted for this Cover and You are diagnosed as suffering from Cancer for Specified Severity for the first time in Your life and during the Policy Period, We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible hospitalization claim for Cancer for Specified Severity up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Provided that,

- We will not make any payment if You are diagnosed as suffering from Cancer for Specified Severity and hospitalized within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first "Digit Group Protect Micro Policy" with us covering Cancer Hospitalization.
- No Claim under this option shall be admissible if Cancer 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.
- In this section we will not cover any expense related to Pre-Hospitalization and Post-Hospitalization.
- In case You are a woman and have opted to limit the coverage under this cover only to cancers specific to women, then coverage under this section will be limited only to the hospitalisation due to women specific cancers as mentioned in Your Policy Schedule/Certificate of Insurance.

Accommodation/Room Rent	Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section. Note: If You have opted for a Limit on "Accommodation/Room Rent" and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables. <i>Example, If You have opted a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor's fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i>
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

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

SECTION 19. 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" or "Accidental & Illness Hospitalization" or "Loss of Employment" or "Listed Illness" as per the contingency opted and mentioned in Your Policy Schedule/Certificate of Insurance against this Section and this completely prevents You from performing each and every duty pertaining to Your employment or occupation mentioned in Your Policy Schedule/Certificate of Insurance 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 and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, provided that:

- Satisfactory proof is submitted confirming that "Permanent Total Disablement" or "Permanent Partial Disablement" or "Critical Illness" or "Accidental & Illness Hospitalization" or "Loss of Employment" or Listed

Illness has completely prevented You from engaging in Your Employment or Occupation mentioned in Your Policy Schedule/Certificate of Insurance.

- b. We will stop making payments when We are satisfied 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/Certificate of Insurance, 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 or Hospitalised due to accident or illness or Your loss of employment or You suffer from Listed 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.
- d. The treatment required by the Insured Person is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner.
- e. Cover under this Section shall cease upon payment of the compensation due to any contingency mentioned above and no further payment will be made for any contingency as mentioned above or any dependent contingency.

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 listed illnesses as per plan opted, 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) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Protect Micro 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. Please note that in case this condition is specifically waived by Us, you need to survive for a minimum period of at least 24 hours from the time of diagnosis of such critical illness.
3. No Claim under this option shall be admissible if Critical Illness and/or covered 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.
4. The List of Plan wise covered Critical Illness is mentioned in **Annexure B**.

- c. **“Accidental and Illness Hospitalization”** means You suffer an Accidental Injury or Illness during the Policy Period that requires Hospitalization as an inpatient.

1. We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Protect Micro Policy” with us covering “Accidental and Illness Hospitalization /EMI Protection Cover”.
2. This also has a waiting period. Waiting period shall be as per the ““Specific Waiting Period”” Section stated in Your Schedule / Certificate of Insurance against this Cover which shall apply from the date of inception of the first “Digit Group Protect Micro Policy” with Us, provided that the Policy has been renewed continuously with Us without break.

- d. **“Loss of Employment”** means You are terminated or dismissed or retrenched from Your Employment, by the Employer during the Policy Period as per the Employer's rules/regulations or executed/

implemented by the Employer in compliance of any laws for the time being in force or any directives by any Public Authority, subject to following exclusions:

1. The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured being attributed to any dishonesty or fraud or poor performance on the part of the Insured or his wilful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.
 2. The Company shall not be liable to make any payment under this Policy in connection with or in respect of:
 - a. Self-employed persons;
 - b. Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
 - c. Any voluntary unemployment;
 - d. Unemployment at the time of inception of the Policy Period;
 - e. Unemployment within the number of days (ie. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first "Digit Group Protect Micro Policy" with Us covering Loss of Employment.
 3. Any unemployment from a job under which no salary or any remuneration is provided to the Insured.
 4. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority
 5. Any unemployment due to resignation, retirement whether voluntary or otherwise
 6. Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.
 7. If the employment contract and Job Location was outside India.
 8. Any unemployment arising or resulting from the Insured committing any breach of the law with criminal intent.
 9. Any unemployment due to, or arising out of, or directly or indirectly connected with or traceable to, war (whether war be declared or not), invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, Pandemic or Epidemic as declared by WHO, restraints and detainment of all Heads of State and citizens of whatever nation and of all kinds and acts of terrorism.
 10. Any unemployment directly or indirectly caused by or contributed to by or arising out of usage, consumption or abuse of alcohol and/or drugs.
 11. Any consequential or indirect loss or expenses arising out of or related to unemployment will not be covered.
 12. We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first "Digit Group Protect Micro Policy" with us covering "Loss of Employment/EMI Protection Cover".
- e. **"Listed Illness"** means the coverage from following Illness:
1. We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first "Digit Group Protect Micro Policy" with us covering **"Listed Illness/EMI Protection Cover"**.

List of Disease/s and/or Conditions:

1. Cholera	2. Amoebiasis	3. Typhoid
4. Viral Hepatitis	5. Tuberculosis	6. Plague
7. Diphtheria	8. Typhus	9. Leptospirosis
10. Dengue	11. Malaria	12. Filariasis
13. Kala Azar	14. Chikungunya	15. Japanese Encephalitis
16. HIV	17. Zika Virus	18. Nipah Virus
19. EBOLA	20. Swine Influenza Virus	21. H1N1 Virus
22. COVID-19	23. SARS	24. MERS

Please refer definition section for meaning of each of listed illnesses.

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

SECTION 20: HOSPITALIZATION COVER

A. ACCIDENTAL HOSPITALIZATION COVER

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 mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Accommodation/Room Rent	Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule/ Certificate of Insurance against this Cover. Note: If You have opted for a Limit on "Accommodation/Room Rent" and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables, unless this condition is specifically waived off by Us and mentioned in Your Policy Schedule/Certificate of Insurance. <i>Example, if there is a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor's fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i>
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

A1. Day Care Procedures

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.

A2. Pre-Hospitalization Expenses

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 and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover, prior to the date of Your admission in a hospital, provided that:

- Such Expenses recommended by the Hospital/Medical Practitioner were in fact incurred for the same condition for which Your Subsequent Hospitalization was required.
- We have accepted an Inpatient Accidental Hospitalization Claim under Section 20.A. Accidental Hospitalization Cover of this Policy.

A3. Post-Hospitalization Expenses

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 and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover, from the date of Your Discharge from the hospital, provided that:

- a) The expenses are recommended by the Hospital/Medical Practitioner and are for the same condition for which you were hospitalized.
- b) We have accepted an Inpatient Accidental Hospitalization Claim under Section 20. A. Accidental Hospitalization Cover of this Policy.

Instead, You may also choose to opt for a onetime lumpsum benefit, which shall be a percentage of the claim amount approved under Section 20.A. Accidental Hospitalization Cover towards Post Hospitalization Expenses, after Your discharge from the Hospital. This percentage is mentioned in Your Policy Schedule/Certificate of Insurance.

If we have paid a lump sum amount, then You won't be eligible for any other payment under this benefit for that particular Hospitalization.

A4. Dental Treatment

We will pay for the medical expenses incurred by You for any necessary Dental Treatment from a dentist provided the Dental Treatment is required as a result of an accident. A claim under this cover will be valid if the accident resulted in an admissible inpatient Hospitalization Claim under Section 20. A. Accidental Hospitalization Cover.

Please note that if dental treatment is required as subsequent treatment after discharge from inpatient hospitalization, it must be undertaken within the post-hospitalization period specified in the Policy Schedule / Certificate of Insurance. Coverage will be limited solely to treatment for damage to teeth resulting from the accident. Any cosmetic dental procedures are excluded under this cover.

A5. Road Ambulance

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:

- a) We have accepted a claim under Section 20. A. Accidental Hospitalization Cover.
- b) The maximum liability per Hospitalization is restricted to the amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.
- c) 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.

A6. Second Medical Opinion

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:

5. We have received Your request to arrange for a Second Opinion.
6. You have the option to choose any One of Our Panel Medical Practitioners.
7. 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, deductible, co-payment, limitations and exclusions mentioned in the Policy.

B. ACCIDENTAL & ILLNESS HOSPITALIZATION COVER

If You have opted for this Cover and You suffer an Accidental Injury or Illness during the Policy Period that requires Hospitalization as an inpatient, 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 mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Accommodation/Room Rent	Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover. Note: If You have opted for a Limit on "Accommodation/Room Rent" and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables, unless this condition is specifically waived off and mentioned in Your Policy Schedule/Certificate of Insurance. <i>Example, if there is a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor's fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i>
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

B1. Day Care Procedures

If You suffer an Accidental Injury or Illness 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 stay less than 24 hrs because of technological advancement, We will pay the Medial Expenses Incurred for such Day Care Procedure.

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

B2. Pre-Hospitalization Expenses

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 and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover, prior to the date of Your admission in a hospital, provided that:

- Such Expenses recommended by the Hospital/Medical Practitioner were in fact incurred for the same condition for which Your Subsequent Hospitalization was required.
- We have accepted an Inpatient Hospitalization Claim under Section 20.B. Accidental & Illness Hospitalization Cover of this Policy.

B3. Post-Hospitalization Expenses

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 and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover, from the date of Your Discharge from the hospital, provided that:

- The expenses are recommended by the Hospital/Medical Practitioner and are for the same condition for which you were hospitalized.
- We have accepted an Inpatient Hospitalization Claim under Section 20.B. Accidental & Illness Hospitalization Cover of this Policy.

Instead, You may also choose to opt for a onetime lumpsum which shall be a percentage of the claim amount approved under Section 20.B. Accidental & Illness Hospitalization Cover towards Post Hospitalization Expenses, after Your discharge from the Hospital. This percentage is mentioned in Your Policy Schedule/Certificate of Insurance.

If we have paid a lump sum amount, then You won't be eligible for any other payment under this benefit for that particular Hospitalization.

B4. Dental Treatment

We will pay for the Medical Expenses incurred in respect of any necessary Dental Treatment from a dentist provided the Dental Treatment is required as a result of an accident. A claim under this cover will be valid if the accident has resulted in an admissible inpatient Hospitalization Claim under Section 20. B. Accidental & Illness Hospitalization Cover.

Please note that if dental treatment is required as subsequent treatment after discharge from inpatient hospitalization, it must be undertaken within the post-hospitalization period specified in the Policy Schedule / Certificate of Insurance. Coverage will be limited solely to treatment for damage to teeth resulting from the accident. Any cosmetic dental procedures are excluded under this cover.

B5. Road Ambulance

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, provided that:

- a) We have accepted a claim under Section 20. B. Accidental & Illness Hospitalization Cover.
- b) The maximum liability per Hospitalization is restricted to the amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.
- c) 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.

B6. Bariatric Surgery Cover

If You are hospitalized for a Bariatric Surgery which is medically necessary, on the advice of a Medical Practitioner, we cover the related Medical Expenses subject to the following conditions:

- a) The Insured Person undergoing the surgery is minimum 18 Years old.
- b) The Medical Practitioner / Bariatric Surgeon confirms that Your Existing Body Mass Index (BMI) and health conditions fall within the below qualification requirements for Bariatric Surgery:
 - Class III Obesity (extreme obesity)- [Body Mass Index (BMI) ≥ 40 kg/m²];
 - Class II Obesity- (Body Mass Index (BMI) 35-39.9 kg/m²) along with any of the following co-morbidities:
 - Uncontrolled Diabetes Mellitus
 - Cardiovascular Disease
 - History of Coronary Artery Disease with a surgical intervention such as Cardiopulmonary Bypass or Percutaneous Transluminal Coronary Angioplasty;
 - Cardiopulmonary Problems as a result of another disease process, including, though not limited to, a documented severe obstructive sleep apnea (OSA), confirmed on polysomnography.
- c) A claim under this cover is acceptable *only* if it is under any of the below procedures:
 - Gastric Bypass-
 - The Roux-en-Y Gastric Bypass
 - Biliopancreatic Diversion with or without Duodenal Switch (BPD/DS) Gastric Bypass
 - Sleeve Gastrectomy
 - Laparoscopic Gastric Banding
- d) This particular cover has a waiting period. Waiting period shall be as per the "Specific Waiting Period" Section stated in Your Schedule / Certificate of Insurance against this Section which shall apply from the date of inception of the first "Digit Group Protect Micro Policy" with Us, provided that the Policy

has been renewed continuously with Us without break with Bariatric Surgery Cover as a benefit since inception of the first “Digit Group Protect Micro Policy” .

- e) If you are porting an existing policy under Portability Guidelines, from some other General or Health Insurance Company where this cover was not there or if you are adding this cover while renewing our health policy, a fresh waiting period as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance will be applied.
- f) Confirmation from Medical Practitioner / Bariatric Surgeon that the Bariatric Surgery is not for a specific correctable cause for treating obesity.
- g) And we would need a documented detailed history of your obesity-related health problems, difficulties, and treatment attempts demonstrating that a multidisciplinary approach with dietary, other lifestyle modifications (such as exercise and behavioural modification), and pharmacological therapy, if appropriate, have been unsuccessful, at least for past 6 months.
- h) A prior approval should be taken from us before the Bariatric Surgery is performed.
- i) Our maximum liability under this benefit is restricted to the Limit as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.

Bariatric surgery for the following reasons is not covered:

- a) For Cosmetic/Aesthetic reasons.
- b) For treating Drug-Induced Obesity, for Severe Untreated Hormonal Imbalance, Psychiatric and Eating Disorders-Induced Obesity.

B7. Psychiatric illness Cover

We will pay upto the Sum Insured as mentioned in your policy schedule for the Medical Expenses, related to Psychiatric Illness, provided that:

- a) The first diagnosis and Hospitalization, as an inpatient, was during the Policy Period.
- b) This also has a waiting period. Waiting period shall be as per the “Specific Waiting Period” Section stated in Your Schedule against this Cover which shall apply from the date of inception of the first policy with Us, provided that the Policy has been renewed continuously with Us without break, with Psychiatric as a benefit since inception of the first policy.

ICD Code	Psychiatric Illness & Disorders
F20-F29	Schizophrenia, schizotypal and delusional disorders
F30-F39	Mood [affective] disorders
F40-F48	Neurotic, stress-related and somatoform disorders
F99-F99	Unspecified mental disorder

Hospitalization under this benefit shall be subject to prior approval from Us, except in cases of emergencies.

B8. Second Medical Opinion

When it comes to Cancer or any major Illness and You are required to get hospitalized in a tertiary care facility during the Policy Period, We will arrange and bear the cost for a Second Opinion provided that:

1. We have received Your request to arrange for Second Opinion.
2. You have 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.

B9. AYUSH COVER

We will pay the Medical Expenses for Your In-patient Treatment, taken under Ayurveda, Unani, Siddha or Homeopathy. This section will not have a separate sum insured, it will be up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against Section 20.B. Accidental & Illness Hospitalization Cover. This is paid provided that the AYUSH treatment has been undergone in Ayush Hospital.

You should also be aware what We won't pay for:

- a) Outpatient Medical Expenses.
- b) All Preventive and Rejuvenation Treatments (non-curative in nature) including, without limitation, treatments that are not Medically Necessary.

Specific Conditions applicable to this cover:

Claim will be payable under this section only if AYUSH Hospitals and AYUSH Day Care Centres have obtained pre-entry level certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC). This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 21. DAILY CASH BENEFIT

If You have opted for this cover and You are hospitalized as an inpatient during the Policy Period due to one or more of the below mentioned contingencies as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance, we will pay a per day benefit as opted and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

This Benefit will be paid for each and every continuous and completed period of 24 hours of Hospitalisation for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Below are the contingencies, you can opt any one or more than one:

- Accidental Hospitalization
- Accidental & Illness Hospitalization
- Critical Illness Hospitalization as per the plan opted under this policy.
- Maternity

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 an amount equivalent to the percentage of the Daily Cash Allowance as opted by You and mentioned in the Policy Schedule / Certificate of Insurance against this section.

Subject to following conditions,

- a) In case of Individual Sum Insured basis, maximum number of days will be Per Policy Year Per Insured Person and in case of Floater Policy the maximum number of days will be Per Policy Year on Floater Sum Insured basis.
- b) For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be one day.
- c) Payment of claim under this benefit is subject to the time excess as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- d) This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the Policy.

For the purposes of this cover, contingencies are defined below:

- a) Accidental Hospitalization:** Daily Cash allowance will be paid under this contingency only if you have been hospitalised due to accidental bodily injury.
- b) Accidental & Illness Hospitalization**
 - Daily Cash allowance will be paid under this contingency only if you have been hospitalised due to any illness and Accidental bodily injury.
 - We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first "Digit Group Protect Micro Policy" with us covering "Daily Cash Benefit /Accidental & Illness Hospitalization".
 - This also has a waiting period. Waiting period shall be as per the "Specific Waiting Period" Section stated in Your Schedule / Certificate of Insurance against this Cover which shall apply from the date of inception of the first "Digit Group Protect Micro Policy" with Us, provided that the Policy has been renewed continuously with Us without break.
- c) Critical Illness Hospitalization**

Critical Illness shall mean the listed illnesses as per the plan opted by You from Annexure B that You are diagnosed as suffering from or Surgical Procedures that You are undergoing, for the first time in your life. Provided that:

 - 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) mentioned in Your Policy Schedule/Certificate of Insurance from the

date of inception of first “Digit Group Protect Micro Policy” with Us covering “Daily Cash Benefit /Critical Illness Hospitalisation”.

- 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. Please note that in case this condition is specifically waived by Us, you need to survive for a minimum period of at least 24 hours from the time of diagnosis of such critical illness.
- No Claim under this option shall be admissible if Critical Illness and/or covered 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.
- The List of Plan wise covered Critical Illness is mentioned in **Annexure B**.

d) Maternity

- Daily Cash allowance will be paid under this contingency for the delivery of the Insured Person's child (including caesarean section) or for the Medically necessary and lawful termination of pregnancy.
- For “Maternity” contingency “Waiting Period” as mentioned in the Policy Schedule/Certificate of Insurance against this Section is applicable.
- In case of “Maternity” opted, “Exclusion No. 17 Maternity (Exclusions which is applicable)” of the Policy Wordings stands partially deleted to the extent of the Coverage provided under this Section.

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

SECTION 22. LONG HOSPITALIZATION CASH BENEFIT

If You have opted for this Cover and You are Hospitalized for a minimum number of consecutive days as Opted by You and mentioned in the Policy Schedule / Certificate of Insurance against this Section, We will give you a lump sum amount as mentioned in the Policy Schedule / Certificate of Insurance. Provided that:

- a) We have accepted a claim under Section 20.A. Accidental Hospitalization Cover and/or Section 20.B. Accidental & Illness Hospitalization Cover, and
- b) The benefit is payable only once to an Insured Person during the Policy Year.

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, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 23. FIXED CASH BENEFIT

If You have opted for this cover and You are hospitalized as an inpatient during the Policy Period due to one or more below mentioned contingencies as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance, we will pay a fixed lump sum after completion of defined number of hospitalization days as opted and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

This Benefit will be paid for each and every continuous and completed period of the number of days of Hospitalisation for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Below are the contingencies, you can opt any one or more than one:

- Accidental Hospitalization
- Accidental & Illness Hospitalization
- Critical Illness Hospitalization as per the plan opted.
- Maternity

Subject to following conditions,

- In case of Individual Sum Insured basis, maximum number of days will be Per Policy Year Per Insured Person and in case of Floater Policy the maximum number of days will be Per Policy Year on Floater Sum Insured basis.

- For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.
- Payment of claim under this benefit is subject to the time excess as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the Policy.

For the purposes of this cover, contingencies are defined below:

a) Accidental Hospitalization: Fixed lump sum amount will be paid under this contingency only if you have been hospitalised due to accidental bodily injury.

b) Accidental & Illness Hospitalization

- Fixed lump sum amount will be paid under this contingency only if you have been hospitalised due to any illness and Accidental bodily injury.
- We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first "Digit Group Protect Micro Policy" with us covering "Fixed Cash Benefit /Accidental & Illness Hospitalization".
- This also has a waiting period. Waiting period shall be as per the "Specific Waiting Period" Section stated in Your Schedule / Certificate of Insurance against this Cover which shall apply from the date of inception of the first "Digit Group Protect Micro Policy" with Us, provided that the Policy has been renewed continuously with Us without break".

c) Critical Illness Hospitalization

Critical Illness shall mean the listed illnesses as per the plan opted by You from Annexure B that You are diagnosed as suffering from or Surgical Procedures that You are undergoing, for the first time in your life. Provided that:

- 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) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first "Digit Group Protect Micro Policy" with Us covering "Fixed Cash Benefit /Critical Illness Hospitalisation".
- 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. Please note that in case this condition is specifically waived by Us, you need to survive for a minimum period of at least 24 hours from the time of diagnosis of such critical illness.
- No Claim under this option shall be admissible if Critical Illness and/or covered 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.
- The List of Plan wise covered Critical Illness is mentioned in Annexure B.

d) Maternity

- Fixed lump sum amount will be paid under this contingency for the delivery of the Insured Person's child (including caesarean section) or for the Medically necessary and lawful termination of pregnancy.
- For "Maternity" contingency "Waiting Period" as mentioned in the Policy Schedule/Certificate of Insurance against this Section is applicable.
- In case of "Maternity" contingency is opted, "Exclusion No. 17 Maternity (Exclusions which is applicable)" of the Policy Wordings stands partially deleted to the extent of the Coverage provided under this Section.

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

SECTION 24. COMPANION BENEFIT CASH ALLOWANCE COVER

If You have opted for this cover, We will pay towards the expenses incurred on one of Your attendants, accompanying You at the Hospital/Nursing Home, in case of Your Hospitalization as an inpatient due to an Accidental bodily Injury and/or Illness during the Policy Period. We will pay You as per the **option opted by You** and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.

The above is provided that:

1. Claim for Hospitalisation in respect of the Insured Person has been admitted,
2. Insured Person's attendant should be his/her spouse, siblings, Children above age of 18 years, parents or parents in law.

1. Per Day Benefit

If You have opted for this option, we will pay a per day benefit amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This will be paid for each continuous and completed period of 24 hours of Insured Person's Hospitalisation arising out of accidental bodily injury and/or illness for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

2. Fixed Lump Sum Benefit

If You have opted for this option, we will pay a Fixed lump sum benefit amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This will be paid for each continuous and completed period of the number of days of Insured Person's Hospitalisation arising out of accidental bodily injury and/or illness for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

A. Conditions Applicable

- a) In case of Individual Sum Insured basis, maximum number of days will be Per Policy Year Per Insured Person and in case of Floater Policy the maximum number of days will be Per Policy Year Per Family on Floater Sum Insured basis.
- b) For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be one day.
- c) Payment of claim under this benefit is subject to the time excess as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- d) We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first "Digit Group Protect Micro Policy" with us covering "Companion Benefit Cash Allowance Cover".
- e) This also has a waiting period. Waiting period shall be as per the "Specific Waiting Period" Section stated in Your Schedule / Certificate of Insurance against this Cover which shall apply from the date of inception of the first "Digit Group Protect Micro Policy" with Us, provided that the Policy has been renewed continuously with Us without break".

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

SECTION 25. MATERNITY & NEWBORN BABY COVER

A. MATERNITY COVER

If You have opted for this Cover, We will pay the Maternity Expenses incurred towards the delivery of a baby and/or treatment related to any complication of pregnancy or medically necessary termination. This is up to the Sum Insured opted by You and as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, during the Policy Period provided that:

- a) Expenses incurred towards your normal delivery and caesarean delivery will be as per the amount opted by You and as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- b) Female Insured Person's legally married spouse is also covered under this Policy, unless specifically waived by Us.
- c) This also has a waiting period. Waiting period as opted by you and mentioned in your Policy Schedule / Certificate of Insurance shall apply from the date of inception of the first "Digit Group Protect Micro Policy" with us, provided that the policy has been renewed continuously with us without break, with maternity as a benefit.
- d) If you are porting an existing policy under Portability Guidelines, from some other General or Health insurance company where this cover was not there or if you are adding this cover while renewing our health

policy, a fresh waiting period as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance will be applied.

- e) The maternity benefit in this policy is limited to cover up to two childbirth events. However, there is no restriction on the number of medically necessary and lawful termination of pregnancies. The birth of more than one child during a single delivery shall be considered as single event.
- f) If on renewal without any break in coverage, the sum insured is increased, there is a fresh waiting period as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance applied to the increased part of the Sum Insured.
- g) Any complications arising out of or as a consequence of maternity/childbirth will also be covered within the limit of Sum Insured, available under this benefit.

We shall not pay for the following under this Section:

- a) Expenses for the harvesting and storage of stem cells when carried out as a preventive measure against possible future illness.
- b) Medical Expenses for Ectopic Pregnancy will be covered under Section 20.B. In-patient Accidental & Medical Treatment and not under the Maternity Benefit.
- c) Pre-natal and Post-natal Medical Expenses are not covered unless leading to Your Hospitalization.

B. NEWBORN BABY COVER

If You have opted for this Cover, we will pay the Medical Expenses, within the limit of the Sum Insured available under the Section 25. Maternity & Newborn Baby Cover of the Policy, provided that We have accepted a claim under Section 25. A. Maternity Cover, incurred towards:

- a) The medical treatment of the Insured Person's Newborn Baby while the Insured Person is hospitalised as an inpatient for delivery.
- b) The Newborn Baby's hospitalisation charges as a result of any medical complications, up to 90 Days from the date of delivery.
- c) Reasonable and Customary Charges for the Vaccinations of the Newborn Baby as per National Immunization Schedule as defined by Government of India, up to 90 Days from the date of delivery. However, once the New Born Baby is added as an Insured Person under the Policy, We will pay the Reasonable and Customary Charges for the Vaccinations of the New Born Baby as per National Immunization Schedule as defined by Government of India until the New Born Baby attains 5 Years of age, provided that the Policy is continuously renewed with Us without break and with Maternity and New Born Baby Cover as a benefit since inception of the first "Digit Group Protect Micro Policy".
- d) If the Policy Expires before 90 days from the date of delivery, the Newborn Baby will be covered only if the Policy is Renewed with the New Born Baby as an Insured Person. This is subject to our underwriting policy and payment of any additional premium.
- e) After 90 Days from the date of delivery, the Newborn Baby will be covered under the existing Policy only if it is Endorsed with the New Born Baby as an Insured Person. This is subject to our underwriting policy and payment of the Pro-Rata Additional Premium, for the balance period.

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

SECTION 26. HOME (DOMICILIARY) HOSPITALIZATION

If You have opted for this Cover, We will pay the Medical Expenses incurred by You for any illness or Injury requiring medical treatment taken at home, which would otherwise have required Hospitalization, provided that:

- a) The condition of the patient is such that he/ she is not in a condition to be moved to a Hospital or
- b) The patient takes treatment at home on account of non-availability of room in a Hospital, and
- c) 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
- d) No Payment will be made if the condition for which You require medical treatment is due to:
Asthma, Bronchitis, Tonsillitis, Upper Respiratory Tract Infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza, Arthritis, Gout and Rheumatism, Chronic Nephritis and Nephritic Syndrome, Diarrhoea and all types of Dysenteries including Gastroenteritis, Diabetes Mellitus and Insipidus, Epilepsy, Hypertension, Psychiatric or Psychosomatic Disorders of all kinds, Pyrexia of unknown Origin.

e)a) This section will not have a separate sum insured, it will be subject to availability of the sum insured under Section 20.A. Accidental Hospitalization Cover and/or Section 20.B. Accidental & Illness Hospitalization Cover. Further, Our maximum liability per Hospitalization shall be restricted to the limits as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

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

SECTION 27. SUM INSURED REFILL BENEFIT

If you have opted for this Cover, We will refill 100% of the Sum Insured specified and utilized under Section 20.A. Accidental Hospitalization Cover and/or Section 20.B. Accidental & Illness Hospitalization Cover for that particular Policy Period, provided that:

- a) The refilled Sum Insured would be utilized if the cause of the Hospitalization is related or not related (as opted by You as mentioned in Your Policy Schedule / Certificate of Insurance against this Section) to or arising out of earlier Hospitalization, including its complications, for which a claim has already been availed during the same policy year for the same Insured Person.
- b) In case of related Hospitalization cooling off period of 45 days will be applicable.
- c) If the first claim amount exceeds the Sum Insured under Section 20.A. Accidental Hospitalization Cover and/or Section 20.B. Accidental & Illness Hospitalization Cover, the refilled Sum Insured will not be applicable for the same hospitalisation.
- d) After the refill, the maximum amount payable for any single claim will not exceed the Sum Insured mentioned under Section 20.A. Accidental Hospitalization Cover and/or Section 20.B. Accidental & Illness Hospitalization Cover.
- e) The number of times this benefit may be availed shall be as per the limit mentioned in Your Policy Schedule / Certificate of Insurance against this Section during each Policy Period.
- f) In case of Floater Policy, the refilled Sum Insured will be applicable on family floater basis.
- g) For this benefit sum Insured can only be utilized for hospitalization in India only.

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

SECTION 28. SUM INSURED MULTIPLIER COVER

If You have opted for this cover, We will provide enhanced Sum Insured under the Policy which will be equivalent to base Sum Insured provided under the policy multiplied by opted number of times (SI multiplier). This enhanced Sum Insured will be available from day 1 of the policy for admissible claims during the Policy Year under Section 20.A. Accidental Hospitalization Cover and/or Section 20.B. Accidental & Illness Hospitalization Cover of this Policy, subject to following conditions:

- i. The benefit provided under this cover will be applied only once during each Policy Year and any unutilized amount, in whole or in part, will not be carried forward to subsequent Policy Year.
- ii. The enhanced Sum Insured can be utilized for multiple claims within the Policy Year, unless specifically restricted and mention in Policy schedule.
- iii. The enhanced Sum Insured can only be used for hospitalization in India only, unless specifically agreed by Us.
- iv. In case of family floater policy, the enhanced Sum Insured will be available on floater basis for all Insured Persons covered under the Policy.
- v. SI multiplier will be applicable to the base Sum Insured of the Policy and will not be applicable on cumulative bonus available under the Policy or refill benefit.

For Example:

- Mr. A has taken Digit Group protect Micro Policy with base Sum Insured as INR 3 lakh.
- SI multiplier opted by him is 2 times of the base Sum Insured.
- In this case, available coverage Sum Insured under the policy from day 1 will be equivalent to INR 6 lakhs (2 times of the base Sum Insured ie. INR 3 lakh).

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

SECTION 29. LOAN SHIELD

If You have opted for this cover and You suffer

- from any Accidental Injury that occurs during the policy period and that injury 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 from "Critical Illness"

as per the contingency opted and mentioned in Your Policy Schedule/Certificate of Insurance against this Section. We will pay the bank / financial institution as specified in the Policy Schedule/Certificate of Insurance, an amount equal to the Insured Person's Principal Outstanding Amount, subject to this amount not exceeding the Sum Insured specified in the Policy Schedule / Certificate of Insurance, provided that:

1. The Permanent Total Disability continues for a period of at least 180 days from the commencement of the Permanent Total Disability, and the Disability Certificate issued by the treating Medical Practitioner at the expiry of the 180 days confirms that there is no reasonable medical hope of improvement. It is clarified that this condition is not application for any Permanent Total Disability in the nature of a physical separation.
2. If You suffer from Injury and/or illness resulting in more than one of the "Permanent Total Disabilities" or "Permanent Partial Disabilities" or "Critical Illness", then Our maximum, total and cumulative liability under this section shall be limited to the Principal Outstanding Amount, and further subject to such amount not exceeding the Sum Insured mentioned in the Policy Schedule / Certificate of Insurance.
3. Once the total claim amount paid under this section reaches 100% of Sum Insured for an Insured Person, the cover under this section will cease for the remainder of the Policy Period and the Insured Person will not be eligible for this section in any subsequent Policy Years.
4. We shall not be liable to make any payments that are overdue and unpaid by the Insured Person prior to the occurrence of the event giving rise to a claim under this section, and the same shall be deemed as paid by the Insured Person, unless this condition is specifically waived by Us and mentioned in your Policy Schedule/Certificate of Insurance
5. Cover under this Section shall cease upon payment of the compensation on the happening of any contingency mentioned above and no further payment will be made for any contingency as mentioned above or any dependent contingency.

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 illnesses that You are diagnosed as suffering from or Surgical Procedures that You are undergoing, for the first time in your life; as per the plan opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section from Annexure B.

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) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first "Digit Group Protect Micro Policy" with Us covering "Loan Shield/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. Please note that in case this condition is specifically waived by Us, you need to survive for a minimum period of at least 24 hours from the time of diagnosis of such critical illness.
3. No Claim under this option shall be admissible if Critical Illness and/or covered 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.
4. The List of Plan wise covered Critical Illness is mentioned in **Annexure B**.

SECTION 30. WELLNESS BENEFIT PROGRAM

If You have opted for this Cover, Wellness Benefit Program provides the benefits listed below and shall be available to the Insured Person as mentioned in the Policy Schedule/Certificate of Insurance. Through this Program, We intend to incentivize the Insured Person(s) for taking care of his/her health/fitness and maintaining healthy lifestyle through such preventative and wellness services.

There are total 17 services under Wellness Benefit Program. Services applicable for Your Policy are as shown in Your Policy Schedule / Certificate of Insurance. Only services mentioned in your Policy Schedule/Certificate of Insurance are available for You.

1. Doctor on Call

Upon Your request, We will facilitate an appointment, through Our empanelled Service Provider, with a Medical Practitioner who can help You by providing round-the-clock medical helpline services through an online portal as a chat service, a call back service or a voice call service or a video call service.

2. Wellness Coach

In order to educate, empower and engage You to become more aware of Your health and proactively manage it, We will, through periodic communications like e-mailers, blogs, videos, webinar and online platform provide You information on wellness coaching including but not limited to the areas as provided below:

- a) Weight Management
- b) Activity and Fitness
- c) Nutrition
- d) Tobacco Cessation
- e) Alcohol Abuse de-addiction Program
- f) Information on various diseases
- g) Dietary Plans

3. Lab Services and Imaging (For Diagnostic Services)

Upon Your request, We will facilitate, through Our empanelled Service Provider, Collection of test samples such as blood, urine, stool etc or imaging for further testing and analysis.

The cost of these tests and reports will have to be borne by You.

4. Pharmacy (Home Delivery)

Upon Your request, We will facilitate, through Our Empanelled Service Provider, home delivery of the Medications Prescribed by a Registered Medical Practitioner and nutritional supplement from the nearby Network Pharmacy, subject to copy of prescription being shared (where ever required) and availability of the medication with the Pharmacy.

The cost of the medication will have to be borne by You.

5. Vital/Physical Activity Monitoring Services

Upon Your request, We will facilitate, through Our Empanelled Service Provider, the integration of Your Health Device(s), or Digital Wearables or trackers such as Blood-Pressure Monitors, Glucometers, Wireless Pedometers, heart rate monitors, pulse oximeters, non-invasive wearable blood-sugar sensors, Smart Watches etc. to an online database that will track and assess Your vitals as reported by the device.

It can provide periodic updates and reports of your health status. The cost of the device will have to be borne by You.

6. Reminder Notifications

Upon Your request, We will facilitate, through Our Empanelled Service Provider, routine notification messages via mail or a messaging portal or a follow-up call to You as a reminder to schedule Your medical appointments and/or take daily dosage of Your medicine as per the information shared by You-

7. Medical Wallet

Upon Your request, We will arrange, through Our Empanelled Service Provider, for a medical wallet. This will be a digital cloud service which will allow You to store all Your medical reports online. It will provide easy access of Medical history and reports to the treating Medical Practitioners and to any other person with whom You may share the login and access codes, easing Your need to physically carry documents with You.

8. Report Aggregation

Upon Your request, We will facilitate, through Our Empanelled Service Provider, for regular analysis of Your health status as per the medical records/reports/information or data shared by You. It will highlight your wellbeing or any areas of concern or deterioration in Your health, allowing You to take necessary calls about your health.

9. Home Care Services

Upon Your request, We will facilitate, through Our Empanelled Service Provider, Home Care Services for You in case You are in need of services , including but not limited to the following:

- a. Home Care Nursing
- b. Patient Assistant
- c. Physiotherapy
- d. Yoga Trainer
- e. Psychologist
- f. Palliative Care
- g. Renting Medical equipment. For Example - Wheel-Chair, Patient Bed, Oxygen Cylinder etc.
- h. Doctor Visit
- i. Elderly care and senior living assistance related to their health condition.

The cost of the Services/Equipment will have to be borne by You.

10.Ambulance Arrangement Services

Upon request, We will facilitate, through Our Empanelled Service Provider, ambulance services for Your transportation subject to availability of ambulance in the area where such service needs to be arranged.

The cost of the transportation will have to be borne by You.

11.Pick-up and Drop Services for Consultation

Upon Your request, We will facilitate, through Our Empanelled Service Provider, Pick-up and Drop Service, for Your transportation to the Health Care Facility for treatment/Diagnostics subject to availability of vehicle/taxi in the area where such service needs to be arranged.

The cost of the transportation will have to be borne by You.

12.Prioritizing Appointments

Upon Your request, We will facilitate, through Our Empanelled Service Provider, prioritization of Your appointment, based on the urgency, with the Network Facilitator offering the necessary consultation/treatment/diagnostics/packages/memberships/risk assessment/procedures subject to availability of the service(s). The cost of the Consultancy/Diagnostic will have to be borne by You. These may include the following but not limited to :-

- Doctors' services
- Nursing services
- Dietitian services

13.Mental wellbeing - Upon Your request, We will facilitate, through Our empanelled Service Provider, self-assessments, therapy sessions, activities and educational/awareness blogs, videos and webinars. The cost of these sessions will have to be borne by You.

14.Physiotherapy - Upon Your request, We will facilitate, through Our empanelled Service Provider, consultation and treatment sessions/packages, pain management sessions, ergonomics sessions The cost of these services will have to be borne by You.

15.Childcare/Children's activities - Upon Your request, We will facilitate, through Our empanelled Service Provider, recreational/developmental activities for children of different age groups. The cost of these services will have to be borne by You.

16.Out-Patient (OPD) Services - Upon Your request, We will facilitate, through Our empanelled Service Provider, outpatient care services like doctor consultation, pharmacy and diagnostics, both online and onsite. The cost of these services will have to be borne by You.

17.Fitness – Upon your request, we will facilitate, through our empanelled service provider, access to membership or classes of fitness activities like but not limited to sports, yoga, Zumba, Pilates, dance, fitness coach services at gymnasiums, health studios, fitness centres, sports centres and playgrounds. The cost of these services will have to be borne by You.

Terms and Conditions applicable to Wellness Benefit Program

1. Any Information provided by You shall be kept confidential.
2. For services which are provided through Our Empanelled Service Provider/Medical Experts/Centres, We are acting only as a facilitator, hence We would not be liable for any incremental costs or the services. We will not charge any premium amount for the services. You need to pay directly to the Service Provider/Medical Experts/Centres for the services availed.
3. All medical services are being provided by Empanelled Service Provider/Medical Experts/Centres who are empanelled after full due diligence. Insured Person may however consult their Personal/Family Doctor before availing the medical services. The decisions to utilise the services will solely be at the discretion of the Insured Person.
4. We/Company/Us or its Group Entities, affiliates, officers, employees, agents, are not responsible for or liable for any actions, claims, demands, losses, damages, costs, charges, and expenses which an Insured Person/You may claim to have suffered or sustained or incurred by way of or on account of utilization of any benefits specified herein.
5. This shall not be deemed to substitute the Insured Person's visit or consultation to an Independent Medical Practitioner. The Insured Person is free to choose whether or not to undergo the same and if done whether or not to act on it.
6. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

NON-HEALTH SECTIONS UNDER THE PRODUCT

Following sections (Section 31 to Section 41) provide non health coverage.

SECTION 31. CARD COVER

If you have opted for this cover, the Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to indemnify to the Insured Person an amount not exceeding the Sum Insured as specified in the policy schedule/ certificate of Insurance against the respective sections.

Section 31.1: Lost Card Liability

I.What We Cover

We will indemnify the Insured Person against the financial loss arising out of unauthorized / fraudulent transaction during the cover period from the Insured person's lost card or stolen Card.

II.Condition applicable to Section 31.1

1. The cover under this section shall be applicable only for the number of hours prior to reporting the loss of Card (pre-reporting period) and the number of hours post reporting of loss of card (post-reporting period) as specifically mentioned in the Policy schedule / Certificate of Insurance.

III.Exclusions applicable to section 31.1

1. Unauthorized /fraudulent transaction made on Insured Person's card if his/her card has not been lost or stolen;
2. The amounts refunded upon cancellation of purchases of products or services.
3. Loss incurred due to erroneous debits arising on fraudulent or other transactions, on account of system or technology related fault, for which the financial institution is liable.
4. Loss or damage on account of counterfeit cards.
5. Any loss or damage arising out of Internet based transaction.

Section 31.2: Online Transaction cover**I.What We Cover**

We will indemnify the Insured Person against the financial loss arising out of unauthorized/ fraudulent transactions through internet during the Cover Period, using the CVV (Card Verification Value Code) or the PIN (Personal Identification Number) of the Card issued to the Insured Person by the financial institution.

II.Conditions applicable to section 31.2:

1. The cover under this section shall be applicable only for the number of hours prior to reporting the loss (pre-reporting period) and the number of hours post reporting of loss (post- reporting period) as specifically mentioned in the Policy schedule / Certificate of Insurance.

III.Exclusions applicable to section 31.2:

1. Any transactions not confirmed by the host website or the authorized financial institution.
2. Any errors made by the host website or the authorized financial institution.
3. Loss incurred due to erroneous debits arising on fraudulent or other transactions, on account of system or technology related fault, for which the financial institution is liable.
4. Any transactions made using a PIN that has not been introduced by the financial institution as mandated by the concerned regulatory authority.
5. For any loss arising out of a PIN based fraud:
 - a. if the PIN was mentioned on the Card itself, shared with any person or
 - b. if the default PIN given by financial institution had not been changed wherever it has been suggested by the financial institution.

Section 31.3: Card Liability due to unauthorized / fraudulent usage**I.What We Cover**

We will indemnify the Insured Person against the financial loss arising out of unauthorized/ fraudulent transaction using Insured Person's cards including but not limited to skimming, phishing, counterfeiting, cloning, payment made on mirror sites and other similar kind of fraud as mentioned in the Policy schedule/ Certificate of Insurance.

II.Condition applicable to Section 31.3:

1. The cover under this section shall be applicable only for certain number of hours prior to reporting the loss (pre-reporting period) and certain number of hours post reporting of loss (post- reporting period) as mentioned in the Policy schedule / Certificate of Insurance.

III.Exclusions applicable to section 31.3

1. Any loss or damage arising out of card transactions effected outside the notification period (as specified in the Policy Schedule/ Certificate of Insurance) prior to the first reporting of unauthorized use of the card to the financial institution.

Specific Exclusion applicable to section 31.3 which can be waived in case specifically agreed by us:

2. Any financial loss arising out of Cards lost in transit/ wrong delivery before its eventual receipt by the original Card holder.
3. Any financial loss arising out of Tele-phishing.

Section 31.4: ATM assault and robbery**I. What We Cover**

We will reimburse the Insured Person against the following covers:

1. **ATM Robbery** - We will reimburse Insured Person for the money he/she withdrew from any ATM using his/her card against a robbery event that occurs within a time period from the withdrawal of the money and within a distance from ATM, as specified in the Policy Schedule / Certificate of Insurance.
2. **Bodily Injury** - We will reimburse Insured Person for reasonable emergency first aid charges for his/her bodily injury during a robbery that is covered under this section.
3. **Transaction under Threat/ violence** - We will reimburse Insured Person for the money he/she withdrew from any ATM by forcibly using his/her card under a threat violence.

II. Exclusions applicable to section 31.4:

1. Damages or losses to anything other than the money withdrawn by the Insured Person from the ATM;
2. Charges for emergency first aid to anyone other than Insured Person.

Section 31.5 ATM Fraud Cover**I.What We Cover**

We will reimburse Insured Person for the money he/she has lost due to ATM related Frauds including but not limited to manipulated ATM Machine, Card Cloning at the ATM etc.

II. Exclusions applicable to section 31.5:

1. Damages or losses to anything other than the money Insured Person has lost due to Fraud happening at ATM.

CONDITIONS APPLICABLE TO SECTION 31

1. Insured Person must comply with all terms and conditions given by the financial institution.
2. The cover under this section shall be applicable only for certain number of hours prior to reporting the loss (pre-reporting period) and certain number of hours post reporting of loss (post-reporting period) as mentioned in the Policy schedule / Certificate of Insurance.
3. Insured Person must report the loss/ damage to the financial institution immediately but not later than 12 hours after discovering the loss event, unless specifically agreed otherwise by Us and mentioned in the Policy Schedule / Certificate of Insurance.
4. Insured Person must report the loss/ damage to the Police Authority immediately but not later than 24 hours after discovering the loss event, unless specifically agreed otherwise by Us and mentioned in the Policy Schedule / Certificate of Insurance. In case of ATM assault and robbery cover, the Insured Person must file the Police report within 24 hours of happening of the event robbery, unless specifically agreed otherwise by Us.

Note: *There are times when You may be in such a state of hardship, that You are unable to report the loss / damage to the financial institution and / or Police Authority within the prescribed time limit. In such cases, condonation of delay may be considered by waiving conditions 2 and 3, where the reason for delay is provided to our satisfaction.*

EXCLUSIONS APPLICABLE TO SECTION 31

1. In case Geographical Location opted as India only- Any loss arising due to any unauthorised / fraudulent transaction done outside India.
2. If there was no transaction on the Card for consecutive 3 months or duration as specifically mentioned in the Policy Schedule / Certificate of Insurance, prior to the date of loss.
3. Any loss or damage if the Insured Person uses a Card in a way which the financial institution does not allow.
4. For any claim where "One-time Password" on registered mobile number for any transaction has been shared with any person by the Insured person.
5. If in case of cancellation of purchases of products or services, if the amount refunded is not credited to the original source of booking then the Company will not make payment for any claim arising as a consequence of this to the Insured person.
6. Loss incurred due to breach of security or failure of security mechanism of the financial institution.
7. For losses resulting from any Card issued by financial institution without Insured person making a proper application. However, this exception will not apply in respect of replacement of a Card which has been previously issued by the Insured named in the Schedule.
8. Damages and/ or liabilities to any third parties.
9. Loss of Interest, Consequential loss, loss of market, late fees, interest, and charges levied by the financial institution.
10. Loss incurred due to gross negligence on part of the Insured Person, including but not limited to insufficient measures taken by the Insured Person to keep the PIN, Password etc safe including without limitation recording of the PIN, Password in an intelligible form by the Insured Person.

Specific Exclusion applicable to Section 31 which can be waived in case specifically agreed by us:

11. Any loss arising out of unauthorized / fraudulent transaction due to card forgotten in ATM.

12. Any loss arising out of NFC transactions that are charged to the Insured Person's card.
13. Any loss arising out of online transactions done without the mandatory 2 factor authentication.
14. Any loss arising out of transaction due to Sim Cloning / Sim Hacking.
15. In case Geographical Location opted as worldwide- Any loss arising due to any unauthorised / fraudulent transaction done outside India when the Insured Person is in India / has returned back to India.

SECTION 32: OTHER ELECTRONIC TRANSACTION COVER

I. What We Cover

If you have opted for this cover, the Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to indemnify the Insured Person upto the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, in respect of financial loss resulting from unauthorized / fraudulent transaction in his / her internet banking account / mobile banking account/ UPI Account or any other legitimate electronic modes.

II. Conditions applicable to section 32

1. Insured Person must comply with all terms and conditions given by the financial organisation.
2. The cover under this section shall be applicable only for the number of hours prior to reporting the loss (pre-reporting period) and the number of hours post reporting of loss (post-reporting period) as specifically mentioned in the Policy schedule / Certificate of Insurance.
3. Insured Person must report the loss/ damage to the financial institution immediately but not later than 12 hours after discovering the loss event, unless specifically agreed otherwise by Us and mentioned in the Policy Schedule / Certificate of Insurance.
4. Insured Person must report the loss/ damage to the Police Authority immediately but not later than 24 hours after discovering the loss event, unless specifically agreed otherwise by Us and mentioned in the Policy Schedule / Certificate of Insurance.

Note: *There are times when You may be in such a state of hardship, that You are unable to report the loss / damage to the financial institution and / or Police Authority within the prescribed time limit. In such cases, condonation of delay may be considered by waiving conditions 2 and 3, where the reason for delay is provided to our satisfaction.*

III. Exclusions Applicable to section 32

1. Any loss due to transactions related to Card/ Digital wallet
2. Any transactions not confirmed by the host website or the authorized financial institution.
3. Any errors made by the host website or the authorized financial institution.
4. Loss incurred due to erroneous debits arising on fraudulent or other transactions, on account of system or technology related fault, for which the financial institution is liable.
5. Loss incurred due to failure of security mechanism of the financial institution.
6. Any transactions made using a PIN / password that has not been introduced by the financial institution as mandated by the concerned regulatory authority.
7. Any transaction wherein OTP/ PIN/ Password etc. is shared with other person by the Insured Person.
8. Loss of Interest, Consequential loss, loss of market, late fees, interest, and charges levied by the financial institution
9. Loss incurred due to gross negligence on part of the Insured Person, including but not limited to insufficient measures taken by the Insured Person to keep the PIN, Password etc safe and recording of the PIN, Password in an intelligible form by the Insured Person.
10. In case Geographical Location opted as India only- Any loss arising due to any unauthorised / fraudulent transaction done outside India.

Specific Exclusion applicable to Section 32 which can be waived in case specifically agreed by us:

11. Any loss arising out of transaction due to Sim Cloning / Sim Hacking
12. Any loss arising out of NFC transactions that are charged to the Insured Person's account.
13. In case Geographical Location opted as worldwide- Any loss arising due to any unauthorised / fraudulent transaction done outside India when the Insured Person is in India / has returned back to India

SECTION 33: DIGITAL WALLET COVER**I. What We Cover**

If You have opted for this cover, the Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to indemnify to the Insured Person up to the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, in respect of financial loss to Insured Person's digital wallet/ e-wallet due to following:

- i. **Loss of wallet balance due to fraudulent transaction as a result of theft, burglary or loss of mobile phone/device-** This section will indemnify the Insured Person for any loss of his/her wallet balance up to the amount as specified in the Policy Schedule/ Certificate of Insurance due to unauthorised/ fraudulent transaction as a result of theft, burglary or loss of Insured Person's mobile phone/ device.
- ii. **Loss of Wallet Balance by unauthorized / fraudulent transaction-** This section will indemnify the Insured Person up to the amount as specified in the Policy Schedule/ Certificate of Insurance for any loss of his/her wallet balance due to unauthorized/ fraudulent transaction.

II. Conditions applicable to section 33

1. Insured Person must comply with all terms and conditions given by the digital wallet company.
2. Insured Person must report the loss of wallet balance due to unauthorized/ fraudulent transaction to the digital wallet company immediately but not later than 12 hours of discovering the loss event, unless specifically agreed otherwise by Us and mentioned in the Policy Schedule / Certificate of Insurance.
3. Insured Person must report the loss of wallet balance due to unauthorized/ fraudulent transaction or the loss of mobile phone/ device to Police Authority immediately but not later than 24 hours of discovering the loss event, unless specifically agreed otherwise by Us and mentioned in the Policy Schedule / Certificate of Insurance.

Note: *There are times when You may be in such a state of hardship, that You are unable to report the loss / damage to the financial institution and / or Police Authority within the prescribed time limit. In such cases, condonation of delay may be considered by waiving conditions 2 and 3, where the reason for delay is provided to our satisfaction.*

III. Exclusions Applicable to section 33

1. Any loss occurring in case the user details/device were shared/misplaced/acquired due to user's negligence.
2. Any fraud due to misuse of credit card/debit card/bank account information through the digital wallet platform.
3. Any loss arising out of negligence on the part of the Insured Person (e.g. typing a wrong number to send money).
4. Any loss arising due to Insured Person not upgrading/adopting the latest security features released by digital wallet company.
5. Any loss arising due to failure of security mechanism of the digital wallet.
6. In case Geographical Location opted as India only- Any loss arising due to any unauthorised / fraudulent transaction done outside India.

Specific Exclusion applicable to Section 33 which can be waived in case specifically agreed by us:

7. Any loss arising out of transaction due to Sim Cloning / Sim Hacking
8. Any loss arising out of NFC transactions that are charged to the Insured Person's digital wallet.
9. In case Geographical Location opted as worldwide- Any loss arising due to any unauthorised / fraudulent transaction done outside India when the Insured Person is in India / has returned back to India.

SECTION 34: IDENTITY THEFT**I. What We Cover**

If You have opted for this cover, the Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to indemnify the Insured Person up to the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, in respect of Insured Person's expenses resulting from his/her efforts to resolve Insured Person's identity theft occurring during the cover period.

For this section Identity theft shall mean obtaining the personal information of another person without his/her consent, for the sole purpose of assuming that person's name or identity to make fraudulent and unauthorized transactions or purchases.

Following expenses shall be payable provided they are incurred during the cover period and reported within 12 months of the occurrence, unless specifically agreed otherwise by Us and mentioned in the Certificate of Insurance / Policy Schedule:

1. **Legal Expenses:** We will reimburse Insured Person for attorney and court fees incurred by him/her for:
 - a. defending any suit brought against Insured Person by a creditor or collection agency or someone acting on their behalf as a result of the identity theft.
 - b. removing any civil or criminal judgment against Insured Person, wrongfully charged as a result of the identity theft.
2. **Lost Wages:** We will reimburse Insured Person for time taken from work solely as a result of his/her efforts to correct his/her financial records that have been altered due to identity theft. Payment of lost wages (excluding any applicable taxes/ deductions) includes compensation for whole or partial unpaid workdays for a period not exceeding 7 working days, unless specifically agreed otherwise by Us and mentioned on the Certificate of Insurance/ Policy Schedule.
Taking time from self-employment or workdays that will be paid by Insured Person's employer will not be considered for Lost wages payment.
3. **Miscellaneous Expenses:** We will reimburse the following:
 - a. the cost of refiling application for credit accounts or banking accounts that are rejected solely because the lender received incorrect information as a result of identity theft.
 - b. the cost of notarizing documents related to Insured Person's identity theft reasonably incurred as a result of Insured Person's efforts to report an identity theft or to correct his/her financial and credit records that have been altered as a result of his/her identity theft.
 - c. the cost of contesting the accuracy or completeness of any information contained in Insured Person's credit report as result of his/her identity theft.
 - d. the cost of a maximum of 4 (four) credit reports from an entity approved by us. The credit reports shall be requested when Insured Person makes a claim.

II. Conditions applicable to section 34

1. The fraudulent account must have been opened with the Insured Person's credentials without his/her authorization.
2. Any false charge or withdrawal from the unauthorized opened account must be verified by Insured Person's financial institution.
3. The Company will be permitted to inspect Insured Person's financial records.
4. Insured Person will cooperate with us and help us to enforce any legal rights he/she or we may have in relation to his/her identity theft; this may include his/her attendance at depositions, hearings and trials and giving evidence as necessary to resolve his/her identity theft.
5. Insured Person must report the identity theft to the financial institution immediately but not later than 12 hours of discovering the identity theft, unless specifically agreed otherwise by Us and mentioned in the Policy Schedule / Certificate of Insurance.
6. Insured Person must report the identity theft to the card Policy Authority immediately but not later than 24 hours of discovering the identity theft, unless specifically agreed otherwise by Us and mentioned in the Policy Schedule / Certificate of Insurance.

Note: *There are times when You may be in such a state of hardship, that You are unable to report the loss / damage to the financial institution and / or Police Authority within the prescribed time limit. In such cases, condonation of delay may be considered by waiving conditions 5 and 6, where the reason for delay is provided to our satisfaction.*

III. Exclusion applicable to section 34:

We will not pay for any expenses or loss for:

1. Monetary losses other than the out-of-pocket expenses related to the resolution of Insured Person's identity theft outlined in this policy.
2. Any physical injury, sickness, disease, disability, shock, mental anguish, and mental injury including required care, loss of job or death.

3. Cost incurred in credit reports before the discovery of Insured Person's identity theft.

~~4.1.~~ Any amount paid by the Insured Person as extortion money due to his/ her identity theft.

~~5.2.~~ Any outstanding amount payable to the creditor/ financial institution due to Insured Person's identity theft.

Specific Exclusion applicable to Section 34 which can be waived in case specifically agreed by us:

~~6.3.~~ Any loss of information/ data due to Sim Cloning / Sim Hacking.

SECTION 35: THEFT

I. Scope of Cover

If You have opted for this cover, Your Insured Asset(s) is insured against theft or attempted theft subject to the definitions, limitations, exclusions, warranties, terms and conditions of this Policy.

II. Specific Exclusions Applicable for this Cover

1. Any loss under unexplained, unknown, or vague circumstances, where there is no evidence of theft.

SECTION 36: ACCIDENTAL DAMAGE

I. Scope of Cover

If You have opted for this cover, Your Insured Asset(s) is insured against any physical damage resulting from Accidental Damage subject to the definitions, limitations, exclusions, warranties, terms and conditions of this Policy.

II. Specific Exclusions Applicable for this Cover (can be waived in lieu of additional premium)

1. Any loss falling under "Section 35 Theft" / "Section 37 Liquid Damage" / "Section 38 Mechanical or Electrical Breakdown" Cover unless separately covered and Premium Paid.

SECTION 37: LIQUID DAMAGE

I. Scope of Cover

If You have opted for this cover, Your Insured Asset(s) is insured against any loss or damage resulting from ingress of any type of liquid or water subject to the definitions, limitations, exclusions, warranties, terms and conditions of this Policy.

II. Specific Exclusions Applicable for this Cover (can be waived in lieu of additional premium)

1. Any loss falling under "Section 36 Accidental Damage" / "Section 38 Mechanical or Electrical Breakdown" Cover unless separately covered and Premium Paid.

SECTION 38: MECHANICAL AND ELECTRICAL BREAKDOWN

I. Scope of Cover

If You have opted for this cover, Your Insured Asset(s) is insured against any loss or damage resulting from "Mechanical & Electrical Breakdown" that stops the functioning of Your Insured Asset(s) fully or partially subject to the definitions, limitations, exclusions, warranties, terms and conditions of this Policy.

II. Specific Exclusions Applicable for this Cover (Can't be waived)

1. Asset malfunctioning or deterioration in the Asset's performance by unauthorized software/virus, software updates, minor adjustments, checking and maintenance will not be covered.
2. Loss or damage that is covered under Manufacturers, Supplier or Dealer's Warranty or Recall Campaign in the event of mass failure of the Asset.
3. Improper storage or transportation of the Asset.
4. Improper handling, dismantling, fitting adjustment, repair alteration or modification not approved by the makers/manufacturers and/or the agents of makers/manufacturers or use of such handset/laptop contrary to the directives of the makers/manufacturers and/or these agents, will not be covered.

III. Specific Exclusions Applicable for this Cover (can be waived in lieu of additional premium)

- Any loss falling under “Section 36 Accidental Damage”/ “Section 37 Liquid Damage” Cover unless separately covered and Premium Paid.

CONDITIONS SPECIFIC TO SECTION 35 AND 38

1. Basis of Loss Settlement

- In the event of “**Section 35 - Theft**” of the Insured Asset(s) stated in the Policy Schedule, we will compensate You on one of the following basis, whichever is of lower value:
 - Pay the Sum Insured minus applicable depreciation as per age of the Asset at the time of loss; or
 - Replace Your Asset with another one of make-model/type/configuration and age similar to the Insured Asset and as may be available from the market.
- In the event of loss or damage to the Insured Asset(s) stated in the Policy Schedule/Certificate of Insurance due to “**Section 36 - Accidental Damage**” and / or “**Section 37 - Liquid Damage**” and/or “**Section 38 - Mechanical & Electrical Breakdown Cover**”, we will compensate You on one of the following basis, whichever is of lower value:
 - Pay the Realistic and Economical Cost of Repair of the asset assessed by the Claims Analyst; or
 - Get the Asset repaired at Digit Authorized Repair Shop; or
 - Pay the Sum Insured minus applicable depreciation as per age of the Asset at the time of loss; or
 - Replace Your Asset with another one of make-model/type/configuration and age similar to the Insured Asset and as may be available from the market.

The liability of the Company in any one Policy Period shall in no case exceed the Sum Insured or limit of liability as shown in the Schedule for any one loss.

- Depreciation Chart as per the Asset Category and Age of the Asset.

Age of the Asset insured	Applicable Depreciation			
	Asset Category I (Portable / Movable Assets)	Asset Category II (Non-Portable / Fixed Assets)	Asset Category III (Valuable Assets)	Asset Category IV (Any Asset other than Asset Category I/ II/ III)
Up to age 3 months	5%	Nil	Nil	As specified in the Policy schedule/ Certificate of Insurance
More than 3 Months and up-to 6 Months	10%	Nil	Nil	
More than 6 Months and up-to 9 Months	15%	5%	Nil	
More than 9 Months and up-to 12 Months	20%	10%	Nil	
More than 12 Months and up-to 24 Months	40%	20%	Nil	
More than 24 Months and up-to 36 Months	60%	30%	Nil	
More than 36 Months and up-to 48 Months	75%	40%	Nil	
More than 48 Months and up-to 60 Months	75%	50%	Nil	
More than 60 Months	75%	75%	Nil	

Note:

- The above depreciation will be applicable only in case of Total Loss Claims.
- The age of the asset shall be reckoned from the date of purchase as per documentary evidence, till the date of loss.
- If specifically agreed by the Insured and the Company, the above-mentioned depreciation chart will not be applicable for any particular asset. In such cases, the applicable depreciation chart will be mentioned in the Policy Schedule / Certificate of Insurance.

- The maximum number of admissible claims during the Policy Period / Policy Year shall be as specified in the Policy Schedule / Certificate of Insurance.

SECTION 39: FLEXI GRIHA RAKSHA

If You have opted for this Section, we will cover loss or damage to the home building or contents due to listed perils and as per terms and conditions mentioned below.

I. Scope of Cover**A.1. Property Damage:**

We will provide insurance cover for physical loss or damage, or destruction caused to Insured Property by the following unforeseen events occurring during the Policy Period.

The events covered are given in Column A and those not covered in respect of these events are given in Column B.

S.NO.	Column A	Column B
	We cover physical loss or damage, or destruction caused to the Insured Property by	We do not cover any loss or damage, or destruction caused to the Insured Property
1.	Fire	caused by burning of Insured Property by order of any Public Authority.
2.	Explosion or Implosion	-
3.	Lightning	-
4.	Earthquake, volcanic eruption, or other convulsions of nature	
5.	Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation	
6.	Subsidence of the land on which Your Home Building stands, Landslide, Rockslide	caused by a. normal cracking, settlement or bedding down of new structures, b. the settlement or movement of made-up ground, c. coastal or river erosion, d. defective design or workmanship or use of defective materials, or e. demolition, construction, structural alterations or repair of any property, or groundworks or excavations.
7.	Bush fire, Forest fire, Jungle fire	-
8.	Impact damage of any kind, i.e., damage caused by impact of, or collision caused by any external physical object (e.g. vehicle, falling trees, aircraft, wall etc.)	caused by pressure waves caused by aircraft or other aerial or space devices travelling at sonic or supersonic speeds.
9.	Missile testing operations	-
10.	Riot, Strikes, Malicious Damages	caused by a. temporary or permanent dispossession, confiscation, commandeering, requisition or destruction by order of the government or any lawful authority, or b. temporary or permanent dispossession of Your Home by unlawful occupation by any person.
11.	Bursting or overflowing of water tanks, apparatus and pipes.	-
12.	Leakage from automatic sprinkler installations	a. repairs or alterations in Your Home or the building in which Your Home is located, b. repairs, removal or extension of any sprinkler installation, or

		c. defects in the construction known to You.
13.	Theft within 7 (seven) days from the occurrence of and proximately caused by any of the above Insured Events.	if it is a. of any article or thing outside Your Home, or b. of any article or thing attached from the outside of the outer walls or the roof of Your Home, unless securely mounted.

A.2. Terrorism

If You have opted for this cover, will provide coverage for physical loss or damage, or destruction caused to Insured Property by the Act of Terrorism occurring during the Policy Period. This cover will be available only if it is opted and mentioned in Your Policy Schedule/Certificate of Insurance.

Coverage, exclusions and excess under this cover will be as per Terrorism clause attached in **Annexure C**.

If You have opted for this Section, point no. 93 as provided under “D – General Exclusions” shall stand deleted.

II. CLAUSES SPECIFIC TO SECTION 39

Following are the clauses which are specific to section 39.

Clause A: Home Building Cover

1. What We cover

We cover physical loss or damage, or destruction of Your Home Building because of any Insured Event listed in Section 39 of this Policy. We also cover architect's, surveyor's, consulting engineer's fees, cost of removing debris as specified under Clause A (5) (e) of this section. Further, We pay for Loss of rent and Rent for Alternative Accommodation, which will be paid to the extent declared by You and agreed by Us as specified under Clause A (6) of this section while Your Home Building is not fit for living following loss or damage due to an insured event.

2. Your Home Building

- a. Your Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a dwelling place.
- b. Your Home Building includes
 - i. fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings.
 - ii. the following 'additional structures' if they are on the same site, and are used as part of Your Home Building:
 - a. garage, domestic out-houses used for residence, parking spaces or areas if any
 - b. compound walls, fences, gates, retaining walls and internal roads,
 - c. verandah or porch and the like,
 - d. septic tanks, bio-gas plants, fixed water storage units or tanks,
 - e. solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover,
 - iii. any other structure shown in the Policy Schedule.
- c. Your Home Building does not include Contents of Your Home.

3. Use for Residence

- a. We will pay only if Your Home Building is used for the purpose of residence of Yourself and Your family, or of Your tenant, licensee, or employee.
- b. We will not pay if:
 - i. Your Home Building is used as a holiday home, or for lodging and boarding, or
 - ii. Your Home Building or any part of Your Home Building is used for purposes other than residential except where it is used both for Your residence and for the purposes of earning Your livelihood if You are self-employed or You have shifted Your office to Your Home Building for a temporary period due to lockdown or closure of Your office ordered by a public authority.

4. Sum Insured

- a. The Sum Insured for the Home Building Cover is the prevailing Cost of Construction of Your Home Building at the Commencement Date as declared by You and accepted by Us and will be the maximum amount payable in the event the Home Building is a Total Loss.
- b. The Sum Insured will be automatically increased each day by an amount representing 1/365th of 10% of Sum Insured at the Policy Commencement Date for annual policies.
- c. Restoration of Sum Insured: Except as stated in Clause F 1 (c) "Exhaustion of Sum Insured" of this section of the Policy, the insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured. This means that after We have paid for any loss, the policy shall be restored to the full original amount of Sum Insured. You must pay to Us proportionate premium for the unexpired Policy Period from the date of loss. We can also deduct this premium from the net claim that We must pay You.

5. What We pay

- a. If You make a claim under the policy for damage to Your Home Building due to any of the insured perils, we will reimburse the cost to repair it to a condition substantially the same as its condition at the time of damage. You must spend for repairs, and claim that amount from Us.
We will calculate the amount of claim on the basis of the actual Carpet Area subject to the Carpet Area not exceeding that declared by You in the Proposal Form and stated in the Policy Schedule.
- b. The maximum We will pay for all items together is the Sum Insured shown in the Policy Schedule for Home Building Cover. If the Policy Schedule shows any limit for any item, such limit is the maximum We will pay for that item.
- c. If Your Home Building is a Total Loss, We will pay You the Sum Insured of the Home Building.
- d. If only an additional structure is destroyed, We will pay You an amount equal to the Cost of Construction of the additional structure.
- e. In addition to what Clause A (5) (b) of this Policy provides for, We will pay You the following expenses:
 - i. up to 5% of the claim amount for reasonable fees of architect, surveyor, consulting engineer;
 - ii. up to 2 % of the claim amount for reasonable costs of removing debris from the site.

6. Loss of Rent and Rent for Alternative Accommodation:

In addition to what Clause A (5) (b) of this Policy provides for, we will pay the amount of rent You lose or alternative rent You pay while Your Home Building is not fit for living because of physical loss arising out of an Insured Event as follows:

- a. If You are living in Your Home as a tenant, and You are required to pay higher rent for the alternative accommodation, we will pay the difference between the rent for alternative accommodation and the rent of Your Home Building.
- b. We will pay the loss under this cover for an accommodation that is not superior to Your Home Building in any way and in the same city as Your Home Building.
- c. The amount of lost rent shall be calculated as follows: Sum Insured for Cover for Loss of Rent (as declared by You in the Proposal Form and specified by Us in the Policy Schedule) X Period necessary for repairs ÷ Loss of Rent Period opted for.
- d. This cover will be available for the reasonable time required to repair Your Home Building to make it fit for living. The maximum period of this cover is three years from the date Your Home Building becomes unfit for living. You must submit a certificate from an architect or the local authority to show that Your Home Building is not fit for living.
- e. Claim for loss of rent will be accepted only if We have accepted Your claim for loss for physical damage to Your Home under the Home Building Cover.

Clause B: Home Contents Cover

1. What We cover:

We cover the physical loss or damage to or destruction of the General Contents of Your Home caused by an Insured Event as listed in Section 39 of this Policy. Valuable Contents of Your Home are not covered under this Policy unless You have purchased the optional cover for the Valuable Contents.

2. Sum Insured:

- a. The Sum Insured for the Home Contents Cover is shown in the Policy Schedule and will be the maximum amount payable in the event the Home Contents are destroyed/lost completely.
- b. If You have purchased Home Building including Home Contents cover or only Home Contents Cover, You have to declare the Sum Insured for the General Contents in the Proposal Form.
- c. The Sum Insured You have chosen for General Contents must be enough to cover the cost of replacement of the General Contents.
- d. If You want to cover the Valuable Contents in Your Home, You must opt for the Optional Cover for Valuable Contents as given in Clause C (1) (a) of this Policy.
- e. Restoration of Sum Insured: Except as stated in Clause F 1 (c) "Exhaustion of Sum Insured" of this section of the policy, the insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured. This means that after We have paid for any loss, the policy shall be restored to the full original amount of Sum Insured. You must pay to Us proportionate premium for the unexpired Policy Period from the date of loss. We can also deduct this premium from the net claim that We must pay You.

3. What We pay

- a. If the General Contents of Your Home are physically damaged by any Insured Event, We will at Our option,
 - i. reimburse to You the cost of repairs to a condition substantially the same as its condition at the time of damage, or
 - ii. pay You the cost of replacing that item with a same or similar item, or
 - iii. repair the damaged item to a condition substantially the same as its condition at the time of damage.
- b. The maximum We will pay for Home Contents is the Sum Insured shown in the Policy Schedule for Home Contents Cover. If the Policy Schedule shows any limit for any item, or category or groups of items, such limit is the maximum We will pay for that item.

Clause C: Additional Covers

1. Optional Covers:

a. Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover):

For Valuable Contents, a value may be agreed upon by You and Us based on a valuation certificate submitted by You and accepted by Us. However, We shall waive the requirement of valuation certificate if the Sum Insured opted for an Individual item value does not exceed INR 1 Lakh (Rupees One Lakh).

- i. If the Valuable Contents of Your Home are physically damaged by any Insured Event, We will pay the cost of repairing the item/s.
- ii. If the Valuable Contents of Your Home are a Total Loss We will pay the Sum Insured shown in the Policy Schedule for the Valuable item/s. If the Policy Schedule shows any limit for any item, or category or groups of items, such limit is the maximum We will pay for that item. Loss to only one item of a pair or set does not constitute loss or damage to the entire pair or set.

b. Personal Accident Cover:

In the event an insured peril that caused damages to Your Home Building and/or Home Contents also results in the unfortunate death of either You or Your spouse, We will pay compensation of INR 5,00,000 (Rupees Five Lakh) per person.

In the event of the unfortunate death of the insured, the Personal Accident cover shall continue for the spouse until expiry of the policy.

2. Add-ons:

You can opt for an Add-on by choosing from the Add-ons, if any, offered by Us under this product/ respective section and the ones that You have purchased will be mentioned in the Policy Schedule and the relevant clause/s and/or endorsements will be attached to this Policy.

Clause D: Changes to covers

- a. You can choose to make changes to the covers of this Policy as may be permitted by Us, or increase or reduce any Sum Insured. You must make a proposal or request for any change. It will be effective only after We have accepted Your proposal, and You have paid the additional premium, where applicable.
- b. This Policy (including the Policy Schedule, the proposal, declarations and Endorsements) consists of the entire contract between You and Us.

Clause E: Waiver of underinsurance

1. Underinsurance does not apply to the Section 39. Thus, if Your Sum Insured calculated on the basis of the information that You provided, is less than the actual value at risk, the difference will not affect the amount We pay.

Clause F: Conditions Specific to Section 39**1. Automatic Termination of the Section**

This Section will automatically end in the following cases:

- a. Destruction of Your Home Building: This Section will automatically end 7 (seven) days after Your Home Building collapses or is destroyed by reason other than any Insured Event. If a separable part of Your Home Building, or any additional structure falls down or is destroyed by reason other than any Insured Event, the covers will end for such part or additional structure.
- b. You can apply within 7 (seven) days of such fall or destruction for continuing insurance cover. We may agree, but will not be bound, to continue the cover on the same rates, terms and conditions.
- c. Exhaustion of Sum Insured: If Your Home Building, or any additional structure, or any item of Home Contents, is lost, destroyed or stolen, or is a Total Loss, and We pay You the full Sum Insured for such item, the insurance cover for that item will automatically end unless the subject matter of insurance is reconstructed, and the Sum Insured is reinstated by paying additional premium. If We pay the total Sum Insured for any claim, this Section will end.
- d. Change of use of Your Home Building or Home Contents: The Policy will end
 - i. if You change the use of Your Home Building from personal residence to any other purpose, or
 - ii. if You use any item of Home Contents for use that is not personal.
- e. Sale of Your Home Building or Home Contents: This Section will end when You sell, surrender or release Your interest in Your Home Building and/or Home Contents, or Your interest in the Home Building and/or Home Contents comes to an end. The Policy will end to the extent any additional structure of Your Home Building or item of Home Contents if You sell, surrender or release Your interest in such additional structure or item of Home Content, or Your interest in these ends.
- f. Effect of death

In the event of the unfortunate death of the Insured during the Policy Period, the Home Building Cover and the Home Contents Cover that You have purchased will continue for the benefit of Your legal representative/s during the Policy Period subject to all the terms and conditions of this Policy.

2. Long Term Discount

If insured not want to opt for **Clause A. 4 (b) i.e., "Automatic Increase of Sum Insured"**, then Long-Term Discount endorsement will be applicable.

Cancellation in Terms of long-term discount:

Below cancellation condition will be applicable to the Section 39 only if this endorsement is attached to the policy:

- a. If the policy is cancelled within 2 years of inception, the premium to be retained shall be worked out as per normal rates applicable - that is without allowing any long-term discount.
- b. If the policy is cancelled after 2 years of inception, the discount slab shall be reworked for the number of years the policy was actually in force. For this purpose, fraction of a year shall be rounded to the next higher year. For example, if the policy has run for 3 years and 3 months, premium shall be retained for 4 years.

3. Agreed Bank Clause

If You have mortgaged, hypothecated or created any security over Your Home or any of its Contents in favour of a Bank, and the Bank has an interest in the Policy, the name of such Bank will also be shown in the Policy Schedule under the title 'Agreed Bank Clause'. If You choose to add the name of such Bank at any time during the Policy Period, this will be shown as an Endorsement.

Under this Clause You agree as follows:

- i. We shall pay to the Bank the entire amount that We are liable to pay under this Policy. Such Bank will receive it for its own demand, and as agent for any other person interested in the amount.
- ii. When We pay the amount to the Bank, Our liability under this Policy will be discharged, and will be binding on all of You and all persons named as the insured.

- iii. Any notice or communication We make to the Bank under the provisions of this Policy shall be sufficient notice or communication to You.
- iv. Any settlement or compromise that We make with the Bank will be binding on You and all persons named as the insured. However, such settlement or compromise will not affect the rights of the Bank to recover any amount from You or any other person.
- v. If You make any change in the use of Your Home or sell or transfer the Insured Property, such actions will not prejudice the interest of the Bank under the Policy and this clause, unless the condition has been broken by the Bank or its employees.
- vi. If You commit any act or omission that will increase the risk, the insurance cover will not be invalidated. However, the Bank shall notify Us of any change or ownership, or alterations and increase in risks as soon they become known to the Bank, and shall pay additional premium from the time of such change.
- vii. When We pay the amount to the Bank, We will become legally and automatically subrogated to all rights of the Bank to the extent of such payment. This will not impair or prejudice the rights of the Bank to recover any amount from You or any other person.

N.B: The Bank shall mean the first named Financial Institution/Bank named in the policy.

SECTION 40: BURGLARY

I. Scope of Cover

If You have opted for this cover, we agree, that if any time during the policy period, for which We may accept payment for the renewal of this Policy, to indemnify You for:

1. Any loss of or damage to the Property described in the Policy Schedule/Certificate of Insurance or any part thereof whilst contained in the Premises described in the Policy Schedule/Certificate of Insurance during the Policy Period due to Burglary or Housebreaking or Robbery or Hold-up.
2. Any damage to the Premises described in the Policy Schedule/Certificate of Insurance resulting from Burglary or Housebreaking or Robbery or any attempt thereat by the person or persons committing or attempting to commit such theft during the Policy Period, which includes:
 - a) the reasonable costs incurred by the Insured for changing damaged locks at the entry and/or exit points to the Insured Premises and at internal entry and/or exit points.
 - b) Damage to Safe and/or Strong room within the Insured Premises.

Provided always that the liability of the Company shall in no case exceed the Sum Insured stated against Total Sum Insured stated in the Policy Schedule/Certificate of Insurance.

II. Specific Conditions for Section 40

1. Sum Insured Basis:

The Sum Insured Opted by You at Inception or Renewal will be as per one of the following basis mentioned in Your Policy Schedule/Certificate of Insurance:

a. Market Value Basis

Sum Insured on Market Value Basis shall represent the Replacement Value of similar Property less depreciation for age, usage and condition.

b. Reinstatement Value Basis

Sum Insured on Reinstatement Basis shall represent the Replacement Value of the Insured Property by a New Property of same kind, type and capacity without deducting depreciation for age, usage and condition.

c. First Loss Basis

Sum Insured on First Loss Basis shall represent a percentage, as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance, of the total value of Your Property.

Alternatively, the First Loss Basis Sum Insured can also be opted in terms of specific amount and shall be as mentioned in Your Policy Schedule/Certificate of Insurance.

2. Basis of Loss Settlement

Subject to the Special Conditions for section 40 No. 3. "Reinstatement of Sum Insured" below, the deductible/excess stated in Your Policy Schedule/Certificate of Insurance and based on the Sum Insured Basis Opted by You, We may at Our option reinstate, replace or repair the lost or damaged Property covered under this Policy or pay the amount of loss/damage or may join with any other insure(s) in doing so.

1. For Property Insured on Market Value Basis

Where the Sum Insured is opted on Market Value Basis, We will compensate You the Replacement Cost of the lost or damaged Property as on Date of Loss less due allowance for betterment and depreciation for age, usage and condition of the lost or damaged Property.

2. For Property Insured on Reinstatement Value Basis

Where the Sum Insured is opted on Reinstatement Value Basis, We will compensate You the Replacement Cost of the lost or damaged Property which excludes any allowance for betterment i.e. the replacement value will be for a new Property of same type, kind, capacity and specification.

3. For Property Insured on First Loss Basis

Where the Sum Insured in First Loss Basis:

- a) In the event of Total Loss/ Constructive Total Loss, Our Liability will be restricted to the First Loss Sum Insured Specified in the Policy Schedule/Certificate of Insurance.
4. In the event of the loss not being a Total Loss/Constructive Total Loss, the Basis of Settlement will be as mentioned in 2.1 "For Property Insured on Market Value Basis" above.

Provided always that the liability of the Company shall in no case exceed the Sum Insured stated against each item or the Total Sum Insured as mentioned in the Policy Schedule/Certificate of Insurance.

3. Reinstatement of Sum Insured

Immediately upon the happening of any insured event, the Total Sum Insured and the Sum Insured upon various description of the property which have been lost or damaged shall be reduced by the amount of the loss or damage claimed and such reduced Sum Insured shall then represent the maximum liability of the Company in respect of any further Claims made during the current Policy Period, unless the Company consents, upon the Insured's payment of any additional premium to reinstate the Sum Insured to the level available at the inception of this Policy.

4. Pair and Set Clause

Where the purchased item is part of a Pair or Set, the Insured shall be indemnified not more than the value of the particular part lost, damaged or destroyed regardless of any special value that the item may have by way of being part of such pair or set, unless this condition is specifically waived off by Us.

5. Occupation of premises

The Company may at any time after the occurrence of damage to the property insured enter upon the premises and take and keep possession of the property concerned and deal with the salvage and this Policy shall be proof of leave and licence for such purpose, and if the Insured or anyone acting on his behalf shall obstruct or prevent the Company from so doing, all benefit under this Policy shall be forfeited. Upon payment of any claim for loss under this Policy, the property in respect of which the payment is made shall belong to the Company. No property may be abandoned to the Company.

6. Prosecution

The Insured upon becoming aware of any loss or damage in respect of which a claim is or may be made shall take all practicable steps to discover the person by whom the property was stolen or the premises damaged and to prosecute and obtain the conviction of such person for the offence and to trace and recover any property stolen.

7. Indemnity

If the Company at its option, reinstate or replace the property damaged or destroyed, or any part thereof, instead of paying the amount of the loss or damage, or join with any other Company or Insurer(s) in so doing, the Company shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner, and in no case shall the Company be bound to expend more in reinstatement than it would have cost to reinstate such property as it was at the time of the occurrence of such loss or

damage nor more than the sum insured by the Company thereon. If the Company so elect to reinstate or replace any property the insured shall at his own expense furnish the Company with such plans, specifications, measurements, quantities and such other particulars as the Company may require, and no acts done, or caused to be done, by the Company with a view to reinstatement or replacement shall be deemed an election by the Company to reinstate or replace.

8. CONDITION OF AVERAGE CLAUSE

Where Sum Insured is on Market Value Basis & Reinstatement Value Basis:

If the property hereby insured shall at the time of happening of any loss, destruction or damage be collectively of greater value than the sum insured thereon then the Insured shall be considered as being his own insurer for the difference and shall bear rateable proportion of the loss accordingly. Every item if more than one of the Policy shall be separately subject to this Condition.

Where Sum Insured is on First Loss Basis as a Percentage of Actual Value at Risk:

If the insured Property under this Policy shall at time of happening of any loss, destruction or damage be collectively of greater value than the total value declared by You, then You shall be considered as Your own Insurer for the difference and accordingly Company's liability is restricted to same proportion of the loss as the declared total value bears to the actual total value found out at the time of loss.

Where Sum Insured is on First Loss Basis in terms of Specific/Absolute Amount: Condition of Average will not be applicable for Covers where Sum Insured is Opted on First Loss Basis in terms of Specific Amount.

9. Damage Entry Warranty

Further warranted that there shall be actual visible damage caused to the premises or part thereof or connected with violent and forcible entry in the premises.

10. First Loss Clause

First loss coverage involves the selection by the Insured of a Sum Insured for a particular item of property covered, which is lower than the total replacement value of the property at the Insured's premises.

First loss cover can be issued for an amount less than the total value of the property at risk with a stipulation that the Company will pay the whole amount of loss up to the limit of the Sum Insured.

The options for First loss cover will be as follows:

First Loss Cover with Partial Average: Where Sum Insured is on First Loss Basis as a Percentage of Actual Value at Risk below average clause will be applicable:

If the insured Property under this Policy shall at time of happening of any loss, destruction or damage be collectively of greater value than the total value declared by You, then You shall be considered as Your own Insurer for the difference and accordingly Company's liability is restricted to same proportion of the loss as the declared total value bears to the actual total value found out at the time of loss.

First Loss without Condition of Average: or delete the Under-insurance Condition completely:

Condition of Average will not be applicable where the First Loss Policies has been issued in terms of specific / absolute amount, where there is remote possibility of total loss.

11. Terrorism Damage Exclusion Warranty

Notwithstanding any provision to the contrary within this insurance it is agreed that this insurance excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. For the purpose of this endorsement/warranty; an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organization(s) or government(s), or unlawful associations, recognized under Unlawful Activities (Prevention) Amendment Act, 2008 and any subsequent changes or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.

The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.

If the company alleges that by reason of this exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the insured. In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

12. Agreed Bank Clause

All policies in which a Bank has a partial interest shall be made out in the name of the Bank and Owner or Mortgagor and shall contain the following clause: -

" It is hereby declared and agreed: -

- a. That upon any monies becoming payable under this policy the same shall be paid by the Company to the Bank and such part of any monies so paid as may relate to the interests of other parties insured hereunder shall be received by the Bank as Agents for such other parties.
- b. That the receipts of the Bank shall be complete discharge of the Company therefor and shall be binding on all parties insured hereunder.

N.B: The Bank shall mean the first named Financial Institution/Bank named in the policy.

- c. That if and whenever any notice shall be required to be given or other communication shall be required to be made by the Company to the insured or any of them in any matter arising under or in connection with this policy, such notice or other communication shall be deemed to have been sufficiently given or made if given or made to the Bank.
- d. That any adjustment, settlement, compromise or reference to arbitration in connection with any dispute between the Company and the insured or any of them arising under or in connection with this policy if made by the Bank shall be valid and binding on all parties insured hereunder but not so as to impair the rights of the Bank to recover the full amount of any claim it may have on other parties insured hereunder.
- e. That this insurance so far only as it relates to the interest of the Bank therein shall not cease to attach to any of the insured property by reason of the operation of "Fraud" of Policy except where a breach of the condition has been committed by the Bank or its duly authorized agents or servants and this insurance shall not be invalidated by any act or omission on the part of any other party insured whereby the risk is increased or by anything being done to upon or in any building hereby insured or any building in which the goods insured under the policy are stored without the knowledge of the Bank provided always that the Bank shall notify the Company of any change of ownership or alteration or increase of hazards not permitted by this insurance as soon as the same shall come to its knowledge and shall on demand pay to the Company the necessary additional premium from the time when such increase of risk first took place
- f. It is further agreed that whenever the Company shall pay the Bank any sum in respect of loss or damage under this policy and shall claim that as to the Mortgagor or Owner no liability therefor existed, the Company shall become legally subrogated to all the rights of the Bank to the extent of such payment but not so as to impair the right of the Bank to recover the full amount of any claim it may have on such Mortgagor or Owner or any other party or parties insured hereunder or from any securities or funds available."

NOTE: - In cases where the name of any Central Government or State Govt. owned and/or sponsored Industrial Financing or Rehabilitation Financing Corporation and/or Unit Trust of India or General Insurance Corporation of India and/or its subsidiaries or L.I.C. of India is included in the title of the Fire Policy as mortgagees, the above Agreed Bank Clause may be incorporated in the policy substituting the name of such institution in place of the word 'Bank' in the said clause.

D. GENERAL EXCLUSIONS**Exclusion applicable to Section 1 to Section 30****I. STANDARD EXCLUSIONS****1. Pre-Existing Diseases - Code- Excl01**

- a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of number of months, as opted by You and specified in the Policy Schedule, of continuous coverage after the date of inception of the first policy with insurer.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d. Coverage under the policy after the expiry of number of months, as specified in the Policy Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. Specified disease/procedure waiting period- Code- Excl02

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of number of months, as opted by You and specified in the Policy Schedule, of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage
- f. List of specific diseases/procedures
 1. Non-infective arthritis, Osteoarthritis and Osteoporosis (if age related), Systemic Connective Tissue disorders, Dorsopathies, Spondylopathies, Inflammatory Polyarthropathies, Arthrosis and Intervertebral disorders (unless due to accident)
 2. Pancreatitis, calculus disease of gall bladder/biliary tract and urogenital system, Gastric & Duodenal erosions/ulcers, Varices of GI tract, Cirrhosis of Liver, Rectal prolapse.
 3. Cataract (up to the Limit mentioned in Policy Schedule), Glaucoma and Disorder of retina
 4. Hyperplasia of Prostate, Urethral strictures, Hydrocele/Varicocele and spermatocele
 5. All Abnormal Utero-vaginal bleeding, female genital Prolapse, Endometriosis/Adenomyosis, Fibroids, Ovarian Cyst, Pelvic Inflammatory disease
 6. Haemorrhoids, Fissure, Fistula and pilonidal sinus/cyst and fistula.
 7. Hernia of all sites,
 8. Varicose veins of lower extremities,
 9. Disease of middle ear and mastoid including otitis Media, Cholesteatoma, Perforation of Tympanic Membrane, Sinusitis, Tonsillitis, Adenoid hypertrophy, Nasal septum deviation, Turbinate hypertrophy, Nasal polyp, Mastoiditis, Nasal concha bullosa,
 10. All internal and external benign or In Situ Neoplasms/Tumours, Cyst, Sinus, Polyp, Nodules, Swelling, Mass or Lump including breast lumps (each of any kind unless malignant),
 11. Internal Congenital Anomaly (this will not be applicable to Newborn baby cover),
 12. Psychiatric illness and Disorders listed below:

ICD Code	Psychiatric Illness & Disorders
F20-F29	Schizophrenia, schizotypal and delusional disorders
F30-F39	Mood [affective] disorders
F40-F48	Neurotic, stress-related and somatoform disorders
F99-F99	Unspecified mental disorder

13.1. Neurodegenerative disorders including but not limited to Alzheimer's disease and Parkinson's disease

14.2. **Joint Replacement, Bariatric Surgery and Organ Transplant**

Any Medical Expenses incurred as a result of Joint Replacement, Bariatric Surgery and Organ Transplant Surgery will be covered subject to a waiting period as opted by You and mentioned in Your Policy Schedule as long as the Insured Person has been insured continuously under the Policy without any break, unless due to an accident.

15.3. Chronic Kidney disease and failure,

16.4. Ischemic heart disease and Valvular heart diseases

3. 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.

4. 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

5. 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 26 Home (Domiciliary) if opted by You.

6. Obesity/ Weight Control: Code- Excl06

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- i. Surgery to be conducted is upon the advice of the Doctor
- ii. The surgery/Procedure conducted should be supported by clinical protocols
- iii. The member has to be 18 years of age or older and
- iv. Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnoea
 - iv. Uncontrolled Type2 Diabetes

Expenses related to the surgical treatment of obesity/ weight control will only be covered if You have specifically opted for SECTION 20.B. Accidental & Illness Hospitalization Cover – B6. Bariatric Surgery Cover.

7. Change-of-Gender treatments: Code- Excl07

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. 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.

9. 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.

10.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.

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

12.Treatments received in health spas, 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

13.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

14.Refractive Error: Code- Excl15

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

15.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.

16.Sterility and Infertility: Code- Excl17

Expenses related to sterility and infertility. This includes:

- i. Any type of contraception, sterilization
- ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- iii. Gestational Surrogacy
- iv. Reversal of sterilization

17.Maternity: Code Excl18

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

This exclusion stands deleted to the extent of the coverage provided under SECTION 25. MATERNITY COVER & NEWBORN BABY COVER and SECTION 21. DAILY CASH BENEFIT (MATERNITY BENEFIT) & SECTION 23. FIXED CASH BENEFIT (MATERNITY BENEFIT), if opted by You.

II. SPECIFIC EXCLUSIONS

18. 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.

19. Suicide and Self-Injury

We do not cover treatment directly or indirectly 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. Participation in any illegal or unlawful or criminal act

20. Cosmetic, Aesthetic and Re-Shaping Treatment & Surgeries

- a. Plastic Surgery or Cosmetic Surgery or Treatments to change Your appearance, unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, Cancer or burns.
- b. Treatment for alopecia, baldness, wigs, or toupees and all treatment related to the same.
- c. Circumcision unless necessary for the treatment of a disease or necessitated by an Accident;
- d. Aesthetic or change-of-life- treatments of any description such as sex transformation operations.

21. 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.

22. Circumcision, Aesthetic reasons

- a. Circumcision unless necessary for the treatment of a disease or necessitated by an Accident;
- b. Treatment for alopecia, baldness, wigs, or toupees and all treatment related to the same.
- c. Aesthetic Surgeries of any description.

23. Hazardous or Adventure sports:

Any accidental bodily injury or expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports as defined in the Policy.

24. 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.
- 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.

25. External Congenital Anomaly

Screening, Counselling or treatment related to external Congenital Anomaly.

26. 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)

27. Insufficient Document

Under “General Condition - Claims Notification and Procedure”, We have provided Section wise list of relevant necessary documents to be submitted at the time of claim. We shall be liable to pay claims based on documents submitted to us. We shall settle or reject a claim, as may be the case, within 15 days from submission of claim.

28. Professional Sports

We will not pay any claim under this Policy, whilst You are under training or taking part in sport as a professional for which You are paid or funded by sponsorship or grant unless this specifically waived of and mentioned in policy schedule/Certificate of Insurance.

29. Preventive Treatment

We do not cover inoculations, vaccinations or other treatment, for example drugs or Surgery, which aims to prevent a disease or Illness except:

- a. For an active vaccination for dog or animal bite;
- b. To the extent covered under SECTION 25. MATERNITY COVER & NEW BORN BABY COVER if opted by You.
- c. Forming part of treatment for accidental bodily Injury as prescribed by the Medical Practitioner.

30. Sexual disorder and Erectile Dysfunction

Treatment of any sexual disorder including impotence (irrespective of the cause) and sex changes or gender reassignments or erectile dysfunction.

31. Sexually Transmitted Infections & Disease

Screening, prevention and treatment for sexually transmitted infection or disease including but not limited to Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis is not covered.

32. Sleep Disorders and Sleep Problems

We do not cover treatment directly or indirectly related to sleep disorders and sleep problems, such as snoring, insomnia or sleep apnoea (when breathing stops temporarily during sleep) including but not limited to expense related to purchase of CPAP, BIPAP or similar instruments except as mentioned by Us and covered under Section 20.B.6. Bariatric Surgery Cover

33. Spectacles, Hearing aids & other Expenses

Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.

34. Stem Cell Transplant: Any stem cell transplant other than for Bone Marrow Transplant**35. Unjustified or Unwarranted Hospitalization**

Admission solely for Physiotherapy, evaluation, investigations, diagnosis or observation service unless a claim is accepted under Section 20. A. Accidental Hospitalization Cover and/or 20.B. Accidental & Illness Hospitalization Cover.

36. Substance abuse and Addictions

- a. Expenses incurred for the treatment of any Illness or accidental Injury caused due to:
 1. Use/misuse/abuse of Alcohol, opioids or nicotine or drugs (whether prescribed or not) by the Insured unless associated with Psychiatric Illness.
 2. Withdrawal and de-addiction treatment taken by the Insured.
- b. Any claim in respect of Cancer of Oral, Oropharynx and respiratory system is specifically excluded in cases where Insured is a tobacco user.

37. War and hazardous substances

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

- a. War (whether war be declared or not), 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/Certificate of Insurance.

38. 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.

39. Ear, Eyesight & Optical Services

- a) We do not cover treatment for:
 1. 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) We do not cover Femto Laser Procedure and multifocal lenses.
- c) Our Maximum Liability in respect of Cochlear Implant Procedure will be restricted to 50% of the Sum Insured opted under Section 20.A. Accidental Hospitalization Cover and/or Section 20.B. Accidental & Illness Hospitalization Cover

40. Prosthetics and other devices

Prosthetics and other devices NOT implanted internally by surgery.

41. Specific Treatments

We will not pay for expenses related to administration of medications or procedures including but not limited to expense related:

- a. Hyaluronic acid, Remicade or similar medications
- b. Intra-articular/intra thecal or cortico-steroid injections,
- c. Predictive Genome testing

42. 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.

43. 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.

44. Organ Donor

The Expenses incurred by You on organ donation.

45. Our Maximum Liability in respect of the following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to percentage of Sum Insured as opted under Section 20.A. Accidental Hospitalization Cover and/or Section 20.B. Accidental & Illness Hospitalization Cover:

- A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- B. Balloon Sinuplasty
- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy - Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries

- I. Bronchial Thermoplasty
- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- K. IONM - (Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

Exclusion applicable to Section 31 to Section 34

- 46. Deductible as mentioned in the Policy Schedule/ Certificate of Insurance against the specific section for each loss.
- 47. Losses that do not occur within the cover period as specified in the Policy Schedule/ Certificate of Insurance.
- 48. Losses caused by illegal acts of the insured;
- 49. Losses that Insured Person have intentionally caused;
- 50. Losses sustained by the Insured Person resulting directly or indirectly from dishonest actions of the Insured Person's employee/members of household, relative, acting alone or in collusion with others.
- 51. Losses due to war (whether war be declared or not), invasion, act of foreign enemy, hostilities or warlike operations (whether war has been declared or not), civil war, rebellion, revolution, insurrection, civil commotion, uprising, military or usurped power, martial law, riot or the act of any lawfully constituted authority.
- 52. Losses due to the order of any government, public authority, or customers' officials.
- 53. Losses due to ionizing radiations contamination by radio activity from any nuclear fuel or from any nuclear waste from the combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.
- 54. Losses due to nuclear, biological, or chemical event
- 55. Any loss directly or indirectly caused by pandemic or epidemic as declared by WHO / Indian Government/ any Authorized Government body
- 56. Any legal liability, of whatsoever nature.
- 57. Any loss or damage which is recoverable from any other source
- 58. Any consequential losses of any kind (financial or otherwise), and/or any actual or alleged legal liability of the Insured
- 59. Loss due to Terrorism, unless specifically agreed otherwise by Us.

Terrorism Exclusion Warranty

Notwithstanding any provision to the contrary within this insurance it is agreed that this insurance excludes loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force or violence and / or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organization(s) or governments), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.

The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.

If the Company alleges that by reason of this exclusion, any loss, damage, cost, or expenses is not covered by this insurance the burden of proving the contrary shall be upon the insured.

In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

POLICY DEDUCTIBLE (applicable to all section 31 to section 34)

Subject to the policy limits that apply, we will pay only that part of the total of all covered loss that exceeds the deductible amount shown in the Policy Schedule/ Certificate of Insurance.

POLICY LIMITATION (applicable to all section 31 to section 34)

For each of the coverage, we will pay up to the maximum amount per occurrence and per policy period/ cover period as shown in the Policy Schedule / Certificate of Insurance.

EXCLUSIONS (APPLICABLE TO SECTION 35 - SECTION 38)

Standard Exclusions:

60. Any Asset(s) not specifically mentioned in the Policy Schedule
61. Deductible as applicable and mentioned in the Policy Schedule.
62. Any non-disclosure (partial or full)/fraudulent disclosure, misrepresentations of information/facts can make your claim invalid.
63. Any consequential loss or damage including but not limited to Bodily Injury/illness/harmful effect due to usage of/inability to use the Asset.
64. Any claim caused due to contributory negligence will be invalid. Always take ordinary and reasonable precautions for the safety of your Asset.
65. Loss or damage resulting out of misuse or abuse, unlawful act or illegal activities including criminal acts or intentional or fraudulent act with an objective to gain undue benefit or economical gain.
66. Loss or damage due to war (whether war be declared or not), War like operations (whether War declared or not), invasion, act of foreign enemy, hostilities, civil war, rebellion, revolution, insurrection, civil commotion, uprising, military or, usurped power or resulting from Seizure or detention or attachment of asset in light of any direction issued by a judicial / quasi-judicial / police or any other Government Agency or Public Authority including Financers/Banks.
67. This Policy excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss, unless specifically agreed by us and mentioned in the Policy Schedule.
For the purpose of this exclusion, an act of terrorism means an act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), or unlawful associations, recognized under Unlawful Activities (Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.
This exclusion also includes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to the above.
68. Loss or Damage caused due to Intentional overloading or strain, over-running or excessive pressure, excessive charging is not covered.
69. Any loss or damage to the insured Asset which exists prior to commencement of the Policy period.
70. Any loss or damage which is covered under the terms of the maintenance agreement of the insured Asset.
71. Expenses which are regular in nature and required to maintain the Asset in Proper condition as recommended by the Manufacturer are not covered.
72. Any loss whatsoever to third party including without limitation to persons and/or property arising due to usage of the Asset isn't covered.
73. Wear and tear i.e., gradual deterioration associated with normal use and age of the asset, cosmetic damages including but not limited to peeling of paint, minor scratches not affecting the functioning of the Asset is not covered.
74. loss or damage caused by mysterious disappearance or unexplained loss.
75. Loss or damage to fittings/fixtures/accessories/Consumables which forms the part of original Asset as supplied by the manufacturer unless damaged or lost along with the Asset and at the same time.
76. Loss of/damage to data and contents including pictures, software, downloads, apps, music or any other content is not covered by this policy.
77. Cost of replacement of Battery/SIM Card/Memory Card/Consumables unless damaged at the same time. This can be due to an accidental external impact or liquid damage including Internal leakage of the battery or damage caused due to overcharging, or caused due to use of unauthorized charger in violation to manufacturer's guidelines leading to damage to power board or mother board
78. Any financial loss caused to you as a result of cyber-attack or fraud while the Asset was in use.

EXCLUSIONS (APPLICABLE TO SECTION 39)

We do not cover losses and expenses for any loss or damage or destruction of the Insured Property that is directly or indirectly as a result of or is caused by or arising from events, stated below:

- 79.i.** Excess of % of each claim, subject to a minimum amount as mentioned in Policy Schedule. This means that We will deduct excess as mentioned in Your Policy Schedule for each and every loss suffered by You under the terms of this policy.
- ii.** For terrorism risk the excess shall be as per the clause attached to this policy.
- 80.** Your deliberate, wilful or intentional act or omission, or of anyone on Your behalf, or with Your connivance.
- 81.** War (whether war be declared or not), invasion, act of foreign enemy hostilities or war-like operations (whether war is declared or not), civil war, mutiny, civil commotion amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.
- 82.** Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component that is part of it.
- 83.** Pollution or contamination, unless
- i the pollution or contamination itself has resulted from an Insured Event, or
 - ii an Insured Event itself results from pollution or contamination.
- 84.** Loss, damage or destruction to any electrical/electronic machine, apparatus, fixture, or fitting by over-running, excessive pressure, short circuiting, arcing, self- heating or leakage of electricity from whatever cause (lightning included). This exclusion applies only to the particular machine so lost, damaged or destroyed.
- 85.** Loss or damage to bullion or unset precious stones, manuscripts, plans, drawings, securities, obligations or documents of any kind, coins or paper money, cheques, vehicles, and explosive substances unless otherwise expressly stated in the policy.
- 86.** Loss of any Insured Property which is missing or has been mislaid, or its disappearance cannot be linked to any single identifiable event.
- 87.** Loss or damage to any Insured Property removed from Your Home to any other place.
- 88.** Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
- 89.** Any reduction in market value of any Insured Property after its repair or reinstatement.
- 90.** Any addition, extension, or alteration to any structure of Your Home Building that increases its Carpet Area by more than 10% of the Carpet Area existing at the Commencement Date or on the date of renewal of this Policy, unless You have paid additional premium and such addition, extension or alteration is added by Endorsement.
- 91.** Costs, fees or expenses for preparing any claim.
- 92. Terrorism Damage Exclusion Warranty:**
- Notwithstanding any provision to the contrary within this insurance it is agreed that this insurance excludes loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.
- For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force or violence and / or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.
- The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.
- If the Company alleges that by reason of this exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the insured.
- In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.
- 93.** Your Premises or any Insured Building remaining continuously unoccupied for a period of more than 30 days, unless You have obtained prior written approval from Us and such approval is recorded as an endorsement on the Policy.

EXCLUSIONS (APPLICABLE TO SECTION 40)

- 94.** For the amount of the Deductible/Excess specified in the Schedule ascertained after the application of all other terms and conditions of this Section including any condition of average (under-insurance).
- 95.** Loss or damage by fire or explosion however caused.

- 96.** Loss or damage where any inmate or member of the Insured's household or of his business staff or any other person lawfully in the premises is concerned in the actual theft of or damage to any of the articles or premises or where such loss or damage has been expedited or in any way assisted or brought about by any such person or persons.
- 97.** Loss or damage caused by wear and tear or gradual deterioration.
- 98.** Loss or damage occasioned by loot, ransack, spillage or pilferage.
- 99.** Unexplained losses, shortages due to error or omissions, losses discovered when making an inventory or a periodic stock taking or loss resulting from the Insured's voluntarily parting with title or possession of any property or induced to do so by deception.
- 100.** Loss or damage to property from yards, gardens, open spaces unless the property contained within such spaces is specifically insured by the Section.
- 101.** Consequential loss or damage or legal liability of any kind.
- 102.** Loss or damage which either in origin or extent or directly or indirectly proximately or remotely, occasioned by or contributed to by or which either in origin or extent directly or indirectly, proximately or remotely, arise out of or in connection with earthquake, volcanic eruption, typhoon hurricane, tornado, cyclone, or other convulsion of nature or atmosphere disturbance, or war (whether war be declared or not), invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), mutiny, riot & strike, civil commotion, insurrection, rebellion, revolution, conspiracy, military naval or usurped power, martial law or state of siege or any of the events or cause which determine the proclamation or maintenance of martial law or state of siege. Any loss or damage happening during the existence of abnormal conditions (whether physical or otherwise), directly or indirectly, proximately or remotely, occasioned by or contributed to by or arising out of or in connection with any of the said occurrences shall be deemed to be loss or damage which is not covered by this insurance, except to the extent that the Insured shall prove that such loss or damage happened independently or the existence of such abnormal conditions. In any action, suit or other proceedings, where the Company alleges that by reason of the provisions of this condition any loss or damage is not covered by this insurance, the burden of proving the contrary shall be upon the Insured.
- 103.** Damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. (unless specifically agreed and mentioned in Your Policy Schedule/Certificate of Insurance) For the purpose of this exclusion an act of terrorism means an act, including but not limited to the use of force or violence and / or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear. This also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism. If the Company alleges that by reason of this Exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the Insured.
- 104.** Loss or damage directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel nor any consequential loss and for the purpose of this exception combustion shall include any self-sustaining process of nuclear fission directly or indirectly caused by or contribution to / by or arising from nuclear weapons material.
- 105.** Permanent or temporary dispossession resulting from confiscation, commandeering or requisition by any lawfully constituted authority.
- 106.** This Section shall cease to attach:
- If the premises shall have been left uninhabited by day and night for thirty or more consecutive days and nights, unless specifically agreed, altered and mentioned in Your Policy Schedule/Certificate of Insurance.
 - If the Insured shall cause or suffer any material alteration to be made in the premises or anything to be done whereby the risk is increased; change or relax any of the safeguards for securing the premises.
 - To any property insured which shall be removed from the premises in which it is herein stated to be safe so far as is expressly provided for in the Policy or these conditions.
- To any property the interest of the Insured which shall pass from the Insured otherwise than by will or operation of law; unless in every case the consent of the Company to the continuance of the insurance thereon is obtained and signified by a memorandum made on the Policy by or on behalf of the Company.

E. GENERAL TERMS AND CLAUSES**I. STANDARD GENERAL TERMS AND CLAUSES****1. DISCLOSURE OF INFORMATION**

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

"Material facts" for the purpose of this policy shall mean all relevant information sought by the Company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

2. CONDITION PRECEDENT TO ADMISSION OF LIABILITY

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

3. NOMINATION

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee, as named in the Policy Schedule/Policy Certificate/Endorsement (if any), and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

4. SPECIAL CONDITIONS APPLICABLE FOR POLICIES ISSUED WITH PREMIUM PAYMENT ON INSTALMENT BASIS

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- i. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
- ii. During policy renewal Grace Period, Coverage will not be available from the instalment premium payment due date till the date of receipt of premium by company.
- iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- iv. No interest will be charged If the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the Grace Period the Policy will get Cancelled.
- vi. In case of any admissible claim in a Policy year
 - a. In the event of a claim, all subsequent premium instalments shall immediately become due and payable
 - b. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.
 - c. If the claim amount is equivalent or higher than the balance of the instalment premiums payable in that Policy Year, would be recoverable from the admissible claim amount payable in respect of the Insured Person.
 - d. If the claim amount is lesser than the balance premium payable, then no claim would be payable till the applicable premium is recovered.
- vii. Where Premium Payment is on Installment Basis, there will be no refund of premium in case of Policy Cancellation requested by You.

a) 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, unless this condition is specifically amended by Us.
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.

5. POSSIBILITY OF REVISION OF TERMS OF THE POLICY INCLUDING THE PREMIUM RATES

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

6. WITHDRAWAL OF POLICY

- In the likelihood of this product being withdrawn in future, the company will intimate the insured person about the same 90 days prior to expiry of the Policy.
- Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period, as per IRDAI guidelines, provided the policy has been maintained without a break.

7. MORATORIUM PERIOD

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period

8. CANCELLATION

A. Cancellation by You

- The policyholder may cancel this policy by giving 7 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below
 - For Non-credit linked policies, the below scale mentioned under “**Fixed Sum Insured Basis - Cancellation Scale**” shall be applicable.
 - For Credit linked Policies one of the below mentioned scales will be applicable depending on the Sum Insured Basis Opted by You i.e. Fixed Sum Insured or Reducing Sum Insured.
 - The refund of premium under the Credit Linked Policies shall be as under:
 - In the event of full prepayment of the Loan by the Insured, We shall refund a portion of the premium subject to the terms and conditions of the Policy as per the rates mentioned in the below table.
 - In event of part prepayment of the Loan, no refunds of premium shall be made under this Policy.
 - 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.

Fixed Sum Insured Basis - Cancellation Scale

Period in Risk	Premium Refund based on Policy Term				
	1 Year	2 Year	3 Year	4 Year	5 Year
Within 3 months	60%	60%	60%	60%	60%
Exceeding 3 months but less than 6 months	40%	50%	55%	55%	55%
Exceeding 6 months but less than 9 months	25%	40%	50%	50%	50%
Exceeding 9 months but less than 12 months	0%	35%	45%	45%	50%
Exceeding 12 months but less than 15 months	NA	25%	40%	40%	45%
Exceeding 15 months but less than 18 months	NA	20%	30%	40%	45%
Exceeding 18 months but less than 21 months	NA	10%	25%	35%	40%
Exceeding 21 months but less than 24 months	NA	0%	20%	30%	35%

Exceeding 24 months but less than 27 months	NA	NA	15%	25%	35%
Exceeding 27 months but less than 30 months	NA	NA	10%	25%	30%
Exceeding 30 months but less than 33 months	NA	NA	5%	20%	25%
Exceeding 33 months but less than 36 months	NA	NA	0%	15%	25%
Exceeding 36 months but less than 39 months	NA	NA	NA	10%	20%
Exceeding 39 months but less than 42 months	NA	NA	NA	5%	20%
Exceeding 42 months but less than 45 months	NA	NA	NA	5%	15%
Exceeding 45 months but less than 48 months	NA	NA	NA	0%	10%
Exceeding 48 months but less than 51 months	NA	NA	NA	NA	10%
Exceeding 51 months but less than 54 months	NA	NA	NA	NA	5%
Exceeding 54 months but less than 57 months	NA	NA	NA	NA	0%
Exceeding 57 months	NA	NA	NA	NA	0%

Reducing Sum Insured Basis – Cancellation Scale

Loan Period	Cancellation Year				
	Year 1	Year 2	Year 3	Year 4	Year 5
1	-	-	-	-	-
2	35%	-	-	-	-
3	42%	19%	-	-	-
4	47%	27%	12%	-	-
5	50%	32%	18%	8%	-
6	52%	36%	22%	12%	-
7	53%	38%	25%	14%	-
8	54%	39%	26%	16%	-
9	54%	40%	28%	17%	-
10	55%	41%	28%	17%	-
11	55%	41%	29%	18%	-
12	55%	42%	30%	19%	-
13	55%	42%	30%	19%	-
14	56%	42%	30%	19%	-
15	56%	43%	31%	19%	-
16	56%	43%	31%	20%	-
17	56%	43%	31%	20%	-
18	56%	43%	31%	20%	-
19	56%	43%	31%	20%	-
20	56%	43%	31%	20%	-
21	56%	44%	32%	20%	-
22	56%	44%	32%	20%	-
23	56%	44%	32%	20%	-
24	56%	44%	32%	21%	-
25	56%	44%	32%	21%	-
26	56%	44%	32%	21%	-
27	56%	44%	32%	21%	-
28	56%	44%	32%	21%	-
29	56%	44%	32%	21%	-
30	56%	44%	32%	21%	-

B. Cancellation By Us

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 7 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

9. MULTIPLE POLICIES

i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

ii. Indemnity based Insurance Sections:

A policyholder can file for claim settlement as per his/her choice under any policy. The Insurer of that chosen policy shall be treated as the primary Insurer. In case the available coverage under the said policy is less than the admissible claim amount, the primary Insurer shall seek the details of other available policies of the policyholder and shall coordinate with other Insurers to ensure settlement of the balance amount as per the policy conditions, without causing any hassles to the policyholder.

iii. Benefit based Insurance Sections:

On occurrence of the insured event, the policyholders can claim from all Insurers under all policies.

10. FRAUD

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means, or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/Policyholder(s), who has made that particular claim, who shall be jointly and severely liable for such repayment to the insurer

For the purpose of this clause, the expression "Fraud" means any of the following acts committed by the insured person or by his agents or the hospital/Doctors/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a. The suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
- b. The active concealment of a fact by the insured person having knowledge or belief of the fact;
- c. Any other act fitted to deceive; and
- d. Any such act or omission as the law specially declares to be fraudulent.

The company shall not repudiate the claim and/or forfeit the policy benefits on the grounds of Fraud, if the insured person/beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of such material fact are within the knowledge of the Insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

11. CLAIM SETTLEMENT (PROVISION FOR PENAL INTEREST)

- a. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of submission of claim.
- b. In case the claim is not settled within the specified timelines, then the claimant is entitled for interest at bank rate plus 2 percent from the date of receipt of intimation to till the date of payment. This will be done as per prevailing regulatory guidelines.

"Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

12. COMPLETE DISCHARGE

Any payment to the Policyholder, insured person or his/ her nominee or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

13. RENEWAL

- i. The policy shall ordinarily be renewable provided the product is not withdrawn except on grounds established of fraud, or non-disclosure or misrepresentation by the insured person.
- ii. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- iii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iv. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- v. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- vi. No loading shall apply on renewals based on individual claims experience.
- vii. No fresh underwriting unless there is an increase in sum insured.
- viii. If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected and shall be applicable for both Indemnity based and Benefit based sections.

14. PORTABILITY

In case of Indemnity based Insurance sections:

- a. A Policyholder has the choice to port his/ her policies from one Insurer to another. The Acquiring and the Existing Insurers shall jointly, ensure that the entire underwriting details and claim history of the Policyholders are seamlessly transferred.
- b. The existing insurer shall provide the information sought by the Acquiring insurer immediately but not more than 72 hours of receipt of request through Insurance Information Bureau of India (IIB) <https://iib.gov.in/portal>.
- c. The Acquiring insurer shall decide and communicate on the proposal immediately but not more than 5 days of receipt of information from Existing insurer.
- d. The policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease, Moratorium period etc from the Existing Insurer to the Acquiring Insurer in the previous policy.

15. MIGRATION

In case of migration of one policy to another with the same Insurer, the policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. in the previous policy to the migrated policy.

The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

16. CUSTOMER GRIEVANCE REDRESSAL POLICY:

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

Website: <https://www.godigit.com/>

Toll Free: 1-800-258- 4242

Email: hello@godigit.com

Senior citizens can now contact us on 1-800-258-4242 or write to us at seniors@godigit.com

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

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at grievance@godigit.com

For updated details of grievance officer, kindly refer the link: → [Click Here](#)

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

The policyholder or the claimant also has the option to register the complaint on-line at IRDAI's Bima Bharosa by visiting <https://bimabharosa.irdai.gov.in/>
The contact details of the Insurance Ombudsman Centres are mentioned in Annexure D.

II. SPECIFIC TERMS AND CLAUSES

17.ZONE WISE CLASSIFICATION (APPLICABLE TO SECTION 20 HOSPITALISATION COVER)

Based on your city of residence, we have classified you within three Zones. In case of family floater policies, a single zone shall be applied to all the members covered under the policy. The three Zones are defined below:

Zone A Delhi/NCR, Mumbai including (Navi Mumbai, Thane and Kalyan),

Zone B Hyderabad and Secunderabad, Bangalore, Kolkata, Ahmedabad, Vadodara, Chennai, Pune and Surat.

Zone C Rest of India apart from Zone A and Zone B cities are classified as Zone C.

Zone opted by you is mentioned in your Policy Schedule.

Note:

1. If You have availed choice of Zone B at the time of Policy Inception and availing treatment in a Hospital which is situated in Zone A, 10% Co-pay would be applicable on admissible claim amount.
2. If You have availed choice of Zone C at the time of Policy Inception and availing treatment in a Hospital which is situated in Zone B, 10% Co-pay would be applicable on admissible claim amount.
3. If You have availed choice of Zone C at the time of Policy Inception and availing treatment in a Hospital which is situated in Zone A, 20% Co-pay would be applicable on admissible claim amount.
4. Zone based Co-pay as mentioned above will not be applicable in case of accidental injury.

18.INSURED PERSON

- a. Only those persons named as an Insured Person in the Policy Schedule / Certificate of Insurance shall be covered under this Policy.
- b. You can add more persons during the Policy Period but only after payment of an additional premium and subject to acceptance of Proposal by Us (wherever necessary) and after We have issued an endorsement confirming the addition of such person as an Insured Person.

19.ASSIGNMENT (IF OPTED) – IT IS HEREBY DECLARED AND AGREED THAT:

- a. from the Policy Start Date, the claim amount payable by Us to the Insured and all rights, title, benefits and interest of the Insured under this Policy stand assigned in favour of a person or an Institution or a company as named in the Policy Schedule/ Certificate of Insurance;
- b. upon any claim amount becoming payable under this Policy the same shall be paid by Us to assignee as named in Policy Schedule/ Certificate of Insurance, without any reference/ notice to the Insured; the receipt of such claim amount by the assignee as named in the Policy Schedule/ Certificate of Insurance and the Insured shall completely discharge Us from all liability under the Policy and shall be binding on the Insured and the heirs, executors, administrators, successors or legal representatives of the Insured, as the case may be.

20.ELECTRONIC TRANSACTIONS

The Insured agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

21.NO CONSTRUCTIVE NOTICE

Any knowledge or information of any circumstance or condition in relation to the Policyholder or Insured Member which is in Our possession other than that information expressly disclosed in the Proposal Form or otherwise to Us, shall not be held to be binding or prejudicially affect Us.

22.ALTERATIONS TO THE POLICY

This Policy constitutes the complete contract of insurance. This Policy cannot be changed or edited by anyone (including an insurance agent or intermediary) except Us (subject to necessary approval from the Insurance Regulatory and Development Authority of India), and any change We make will be through a written endorsement signed and stamped by Us, only on the request from Proposer/Insured Member.

23.NON-DISCLOSURE OR MISREPRESENTATION:

If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form either physically or electronically or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:

- a) cancelled ab initio i.e. from the inception date or the renewal date (as the case may be),
- b) or the Policy may be modified by Us, at Our sole discretion, upon 30 days' notice by sending an endorsement to Your address shown in the Schedule/Certificate of Insurance;
- c) the claim under such Policy if any, shall be rejected/repudiated forthwith.

24.INSURED PERSON

- a. Only those persons named as an Insured Person in the Policy Schedule shall be covered under this Policy.
- b. You can add more persons during the Policy Period but only after payment of an additional premium and subject to acceptance of Proposal by Us (wherever necessary) and after We have issued an endorsement confirming the addition of such person as an Insured Person.

25.ALTERATIONS TO THE POLICY

This Policy constitutes the complete contract of insurance between the Policyholder and Us. This Policy cannot be changed or edited by anyone (including an insurance agent or intermediary) except Us, (subject to necessary approval from the Insurance Regulatory and Development Authority of India) and any change We make will be through a written endorsement signed and stamped by Us, only on the request from Group Manager/ Insured Member.

26.MATERIAL CHANGE / CHANGE OF OCCUPATION

The Insured/ Insured Member shall immediately notify the Company in writing of any material change in the risk or change in business or occupation during the Policy Period. Insured should also at his own expense take precautions as circumstances may require ensuring safety thereby containing the circumstances that may give rise to a claim. The Company may adjust the scope of the cover and/or the premium, if necessary, accordingly. The above notification is not mandatory when only the employer changes, but the nature of occupation does not change.

27.NO CONSTRUCTIVE NOTICE

Any knowledge or information of any circumstance or condition in relation to the Policyholder or Insured Member which is in Our possession other than that information expressly disclosed in the Proposal Form or otherwise to Us, shall not be held to be binding or prejudicially affect Us.

28.SPECIAL PROVISIONS

Any special provisions subject to which this policy has been entered into and endorsed in the policy or in any separate instrument shall be deemed to be part of this policy and shall have effect accordingly.

29.SPECIAL CONDITIONS RELATING TO GROUP POLICY

All group policies are subject to the following conditions:

- a. The insured will maintain sufficient deposit or provide a Bank Guarantee to comply with the requirement of section 64VB.
- b. New names can be added to the existing group policies by charging premium as agreed between Group Manager and Us.
- c. For deletion of names from Group Policies during the Policy Period, refund of premium can be allowed only if there is no claim in respect of the particular insured Person as on date when request for deletion of name has been received

30.ADDITION /DELETION OF INSURED PERSON(S)

- a. No person other than those persons named as the Insured Person(s) or those categories of the Insured specified in the Policy Schedule/ Certificate Of Insurance shall be covered under this Policy unless and until his/her name or the category has been notified in writing to the Company, any additional premium due has been paid and the Company's agreement to extend cover has been indicated by it issuing an endorsement confirming the addition of such person or category of persons as an Insured
- b. Cover under this Policy shall be withdrawn from any Insured Person(s) named or any category of persons Insured immediately upon the Policyholder delivering written notice of the same to the Company.

31.ACCUMULATION CLAUSE

The Company's maximum liability in case of losses arising out of one event is limited to accumulation limit Mentioned in Your Policy Schedule/Certificate of Insurance. In the event of claim where the single event loss amount limit exceeds the limit mentioned in Your Policy Schedule /Certificate of Insurance, the benefits payable under this policy to each Insured person will be reduced proportionately in ratio of the overall event limit mentioned in Your Policy Schedule /Certificate of Insurance to the total amount claimed cumulatively by all the affected Insured persons in that event.

32.LAW AND JURISDICTION

It is hereby declared and agreed that this contract of insurance and all claims thereunder shall be governed by Indian Law and any legal proceeding in respect thereof shall be raised a competent court of India. All claims shall be paid in Indian Rupees only.

33.GEOGRAPHICAL LIMITS**For Section 1 to Section 30**

Section with Benefits	Geography Coverage
Section 1. Accidental Death	Worldwide
Section 2. Permanent Total Disablement	Worldwide
Section 3. Permanent Partial Disablement	Worldwide
Section 4. Temporary Total Disablement	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 Expense	Worldwide
Section 9. Transportation Expenses	Within India
Section 10. Coma Benefit Cover	Worldwide
Section 11. Fracture Cover	Worldwide
Section 12. Burns Cover	Worldwide
Section 13. Lifestyle Modification	Worldwide
Section 14. Expense for External Aids and Appliances	Worldwide
Section 15. Critical Illness Benefit Cover	Worldwide
Section 16. Critical Illness Hospitalization Cover	Within India
Section 17. Cancer Benefit Cover	Worldwide
Section 18. Cancer Hospitalization Cover	Within India
Section 19. EMI Protection Cover	Worldwide (Claim Payment Can be done only if loan is availed from Indian Financial Institutions in INR)
Section 20. Hospitalization Cover	Within India
Section 21. Daily Cash Benefit	Within India
Section 22. Long Hospitalization Cash Benefit	Within India
Section 23. Fixed Cash Benefit	Within India
Section 24. Companion Benefit Cash Allowance Cover	Within India

Section 25. Maternity Cover and New Born Baby Cover	Within India
Section 26. Home (Domiciliary) Hospitalization	Within India
Section 27. Sum Insured Refill Benefit	Within India
Section 28. Sum Insured Multiplier Cover	Within India
Section 29. Loan Shield	Worldwide (Claim Payment Can be done only if loan is availed from Indian Financial Institutions in INR)
Section 30. Wellness Benefit Program	Within India

This Policy covers all treatments received within India and Our liability will be to make Payment Indian Rupees Only.

For other sections : Geographical Limits will be India, unless specifically mentioned otherwise in the Policy Schedule.

34. PHYSICAL EXAMINATION

Any medical official or other agent of the company shall be allowed to examine the Insured Person(s) in case of alleged injury or disablement when and as often as may be reasonably be required on behalf of the Company.

35. RECORDS TO BE MAINTAINED

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

36. POLICY DISPUTE

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

37. AUTOMATIC TERMINATION OF COVER FOR INSURED PERSON

The cover for the Insured Member shall terminate immediately in the event of admissible claim and settlement of 100% Sum Insured under "Death" or "Permanent Total Disablement".

38. CLAIMS NOTIFICATION AND PROCEDURE (APPLICABLE FOR SECTION 1 TO SECTION 30)

In the event of any accidental injury or illness or condition 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:

A. Cashless Claim Process:

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 at least 72 hours before any planned hospitalization or within 24 Hours of hospitalization in case of an emergency situation.
2. Request for cashless authorization shall be decided immediately but not more than one hour of receipt of request.
3. 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 Facilitator for Cashless Facility in Our sole discretion.
- 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.

B. Reimbursement Claim Process:

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. The Company shall settle or reject a claim, as the case may be, within 15 days from submission of claim.
 - b. In case the claim is not settled within the specified timelines, then the claimant is entitled for interest at bank rate plus 2 percent from the date of receipt of intimation to till the date of payment.
“Bank rate” shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
 - c. In case of Your Death, We shall reimburse the claim amount to Your Nominee as named in Your Policy Schedule or Your Legal representative holding a valid succession certificate.

C. List of Claim Documents:

In addition to the Duly Completed Claim Form signed by the Insured/Insured's Nominee/Legal Heir & NEFT Details or Cancelled Cheque of the Insured/Insured's Nominee/Legal Heir, ID proof (KYC document) of insured and Nominee, address proof wherever applicable, We need to have the below documents, wherever applicable:

Section	Documents
Common Documents (Wherever Applicable)	• Duly Filled and Signed Claim form • Discharge Summary • Medical Records (Optional Documents may be asked on need basis: Indoor case papers, OT notes, PAC notes etc.) • Copy of Hospital Main Bill • Investigation Reports & Consultation Papers • Positive Diagnostic Report for the Critical Illness and/or Surgical procedures as per the plan opted and stated in the Policy Schedule / Certificate of Insurance. • Attending Physician Certificate (If applicable) • Document to Confirm Relationship with the Patient for Companion Benefit / Parent Benefit/Companion Visit • *KYC (Photo ID card) (If applicable) • Bank details with Cancelled cheque
Accidental Death, Orphan Benefit For Children	• Copy of Address Proof (Ration Card or Electricity Bill Copy). • Attested Copy of Death Certificate. • Death Summary/Certificate from the hospital authority (wherever applicable) • Burial Certificate (wherever applicable). • Attested Copy of Statement of Witness, if any lodged with police authorities. (wherever applicable). • Attested Copy of FIR / Panchanama / Inquest Panchanama. (Wherever applicable). • Attested Copy of Post Mortem Report (Only if conducted). • Attested Copy of Viscera report if any (Only if Post Mortem is conducted). • Attested Copy of Passport or any other valid document which will suffice as a proof of relationship between the insured, insured's spouse and orphan child. (Applicable only for Orphan Benefit)

Permanent Total Disablement	• Attested Copy of disability certificate from relevant government Medical authority. • Attested copy of FIR. (If required)
Permanent Partial Disablement	• All Investigation reports confirming the disability. • Complete Treatment record with follow-up documentation. • Disability assessment report from Digit empanelled medical specialist (if required)
Temporary Total Disablement	• Attested copy of FIR. (If required) • All Investigation reports confirming the disability • For Employed persons: Certificate from HR with details of medical leave availed during the period of Injury • Certificate from the treating doctor mentioning the extent of Injury along with the period of disability • Certificate from Treating doctor with date of full recovery & resuming of duties
Children Education Benefit	• Bonafide Certificate from School / College or Certificate from the Educational Institution
Marriage Expense for Children Benefit	• Proof of Relationship with the Insured Person • Photo Identity Proof of Child • Age Proof of the Dependent Child
Funeral Expenses	• Original Invoice of Expenses Incurred during Funeral.
Transportation Expenses	• Original Invoices of expenses incurred for Carriage of Dead Body/repatriation of mortal remains.
Coma Benefit Cover	• Certificate from the Treating Medical Practitioner certifying the cause and severity of Coma. • All relevant medical summary leading to Coma.
Fracture Cover	• X Ray Confirming the Fracture & site of Fracture • Pre and post-operative radiological imaging reports with films confirming the extent of the fracture • Certificate from Treating Medical Practitioner with extent of Injury, Cause of injury, Site of Injury & Date of Injury. • Treatment Details
Burns cover	• Certificate from Treating Medical Practitioner with extent of Burns Injury/Cause of Burns. • Treatment Details • Medico Legal Certificate copy / First Information Report Copy (If applicable)
Lifestyle Modification	• Certification from Medical Practitioner necessitating the Modification. • Original Invoices of actual expenses incurred for the Modifications.
Expense for External Aids and Appliances	• Prescription of treating Medical Practitioner for use of External Aids and Appliance. • Original Invoices of actual expenses incurred for the purchase of External Aids and Appliance
Critical Illness Benefit /Cancer Benefit	• MLC/FIR Report (If applicable) • Disability Certificate (If applicable) • Attending Physician Certificate (If applicable) • Copy of Hospital Summary • Death Certificate (If applicable)
Hospitalization Claim (including Critical Illness and Cancer Hospitalisation Cover)	• Original Hospital Main Bill • Original Hospital Bill Break Up • Original Pharmacy Bills • Prescriptions for the Medicines purchased (except hospital supply) and investigations done outside the Hospital • Digital Images/CDs of the Investigation Procedures (if required) • MLC/FIR Report (If applicable) • Original Invoice/Sticker (If applicable) • Post Mortem Report (If applicable) • Disability Certificate (If applicable) • Attending Physician Certificate (If applicable) • Ante-natal Record (If applicable) • Birth discharge Summary (If applicable) • Death Certificate (If applicable)
EMI Protection cover	• Current Outstanding Loan Certificate from Financer.

	• Loan Disbursement Letter along with the payment record till the date of Accident or first diagnosis of Critical Illness or first underwent surgical procedure. • Certificate from HR with details of medical leave availed during the period of Injury. • Copy of Address Proof (Ration Card or Electricity Bill Copy). • In Case of Death ○ Attested Copy of Death Certificate. ○ Death Summary/Certificate from the hospital authority (wherever applicable) ○ Burial Certificate (wherever applicable). ○ Attested Copy of Statement of Witness, if any lodged with police authorities. (wherever applicable). ○ Attested Copy of FIR / Panchanama / Inquest Panchanama. (wherever applicable). ○ Attested Copy of Post Mortem Report (Only if conducted). ○ Attested Copy of Viscera report if any (Only if Post Mortem is conducted). • In case of Permanent Total Disablement, Permanent Partial Disablement ○ Attested Copy of disability certificate from relevant government Medical authority. ○ Attested copy of FIR. (If required) ○ All Investigation reports confirming the disability. ○ Complete Treatment record with follow-up documentation. • Disability assessment report from Digit empanelled medical specialist (if required)
Daily Cash Benefit/ Fixed Cash Benefit	• Detailed incident report • Medical records, Consultation papers, diagnostic reports, ICP papers. • Final claim bill with detailed break up. • Discharge summary from treating hospital. • FIR/MLC Report, in case of accident. • NEFT & KYC Documents of Customer. • Cancelled Cheque • PAN Card • Address Proof (Aadhar, Passport, Voter ID) • Any other documents/clarification may be requested on merits of case.
Long Hospitalization Cash Benefit	• Original Hospital Main Bill • Original Hospital Bill Break Up of Various Expenses • Original Pharmacy Bills • Prescriptions for the Medicines purchased (except hospital supply) and investigations done outside the Hospital • Digital Images/CDs of the Investigation Procedures (if required) • MLC/FIR Report (If applicable) • Original Invoice/Sticker (If applicable) • Post Mortem Report (If applicable) • Attending Physician Certificate (If applicable) • Death Certificate (If applicable)
Maternity and New Born Baby cover	• Maternity Certificate / Pregnancy Certificate issued by hospital or treating doctor • Birth Certificate of the child (or hospital birth record) • Final hospital bill (itemized) • Paid receipts / payment proof • Pharmacy bills with prescriptions • Implant / consumables stickers (if applicable)
Home (Domiciliary) Hospitalization	• Attending Physician Certificate mentioning the need for Home (Domiciliary Hospitalization) • Original Pharmacy Bills • Original Invoices in respect of payment made to the treating Medical Practitioner.
Loan Shield	• Investigation reports • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable Attested by issuing authority • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor • Copy of loan approval letter • Medical reports, case histories, investigation reports, treatment papers as applicable • Death Certificate attested by issuing/ appropriate authority

	• Post Mortem Report where applicable- attested by issuing authorities • Loan due statement • Last EMI paid proof
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Any other additional documents required on case-to-case basis.

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, B.1 and B.2.a 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 Member exceeds a threshold limit of Rs. 1 Lakhs per claim.

39. DUTIES IN THE EVENT OF OCCURRENCE OF CIRCUMSTANCE OR CLAIM OR SUIT (APPLICABLE TO SECTION 31 TO SECTION 34)

1. You must notify Us/ Policyholder in writing immediately of any Occurrence which may result in a Claim. To the extent possible, notice must include –
 - a. how, when and where the Occurrence took place;
 - b. the names and addresses of any injured persons and witnesses; and
 - c. the nature and location of any injury or damage arising out of the Occurrence.
 - d. detailed statement in writing regarding loss or damage and any such information and documentation (in relation to the quantum of the Claim and otherwise)
2. Upon Our request You must
 - a. authorize Us to obtain records and other information,
 - b. cooperate with Us in the investigation, settlement or defence of the Claim or Suit; and
 - c. assist Us in the enforcement of any right against any person or organization which may be liable to the Insured because of Bodily Injury or Property Damage to which this insurance may also apply.
3. The Insured Person shall within 30 days deliver to the Company its completed claim form detailing the loss or damage that has occurred and an estimate of the quantum of any claim along with all documentation required to support and substantiate the amount of Indemnification sought from the Company, and
4. Forward Us every letter, writ, summons in relation to Your claim as soon as You receive it.
5. Not incur any expenditure for which a claim may be made against Us without Our prior approval.

40. MAKING A CLAIM (APPLICABLE TO SECTION 31 TO SECTION 34)

Upon the happening of any event, which may give rise to a Claim under this Policy:

- a) Following a Claim, the Insured Person shall immediately give written notice to the Company giving preliminary information regarding particulars about the loss. The Policyholder and Insured Person will, within a period of thirty (30) days of reporting of loss, submit full details of the Claim, supported by the following documents duly completed in all respects to the Company:
 - i. Completed claim form.
 - ii. Claims documents as listed below
 - iii. Photo Id proof of the Insured person
- b) We shall settle or reject a claim, as the case may be within timelines as specified in the prevailing regulatory guidelines. In case of delay in payment of claim beyond the time period as prescribed under the prevailing guidelines, we will pay the penal interest as per prevailing regulatory guidelines.
- c) On payment of a claim by the Company, the Sum Insured mentioned in the Certificate of Insurance will stand reduced by the amount of claim paid and cannot be reinstated. Claim amount will be paid in Indian Rupees and in a bank account in India.
- d) The Policyholder and Insured Person will also make available any additional information/documents required by the Company to enable the Company to determine the admissibility of the claim. Any further / specific requirement which may be typical to the loss may also be raised by the Company, however, such requirement shall have to be raised within 7 working days from the date of receipt of documents.
- e) Claim documentation: The following set of documents would be submitted by Insured/ Insured Person/ someone claiming on behalf of the Insured Person to the Insurance company:
 - a. Duly filed Claim Form.

- b. Photo Id proof and address proof of the Insured Person
- c. Police Acknowledgement Letter / FIR (to be done immediately but not later than 24 hours from the time of realisation of loss (wherever applicable))

Section	Claim Documents
Section 31: Card Cover	1) For Card Related claims – Proof of Disabling of Card facility at core banking Proof (to be done within 24 hours from the date of realisation of loss) 2) Card Statement/ Account Statement for last 6 months indicating Fraudulent Transactions/Unauthorised Use and loss liability. 3) Card Copy / Declaration from the Bank/ financial institution 4) Internal Investigation report of the card issuer/ financial institution 5) Proof of settlement / chargeback/ other recoveries 6) Customer complaint letter regarding fraudulent / unauthorized transaction to the bank/ financial authority/ card issuer. 7) In case of ATM Robbery, FIR must indicate the exact time of ATM Robbery and distance from the ATM from which the money was withdrawn. 8) Any other document required for the settlement of claim on case to case basis
Section 32: Other Electronic Transaction Cover	1) Account Statement for last 6 months indicating Fraudulent Transactions/Unauthorised Use or loss 2) Customer complaint letter regarding fraudulent / unauthorized transaction to the bank/ financial authority. 3) Internal Investigation report of the bank/ financial institution 4) Proof of settlement / chargeback/ other recoveries 5) Any other document required for the settlement of claim on case to case basis
Section 33: Digital Wallet Cover	1) Digital Wallet Account Statement for last 3 months indicating Fraudulent Transactions/Unauthorised Use and loss liability. 2) Internal Investigation report of the digital wallet company/ financial institution 3) Proof of settlement / chargeback/ other recoveries 4) Customer complaint letter regarding fraudulent / unauthorized transaction to the bank/ financial authority. 5) Any other document required for the settlement of claim on case to case basis
Section 34: Identity Theft	1) Document confirming identity theft of the Insured Person 2) Document / Invoices confirming attorney and court fees 3) Document confirming lost wages 4) Invoices of miscellaneous expenses 5) Any other document required for settlement of claim on case to case basis

41. DUTIES AND OBLIGATIONS AFTER OCCURRENCE OF AN INSURED EVENT ARE AS BELOW (APPLICABLE TO SECTION 35 & SECTION 38)

- Upon the happening of any event giving rise to a claim, the insured shall contact us within 48 hours (unless specifically mentioned otherwise by Us on the Policy Schedule/ Certificate of Insurance) and notify the claim.
- Any claim which is notified after 48 hours of the happening of the loss or damage, provided, we may, condone the delay in notification of claim on merits based on the reason for delay furnished by You to Us in writing.
- You shall not abandon the Asset, nor take any steps to rectify/remedy the damage before the same has been approved by the Company or any of its representatives and appointees
- You shall allow the Company and its representatives and appointees to inspect the Asset or any other material items.

- In case survey report is required, the surveyor shall submit the survey report to Us as per prevailing guidelines. We shall decide on the claim which will be within the timeframe as stipulated in the prevailing guidelines.
- Upon acceptance of an offer of settlement by You, the payment of the amount due shall be made within as the case may be, as per prevailing guidelines.
- In case the claim is not settled within the specified timelines, then the claimant is entitled for interest as per the rate specified in prevailing regulatory provisions.

A. Theft Claim

1. In case of theft of the insured asset, call us at toll free Number 1800 300 34448 within 48 hours (unless specifically mentioned otherwise by Us on the Policy Schedule/ Certificate of Insurance) of the event giving rise to/likely to give rise to a claim so as to intimate us about such event. You can also use Our Website/M-site/Mobile App to register the claim. A unique claim number will be generated by Us, which can be used for future reference.
2. The Call Center can also guide You on how to register a claim and send documents using Digit Application
3. You need to file an FIR with police and email Us the scanned copy of FIR & Police Final Investigation Report referring the claim number at hello@godigit.com or upload through Digit Application or on Our Website

B. Accidental Damage or Liquid Damage or Mechanical and Electrical Breakdown Claim

1. In case of loss of the insured Asset due to Accidental Damage/Liquid Damage/Mechanical or Electrical breakdown, call us at toll free Number 1800 258 5956 within 48 hours (unless specifically mentioned otherwise by Us on the Policy Schedule/ Certificate of Insurance) of the event giving rise to/likely to give rise to a claim so as to intimate us about such event. You can also use Our Website/M-site/Mobile App to register the claim. A unique claim number will be generated by Us, which can be used for future reference
2. The Call Center can also guide You on how to register a claim and send documents and video using Digit Application
3. You will get the repair estimate from the nearest Authorized Repair Shop recommended by Us. The list of Authorized Repair Shops is displayed on Our website
4. Post repair approval from Us, You need to email Us the scanned copy of Bills and invoices, valuation reports etc required to support and substantiate the claim amount referring the claim number at hello@godigit.com or upload through Digit Application or on Our Website

C. List of Claims Documents required for settlement of claim

- i. Duly filled claim form along with Bank Account details along with cancelled cheque
- ii. Identity and Address Proof of Insured
- iii. All bills, receipts, Invoice / Purchase bills of items, repair/ replacement bill copy, valuation report
- iv. Proof of loss, Survey Report, asset repair order, asset delivery order
- v. Investigation report, if applicable
- vi. Police FIR Copy (wherever applicable)
- vii. AML and KYC documents as necessary
- viii. Other documents as may be necessary on case-to-case basis.

42. CLAIMS PROCEDURE (APPLICABLE TO SECTION 39)

If You suffer a loss because of an Insured Event, You must make a claim for Your financial loss at Your cost. The procedure for making a claim is given below. These include things that You must do, and that You must not do. It is important to comply with these to ensure that it does not prejudice Your claim in any manner.

1. Immediate notice to Us

- a. As soon as any physical loss or damage occurs to Your Home Building or Home Contents due to an Insured Event, You must immediately give notice to Us of the loss or damage. This is necessary for Us to survey/ investigate the loss or damage, as may be required.
- b. You can give notice to any of Our offices or call-centres.
- c. You must state in this notice

- i. the Policy Number,
- ii. Your name,
- iii. details of report to the police that You made,
- iv. details of report to any Authority that You made,
- v. details of the Insured Event,
- vi. a brief statement of the loss,
- vii. particulars of any other insurance of Your Home Building or any of Your Home Contents,
- viii. details of loss or damage under any Optional Cover or Add-ons,
- ix. submit photographs of loss or physical damage, wherever possible.

2. Steps to prevent loss and damage

- a. You must take all reasonable steps to prevent further loss or damage to Your Home Building and Home Contents.
- b. Until We have inspected Your Home Building and Home Contents, and have given Our consent,
 - i. You must not sell, give away or dispose of any damaged items of any property for which You are making a claim;
 - ii. You must not wash or clean, or remove any damaged item or debris, except for any urgent necessity;
 - iii. You must not carry out repairs, unless such repairs are urgent and You cannot contact Us.

3. Immediate notice to Authorities

- a. As soon as any loss or damage occurs to the Insured Property, You must give immediate report to appropriate legal authorities. For example, You must report to the fire brigade of the local authority and the police if there is damage by fire/ explosion / implosion or lightning. In case of subsidence/ landslide/ rockslide, You must inform the District Administration. In the event of impact damage of any kind or Riot Strikes, Malicious damages and acts of terrorism, You must inform the police. If there is a theft within 7 (seven) days following an Insured Event You must inform the police.
- b. We may, but not necessarily, waive this condition if We are satisfied that by reason of extreme hardship it was not possible for You or any other person on Your behalf to give such report.

4. Submit claim

- a. Claim form:
 - i. You must submit Your claim in Our claim form at the earliest opportunity, but within 30 days from the date You first notice the loss or damage. The claim form is available in any of Our branches, and on Our website.
 - ii. You must state in Your claim the details of any other insurance policy that covers the damage or loss for which You have filed Your claim, whether You have purchased such other insurance, or someone else has purchased it for You.
- b. We shall not be liable for any loss or damage after the expiry of 12 months from the happening of the loss or damage unless the claim is the subject of pending action or arbitration. If We disclaim liability for a claim You have made and if the claim is not made a subject matter of a suit in a court of law within a period of 12 months from the date of disclaimer, the claim shall not be recoverable hereunder.

5. Establish loss

- a. You must prove that the Insured Event has occurred, and the extent of physical loss or damage You have suffered with full details.
- b. When We request,
 - i. You must support Your claim for Home Building and/or Home Contents with plans, specification books, vouchers, invoices pertaining to costs incurred by You for reconstruction/replacement/repairs.
 - ii. You must allow Us, Our officers, surveyors or representatives to inspect the loss or damage to Your Home Building and/or Home Contents, and to take measurements, samples, damaged items or parts, and photographs that are relevant.
 - iii. You must give Us authority to see the relevant records and get information about the Event and Your loss from the police or any other authority.
- c. For Optional Cover of Personal Accident, Death Certificate and Post-mortem report (wherever necessary) shall be submitted.

6. Fraudulent claim

If You, or anyone on Your behalf, make a false or fraudulent claim , or support a claim with any false or fraudulent statement or documents:

- i. We will not pay,
- ii. We can cancel the Policy: in such a case, You will lose all benefits under this Policy and premium that You have paid, and
- iii. We can also inform the police, and start legal proceedings against You.

7. Other insurance

- a. If You have any other policy with Us or any other Insurance Company (taken by You or by anyone else for You) covering in whole or in part any claim that You have made under this Policy, You have a right to ask for settlement of Your claim under any of these policies.
- b. If You choose to claim under this Policy from Us, We will settle Your claim within the limits and the terms and conditions of this Policy.
- c. After We pay the amount under Your claim, We have the right to ask for contribution from the Insurers that have given You the other policies.
- d. We will ensure that Our actions do not impose any liability on You.

8. Recovery action by Us

- a. When We accept and pay Your claim under the Policy, We can start legal proceedings to recover the amount or property from the third party who has caused the loss or damage to Your Home Building or Home Contents. You must give authority to Us to take such action and exercise this right effectively, when We request You, whether before or after making payment of Your claim. You must give all information, cooperation, assistance and help for this purpose. You must not do anything which will prejudice Our right. We can do this
 - i. without seeking Your consent,
 - ii. in Your name, and
 - iii. whether or not Your loss has been fully compensated.
- b. Any amount We recover from such person will be applied first to the costs of the legal proceedings and recovery, then to the claim amount We have paid or must pay to You. We will pay You any balance.

You can start legal proceedings against any person who has caused the loss or damage only with Our prior consent, and on conditions that We will impose. You must not compromise or settle any claim against such person without Our consent. If You recover any amount from such person, You must return to Us the amount We have paid for Your claim. We can take over the conduct of legal proceedings that You have started and continue the proceedings in Your name.

43.CLAIM PROCEDURE (APPLICABLE TO SECTION 40)

- a) On the happening of any loss or damage the Insured shall immediately within 7 days give notice in writing to the Police and also to the Company detailing the circumstances of the case.
- b) The Insured shall within 14 days after such loss or damage shall have come to the Insured's knowledge deliver us a detailed statement in writing, of the loss and damage, with an estimate of the intrinsic of the property lost and the amount of damage sustained
- c) Tender to us all the reasonable information, assistance and proofs in connection with any claim. For Example: Books of account, vouchers, invoices, documents. This shall be at Insured's own expense.
- d) Submit duly filled Claim Form either written/verbal/electronic, Copy of FIR lodged with the Police along with any other supporting documents.

Annexure-A
List I – Optional Items

SI No	Item
1.	BABY FOOD <i>(Not Payable)</i>
2.	BABY UTILITIES CHARGES <i>(Not Payable)</i>
3.	BEAUTY SERVICES <i>(Not Payable)</i>
4.	BELTS/BRACES <i>(PAYABLE INCASES WHERE INSURED HAS UNDERGONE SURGERY OF THORACIC OR LUMBAR SPINE)</i>
5.	BUDS <i>(Not Payable)</i>
6.	COLD PACK/HOT PACK <i>(Not Payable)</i>
7.	CARRY BAGS <i>(Not Payable)</i>
8.	EMAIL/ INTERNET CHARGES <i>(Not Payable)</i>
9.	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL) <i>(Not Payable)</i>
10.	LEGGINGS <i>(Payable in Bariatric and Varicose Vein Surgery and may be considered for at least these conditions where Surgery itself is Payable)</i>
11.	LAUNDRY CHARGES <i>(Not Payable)</i>
12.	MINERAL WATER <i>(Not Payable)</i>
13.	SANITARY PAD <i>(Not Payable)</i>
14.	TELEPHONE CHARGES <i>(Not Payable)</i>
15.	GUEST SERVICES <i>(Not Payable)</i>
16.	CREPE BANDAGE <i>(Not Payable)</i>
17.	DIAPER OF ANY TYPE <i>(Not Payable)</i>
18.	EYELET COLLAR <i>(Not Payable)</i>
19.	SLINGS <i>(Reasonable costs for one sling in case of upper arm fractures should be considered)</i>
20.	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES <i>(Part Of Cost Of Blood, Not Payable)</i>
21.	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22.	Television Charges <i>(Payable Under Room Charges Not if separately levied)</i>
23.	SURCHARGES <i>(Part of Room Charge Not Payable Separately)</i>
24.	ATTENDANT CHARGES <i>(Part of Room Charge Not Payable Separately)</i>
25.	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) <i>(Patient Diet provided by hospital is Payable)</i>
26.	BIRTH CERTIFICATE <i>(Not Payable)</i>
27.	CERTIFICATE CHARGES <i>(Not Payable)</i>
28.	COURIER CHARGES <i>(Not Payable)</i>
29.	CONVEYANCE CHARGES <i>(Not Payable)</i>
30.	MEDICAL CERTIFICATE <i>(Not Payable)</i>
31.	MEDICAL RECORDS <i>(Not Payable)</i>
32.	PHOTOCOPIES CHARGES <i>(Not Payable)</i>
33.	MORTUARY CHARGES <i>(Payable upto 24 Hours. Shifting charges not Payable)</i>
34.	WALKING AIDS CHARGES <i>(Not Payable)</i>
35.	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) <i>(Not Payable)</i>
36.	SPACER <i>(Not Payable)</i>
37.	SPIROMETRE <i>(Device Not Payable)</i>
38.	NEBULIZER KIT <i>(Not Payable)</i>
39.	STEAM INHALER <i>(Not Payable)</i>
40.	ARMSLING <i>(Not Payable)</i>
41.	THERMOMETER <i>(Not Payable)</i>
42.	CERVICAL COLLAR <i>(Not Payable)</i>
43.	SPLINT <i>(Not Payable)</i>
44.	DIABETIC FOOTWEAR <i>(Not Payable)</i>
45.	KNEE BRACES (LONG/ SHORT/ HINGED) <i>(Not Payable)</i>
46.	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER <i>(Not Payable)</i>
47.	LUMBO SACRAL BELT <i>(Payable only where Insured has undergone Surgery of Lumbar Spine)</i>

48.	NIMBUS BED OR WATER OR AIR BED CHARGES (<i>Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia / quadriplegia for any reason and at reasonable cost of approximately Rs. 200 / day</i>)
49.	AMBULANCE COLLAR (<i>Not Payable</i>)
50.	AMBULANCE EQUIPMENT (<i>Not Payable</i>)
51.	ABDOMINAL BINDER (<i>Not Payable</i>)
52.	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES (<i>Post hospitalization nursing charges not Payable</i>)
53.	SUGAR FREE Tablets (<i>Payable. Sugar free variants of admissible medicines are Not excluded</i>)
54.	CREAMS POWDERS LOTIONS (<i>Toiletries are not payable, only prescribed medical pharmaceuticals payable</i>)
55.	ECG ELECTRODES (<i>Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be Payable</i>)
56.	GLOVES (<i>Sterilized Gloves Payable / Unsterilized Gloves not payable</i>)
57.	NEBULISATION KIT (<i>Payable Reasonably only if used during Hospitalization</i>)
58.	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, etc.]
59.	KIDNEY TRAY (<i>Not Payable</i>)
60.	MASK (<i>Not Payable</i>)
61.	OUNCE GLASS (<i>Not Payable</i>)
62.	OXYGEN MASK (<i>Not Payable</i>)
63.	PELVIC TRACTION BELT (<i>Not Payable</i>)
64.	PAN CAN (<i>Not Payable</i>)
65.	TROLLEY COVER (<i>Not Payable</i>)
66.	UROMETER, URINE JUG (<i>Not Payable</i>)
67.	AMBULANCE (<i>Payable Reasonably only if used during Hospitalization upto sub-limit mentioned in the policy schedule</i>)
68.	VASOFIX SAFETY (<i>Not Payable</i>)

List II - Items that are to be subsumed into Room Charges

SI No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED) (<i>Not Payable</i>)
2	HAND WASH (<i>Not Payable</i>)
3	SHOE COVER (<i>Not Payable</i>)
4	CAPS (<i>Not Payable</i>)
5	CRADLE CHARGES (<i>Not Payable</i>)
6	COMB (<i>Not Payable</i>)
7	EAU-DE-COLOGNE/ ROOM FRESHNERS (<i>Not Payable</i>)
8	FOOT COVER (<i>Not Payable</i>)
9	GOWN (<i>Not Payable</i>)
10	SLIPPERS (<i>Not Payable</i>)
11	TISSUE PAPER (<i>Not Payable</i>)
12	TOOTHPASTE (<i>Not Payable</i>)
13	TOOTHBRUSH (<i>Not Payable</i>)
14	BED PAN (<i>Not Payable</i>)
15	FACE MASK (<i>Not Payable</i>)
16	FLEXI MASK (<i>Not Payable</i>)
17	HAND HOLDER (<i>Not Payable</i>)
18	SPUTUM CUP (<i>Payable Under Investigation Charges, Not as Consumable</i>)
19	DISINFECTANT LOTIONS (<i>Not Payable-Part of Dressing Charges</i>)
20	LUXURY TAX (<i>Only Actual Tax Levied by Government is Payable - Part of Room Charge for Sub Limits</i>)
21	HVAC (<i>Part of Room Charge Not Payable Separately</i>)
22	HOUSE KEEPING CHARGES (<i>Part of Room Charge Not Payable Separately</i>)
23	AIR CONDITIONER CHARGES (<i>Payable Under Room Charges Not if separately levied</i>)
24	IM IV INJECTION CHARGES (<i>Part of Nursing Charges, Not Payable</i>)
25	CLEAN SHEET (<i>Part of Laundry/housekeeping Not Payable Separately</i>)
26	BLANKET/WARMER BLANKET (<i>Not Payable- Part of Room Charges</i>)
27	ADMISSION KIT (<i>Not Payable</i>)
28	DIABETIC CHART CHARGES (<i>Not Payable</i>)

29	DOCUMENTATION CHARGES/ ADMINISTRATIVE EXPENSES <i>(Not Payable)</i>
30	DISCHARGE PROCEDURE CHARGES <i>(Not Payable)</i>
31	DAILY CHART CHARGES <i>(Not Payable)</i>
32	ENTRANCE PASS/ VISITORS PASS CHARGES <i>(Not Payable)</i>
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE <i>(To be Claimed by Patient under Post - Hospitalization where admissible)</i>
34	FILE OPENING CHARGES <i>(Not Payable)</i>
35	INCIDENTAL EXPENSES/ MISC. CHARGES (NOT EXPLAINED) <i>(Not Payable)</i>
36	PATIENT IDENTIFICATION BAND/ NAME TAG <i>(Not Payable)</i>
37	PULSEOXYMETER CHARGES <i>(Not Payable)</i>
38	Nursing, DMO/ RMO charges included in room rent under associated medical expenses <i>(Not Payable)</i>

List III - Items that are to be subsumed into Procedure Charges

SI No.	Item
1	HAIR REMOVAL CREAM <i>(Not Payable)</i>
2	DISPOSABLES RAZORS CHARGES (for site preparations) <i>(Payable for site preparations)</i>
3	EYE PAD <i>(Not Payable)</i>
4	EYE SHIELD <i>(Not Payable)</i>
5	CAMERA COVER <i>(Not Payable)</i>
6	DVD, CD CHARGES <i>(Payable only if CD is specifically sought by Insurer/TPA)</i>
7	GAUSE SOFT <i>(Not Payable)</i>
8	GAUZE <i>(Not Payable)</i>
9	WARD AND THEATRE BOOKING CHARGE <i>(Payable Under OT Charges, Not Payable Separately)</i>
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS <i>(Rental Charged By The Hospital Payable. Purchase of Instruments Not Payable.)</i>
11	MICROSCOPE COVER <i>(Payable Under OT Charges, Not Payable Separately)</i>
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER <i>(Payable Under OT Charges, Not Payable Separately)</i>
13	SURGICAL DRILL <i>(Payable Under OT Charges, Not Payable Separately)</i>
14	EYE KIT <i>(Payable Under OT Charges, Not Payable Separately)</i>
15	EYE DRAPE <i>(Payable Under OT Charges, Not Payable Separately)</i>
16	X-RAY FILM <i>(Payable Under Radiology Charges, Not as Consumable)</i>
17	BOYLES APPARATUS CHARGES <i>(Part Of OT Charges, Not Separately)</i>
18	COTTON <i>(Not Payable-Part of Dressing Charges)</i>
19	COTTON BANDAGE <i>(Not Payable-Part of Dressing Charges)</i>
20	SURGICAL TAPE <i>(Not Payable-payable by the Patient when Prescribed, otherwise included as Dressing Charges)</i>
21	APRON <i>(Not Payable -Part of Hospital Services/Disposable Linen to be Part of OT/ICU Charges)</i>
22	TORNIQUET <i>Not payable (service is charged by hospital, consumables cannot be separately charged.)</i>
23	ORTHOBUNDLE, GYNAEC BUNDLE <i>(Part of Dressing Charges)</i>

List IV - Items that are to be subsumed into costs of treatment

SI No.	Item
1	ADMISSION/REGISTRATION CHARGES <i>(Not Payable)</i>
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE <i>Unless A Claim Is Accepted Under Section1 - A. Accidental Hospitalization Cover And/Or B. Accidental & Illness Hospitalization Cover</i>
3	URINE CONTAINER <i>(Not Payable)</i>
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES <i>(Not Payable)</i>
5	BIPAP MACHINE <i>(Not Payable)</i>
6	CPAP/ CAPD EQUIPMENTS <i>(Device Not Payable)</i>
7	INFUSION PUMP- COST <i>(Device Not Payable)</i>

8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC (May be Payable when prescribed for patient, not Payable for hospital use in OT or ward or for dressings in hospital)
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES (<i>Patient diet provided by hospital is payable</i>)
10	HIV KIT (<i>Payable Only as Pre-Operative Screening</i>)
11	ANTISEPTIC MOUTHWASH (<i>Payable when prescribed</i>)
12	LOZENGES (<i>Payable when prescribed</i>)
13	MOUTH PAINT (<i>Payable when prescribed</i>)
14	VACCINATION CHARGES (<i>Except to the extent covered under SECTION 36. MATERNIT & NEWBORN BABY COVER if opted & For dog or animal bite</i>)
15	ALCOHOL SWABES (<i>Not Payable. Part of hospital's own internal cost</i>)
16	SCRUB SOLUTION/STERILLIUM (<i>Not Payable. Part of hospital's own internal cost</i>)
17	Glucometer& Strips (<i>Not Payable pre hospitalization or post hospitalization / Reports and Charts required/ Device not payable</i>)
18	URINE BAG (<i>Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs</i>)

List V – Additional Non-Payable Items

Sr. No	List of Expenses Generally Excluded ("Non-medical")
1.	BRUSH
2.	COSY TOWEL
3.	MOISTURISER PASTE BRUSH
4.	POWDER
5.	BARBER CHARGES
6.	OIL CHARGES
7.	BED UNDER PAD CHARGES
8.	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS, ETC.,
9.	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION
10.	HOME VISIT CHARGES
11.	DONOR SCREENING CHARGES
12.	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES
13.	BLADE
14.	MAINTENANCE CHARGES
15.	PREPARATION CHARGES
16.	WASHING CHARGES
17.	MEDICINE BOX
18.	COMMODE
19.	DIGESTION GELS
20.	NOVARAPID
21.	VOLINI GEL/ ANALGESIC GEL
22.	ZYTEE GEL
23.	AHD (ANCILLARY AND HOSPITAL DISINFECTION (EG., BIOMEDICAL WASTE DISPOSAL/MANAGEMENT, SANITATION, SANITIZATION/FUMIGATION CHARGES ETC.))
24.	VISCO BELT CHARGES
25.	EXAMINATION GLOVES
26.	OUTSTATION CONSULTANT'S/ SURGEON'S FEES
27.	PAPER GLOVES
28.	REFERRAL DOCTOR'S FEES
29.	SOFNET
30.	SOFTOVAC
31.	STOCKINGS

Annexure B

Plan wise Covered Critical Illnesses

Sr. No.	Category	Critical Illness	Plan A	Plan B	Plan C	Plan D	Plan E
1.	Malignancy	Cancer of Specified Severity	Covered	Covered	Covered	Covered	Covered
2.		Myelofibrosis	Not Covered	Not Covered	Not Covered	Not Covered	Covered
3.	Cardiovascular system	Myocardial Infarction	Covered	Covered	Covered	Covered	Covered
4.		Open Heart Replacement or Repair of Heart Valves	Covered	Covered	Covered	Covered	Covered
5.		Surgery to Aorta	Covered	Covered	Covered	Covered	Covered
6.		Primary (Idiopathic) Pulmonary Hypertension	Not Covered	Covered	Covered	Covered	Covered
7.		Aneurysm of Abdominal Aorta	Not Covered	Not Covered	Covered	Covered	Covered
8.		Cardiomyopathy	Not Covered	Not Covered	Covered	Covered	Covered
9.		Pulmonary artery graft surgery	Not Covered	Not Covered	Covered	Covered	Covered
10.		Open Chest CABG	Covered	Covered	Covered	Covered	Covered
11.		Infective Endocarditis	Not Covered	Not Covered	Not Covered	Covered	Covered
12.		Dissecting Aortic Aneurysm	Not Covered	Not Covered	Not Covered	Covered	Covered
13.		Other serious coronary artery disease	Not Covered	Not Covered	Not Covered	Not Covered	Covered
14.		Eisenmenger's Syndrome	Not Covered	Not Covered	Not Covered	Not Covered	Covered
15.		Angioplasty	Not Covered	Not Covered	Not Covered	Not Covered	Covered
16.		Cardiac Arrest	Not Covered	Not Covered	Not Covered	Not Covered	Covered
17.	Major Organ Condition/ Disease	End Stage Lung Failure	Covered	Covered	Covered	Covered	Covered
18.		End Stage Liver Failure	Covered	Covered	Covered	Covered	Covered
19.		Kidney Failure Requiring Regular Dialysis	Covered	Covered	Covered	Covered	Covered
20.		Major Organ/ Bone Marrow Transplant	Covered	Covered	Covered	Covered	Covered
21.		Medullary Cystic Disease	Not Covered	Not Covered	Not Covered	Covered	Covered
22.		Chronic Relapsing Pancreatitis	Not Covered	Not Covered	Not Covered	Covered	Covered
23.		Pheochromocytoma	Not Covered	Not Covered	Not Covered	Not Covered	Covered
24.	Nervous System	Apallic Syndrome	Not Covered	Covered	Covered	Covered	Covered
25.		Benign Brain Tumour	Covered	Covered	Covered	Covered	Covered
26.		Coma of Specified Severity	Covered	Covered	Covered	Covered	Covered
27.		Major Head Trauma	Covered	Covered	Covered	Covered	Covered

28.		Permanent Paralysis of Limbs	Covered	Covered	Covered	Covered	Covered
29.		Stroke Resulting in Permanent Symptoms	Not Covered	Covered	Covered	Covered	Covered
30.		Motor Neurone Disease with Permanent Symptoms	Not Covered	Covered	Covered	Covered	Covered
31.		Parkinson's Disease	Not Covered	Not Covered	Covered	Covered	Covered
32.		Muscular Dystrophy	Not Covered	Not Covered	Covered	Covered	Covered
33.		Progressive Supranuclear Palsy	Not Covered	Not Covered	Covered	Covered	Covered
34.		Creutzfeldt-Jakob disease (CJD)	Not Covered	Not Covered	Covered	Covered	Covered
35.		Bacterial Meningitis	Not Covered	Not Covered	Covered	Covered	Covered
36.		Alzheimer's disease	Not Covered	Not Covered	Covered	Covered	Covered
37.		Encephalitis	Not Covered	Not Covered	Covered	Covered	Covered
38.		Multiple Sclerosis with Persisting Symptoms	Covered	Covered	Covered	Covered	Covered
39.		Brain Surgery	Not Covered	Not Covered	Not Covered	Covered	Covered
40.		Multiple System Atrophy	Not Covered	Not Covered	Not Covered	Covered	Covered
41.	Auto Immune Disorder	Systemic lupus erythematosus	Not Covered	Not Covered	Covered	Covered	Covered
42.		Goodpasture's syndrome	Not Covered	Not Covered	Covered	Covered	Covered
43.		Aplastic Anaemia	Not Covered	Covered	Covered	Covered	Covered
44.		Systemic Lupus Erythematosus with Lupus Nephritis	Not Covered	Not Covered	Not Covered	Covered	Covered
45.		Progressive Scleroderma	Not Covered	Not Covered	Not Covered	Covered	Covered
46.		Crohn's Disease	Not Covered	Not Covered	Not Covered	Covered	Covered
47.		Severe Ulcerative Colitis	Not Covered	Not Covered	Not Covered	Covered	Covered
48.	Others	Loss of Independent Existence	Not Covered	Covered	Covered	Covered	Covered
49.		Fulminant Viral Hepatitis	Not Covered	Not Covered	Covered	Covered	Covered
50.		Pneumonectomy	Not Covered	Not Covered	Covered	Covered	Covered
51.		Deafness	Not Covered	Not Covered	Not Covered	Covered	Covered
52.		Loss of Speech	Not Covered	Not Covered	Not Covered	Covered	Covered
53.		Third Degree Burns	Not Covered	Not Covered	Not Covered	Covered	Covered

54.		Chronic Adrenal Insufficiency (Addison's Disease)	Not Covered	Not Covered	Not Covered	Covered	Covered
55.		Blindness	Not Covered	Not Covered	Not Covered	Covered	Covered
56.		Severe Rheumatoid Arthritis	Not Covered	Not Covered	Not Covered	Covered	Covered
57.		Elephantiasis	Not Covered	Not Covered	Not Covered	Not Covered	Covered
58.		Terminal Illness	Not Covered	Not Covered	Not Covered	Not Covered	Covered

Annexure C

(Applicable to Section 39)

Sabotage and Terrorism Damage Cover Endorsement (Material Damage Only)

INSURING CLAUSE

Subject otherwise to the terms, exclusions, provisions and conditions contained in the Policy and in consideration of the payment by the Insured to the Company of additional premium as stated in the Original Policy Schedule, it is hereby agreed and declared that notwithstanding anything stated in the 'Terrorism Risk Exclusion' of this Policy to the contrary, this Policy is extended to cover physical loss or physical damage occurring during the period of this Policy caused by an act of sabotage and/or terrorism to the location/s mentioned in the schedule subject to the exclusions, limits and excess described hereinafter.

For the purpose of this cover, an act of terrorism means an act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), or unlawful associations, recognized under Unlawful Activities (Prevention) Act, 1967 (as amended from time to time) or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.

For the purpose of this cover, an act of sabotage means a subversive act or series of such acts committed for political, religious or ideological purposes including the intention to influence any government and/or to put the public in fear for such purposes.

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

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

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

LOSSES EXCLUDED

1. loss by seizure or legal or illegal occupation;
2. loss or damage caused by:
 - (i) voluntary abandonment or vacation,
 - (ii) confiscation, commandeering, nationalisation, requisition, detention, embargo, quarantine, or any result of any order of public or government authority, which deprives the Insured of the use or value of its property;
3. loss or damage arising from acts of contraband or illegal transportation or illegal trade;
4. loss or damage directly or indirectly arising from or in consequence of the seepage and or discharge of pollutants or contaminants, which pollutants and contaminants shall include but not be limited to any solid, liquid, gaseous or thermal irritant, contaminant or toxic or hazardous substance or any substance the presence, existence or release of which endangers or threatens to endanger the health, safety or welfare of persons or the environment;
5. loss or damage arising directly or indirectly from or in consequence of chemical or biological emission, release, discharge, dispersal or escape or chemical or biological exposure of any kind;
6. loss or damage arising directly or indirectly from or in consequence of asbestos emission, release, discharge, dispersal or escape or asbestos exposure of any kind;
7. any fine, levy, duty, interest or penalty or cost or compensation/damages and/or other assessment which is incurred by the Insured or which is imposed by any court, government agency, public or civil authority or any other person;
8. loss or damage by electronic means including but not limited to computer hacking or the introduction of any form of computer virus or corrupting or unauthorised instructions or code or the use of any electromagnetic weapon. This exclusion shall not operate to exclude losses (which would otherwise be covered under this Policy) arising from the use of any computer, computer system or computer software programme or any other electronic system in the launch and/or guidance system and/or firing mechanism of any weapon or missile;

9. loss or damage caused by vandals or other persons acting maliciously or by way of protest or strikes, labour unrest or riots;
10. loss or increased cost occasioned by any public or government or local or civil authority's enforcement of any ordinance or law regulating the reconstruction, repair or demolition of any property insured hereunder;
11. any consequential loss or damage, loss of use, delay or loss of markets, loss of income, depreciation, reduction in functionality, or increased cost of working;
12. loss or damage caused by factors including but not limited to cessation, fluctuation or variation in, or insufficiency of, water, gas or electricity supplies and telecommunications or any type of service;
13. loss or increased cost as a result of threat or hoax;
14. loss or damage caused by or arising out of burglary, house - breaking, looting, theft, larceny or any such attempt or any omission of any kind of any person (whether or not such act is committed in the course of a disturbance of public peace) in any action taken in respect of an act of sabotage and/or terrorism;
15. loss or damage caused by mysterious disappearance or unexplained loss;
16. loss or damage directly or indirectly caused by mould, mildew, fungus, spores or other micro-organism of any type, nature or description, including but not limited to any substance whose presence poses an actual or potential threat to human health;
17. total or partial cessation of work or the retardation or interruption or cessation of any process or operations or omissions of any kind;
18. Any loss due to fines or damages for breach of contract, or penalties of whatever nature;
19. Any infidelity, fraudulent, dishonest or criminal act by any director, officer or trustee of the Insured whether acting alone or in collusion with others;
20. Any debt, insolvency or commercial failure, whether to provide bond or security or otherwise, or any other financial cause of any party or person whatsoever.
21. loss or damage caused by Civil Commotion, Insurrection, Revolution or Rebellion, Mutiny and/or Coup d'Etat and Civil War except as may be insured specifically under any Political Violence Extension to this cover;
22. Third party liability howsoever arising except as may be insured specifically under any Third-Party Liability Extension to this cover.

LIMIT OF INDEMNITY

The limit of indemnity under this cover shall not exceed the Total Sum Insured given in the Policy Schedule or INR 20,000,000,000 per compound/location whichever is lower.

In respect of sabotage and/or terrorism cover for dwellings, limit of indemnity shall not exceed Total Sum Insured as mentioned in the Policy Schedule or INR 4,000,000,000 per compound/location whichever is lower.

In respect of several locations being covered under a single policy on a floater basis, the maximum aggregate loss suffered from all the locations mentioned in the Policy schedule shall not exceed Total Sum Insured as mentioned in the Policy Schedule or INR 20,000,000,000/- whichever is lower.

In respect of several insurance policies within the same compound/location with one or different insurers, the maximum aggregate loss payable per compound/location by any one or all insurers, shall be INR 20,000,000,000. If the actual aggregate loss suffered at one compound/location is more than INR 20,000,000,000, the amounts payable towards individual policies shall be reduced in proportion to the sum insured of the policies.

EXCESS*

Shops & Residential Risks: 1% of the claim amount for each and every claim subject to Minimum of INR 10,000 and Maximum of INR 500,000

Non-Industrial Risks: 1% of the claim amount for each and every claim subject to Minimum of INR 25,000 and Maximum of INR 1,000,000

Industrial Risks: 5% of the claim amount for each and every claim subject to Minimum of INR 100,000 and Maximum of INR 25,00,000

*Whichever is applicable

ADD ON COVERS

It is further declared and agreed that the limit of indemnity including the claim on add on cover(s) shall not exceed total sum insured plus separate sublimit opted for add on cover(s) or INR 20,000,000,000 whichever is lower. In respect of several insurance policies within the same compound/location, the maximum aggregate loss payable per compound/location by any one or all insurers shall be INR 20,000,000,000.

In respect of sabotage and/or terrorism cover for long term dwellings, limit of indemnity including the claim on add on cover(s) shall not exceed total sum insured plus separate sublimit opted for add on cover(s) or INR 4,000,000,000/- whichever is lower. In respect of several insurance policies within the same compound/location, the maximum aggregate loss payable per compound/location by any one or all insurers shall be INR 4,000,000,000/-

MID TERM COVER

In case the coverage under this endorsement is granted during the currency of the policy, no claims will be payable for loss or damage to property caused by an act of sabotage and/or terrorism occurring during the first 15 (fifteen) days from the date of granting such cover. There should be no known or recorded/reported losses from ground up including threats/hoaxes from date of inception of policy to the date of granting such cover.

SANCTION, LIMITATION AND EXCLUSION CLAUSE

No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

CANCELLATION CLAUSE

Notwithstanding the cancellation provisions relating to the basic insurance policy on which this endorsement is issued, there shall be no refund of premium allowed for cancellation of the Sabotage and/or Terrorism risk insurance during the period of insurance except where such cancellation is done along with the cancellation of the basic insurance. Where a policy is cancelled and rewritten mid-term purely for the purpose of coinciding with the accounting year of the insured, pro-rate refund of the cancelled policy premium will be allowed.

If the cancellation is for any other purpose, refund of premium will only be allowed after charging short term scale rates.

Note: The definitions, terms and conditions of main Policy save as modified or endorsed herein shall apply.

Annexure D**Address and contact number of Council For Insurance Ombudsman**

Sl. No.	Office of Insurance Ombudsman	Address	Email	Landline NOs.
1	AHMEDABAD	Jeevan Prakash 6th floor Near S.V. College Relief Road Tilak Marg Ahmedabad- 380 001. Gujarat	E-mail: oio.ahmedabad@cioins.co.in	079-25501201, 079-25501202
2	BENGALURU	Jeevan Soudha Building, PID No.57-27-N-19, Ground Floor. No. 19/19 24th Main Rd. 1st Phase J.P. Nagar Bengaluru- 560 078.	Email: oio.bengaluru@cioins.co.in	080-26652048, 080-26652049
3	BHOPAL	UC of India Zonal Office Bldg. 1st Floor, South Wing, Jeevan Shikha, Opp. Gayatri Mandir 60-B Hoshangabad Road Bhopal-462 011	Email: oio.bhopal@cioins.co.in	0755-2769201, 0755-2769202, 0755-2769203, 0755-2769200
4	BHUBANESWAR	62 Forest Park, Bhubaneswar PIN -751 009.	Email: oio.bhubaneswar@cioins.co.in	0674-2596455, 0674-2596429, 0674-2596003, 0674-2596461
5	CHANDIGARH	Jeevan Deep, Ground Floor LIC of India Bldg, SCO 20-27 Sector 17-A. Chandigarh -160017	E-mail: oio.chandigarh@cioins.co.in	0172-2706468, 0172-2773101, 0172-2990938, 0172-2706196, 0172-2707468, 0172-2772101, 0172-2990942
6	CHENNAI	Fatima Akhtar Court, 4th fir 453 (old 312), Anna Salai Tevnampet. Chennai 600018	E-mail: oio.chennai@cioins.co.in	044-24333668, 044-24333678
7	DELHI	2/2 A 1st Floor. Universal Ins. Buildina. Asaf Ali Road New Delhi- 110002.	Email : oio.delhi@cioins.co.in	011-46013992
8	GUWAHATI	Jeevan Nivesh Bldg. 5th Floor Near Pan Bazar S.S. Road Guwahati-781001	E-mail: oio.auwahati@cioins.co.in	0361-2631307, 0361-2632204, 0361-2732937, 0361-2632205
9	HYDERABAD	6-2-46 1st Floor Moin Court Lane Opp. Hyundai Showroom A. C. Guards. Lakdi-ka-pool, Hyderabad 500004	E-mail: oio.hvderabad@cioins.co.in	040-23376991, 040-23312122, 040-23376599, 040-23328709
10	JAIPUR	Jeevan Nidhi II, Ground Floor Bhawani Singh Road Ambedkar Circle Jaipur - 302005.	E-mail: oio.jaipur@cioins.co.in	0141-2740363
11	KOCHI	10th Floor LIC Bldg, Jeevan Prakash OPP Maharai College Ground M.G. Road, Ernakulam Kochi- 682011	E-mail: oio.ernakulam@cioins.co.in	0484-2358759, 0484-2358734, 0484-2358336
12	KOLKATA	7th Floor of Hindustan Building (Annex). 4 CR Avenue Kolkata-700072	E-mail: oio.kolkata@cioins.co.in	033-22124339, 033-22124341
13	LUCKNOW	Jeevan Bhavan Phase II, 6th Floor Nawal Kishore Road, Hazratgani, Lucknow- 226001,	E-mail: oio.lucknow@cioins.co.in	0522-4002082
14	MUMBAI	3rd Floor, Jeevan Seva Annexe, S.V.Road Santacruz West Mumbai-400 054.	E-mail: oio.mumbai@cioins.co.in	022-69038800, 022-69038827/8829, 022-69038831/8832
15	NOIDA	Bhagwan Sahai Palace 4th fir, Main Road Nava Bans Sector 15 Noida-201301	E-mail: oio.noida@cioins.co.in	0120-2514252, 0120-2514253, 0120-4027589
16	PATNA	2nd Floor Lalit Bhawan Bailey Road. Patna- 800001	E-mail: oio.patna@cioins.co.in	061-22547067, 061-22547068
17	PUNE	3rd Floor Jeevan Darshan -LIC of India Bldg N.C. Kelkar Road Narayan Peth Pune- 411030.	Email: oio.pune@cioins.co.in	020-24471175
18	THANE	2nd Floor Jeevan Chintamani Building, Vasanttrao Naik Mahamarg, Thane (West), Thane - 400604	Email: oio.thane@cioins.co.in	022-20812868, 022-20812869

Note: COUNCIL FOR INSURANCE OMBUDSMAN ,3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.Tel.: 022 – 69038801/03/04/05/06/07/08/09 Email: inscoun@cioins.co.in
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