

THE NEW INDIA ASSURANCE COMPANY LIMITED
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NEW NO.260 (OLD NO.701-702) ANNA SALAI, CHENNAI-600 006.
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GOOD HEALTH GROUP PERSONAL ACCIDENT POLICY

IRDA/NL-HLT/NIA/P-H/V.I/353/13-14

WHEREAS THE **Proposer** designated in the Certificate of Insurance forming part of the Schedule hereto, being a Card member or Account Holder or other customer of CITIBANK, has by a Proposal and declaration, in the mode specified in the Schedule, provided the information in such proposal which shall be the basis of this Contract and is deemed to be incorporated herein, has applied to **THE NEW INDIA ASSURANCE COMPANY LTD.** (hereinafter called the COMPANY) **through the Group Good Health Policy (one year) purchased by CITIBANK**, for the insurance hereinafter set forth in respect of self and/or Family Members and/or domestic employees named in the Certificate of Insurance forming part of the Schedule hereto (hereinafter called the INSURED PERSON) and has paid premium as consideration for such insurance.

NOW THIS POLICY WITNESSETH that subject to the terms, exclusions, definitions and conditions contained herein or endorsed or otherwise expressed here on the company will pay the INSURED PERSON as hereinafter mentioned.

1. SCOPE OF COVER:

If an **ACCIDENTAL** bodily **INJURY** caused by a sudden, unforeseen and involuntary event caused by external, violent, and visible means shall within twelve (12) calendar months of its occurrence be the sole and direct cause of:

- a) Death, the Capital Sum Insured (C.S.I.) becomes payable, also any expenses incurred for transportation of the fatal **accident** victim to the place of residence; a lump sum of 2% of C.S.I. or Rs. 2500/- whichever is less is payable.
- b) (i) Loss of sight of both eyes or of the actual loss by physical separation of two entire hands or two entire feet or of one entire hand and one entire foot, the C.S.I. stated in the Schedule hereto applicable to such insured person becomes payable.
(ii) Loss of two hands or two feet or one hand and one foot or loss of sight of one eye and one hand or one foot, C.S.I. stated in the Schedule hereto applicable to such insured person becomes payable.
- c) (i) Loss of sight of one eye or one entire hand or one entire foot, fifty percent (50%) of the C.S.I. becomes payable.
(ii) Loss of use of a hand or a foot without physical separation, fifty percent (50%) of the C.S.I. becomes payable.
- d) Permanent Total Disablement (PTD) from **Injuries** other than named above, varying percentage becomes payable, as may be assessed by the Company's panel **Medical Practitioner**.

- e) Permanent Partial Disablement (PPD) involving Total and/or partial irrecoverable loss of use or of the actual loss by physical separation of parts of limbs then the applicable percentage of C.S.I. is payable as enumerated below:

Table giving % of CSI payable for Permanent Partial Disablement (PPD) claims:

I.	Loss of toes - all	20% of CSI
	Great both phalanges	5% of CSI
	Great one phalanx	2% of CSI
	Other than great if more than one toe lost (each)	1% of CSI
II.	Loss of hearing – both ears	75% of CSI
III.	Loss of hearing – one ear	30% of CSI
IV	Loss of four fingers and thumb of one hand	40% of CSI
V.	Loss of four fingers	35% of CSI
VI.	Loss of thumb – both phalanges	25% of CSI
	One phalanx	10% of CSI
VII	Loss of index 3 phalanges or 2 phalanges or 1 phalanx	10% of CSI
VIII	Loss of middle finger 3 phalanges or 2 phalanges or 1 phalanx	6% of CSI
IX	Loss of ring finger 3 phalanges or 2 phalanges or 1 phalanx	5% of CSI
X	Loss of little finger 3 phalanges or 2 phalanges or 1 phalanx	4% of CSI
XI	Loss of metacarpal 1 st or 2 nd (additional) or 3rd, 4 th or 5 th (additional)	3% of CSI
XII	Any other Permanent Partial Disablement as assessed by the Company's <u>MEDICAL PRACTITIONER.</u>	

This policy also covers medical expenses arising out of **accidents** resulting in death/permanent disablement subject to a maximum of 10% of the C.S.I.

2. DEFINITIONS

- 1. ACCIDENT:** An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 2. INJURY:** Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a MEDICAL PRACTITIONER.
- 3. MEDICAL PRACTITIONER:** A Medical practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.
- 4. GRACE PERIOD:** Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods. Coverage is not available for the period for which no premium is received.
- 5. RENEWAL:** Renewal defines 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 all waiting periods.

3. DETAILS OF EXCLUSION

- A.** The Company shall not be liable for payment of claims arising out of
- i.** Compensation under more than one of the sub-clauses in scope of cover (1) in respect of the same period of disablement.
 - ii.** Any other payment after a claim under sub-clauses (a) or (b) or (d) in scope of cover (1) has been admitted and has become payable.
 - iii.** Any payment during the policy exceeding the C.S.I. plus applicable medical expenses, which is the Company's maximum liability.
 - iv.** a) Self-injury, suicide or attempted suicide.
b) Whilst under the influence of alcoholic drinks or drugs,
c) Whilst engaging in Aviation or whilst mounting into, dismounting from, or travelling in any aircraft other than as a passenger (fare paying or otherwise) in a duly licensed standard type of aircraft as defined in the Master policy issued to Citibank.
d) Venereal disease, insanity, or AIDS
e) Whilst committing any breach of law with criminal intent.
 - v.** War and allied perils
 - vi.** Radiations, Radio activity or any nuclear accidents
 - vii.** Pregnancy, childbirth or in consequence thereof.
- B.** The Company shall not be liable for payment of claims arising out of participation of the Insured person in winter sports, mountaineering, skiing, Ice-hockey, ballooning, polo, riding or driving in races or on horseback or rallies, caving or rot holing, hunting or equestrian, scuba diving or other under water activity, rafting, yachting or other similar hazardous activities Further no claim will be paid in case insured person, trained or otherwise, participates in professional sports or any other hazardous sports, working in underground mines, explosives, magazines(firearms), electrical installations with high tension supply, jockeys, circus personnel, big game hunting and occupation of similar hazards.

This Policy covers insured person from the age of 5 years to 70 years

The continuous benefits will not be lost if the Policy is renewed within 30 days **grace period** after its expiry. *Coverage is not available for the period for which no premium is received*

4. CLAIMS PROCEDURE

Preliminary notice of claim should be sent to the Company within 30 days in case of death / disablement of insured person upon which a claim form will be sent to the claimant's address.

- A.** In the event of a death claim, the claim form should be returned duly completed by the legal heir of the insured along with the following:
- (i) Postmortem report / Coroner's inquest report
 - (ii) Police report

- (iii) Death Certificate
- (iv) Attending **MEDICAL PRACTITIONER'S** report
- (v) Succession Certificate /Legal heir certificate/copy of nomination
- (vi) Receipt for carriage owners for carrying the fatal accident victim to the place of residence
- (vii) ECS Form of Nominee.

B. In the event of a disablement claim, the claim form should be duly completed by the insured along with the following:

- (i) Attending Medical Practitioner's report and Certificate from the **MEDICAL PRACTITIONER'S** giving details of loss and / or percentage of disablement,
- (ii) Diagnostic report, X-rays, **MEDICAL PRACTITIONER'S** prescriptions and bills,
- (iii) Police Investigation report
- (iv) ECS Form

All payment shall be made in Indian Rupees in India though the cover is valid all over the world.

Good Health Group Personal Accident Policy (One Year) Claim intimation letter and Claim Form can be downloaded from our website www.nia25.com)

DECLARATION FOR NOMINATION (In respect of each insured person under Good Health Group Personal Accident Policy (One Year) only).

Nomination is compulsory under Good Health Group Personal Accident Policy (One Year). Each insured person has to nominate a person who would become eligible to receive the claim amount in the event of insured person's death. Nomination form is available at the end of the policy clause. It can also be downloaded from our website, www.nia25.com. The insured may send the declaration for nomination to the Insurance Company in the Prescribed Format, in duplicate, (along with a self-addressed unstamped envelope). The duplicate copy will be returned to insured person duly acknowledged.

In the event of the death of the Insured Person due to accident, the nominee(s) should submit the acknowledged copy for settlement of the claim. Otherwise a Succession Certificate / Legal Heir ship certificate will have to be produced.

GENERAL CONDITIONS

1. PROPOSAL FOR INSURANCE

The Proposer shall make an application either in writing, in the prescribed application / proposal form, duly completed and signed, or by providing details and confirmations via telephonic mode, in respect of all the persons proposed for this Good Health Group Personal Accident Policy (One Year), so that the said details and confirmations are received prior to the last date specified for this purpose, to be eligible for consideration of his/her request for Good Health Personal Accident Policy cover (one year).

The Company shall not be liable for omission or rejection of any such application either wholly or in part, due to any decision, action or omission of Citibank or due to non-receipt or delayed receipt (i.e., after the due date) of the application form or of the medical practitioner's report, wherever required, or due to the application received being incomplete in any respect or due to any other reason whatsoever.

2. ACCEPTANCE OF PROPOSALS

The proposals accepted by the Company for coverage shall be processed by Citibank for debiting the premium to the customers' card or bank account.

It is agreed and understood that acceptance of applications by Citibank will not constitute deemed acceptance of the persons proposed as eligible for insurance cover by the company.

3. PAYMENT OF PREMIUM

The Proposer authorizes Citibank to debit Good Health Group Personal Accident Policy (One Year) premium to his Citibank Card/Account Holders for Good Health Group Personal Accident Policy (One Year) benefits for self and/or family members and/or employees.

In the event of the advance deposit premium being insufficient to cover any person(s), such person(s) shall be covered under a fresh policy only commencing from the first day of the month subsequent to the date on which the additional premium is paid by Citibank to the Company and in the intervening period Company shall not be on risk, notwithstanding the fact that the application was tendered by the Proposer to Citibank in advance.

4. CANCELLATION OF POLICY FREE LOOK PERIOD

The insured will be allowed a period of 45 days from the date of commencement of the policy to review the terms and conditions of the policy and to return the same if not acceptable at inception of policy and at each renewal.

In case insured opts to use the free look option then full premium charged will be refunded after **deduction of Rs 100 as charges.**

The Company may at any time cancel this policy certificate by sending the insured 30 days notice by registered letter at the insured's last known address and in such event the Company shall refund to the insured a pro-rata premium for unexpired period of insurance. The Company shall however remain liable for any claim which arose prior to the date of cancellation.

In case renewal of policy was effected against the insured's option for

non-renewal, the said policy may be cancelled from its inception in respect of the insured person for whom the cover is sought to be cancelled, at the request of the insured to either Citibank/the Company, within 60 days from the policy commencement date and full refund of premium will be refunded to Citibank on behalf of the insured by the Company provided no claim has occurred upto the date of cancellation. Citibank's confirmation of receipt of request for such cancellation will be binding upon the proposer/insured person.

In all other cases the insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's short period rates only as indicated below, provided no claim has occurred up to the date of cancellation.

The policy will be cancelled from inception.

Period on Risk	Rate of premium to be retained
Upto 45 days	0% of the Annual Rate
Upto 3 months	50% of the Annual Rate
Upto 6 months	75% of the Annual Rate
Exceeding 6 months	Full Annual Rate

Premium will be refunded to the insured by the Company provided no claim has occurred up to the date of cancellation. Citibank's confirmation of receipt of request for such cancellation will be binding upon the proposer/insured person.

Refund of premium can be done by Citibank directly to the proposer on behalf of the company under any of the above circumstances in respect of the insured person for whom the cover is sought to be cancelled.

Policy once cancelled shall not be reinstated under any circumstances and no claim shall be admissible under the Policy when once it is cancelled. If option for cancellation is notified to CITIBANK either in writing or over phone. Citibank's confirmation of receipt of request for such cancellation will be binding upon the insured.

The company does not undertake any responsibility to the insured and / or insured persons if Citibank arranges to have the insurance cover(s) withdrawn in case of delayed payment or non – payment of the dues in respect of this policy by the insured to Citibank.

5. RENEWAL OF POLICY

If the Proposer opts for non-renewal of this policy or for changes in renewal policy, he/she shall inform Citibank indicating his/her preference 20 days prior to the date of commencement of the policy. **Once the policy is renewed no request for alteration of policy choice will be entertained.**

The Company shall not be responsible or liable for non-renewal of the policy for any reason whatsoever arising out of any decision of Citibank in this regard.

The Good Health Group Personal Accident Policy (One Year) policy shall ordinarily be renewed except on the grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured.

Notwithstanding this, however, the decision to accept or reject for coverage any person upon renewal of this insurance shall rest solely with the Company.

The company may at its discretion revise the premium rates and / or the Terms & conditions of the Policy every year upon renewal thereof.

Renewal of this Policy is Automatic, only if the premium due is paid by Citibank to the Company before the due date on behalf of the Card member or the accountholder as applicable.

6. The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf or in the event of misrepresentation, mis-description or non- disclosure of any material particulars. The insured shall forfeit all benefits under this policy and the policy shall become void.
7. If the Company shall disclaim liability for any claim hereunder and such claim shall not within 12 calendar months from the date of the disclaimer have been made the subject matter of a suit in a Court of Law or of the appeal before the Insurance Ombudsman, then the claim shall for all practical purposes be deemed to have been abandoned and shall thereafter be not recoverable hereunder.

8. GRIEVANCE REDRESSAL

The insured may approach any of the following for redressal of grievances if any

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|------------------------|---|
| 1. Divisional Office | The New India Assurance Company Limited
Customer Guidance Department,
260, Anna Salai,
<u>Chennai-600006</u> |
| 2. Regional Office | The New India Assurance Company Limited
Customer Guidance Department,
Dewas Towers,
770-A, Anna Salai,
<u>Chennai- 600002</u> |
| 3. Head Office | The New India Assurance Company Limited
Customer Guidance Department,
No.87, M.G Road, Fort,
<u>Mumbai - 400 001</u> |
| 4. Insurance Ombudsman | Insurance Ombudsman
453 (Old No. 312),
FathimaAkhtar Court,
4Th Floor, Teynampet,
<u>Chennai- 600018</u> |

** (Insured may contact Ins. Ombudsman Office constituted at various places in India)

For THE NEW INDIA ASSURANCE COMPANY LIMITED

DULY CONSTITUTED ATTORNEY

NOMINATION

FORMAT FOR DECLARATION OF NOMINATION

I/ We the policy holder(s) under Good Health Group Personal Accident Policy (One Year) with Certificate No.

Valid for the period from _____ to _____ and its subsequent renewals thereof do hereby assign the monies payable by The New India Assurance Co. Ltd., in the event of my/our death to the below mentioned person(s) and I/We further declare that the receipt given by the nominee(s) shall be sufficient discharge to the company. I/We shall furnish revised nomination form if there is any change in future.

Sl. No.	Name of the insured	Nominee's Name	Date of Birth of Nominee	Relationship to the Insured Person	Signature of the insured person *	Signature of Witness

Name and address of the witness

In case of Minor Nominee:

Name and address of Guardian and relationship with Minor
* (in case of Minor insured person guardian should sign)

Acknowledgement by New India Assurance Co. Ltd.

Signature / Date / Seal

Dear Customer,

Please Fill up your address here below before sending this Nomination form (in DUPLICATE)

(Original will be retained in the office and Duplicate copy duly acknowledged by the company will be returned to the Insured.) (This Nomination will be valid for the current Policy Period and its subsequent continuous Renewals, unless change in Nomination is made and duly acknowledged by the Company)

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.....PINCODE

