

## ENDORSEMENT FOR ACCIDENT BENEFIT RIDER - UIN 128B001V02

1. If at any time when the policy is in full force, but before the end of rider term, the Life Assured is involved in an accident resulting in either permanent disability as defined hereunder or death and the same is proved to the satisfaction of the Company, the Company agrees to pay an amount equal to the Sum Assured shown under Accident Benefit Rider in the Schedule, in consideration of payment of premiums under Accident Benefit Rider. Further in the event that the life assured becoming totally and permanently disabled due to an accident, the installment premiums payable under the basic policy, will be waived up to the end of the policy term or earlier death.
2. The maximum aggregate sum assured under all policies taken under the same life to which the rider benefit shall not exceed Rs.25,00,000.
3. Death due to an accident is defined as that which is caused by violent, accidental, and external and visible means and independently of any physical or mental illness. Accidental injuries, solely, directly and independently of all other causes resulting in death of the life assured within 180 days from the date of accident, shall be considered as death due to accident.
4. The disability referred above should be disability, which is the result of an accident and must be total and permanent and such that the life assured then or at a later date, shall not undertake any work, occupation or profession to earn or obtain any wages or compensation or profit. Accidental injuries, excluding due to other causes and with in 180 days from the date of accident result in irrevocable loss of the entire eye sight of both eyes or the amputation of both hands above the wrists, or in the amputation of both feet at or above the ankles or in the amputation of one hand at or above the wrist and one leg at or above the ankle, shall be deemed to be total and permanent disability.
5. Immediately after the happening of the disability, full particulars must be furnished to the office of this Company where this policy is serviced and within 180 days after happening of the disability, proof of disability in such manner as required by the Company, should be given
6. The Company shall not be liable to pay the benefit under the Accident Benefit Rider, if the disability or death of the life assured occurs
  - as a result of intentional self injury, attempted suicide, insanity or immorality or while the life assured is under the influence of intoxicating liquor, drugs or narcotics or
  - as a result of an accident while the life assured is engaged in aviation or aeronautics in any capacity other than as a fare paying passenger or as a result of injuries caused by riots, civil commotion, rebellion, war (whether war is declared or not), invasion, hunting, mountaineering, steeple chasing or racing of any kind or
  - as a result of life assured committing any breach of law.
7. The granting of disability benefit automatically cancels the accident benefit option under the policy.
8. The premium for this rider is built into the installment premium shown in the schedule of the policy and is payable during the policy term.
9. The benefit under this rider is restricted to 75 years of completed years of age of the life assured.
10. If at any time after the total and permanent disability claim is admitted that it is discovered that the said claim is wrongly paid, all the amounts paid under this benefit shall be recovered with such interest prevailing at that time, from the proceeds of the policy and also, all the premiums waived are treated as a debt under the policy and shall be deducted with interest at such rate as may be prevailing at that time from the proceeds of the policy.
11. In case of Accident /Total and permanent Disability due to accident, the claimant should submit the following for consideration of the claims
  - Accidental Death: FIR, panchanama and death certificate
  - Total and Permanent Disability: FIR, Medical certificate by a doctor authorised by the Company
  - Policy Document
  - Claim Forms issued by the Company