

# Individual Personal Accident

## Customer Information Sheet - Standard Plan

The information mentioned below is illustrative and not exhaustive. Information must be read in conjunction with the product brochures and policy document. In case of any conflict between the Key Features Document and the policy document the terms and conditions mentioned in the policy document shall prevail.

TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
Product Name	Individual Personal Accident Insurance (Standard)	
What am I covered for:	<p><b>a. Accidental Death [AD]</b> - A lumpsum payment would be made in the event of the Death due to an accident</p> <p><b>b. Transportation of Mortal remains</b> - Expenses incurred on transporting the mortal remains of the Insured Person from the place of the Accident or the Hospital to his residence or Hospital or to a cremation or burial ground.</p> <p><b>c. Permanent Total Disablement [PTD]</b> - A lumpsum payment would be made as per scale provided in policy in the event of Permanent Total Disablement due to an accident</p> <p><b>d. Permanent Partial Disablement (PPD)</b> - A lumpsum payment would be made as per scale provided in policy in the event of A lumpsum payment would be made as per scale provided in policy in the event of Permanent Total Disablement due to an accident.</p> <p><b>e. Temporary Total Disablement [TTD]</b> - A Weekly Allowance would be paid to the Insured to compensate loss of income due to a disability caused by accident.</p> <p><b>f. Emergency Ambulance Cover</b> - Expenses incurred on an ambulance to transfer the Insured Person to the nearest Hospital by the shortest route following an emergency caused due to an Accident.</p> <p><b>g. Education Fund</b> - If a claim under AD or PTD is accepted for an Insured Person, We will pay 50% of Sum Insured per Dependent Child (upto maximum of two children), provided that such Dependent Child is pursuing an educational course as a full time student in an educational institution.</p> <p><b>h. Family Transportation</b> - If a claim under AD or PTD is accepted, We will reimburse expenses incurred in transporting one Immediate Family Member to the Hospital, provided that such Hospital is located at least 200 km from the Insured Person's residence.</p> <p><b>i. Accidental Medical Expenses:</b> If We have accepted a claim under the AD, PTD, PPD or TTD, We will reimburse the Medical Expenses incurred by the Insured Person for use of Hospital facilities for medical treatment following an Accident.</p>	<p>Benefit 1 1)</p> <p>Benefit 1 2)</p> <p>Benefit 2 1)</p> <p>Benefit 3 1)</p> <p>Benefit 4</p> <p>Benefit 5</p> <p>Benefit 6</p> <p>Benefit 7</p> <p>Benefit 8</p>
What are the major exclusions in the policy:	<p>Following is a partial list of the policy exclusions. Please refer to the policy wording for the complete list of exclusions.</p> <p>Preexisting conditions &amp; their complications, Self inflicted injury, suicide or attempted suicide, psychiatric or mental disorders, HIV/AIDS, Sexually transmitted diseases, insured persons participation or involvement in naval, military or airforce operations, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing, committing or attempting to commit any breach of law with criminal intent, abuse of intoxicants or hallucinogens including intoxicating drugs &amp; alcohol, War or any act of war, invasion, act of foreign enemy, war like operations, civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, riot, chemical, radioactive or nuclear contamination, Pregnancy childbirth &amp; it's complications, congenital internal &amp; external disease, insured persons exposure to needless perils, treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover non allopathic treatment, Any specific time bound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured, as per Our underwriting guidelines</p>	General Exclusions Section
Payout basis	<p>Accidental Medical Expenses, Emergency Ambulance Cover, Family Transportation and Transportation of Mortal remains on indemnity payment basis.</p> <p>Accidental Death, Permanent Total Disablement, Permanent Partial Disablement, Education Fund and Temporary Total Disablement on benefit payment basis.</p>	Section Benefits
Cost Sharing	Not Applicable	
Renewal Conditions	<ul style="list-style-type: none"> <li>Policy is ordinarily life-long renewable, subject to application for renewal and the renewal premium in full has been received by the due dates and realisation of premium.</li> <li>On renewal, the maximum sum insured available above 70 years of age is restricted upto Rs 5,00,000.</li> <li>Grace period of 30 days for renewing the policy is provided. To avoid any confusion any claim incurred during break-in period will not be payable under this policy.</li> </ul>	General Conditions 12
Renewal Benefits	5% increase in your sum insured for every claim free year, subject to a maximum of 50%. In case a claim is made during a policy year, the cumulative bonus would reduce by 5% in the following year.	Cumulative Bonus

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Cancellation	This policy would be cancelled on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by any Insured Person, upon giving 30 days notice without refund of premium. In other exceptional cases, premium will be refunded on pro-rata basis.	General Conditions 16
How to Claim	In case of an claim, 1. Provide Us a written notice with full particulars immediately. 2. Collect the claim form available at all our offices. You can also download the form from our website. 3. Submit Us the dully filled and signed claim form along with the documents mentioned in the claim form.	Claim Related Information Section

We would be happy to assist you. For any help contact us at: E-mail : [customerservice@apollomunichinsurance.com](mailto:customerservice@apollomunichinsurance.com) Toll Free : 1800-102-0333

Apollo Munich Health Insurance Co. Ltd. • 2<sup>nd</sup> & 3<sup>rd</sup> Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana • Corp. Off. 1<sup>st</sup> Floor, SCF-19, Sector-14, Gurgaon-122001, Haryana • Reg. Off. Apollo Hospitals Complex, Jubilee Hills, Hyderabad-500033, Andhra Pradesh • Insurance is the subject matter of solicitation • For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale • IRDA Registration Number - 131 • Corporate Identity Number: U66030AP2006PLC051760

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AMH/PR/H/001/084B/032012/P

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Apollo Munich Health Insurance Company Limited will provide the insurance cover detailed in the Policy to the Insured Person up to the Sum Insured subject to the terms and conditions of this Policy, Your payment of premium and Your statements in the Proposal, which is incorporated into the Policy and is the basis of it.

### BENEFITS

We will provide the Benefits as detailed below for an event or occurrence described in any of the Benefits that occurs during the Policy Period. Each Benefit is subject to its Sum Insured, but Our liability to make payment in respect of any and all Benefits (including optional Benefits) shall be limited to the Accidental Death Sum Insured unless expressly stated to the contrary.

#### Benefit 1. Accidental Death

##### 1) Accidental Death

If an Insured Person suffers an Accident during the Policy Period and this is the sole and direct cause of his death within 365 days from the date of the Accident, then We will pay the Sum Insured.

##### 2) Transportation of Mortal Remains

If We have accepted a claim under 1), then We will in addition reimburse the lower of 2% of the Sum Insured under 1) and the actual amount incurred in transporting the mortal remains of the Insured Person from the place of the Accident or the Hospital to his residence or Hospital or to a cremation or burial ground.

#### Benefit 2. Permanent Total Disablement

1) If an Insured Person suffers an Accident during the Policy Period and within 365 days from the date of the Accident this is the sole and direct cause of his permanent total disablement in one of the ways detailed in the table below, then We will pay the percentage of the Sum Insured shown in the table.

	% of Sum Insured
Loss of 2 Limbs (both hands or both feet or one hand and one foot)	100%
Loss of a Limb and an eye	100%
Complete and irrecoverable loss of sight of both eyes	100%
Complete and irrecoverable loss of speech & hearing of both ears	100%
Loss of a Limb	50%
Complete and irrecoverable loss of sight of an eye	50%

2) In this Benefit:

- a) Limb means a hand at or above the wrist or a foot above the ankle.
- b) Loss of Limb means:
  - i) the physical separation of a Limb above the wrist or ankle respectively, or
  - ii) the total loss of functional use of a Limb for at least 365 days from the date of onset of such disability provided that We must be satisfied at the expiry of the 365 days that there is no reasonable medical hope of improvement.

#### Benefit 3. Permanent Partial Disablement

1) If an Insured Person suffers an Accident during the Policy Period and within 365 days from the date of the Accident this is the sole and direct cause of his permanent partial disablement in one of the ways detailed in the table below, then We will pay the percentage of the Sum Insured shown in the table.

Loss of:	% of Sum Insured
Each arm at the shoulder joint	70%
Each arm to a point above elbow joint	65%
Each arm below elbow joint	60%
Each hand at the wrist	55%

Each thumb	20%
Each index finger	10%
Each other finger	5%
Each leg above center of the femur	70%
Each leg up to a point below the femur	65%
Each leg to a point below the knee	50%
<b>Loss of:</b>	<b>% of Sum Insured</b>
Each leg up to the center of tibia	45%
Each foot at the ankle.	40%
Each big toe	5%
Each other toe	2%
Each eye	50%
Hearing in each ear	30%
Sense of smell	10%
Sense of taste	5%

2) In this Benefit:

- a) Loss means:
  - i) the physical separation of a body part, or
  - ii) the total loss of functional use of a body part or organ provided this has continued for at least 365 days from the onset of such disability provided that We are satisfied at the expiry of the 365 days that there is no reasonable medical hope of improvement.
- 3) If an Insured Person suffers a Loss not mentioned in the table above, then We will assess the degree of disablement with Our medical advisors and determine the amount of payment to be made.
- 4) If a claim in respect of a whole member (any organ, organ system or a limb) also encompasses some or all of its parts, Our liability to make payment will be limited to the member only and not any of its parts or constituents.

#### Benefit 4. Temporary Total Disablement

If an Insured Person suffers an Accident during the Policy Period which is the sole and direct cause of a temporary disability which completely prevents him from performing each and every duty pertaining to his employment or occupation, then We will pay a weekly benefit, provided that:

- 1) The temporary total disablement is certified by a Doctor, and
- 2) Our liability to make payment will be limited to of 1% of the Sum Insured for each week during the period of temporary total disablement for a period not exceeding 100 weeks from the date of the Accident and if the Insured Person is disabled for a part of a week, then only a proportionate part of the weekly benefit will be payable, and
- 3) We will not pay any amount in excess of the Insured Person's base weekly income excluding overtime, bonuses, tips, commissions, or any other special compensation.

#### Benefit 5. Emergency Ambulance Charges

If We have accepted a claim under this Policy and following the Accident it is necessary to immediately transfer the Insured Person to the nearest Hospital by ambulance offered by a healthcare or an ambulance service provider, then We will in addition reimburse the actual expenses of the transfer using the shortest route.

#### Benefit 6. Education Fund

If We have accepted a claim under Benefit 1 or 2, then We will in addition pay 50% of the Sum Insured per Dependent Child up to a maximum of 2 Dependent Children provided that such Dependent Child is pursuing an educational course as a full time student in an educational institution.

#### Benefit 7. Family Transportation

If We have accepted a claim under Benefit 1 or 2, then We will in addition reimburse

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the actual expenses incurred in transporting one Immediate Family Member to the Hospital where the Insured Person is admitted following an Accident, provided that such Hospital is located at least 200 kms from the Insured Person's residence.

Note: In this Benefit, Immediate Family Member means the Insured Person's legal spouse, children, parents, parents-in-law, legal guardian, ward, step child or adopted child.

### Benefit 8. Accident Medical Expenses

If We have accepted a claim under Benefits 1-4, then We will in addition reimburse the Medical Expenses incurred by the Insured Person at a Hospital, provided that Our maximum liability under this Benefit shall be limited to the lowest of:

- The actual expenses incurred, or
- 40% of the admitted claim amount under Benefits 1 to 4, or
- 10% of the Benefit 1 Sum Insured, or
- Rs. 50,000

### Cumulative Bonus

Note: This is only applicable for Benefits 1-3.

- If no claim has been made under this Policy and the Policy is renewed with Us without any break, We will apply a cumulative bonus to the next Policy Year by automatically increasing the Sum Insured for the next Policy Year by 5% of the Sum Insured for this Policy Year.
- The maximum cumulative bonus shall not exceed 50% of the Sum Insured in any Policy Year for benefits under Benefits 1-3.
- If a cumulative bonus has been applied and a claim is made, then in the subsequent Policy Year We will automatically decrease the cumulative bonus by 5% of the Sum Insured in that following Policy Year.

### EXCLUSIONS

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

#### 1) Special Exclusions to Benefit 1-4 & 8

- Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
- Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- Hernia.

#### 2) General Exclusion applicable to all Benefits:

- Any Pre-existing Condition or any complication arising from the same.
- Intentional self injury, suicide or attempted suicide, while sane or insane.
- Any psychiatric or mental disorders.
- AIDS (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus), venereal disease, sexually transmitted disease or illness,
- Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
- Arising or resulting from the insured person(s) committing any breach of law with criminal intent.
- The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol.
- War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, chemical, radioactive or nuclear contamination.
- Pregnancy or childbirth or in consequence thereof.
- Congenital internal or external diseases, defects or anomalies or in consequence thereof.
- Treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Person's family.
- Any non-allopathic treatment.
- Any non medical expenses mentioned in Annexure I.

### GENERAL CONDITIONS

#### 1) Condition precedent

The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability.

#### 2) Insured Person

Only those persons named as an Insured Person in the Schedule shall be covered under this Policy. Any person may be added during the Policy Period as an Insured Person after his application has been accepted by Us, additional premium has been paid and We have issued an endorsement confirming the addition of such person as an Insured Person.

#### 3) Notification of Claims

- We must be informed of any event or occurrence that may give rise to a claim under this Policy within 30 days of it happening. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.
- For all benefits contingent on Our prior acceptance of a claim under Benefits 1-4, We must be informed within 30 days of the event or occurrence that may give rise to a contingent benefit claim.
- If any time period is specifically mentioned in Benefits 1-8, then this shall supersede the time periods mentioned at a) & b) above.

#### 4) Claims Payment Supporting Documentation & Examination

- We must be provided with any documentation and information We may request to establish the circumstances of the claim, its quantum or Our liability for it including, in English, Our claim form duly completed and all reports, including but not limited to death certificate, disability certificate, medical reports, case histories, investigation reports, treatment papers and discharge summaries
- The Insured Person additionally hereby consents to:
  - The disclosure to Us of documentation and information that may be held by medical professionals and other insurers.
  - The Insured Person shall be examined by any medical practitioner We authorise for this purpose when and so often as We may reasonably require.

#### 5) Claims Payment

- We shall be under no obligation to make any payment under this Policy unless We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- All payments made shall be subject to an applicable Deductible (if any) for such payment.
- If We accept a claim and become liable to make payment under Benefits 2, 3, or 4, (the first claim) and there is a subsequent claim under another of these Benefits or Benefit 1 in respect of the same Insured Person and the same Accident within 365 days of the date of the Accident (the second claim), then We will only be liable to pay the difference between the amount payable for the first claim and the amount payable for the second claim.
- We will only make payment to or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In the event of the death of an Insured Person, We will make payment to the Nominee (as named in the Schedule).
- Payments under this Policy shall only be made in Indian Rupees irrespective of the location of accident which has given rise to the claim.
- We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person could reasonably have minimised the costs incurred, or that is brought about or

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contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Doctor.

- g) We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA (Protection of Policyholders Regulation), 2002. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2002, we shall pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

### 6) Fraud

If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be void and all benefits paid under it shall be forfeited.

### 7) Other Insurance

- a) If at the time when any claim is made under this Policy, insured has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any claim (in part or in whole) being made under this Policy, then the Policy holder shall have the right to require a settlement of his claim in terms of any of his policies. The insurer so chosen by the Policy holder shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen policy.

Provided further that, if the amount to be claimed under the Policy chosen by the Policy holder, exceeds the sum insured under a single Policy after considering the deductibles or co-pay (if applicable), the Policy holder shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the claim by applying the Contribution clause. This clause shall only apply to indemnity sections of the policy.

- b) 7)a) shall not apply to claims made under Benefits 1, 2 or 3.

### 8) Subrogation

You and/or any Insured Persons shall at Your own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which We are or would become entitled upon Us making payment under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. Neither You nor any Insured Person shall prejudice these subrogation rights in any manner and shall provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and our costs and expenses of effecting a recovery, whereafter We shall pay any balance remaining to You.

### 9) Change of Occupation

You will give Us notice of any change in the business or occupation of any Insured Person within 30 days of such change and We will issue an endorsement to this effect.

If at the time a claim arises under this Policy the Insured Person has changed his occupation without Us being notified, then Our maximum liability will be limited to the amount that would have been payable for the premium paid and the new occupation.

### 10) Geography

This Policy applies to events or occurrences taking place anywhere in the world unless limited by Us in a particular Benefit or definition or through an endorsement.

### 11) Alterations to the Policy

This Policy constitutes the complete contract of insurance. This Policy cannot be

changed or varied by any one (including an insurance agent or broker) except Us, and any change We make will be evidenced by a written endorsement signed and stamped by Us.

### 12) Renewal

This Policy is ordinarily renewable for life unless the Insured Person or anyone acting on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or there has been any misrepresentation under or in relation to this Policy or the renewal of the Policy poses a moral hazard.

We are NOT under any obligation to:

- Send renewal notice or reminders.
- Renew it on same terms or premium as the expiring Policy. Any change in benefit or premium will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy.

All applications for renewal of the Policy must be received by Us before the end of the Policy Period. A Grace Period of 30 days for renewing the Policy is available under this Policy. Any disease/ condition contracted during the Grace Period will not be covered and will be treated as a Pre-existing Condition.

On renewal, the maximum sum insured available above 70 years of age is restricted upto Rs 5,00,000.

### 13) Notices

Any notice, direction or instruction under this Policy shall be in writing and if it is to:

- Any Insured Person, then it shall be sent to You at Your address specified in the Schedule and You shall act for all Insured Persons for these purposes.
- Us, it shall be delivered to Our address specified in the Schedule. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.

### 14) Dispute Resolution Clause

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

### 15) Nomination

You can change the nominee to whom such payment is to be made at any time during the Policy Period, provided that such change shall only be effective when You have notified Us and We have recorded the change by an endorsement to this effect.

### 16) Termination

- a) You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy then We will refund premium in accordance with the table below:

Length of time Policy in force	Refund of premium
up to 1 month	75%
up to 3 months	50%
up to 6 months	25%
exceeding 6 months	0%

- b) We may terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person upon 30 days notice by sending an endorsement to Your address shown in the Schedule, and We shall refund a rateable proportion of the premium as long as no claim has been made under the Policy.

### 17) FreeLook Cancellation

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and

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proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

### INTERPRETATIONS & DEFINITIONS

The terms defined below have the meanings ascribed to them wherever they appear in this Policy Document and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

**Accident or Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means

**Age or Aged** means completed years as at the Commencement Date.

**Commencement Date** means the commencement date of this Policy as specified in the Schedule.

**Carrier** means a civilian or commercial land, air or water conveyance operating under a valid licence from transportation of goods or passengers by air, sea, road or rail for a fee.

**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 rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis..

**Deductible** is 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.

**Dependents** means only the family members listed below:

- i) Your legally married spouse as long as she continues to be married to You;
- ii) Your children Aged between 91 days and 21 years if they are unmarried
- iii) Your natural parents or parents that have legally adopted You, provided that the parent was below 69 years at his initial participation in the Individual Personal Accident Policy,

**Dependent Child** means a child (natural or legally adopted), who is financially dependent on You and does not have his / her independent sources of income.

**Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

**Emergency Care** means management for a severe 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.

**Hospital** a 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 the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
- has qualified nursing staff under its employment round the clock,
- 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 will make these accessible to the insurance company's authorized personnel.

**Hospitalisation or Hospitalised** Means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24consecutive hours.

**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.

**Insured Person** means You and the persons named in the Schedule.

**Medical Advise** means any consultation or advise from a Medical Practitioner including the issue of any prescription or repeat prescription.

**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.

**Medically Necessary** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which

- Is required for the medical management of the Illness or injury suffered by the Insured Person;
- 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.

**Notification of Claim** means the process of notifying a claim to the insurer or TPA by specifying the timeliness as well as the address / telephone number to which it should be notified.

**Medical Practitioner** means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of his license.

**OPD Treatment** is 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 daycare or inpatient.

**Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any) and the Schedule (as the same may be amended from time to time).

**Policy Period** means the period between the Commencement Date and the Expiry Date as specified in the Schedule.

**Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.

**Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first policy issued by the insurer.

**Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/ injury involved

**Subrogation** means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

**Sum Insured** means the sum shown in the Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period.

**Terrorism'** shall mean 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 or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear."

**We/Our/Us** means the Apollo Munich Health Insurance Company Limited.

**You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

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## Policy Wording - Standard

### Schedule of Benefits

Benefit	Sum Insured
Benefit 1. 1) Accidental Death [AD]	As specified in the Schedule
Benefit 1. 2) Transportation of Mortal Remains	2 % of AD Sum Insured; maximum upto Rs 10,000
Benefit 2. Permanent Total Disablement	100% of AD Sum Insured
Benefit 3. Permanent Partial Disablement	100% of AD Sum Insured
Benefit 4. Temporary Total Disablement*	As specified in the Schedule; maximum upto Rs. 5,00,000
Benefit 5. Emergency Ambulance Charges	Rs 2,000
Benefit 6. Education Fund*	10 % of AD Sum Insured; maximum upto Rs 20,000
Benefit 7. Family Transportation	1 % of AD Sum Insured; maximum upto Rs 100,000
Benefit 8. Accident Medical Expenses	10% of AD Sum Insured; maximum upto Rs 50,000

\*Temporary Total Disablement and Education Fund are available to the earning members only.

### Grievance Redressal Procedure

If You have a grievance that You wish Us to redress, You may contact Us with the details of Your grievance through:

- Our website : [www.apollomunichinsurance.com](http://www.apollomunichinsurance.com)
- Email : [customerservice@apollomunichinsurance.com](mailto:customerservice@apollomunichinsurance.com)
- Telephone : 1800-102-0333
- Fax : +91-124-4584111
- Courier : Any of our Branch office or corporate office

You may also approach the grievance cell at any of Our branches with the details of Your grievance during Our working hours from Monday to Friday.

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may contact Our Head of Customer Service at **The Grievance Cell, Apollo Munich Health Insurance Company Ltd., 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana**

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may approach the nearest Insurance Ombudsman for resolution of Your grievance. The contact details of Ombudsman offices are mentioned below.

### Ombudsman Offices

Jurisdiction	Office Address
Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu	Shri P. Ramamoorthy (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27546840 Fax : 079-27546142 Email: <a href="mailto:ins.omb@rediffmail.com">ins.omb@rediffmail.com</a>
Madhya Pradesh & Chhattisgarh	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.:- 0755-2569201 Fax : 0755-2769203 Email: <a href="mailto:bimalokpalbhopal@airtelmail.in">bimalokpalbhopal@airtelmail.in</a>
Orissa	Shri B. P. Parija (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455 Fax : 0674-2596429 Email: <a href="mailto:ioobbsr@dataone.in">ioobbsr@dataone.in</a>

Jurisdiction	Office Address
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh	Shri Manik Sonawane (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468 Fax : 0172-2708274 Email: <a href="mailto:ombchd@yahoo.co.in">ombchd@yahoo.co.in</a>
Tamil Nadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /5284 Fax : 044-24333664 Email: <a href="mailto:chennaiinsuranceombudsman@gmail.com">chennaiinsuranceombudsman@gmail.com</a>
Delhi & Rajasthan	Shri Surendra Pal Singh (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633 Fax : 011-23230858 Email: <a href="mailto:iobdelraj@rediffmail.com">iobdelraj@rediffmail.com</a>
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Shri D.C. Choudhury (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email: <a href="mailto:ombudsmanghy@rediffmail.com">ombudsmanghy@rediffmail.com</a>
Andhra Pradesh, Karnataka and UT of Yanam - a part of the UT of Pondicherry	Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123 Fax: 040-23376599 Email: <a href="mailto:insombudhyd@gmail.com">insombudhyd@gmail.com</a>
Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry	Shri R. Jyothindranathan (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759 Fax : 0484-2359336 Email: <a href="mailto:iokochi@asianetindia.com">iokochi@asianetindia.com</a>
West Bengal , Bihar, Jharkhand and UT of Andaman & Nicobar Islands , Sikkim	Ms. Manika Datta (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, KOLKATTA - 700 072. Tel: 033 22124346/(40) Fax: 033 22124341 Email: <a href="mailto:iombsbpa@bsnl.in">iombsbpa@bsnl.in</a>
Uttar Pradesh and Uttaranchal	Shri G. B. Pande (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331 Fax : 0522-2231310 Email: <a href="mailto:insombudsman@rediffmail.com">insombudsman@rediffmail.com</a>
Maharashtra , Goa	Insurance Ombudsman, Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928 Fax : 022-26106052 Email: <a href="mailto:ombudsmanmumbai@gmail.com">ombudsmanmumbai@gmail.com</a>

IRDA REGULATION NO 5: This policy is subject to regulation 5 of IRDA (Protection of Policyholder's Interests) Regulation.

# Individual Personal Accident

## Policy Wording - Standard

### Annexure I

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
1	HAIR REMOVAL CREAM CHARGES	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/ INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES ( for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified



# Individual Personal Accident

## Policy Wording - Standard

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Exclusion in policy unless otherwise specified
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
74	STEM CELL IMPLANTATION/ SURGERY AND STORAGE	Not Payable except Bone Marrow Transplantation where covered by policy
<b>ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS</b>		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges, not separately
78	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER	Payable under OT Charges, not separately
79	SURGICAL DRILL	Payable under OT Charges, not separately
80	EYE KIT	Payable under OT Charges, not separately
81	EYE DRAPE	Payable under OT Charges, not separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
86	ANTISEPTIC OR DISINFECTANT LOTION	Not Payable - Part of Dressing charges
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
88	COTTON	Not Payable - Part of Dressing charges
89	COTTON BANDAGE	Not Payable - Part of Dressing charges
90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
<b>ELEMENTS OF ROOM CHARGE</b>		
96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of Room Charge, Not payable separately
102	ATTENDANT CHARGES	Not Payable - Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry/ Housekeeping not payable separately
105	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not Payable - Part of Room Charges
<b>ADMINISTRATIVE OR NON-MEDICAL CHARGE</b>		
107	ADMISSION KIT	Not Payable

# Individual Personal Accident

## Policy Wording - Standard

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTAINANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
<b>EXTERNAL DURABLE DEVICES</b>		
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not payable
135	INFUSION PUMP - COST	Device not payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not payable
138	SPACER	Not Payable

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
139	SPIROMETRE	Device not payable
140	SPO2 PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES ( LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	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
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHIELD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
<b>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</b>		
156	BETADINE \ HYDROGEN PEROXIDE\ SPIRIT\DETTOL \SAVLON\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES-DIET CHARGES	Patient Diet provided by hospital is payable
159	SUGAR FREE TABLET	Payable -Sugar free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toileteries are not payable,only prescribed medical pharmaceuticals payable)	Payable when prescribed
161	DIGENE GEL/ ANTACID GEL	Payable when prescribed

# Individual Personal Accident

## Policy Wording - Standard

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
162	ECG ELECTRODES	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.
163	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
164	HIV KIT	Payable - payable Pre operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization is payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
<b>PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE</b>		
173	AHD	Not Payable - Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
<b>OTHERS</b>		
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK ( Glucometry/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports and Charts required/ Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc. where it should be paid.

We would be happy to assist you. For any help contact us at: E-mail : [customerservice@apollomunichinsurance.com](mailto:customerservice@apollomunichinsurance.com) Toll Free : 1800-102-0333

# Individual Personal Accident Claim Procedure

Apollo Munich Health Insurance Company Limited congratulates you on your Insurance choice and welcomes you into the select group of Personal Accident Insurance Policy holders.

Apollo Munich Health is glad to provide you a wide range of benefits and assures you of high quality customer service and responsiveness.

Please review your personal accident policy and familiarize yourself with the benefits available and the exclusions.

Your Personal Accident Insurance Policy is an important document, Please keep them in safe custody for future references and claim purposes.

For any doubt or clarifications and/or information, call our **Toll Free Line at 1800-102-0333** or log on to our website **www.apollomunichinsurance.com** or email us at **customerservice@apollomunichinsurance.com**.

Please quote your policy number in all your correspondences.

## In case of an unfortunate claim, you need to:

1. Provide Us a written notice with full particulars immediately.
2. Collect the claim form available at all our offices. You can also download the form from our website.
3. Submit Us the dully filled and signed claim form along with the documents mentioned in the claim form.

Note: The essential claim documents in original along with the claim form have to be submitted within 30 days of the occurrence of the incident, at any of our following offices.

## Addresses: Apollo Munich Health Insurance Company Limited.

**Gurgaon:** 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana  
Tel: 0124 - 4584333, Fax: 0124 - 4584111

**Delhi:** 1st Floor, 6&7B.K Roy Court. Asaf Ali Road, Daryaganj, Delhi - 110002  
Tel: 011- 43585333, Fax: 011- 43585311

**Mumbai:** No 349, Ground Floor, Business Park, Unit No 1, Western Express Highway,  
Andheri - East, Mumbai - 400069 Maharashtra, Tel: 022 - 67242333, Fax: 022 - 67242311

**Kolkata:** 9, Elgin Road, 3rd Floor, Kolkata-700029, West Bengal.  
Tel: 033 - 40008333, Fax: 033 - 40008311  
5th Floor, Omega Tower, Bengal Intelligent Park, Plot No. - A2, N2 & M2, Block - EP & GP, Sector - V,  
Kolkata-700091, West Bengal. Tel: 033 - 40168444

**Chennai:** New No - 4, Old No 319, Valluvarkottam High Road, Nungubakkam, Chennai - 600034, Tamil Nadu  
Tel: 044 - 42280300, Fax: 044 - 42280311

**Hyderabad:** Aditya Towers, 8-2 120/86/9, A & B 3rd & 4th Floor, Road No -2, Banjara Hills, Hyderabad 500033  
Tel: 040-44330333, Fax: 040-44330311

**Bangalore:** Office Units, 100121010, C Wing Mittal Towers, MG Road, Bangalore - 566001  
Tel: 080 - 41435333, Fax: 080 - 41435311

**Pune:** 7, 562/7, River View Apartment, 1st Floor, Congress House Road, Shivaji Nagar, Pune 411005, Maharashtra.  
Tel: 020 - 66278400, Fax: 020 - 66278500

**Ahmedabad:** 106, sahananad Complex, Near Swastik Cross Road, CG Road, Navrangpura, Ahmedabad-380009, Gujarat.  
Tel: 079 - 40049671 - 74, Fax: 079 - 40049675

**Cochin:** 39/4967F, 'Uznaz Towers', 5th floor, Medical Trust Junction, Pallimukku, MG Road, Ernakulam - 682016, Cochin  
Tel: 0484-4143555, Fax: 0484-4143500.

**Lucknow:** 2nd Floor, Halwasia's Commerce House 11, MG Marg, Hazrat Ganj., Lucknow - 226001, Uttar Pradesh.  
Tel: 0522 - 4061333, Fax: 0522 - 4061311

**Jaipur:** 806, Vijay City Point, Ahinsa Circle, Ashok Marg, C Scheme, Jaipur - 302001, Rajasthan  
Tel: 0141- 4098333, Fax: 0141- 4098311.

We would be happy to assist you. For any help contact us at: E-mail : [customerservice@apollomunichinsurance.com](mailto:customerservice@apollomunichinsurance.com) Toll Free : 1800-102-0333