

LIBERTY VIDEOCON SECURE FUTURE CONNECT POLICY WORDINGS

Liberty Videocon General Insurance Company Limited (“the Company, **We, Our, or Us**”), having received a Proposal and the Premium from the Proposer named in the Schedule referred to herein below, and the said Proposal and Declaration together with any statement, report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by the Company and the Proposer as the basis of this contract do, by this Policy agree, in consideration of and subject to the due receipt of the subsequent premiums, within such time, as may be prescribed under the provisions of the Insurance Act, 1938 and the realization thereof by the Company as set out in the Schedule with all its Parts, and further, subject to the terms and conditions contained in this Policy, as set out in the Schedule with all its Parts that on proof to the satisfaction of the Company of the Compensation having become payable as set out in the Schedule to the title of the said person or persons claiming payment or upon the happening of an event upon which one or more benefits become payable under this Policy, the Sum Insured/ appropriate benefit will be paid by the Company.

Part 1 : Common Definitions

1. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age** means the completed age of the Insured Person as on his last birthday.
3. **Bank** means a banking Company which transacts the business of banking in India.
4. **Civil War** means armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups. Included in the definition: armed rebellion, revolution, sedition, insurrection, Coup d'état, and the consequences of Martial law.
5. **Compensation** means Sum Insured, Total Sum Insured or percentage of the Sum Insured, as appropriate.
6. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the Policy is conditional upon
7. **“Congenital Anomaly”** Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - a. **“Internal Congenital Anomaly”** means **congenital anomaly** which is not in the visible and accessible parts of the body
 - b. **“External Congenital Anomaly”** means **congenital anomaly** which is in the visible and accessible parts of the body

8. **Confirmation** means Confirmation of Availability of Insurance issued by the Company to the insured confirming that the Insured is entitled to insurance coverage under this Policy.
9. **Endorsement** means written evidence of change to the Policy including but not limited to increase or decrease in the period, extent and nature of the cover agreed by Us in writing.
10. **EMI or EMI Amount** means the fixed payment amount required to repay the principal amount of Loan and Interest by the Insured at a specified date each calendar month, as set forth in the amortization chart referred to in the Loan agreement (or any amendments thereto) between the Bank/Financial Institution and the Insured prior to the date of occurrence of the Insured Event under this Policy. For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the Insured prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.
11. **Financial Institution** shall have the same meaning assigned to the term under section 45 I of the Reserve Bank of India Act, 1934 and shall include a Non-Banking Financial Company as defined under section 45 I of the Reserve Bank of India Act, 1934.
12. **Foreign War** means armed opposition, whether declared or not between two countries
13. **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 and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
14. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment
 - a) **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.
 - b) **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 your rehabilitations or for you to be specially trained to cope with it- it continues indefinitely – it comes back or is likely to come back.
15. **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 registered Medical Practitioner
16. **Insured Person** means the Individual(s) whose name(s) are specifically appearing in the Schedule to this Policy. For the purpose of avoidance of doubt it is clarified that the heirs, executors, administrators, successors or legal representatives of the Insured Person may present a claim on behalf of the Insured Person to the Company.
17. **Insured Event** means any event specifically mentioned as covered under this Policy.
18. **Loan** means the sum of money lent at interest or otherwise to the Insured by any Bank/Financial Institution as identified by the Loan Account Number referred to in Section 1 of this Policy

19. **Medically Necessary** is defined as 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.
20. **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 the scope and jurisdiction of his license provided that this person is not a member of the Insured Person's family.
21. **Nominee** means the person(s) nominated by the Insured Person to receive the insurance benefits under this Policy payable on the death of the Insured Person.
22. **Notification of Claim** is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
23. **Period of Insurance** means the period commencing from the Policy start date of the first Policy with the Company, under which the Insured Person is covered, subject to the Insured Person continuously renewing such Policy with the Company without any break and terminating at midnight on the Policy end date as specified in the Schedule to this Policy. No benefit shall accrue to the Insured Person on account of the Period of Insurance unless the dates are evidenced in writing against the caption of "Period of Insurance" of this Policy. For the purpose of avoidance of doubt it is clarified that if no dates are evidenced in writing against the caption "Period of Insurance" as mentioned above, then the Period of Insurance shall mean the Policy Period.
24. **Permanent Total Disablement** means disablement, as the result of a Bodily Injury is confirmed as total, continuous and permanent by a Physician and entirely prevents an Insured Person from engaging in or giving attention to gainful occupation of any and every kind for the remainder of his/her life.
25. **Policy** means this document of Policy describing the terms and conditions of this contract of insurance including the Company's covering letter to the Insured if any, the Schedule attached to and forming part of this Policy, the Insured's Proposal form and any applicable endorsement attaching to and forming part thereof either at inception or during the period of insurance..
26. **Policyholder** means the entity or person named as such in the Schedule.
27. **Policy Period** means the period commencing from Policy start date and hour as specified in the Schedule and terminating at midnight on the Policy end date as specified in of the Schedule to this Policy.

28. **Pre-Existing** 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 your first Policy with us.
29. **Principal Outstanding** means the principal amount of the Loan outstanding as on the date of occurrence of Insured Event 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 the Insured Event/s. For the purpose of avoidance of doubt, it is clarified that any EMIs that are overdue and unpaid to the Bank prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.
30. **Professional Sports** means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood.
31. **Proposal and Declaration Form** means any initial or subsequent declaration made by the Insured/ Insured Person/s and is deemed to be attached and forming part of this Policy.
32. **Public Authority** means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, exact obedience, and command, determine or judge.
33. **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.
34. **Schedule** means this schedule and parts thereof, and any other annexure(s) appended, attached and / or forming part of this Policy.
35. **Scheduled Airline** means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier and is flown by authorized licensed pilot.
36. **Spouse** means an Insured Person's husband or wife who is recognized as such by the laws of the jurisdiction in which they reside.
37. **Sum Insured** means and denotes the amount of cover available to the Insured subject to the terms and conditions of this Policy and as stated in the Table of Benefits of the Schedule which is the maximum liability of the Company under this Policy.
38. **Terrorism** means activities against persons, organizations or property of any nature:
- i. that involve the following or preparation for the following:
 - a. use or threat of force or violence; or
 - b. commission or threat of a dangerous act; or
 - c. commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and
 - ii. when one or both of the following applies:
 - d. the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or

- e. It appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.
39. **War** means war, whether declared or not or any warlike activities, including use of the military force by any sovereign nations to achieve economic, geographic, nationalistic, political racial religious or other ends.
40. **We/Us/Our/Company** means Liberty Videocon General Insurance Company Limited.
41. **You/Your /Yourself/Insured** means the person(s) named as Insured Person in the Schedule

Part 2 : BENEFITS UNDER THE POLICY

1.1 SECTION I: CRITICAL ILLNESS

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, general exclusions stated in this Policy, to pay the benefit Sum Insured in relation to the Insured Person as per the option selected and as stated under Schedule to this Policy on the occurrence of an Insured Event as stated below, under this Section.

Insured event: For the purposes of this Section and the determination of the Company's liability under it, the Insured Event in relation to the Insured Person, shall mean any illness, medical event or surgical procedure as specifically defined below whose signs or symptoms first commence more than 90 days after the commencement of Policy Period and shall only include:

a) First Diagnosis of the below-mentioned Illnesses more specifically described below

1. Cancer of Specified Severity;
2. End Stage Renal Failure
3. Benign Brain Tumor;
4. Parkinson's Disease;
5. End Stage Liver Disease;
6. Alzheimer's Disease;
7. Motor Neurone disease with permanent symptoms
8. Multiple sclerosis with persisting symptoms
9. Muscular Dystrophy
10. Systemic Lupus Erythematosus with Lupus Nephritis
11. Medullary cystic disease

b) Undergoing for the first time the following surgical procedures for the first time, more specifically described below:

12. Major Organ / Bone Marrow Transplant;
13. Open Heart Replacement or Repair of Heart Valves;
14. Open Chest CABG ;
15. Surgery of Aorta;
16. Pneumonectomy
17. Pulmonary Artery Graft Surgery

c) Occurrence of the following medical events more specifically described below:

18. Stroke Resulting in Permanent Symptoms;

19. Permanent Paralysis of Limbs;
20. First Heart Attack of Specified Severity;
21. Coma of Specified Severity;
22. Major Burns;
23. Deafness;
24. Loss of Speech.
25. Primary Pulmonary Arterial Hypertension

The Insured Event under this Section I and the conditions applicable to the same are more particularly defined below:

1. Cancer of Specified Severity

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 and confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- Tumors showing the malignant changes of carcinoma in situ and tumors which are histologically described as pre-malignant or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
- Any skin cancer other than invasive malignant melanoma.
- 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.
- Papillary micro - carcinoma of the thyroid less than 1 cm in diameter.
- Chronic lymphocytic leukemia less than RAI stage 3.
- Micro carcinoma of the bladder.
- All tumors in the presence of HIV infection.

2. End Stage Renal Failure

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

3. Benign Brain Tumor

A benign tumour in the brain where all of the following conditions are met:

- 1.it is life threatening;
- 2.it has caused damage to the brain;
- 3.it has undergone surgical removal or, if inoperable, has caused a Permanent neurological deficit such as (but not restricted to) characteristic symptoms of increased intracranial pressure such as papilloedema, mental seizures and sensory impairment; and For the purpose of this benefit, the word “Permanent” shall mean beyond the hope of recovery with current medical knowledge and technology;
- 4.its presence must be confirmed by a Neurologist or Neurosurgeon acceptable to Us and supported by findings on Magnetic Resonance Imaging (MRI), Computerised Tomography, or other reliable imaging technique.

The following conditions are not covered:

- cysts;
- granulomas;
- vascular malformations;
- haematoma;

- Meningiomas
- Tumours of the pituitary gland or spinal cord; and
- tumours of acoustic nerve (acoustic neuroma)

4. Parkinson's Disease

The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease before age 60 years by a Neurologist acceptable to us.

The diagnosis must be supported by all of the following conditions:

- the disease cannot be controlled with medication;
- signs of progressive impairment; and
- inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (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:

Activities of daily living:

1. 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;
2. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
4. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
5. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
6. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

Parkinsons disease secondary to drug and/or alcohol abuse is excluded.

5. End Stage Liver Disease

End Stage Liver Disease/Failure evidenced by all of the following:

- Permanent jaundice; (bilirubin > 2micromol/l)
- Uncontrollable Ascites; and
- Albumin<3.5g/dl
- Prothrombin time <70% of the normal for the age & gender
- Hepatic Encephalopathy.
- Oesophageal or Gastric Varices and portal hypertension.

The following are excluded:

- Child-Pugh-Stage A
- Liver disease due to alcohol or drug misuse

6. 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. 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 of the disease must be before Age 60 years, must be supported by the clinical Confirmation of a Neurologist, evidenced by typical findings

in cognitive and neuroradiological tests (eg CT Scan, MRI, PET of the brain) and supported by Our appointed Medical Practitioner.

The following conditions are however not covered:

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

7. Motor Neuron Disease with Permanent Symptoms

Motor neurone 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

8. Multiple Sclerosis with persisting symptoms

The definite occurrence of multiple sclerosis, the diagnosis must be supported by all of the following:

- Investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis.
- There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.

Other causes of neurological damage such as SLE and HIV are excluded.

9. Muscular Dystrophy

Muscular Dystrophy is 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 4 conditions:

1. Family history of muscular dystrophy;
2. Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;
3. Characteristic electromyogram; or
4. Clinical suspicion confirmed by muscle biopsy.

The condition must result in the inability of the Insured Person to perform (whether aided or unaided) at least 3 of the 6 '*Activities of Daily Living*' as listed for a continuous period of at least 6 months:

Activities of daily living:

1. 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;
2. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
4. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

5. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
6. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

10. Systemic Lupus Erythematosus with Lupus Nephritis

A multi-system, multifactorial, autoimmune disorder characterised by the development of auto-antibodies 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 specialising 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:

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

11. Medullary Cystic Disease

A progressive hereditary disease of the kidneys characterised by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic renal failure. The diagnosis must be supported by renal biopsy.

12. Major Organ/Bone Marrow Transplant

The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using hematopoietic stem cells

The undergoing of a transplant has to be confirmed by a specialist Medical Practitioner.

The following are excluded:

- Other stem-cell transplants
- Where only islets of langerhans are transplanted it means human to human transplant from a donor to the recipient.

13. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery 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.

14. Open Chest CABG

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

The following are excluded:

- Angioplasty and/or any other intra-arterial procedures;
- Any key-hole or laser Surgery.

15. Surgery of Aorta

The actual undergoing of major surgery to repair or correct 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.

The following conditions are excluded:

- Surgery performed using only minimally invasive or intra-arterial techniques.
- Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures.

The diagnosis to be evidenced by any two of the following:

- a) Computerized tomography (CT) scan
- b) Magnetic Resonance Imaging (MRI) scan
- c) Echocardiography (an ultrasound of the heart)
- d) Angiography (Injecting X ray dye)
- e) Abdominal ultrasound

16. Pneumonectomy

The undergoing of surgery on the advice of an appropriate Medical Practitioner to remove an entire lung for disease or traumatic injury suffered by the Insured Person.

The following conditions are excluded:

- Removal of a lobe of the lungs (lobectomy)
- Lung resection or incision

17. Pulmonary Artery Graft Surgery

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

The following conditions are excluded:

- Pulmonary artery graft surgery necessitated as a result of CABG
- Pulmonary artery graft surgery necessitated as a result of Post trauma

18. Stroke resulting in Permanent Symptoms

Any cerebral vascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, haemorrhage and embolisation 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.

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.

19. Permanent Paralysis of Limbs

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.

20. First Heart Attack of Specified Severity

The first occurrence of 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 this will be evidenced by all of the following criteria:

- A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain).
- New characteristic electrocardiogram changes c) elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponins I or T;
- Other acute Coronary Syndromes;
- Any type of Angina Pectoris.

21. Coma of Specified Severity

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:

- No response to external stimuli continuously for at least 96 hours;
- Life support measures are necessary to sustain life.
- Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist Medical Practitioner.

Coma resulting directly from alcohol or drug abuse is excluded.

22. Major Burns

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Insured Person's body and evidenced by specific results based on the Lund Browder Chart or equivalent burn area calculator. The condition should be confirmed by a specialist Medical Practitioner (Surgeon).

Burns arising due to self-infliction are excluded

23. Deafness

Total and irreversible loss of hearing in both ears as a result of Illness or Injury. The diagnosis has to be confirmed by an ear, nose and throat specialist (ENT specialist) and proven by means of audiometry.

24. Loss of Speech

Total and permanent loss of the ability to produce intelligible speech as a result of irreversible damage to the larynx or its nerve supply from the speech centres of the brain caused by injury, tumour or sickness. Medical evidence must be supplied by an appropriate specialist to confirm laryngeal dysfunction and that the loss of speech has lasted for more than 6 months continuously.

All psychiatric causes of loss of speech are excluded. No benefit will be payable if, in general medical opinion, a device, or implant could result in the partial or total restoration of speech.

25. Primary Pulmonary Arterial Hypertension

Primary Pulmonary Hypertension with substantial right ventricular enlargement with the diagnosis established by a consultant pulmonologist or cardiologist using clinical examination and laboratory procedures, including cardiac catheterisation, resulting in permanent physical impairment of Class IV level of the New York Heart Association (NYHA) Classification of Cardiac Impairment.

The diagnosis must be supported by all three (3) of the following criteria:

- Mean pulmonary artery pressure > 40 mmHg; and
- Pulmonary vascular resistance > 3 mmHg / L / min; and
- Normal pulmonary wedge pressure < 15 mmHg.

The diagnosis to be proved by following tests:

- a. Ventilation perfusion or V/Q scanning
- b. Arterial blood gas measurements
- c. Pulmonary function tests
- d. X-rays of the chest
- e. Right-sided cardiac catheterization

Secondary Pulmonary Hypertension is completely excluded. Examples are secondary pulmonary hypertension caused by the followings:

- Liver cirrhosis and portal hypertension
- HIV infection
- Systemic connective tissue disease
- Lung disease
- Chronic hypoventilation
- Pulmonary thromboembolic disease:
- Diseases of the left side of the heart
- Congenital heart disease

New York Heart Classification

- **Class I:** Patients with cardiac disease but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnoea or angina pain.
- **Class II:** Patients with cardiac disease results in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea or angina pain.
- **Class III:** Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnoea or anginal pain.
- **Class IV:** Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure, or the angina syndrome may be present even at rest. If any physical activity is undertaken, discomfort increases

1.1.2 CLAIMS SETTLEMENT PROCESS APPLICABLE TO SECTION I

In the event of a claim arising out of an Insured Event covered under this Section, the Insured Event as described above shall be intimated to the Company within 30 (thirty) days from the date of first diagnosis of the Illness, date of surgical procedure or date of occurrence of the medical event as the

case may be. However, the Company may condone the delay on merits of the claim subject to getting satisfied that the delay in notification was due to reasons beyond the control of the Insured Person/Nominee.

The Company shall not be liable to pay any claims under this Section I unless the claim under the Policy is accompanied by the following documents:

1. Certificate from the attending Doctor of the Insured Person confirming, inter alia,
 - i. name of the Insured person;
 - ii. name, date of occurrence and medical details of the Insured Event
2. Confirmation that the Insured Event does not relate to any Pre-Existing Illness or any Illness or Injury which existed or any Illness that was contracted in the first 90 days of commencement of Policy Period.
3. Certificate, if applicable, from the Bank/Financial Institution stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.
4. Duly completed claim forms;
5. Photocopy of Discharge Certificate/ Card from the hospital/ Doctor;
6. Photocopy of investigation test reports, indoor case papers;
7. Additional documents will be called for when the above listed documents do not properly corroborate admissibility of the claim under respective benefits as per the Policy terms. .

1.1.3 EXCLUSIONS APPLICABLE TO SECTION I

The Company shall not be liable to make any payment directly or indirectly arising out of the following events:

a. Pre- Existing Condition Exclusion:

Pre-existing Conditions and any complications arising from the same will not be covered until 48 months of continuous coverage have elapsed, since inception of your first Policy with Us.

- b. If the Insured does not submit a medical certificate from the Doctor evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical / surgical procedure in relation to the claim of the particular Insured Person.
- c. The Company shall not be liable to make any payment under this Policy in connection with or in respect of any Insured Event, as stated in this Section, occurred or suffered before the commencement of Period of Insurance or arising in the first 90 days of the Policy Period.
- d. Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor.
- e. Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy and mentioned in the Schedule under Special Conditions.
- f. Treatment relating to birth defects and external congenital Illness or condition
- g. Birth control procedures and hormone replacement therapy.
- h. Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery /complications/illness arising as a consequence thereof.
- i. Treatment by a family member and self-medication or any treatment that is not scientifically recognized.

- j. Any sexually transmitted diseases or any condition directly caused by or associated with Human T-Cell Lymphotropic Virus Type III (III LB III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS, related complex syndrome (ARCS) and all diseases/illness/injury caused by and/or related to HIV.
- k. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, whether or not arising out of conditions listed under j above
- l. Any Critical Illness arising out of use, abuse or consequence or influence of any substance (substances that are abused like illegal drugs, opioids, marijuana etc) intoxicant, drug, alcohol or hallucinogen.
- m. Any mental Illness, psychiatric or psychological disorders.

1.1.4 SPECIFIC CONDITIONS APPLICABLE TO SECTION I

The cover under this Policy, for the specific Insured Person, shall terminate in the event of claim in respect of that Insured Person becoming admissible and accepted by the Company under this Section. In consequence thereof no benefit shall be payable under any other Section of this Policy.

1.2 SECTION II: PERSONAL ACCIDENT

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in the Policy, to pay the Sum Insured as stated under the Schedule to this Policy, on occurrence of the Insured Event as stated below:

Insured event: For the purposes of this Section and the determination of the Company's liability under it, Insured Event in relation to any Insured Person, shall mean Injury sustained during the Policy Period which shall be the sole and direct cause of a) Death or b) Permanent Total Disablement as described hereunder.

1. Death

- a. If an Insured Person suffers an accident during the Policy Period and this is the sole and direct cause of his death within 12 months of such accidental Bodily Injury sustained, then We will pay the Sum Insured as mentioned in the Policy Schedule.
- b. We will also, in addition to the Sum Insured, pay Rs. 5000 towards the cost of performing the funeral ceremony of the Insured Person in case of valid claim admissible under Accidental Death of the Policy.

2. Permanent Total Disability

If an Insured Person suffers an accident during the Policy Period and this is the sole and direct cause of his permanent total disability in one of the ways detailed in the table below, within 12 months of such accidental Bodily Injury sustained, then We will pay the percentage of the Sum Insured shown in the table.

For the purposes of this Section, Permanent Total Disablement shall mean

Permanent Total Disability – Table of Benefits	
Loss of	% of Sum Insured
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 eye	100%
Complete and irrecoverable loss of speech & hearing of both ears	100%

1.2.2 CLAIM SETTLEMENT APPLICABLE TO SECTION II

- (i) Upon the happening of any Injury giving rise or likely to give rise to a claim under this Policy, the Injury as described above shall be intimated to the Company as soon as possible but not later than 30 days from the date of its occurrence. However, the Company may condone the delay on merits of the claim subject to getting satisfied that the delay in notification was due to reasons beyond the control of the Insured/Insured Person/Nominee.
- (ii) The Insured Person shall deliver to the Company, within 30 days of the date of occurrence of the Insured Event, a detailed statement in writing as per the claim form and any other material particular, relevant to the making of such claim.
- (iii) The Insured Person shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.
- (iv) Proof satisfactory to the Company shall be furnished in connection with all matters upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the Insured Person on the occasion of any alleged Injury when and so often as the same may reasonably be required on behalf of the Company. Such evidence as the Company may from time to time require shall be furnished and a post-mortem examination report wherever applicable, shall be furnished to the Company within a period of thirty days.

The Company shall not be liable to pay any claims under this Section II unless the claim under the Policy is accompanied by the following documents:

1. Duly completed claim form;
2. Doctor's Report;
3. First Information Report and Final Police report, wherever necessary;
4. Death certificate, wherever applicable;
5. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury etc.;
6. Disability certificate from a Doctor or hospital confirming the extent and nature of disability;
7. Post mortem report, if the same was conducted;
8. Certificate from the Insured / Nominee (in case of death) stating the amortization schedule, the EMI Amount, Principal Outstanding, etc.
9. Proof of travel in listed Public Carrier where the Insured Person has Option B coverage
10. Additional documents will be called for when the above listed documents do not properly corroborate admissibility of the claim under respective benefits as per the Policy terms. .

1.2.3 EXCLUSIONS APPLICABLE TO SECTION II

The Company shall not be liable under this Section for:

- (i) Payment under more than one of the categories specified (Death or Permanent Total Disablement) in the benefit payable in respect of the Insured Person.

- (ii) Payment of Compensation in respect of Insured Event which occurs 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 or is engaging in aviation or ballooning, or whilst the Insured person is mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airline anywhere in the world;
- (iii) Payment of compensation in respect of death, injury or disablement of Insured Person (a) from engaging in or participation in adventure sports including but not limited to winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters, participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which the Insured is untrained, unless specifically covered under the Policy (b) directly or indirectly caused by venereal disease or insanity;
- (iv) Payment of Compensation in respect of death or Permanent Total Disablement arising from or resulting directly or indirectly from any Illness to any Insured Person.
- (v) No sum shall be payable under this Section in case of any Permanent Total Disability for which medical care, treatment, or advice was recommended by or received from a Doctor or from which the Insured Person suffered or which was present before the commencement of the Policy Period.
- (vi) We shall not be deemed to provide cover and shall not 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 us 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.

1.2.4 SPECIAL CONDITIONS APPLICABLE TO SECTION II

The cover under this Policy, for the specific Insured Person, shall terminate in the event of claim in respect of that Insured Person becoming admissible and accepted by the Company under this Section. In consequence thereof no benefit shall be payable under any other Section of this Policy.

1.3 SECTION III: INVOLUNTARY LOSS OF JOB

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, general exclusions stated in the Policy, to pay once during the Policy Period on occurrence of the Insured Event as stated above under this Section, in relation to the Insured Person, 3 EMI Amount(s) falling due in respect of the Loan (Loan account number as stated in Schedule to this Policy) after the commencement of the Insured Event till the reinstatement of employment with the same employer or new employer or expiry of Policy Period, whichever is earlier, subject to a maximum of Sum Insured as stated under Schedule to this Policy for the Insured Person mentioned in the Policy.

Insured event: For the purposes of this Section and the determination of the Company's liability under it, Insured Event in relation to any Insured Person, shall mean termination from employment of the Insured Person or his dismissal, temporary suspension or retrenchment from employment imposed on him 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.

1.3.1 CLAIM SETTLEMENT APPLICABLE TO SECTION III

In the event of a claim arising out of an Insured Event covered under this Section, the Insured Event as described above shall be intimated by the Insured to the Company within thirty (30) days from the date of termination from employment of the Insured Person or his dismissal, temporary suspension or retrenchment from employment as the case may be and the Insured Person shall arrange for submission of the following documents to the Company:

1. Duly completed claim form;
2. Certificate if applicable from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.
3. Certificate from the employer of the Insured Person confirming the termination, dismissal temporary suspension or retrenchment from employment of the Insured person furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment of the Insured Person with the reasons for the same. In case of temporary suspension the period of suspension should also be mentioned in such certificate.
4. Any other document as may be required by the Company.

However, the Company may condone the delay on merits of the claim subject to getting satisfied that the delay in notification was due to reasons beyond the control of the Insured/Insured Person/Nominee.

1.3.2 EXCLUSIONS APPLICABLE TO SECTION III

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 Person being attributed to any dishonesty or fraud or poor performance on the part of the Insured Person or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured person 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 or arising within the first 90 days of inception of the Policy Period.
3. Any unemployment from a job under which no salary or any remuneration is provided to the Insured person.
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.

1.3.3 SPECIFIC CONDITIONS APPLICABLE TO SECTION III

1. A claim under this section shall become admissible provided the period of termination, dismissal, temporary suspension or retrenchment from employment of the Insured Person shall not be less 30 consecutive days ("Retrenchment Period").

2. The benefit under Section III is available for salaried employees and for employment in India Only
3. The cover as described under this Section, for specific Insured Person, shall terminate in the event one claim in respect of that Insured Person becoming admissible and accepted by the Company under this Section and the Company admitting liability against Section III for the Insured Person.

Part 3: GENERAL EXCLUSIONS APPLICABLE TO THE POLICY:

The Company shall not be liable for any loss or damage under this Policy:

1. arising or resulting from the Insured Person committing any breach of the law with criminal intent.
2. due to, or arising out of, or directly or indirectly connected with or traceable to, War, 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, restraints and detainment of all Heads of State and citizens of whatever nation and of all kinds and acts of Terrorism, Riots, Strike, Malicious Acts etc.
3. directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.
4. directly or indirectly caused by or contributed to by or arising from nuclear weapon materials.
5. directly or indirectly caused by or contributed to by or arising out of usage, consumption or abuse or under the influence of alcohol and/or drugs.
6. arising out of or as a result of any act of self-destruction or self-inflicted Injury, attempted suicide or suicide.
7. any sexually transmitted diseases. Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases caused by and/ or related to the HIV.
8. any consequential or indirect loss or expenses arising out of or related to any Insured Event.
9. arising out of or resulting directly or indirectly due to or as a consequence of pregnancy or treatment traceable to pregnancy and childbirth, abortion, Miscarriage and its consequences, tests and treatment relating to infertility and invitro fertilization.
10. arising out of or resulting directly or indirectly while serving in any branch of the Military or Armed Forces of any country during War or warlike operations.
11. arising out of or resulting directly or indirectly caused by, resulting from or in connection with any act of terrorism/sabotage regardless of any other cause or event contributing concurrently or in any other sequence to the loss. The Policy 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/sabotage.
12. Any Claim of the Insured Person while driving any vehicle without a valid Driving License.

Part 4 : GENERAL CONDITIONS APPLICABLE TO THE SECTION I, II and III

1. Incontestability and Disclosure to information norm

The Policy shall be null and void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact. in the Proposal Form, personal statement, Declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured or any one acting on his behalf to obtain any benefit under this Policy.

2. Observance of terms and conditions

The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

3. Reasonable Care

The Insured Person shall take all reasonable steps to safeguard the interests of the Insured against accidental loss or damage that may give rise to the claim.

4. Entire Contract

The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an Endorsement on the Policy. No agent shall or has the authority to change in any respect whatsoever, any term of this Policy or waive any of its provisions.

5. No Constructive Notice

Any of the circumstances in relation to these conditions coming to the knowledge of any official of the company shall not be the notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

6. Records to be maintained

The Insured shall keep an accurate record of any material change in the risk during the currency of the policy, containing all relevant particulars and shall allow the Company to inspect such record. The Insured Person shall within one month after the expiry of each period of insurance furnish such information as the Company may require.

7. Notice of charge etc.

The Company shall not be bound to notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy but the receipt of the Insured Person or his legal personal representative shall in all cases be an effectual discharge to the Company.

8. 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.

9. Electronic Transactions

The Insured agrees to adhere to and comply with all terms and conditions involving transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele service 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 this Policy or its terms as approved by the Authority.

10. Right to Inspect

If required by the Company, an agent/representative of the Company including a loss assessor or a Surveyor appointed in that behalf shall in case of any loss or any circumstances that have given rise to the claim to the Insured be permitted at all reasonable times to examine into the circumstances of such loss. The Insured shall on being required so to do by the Company produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain in the correctness thereof or the liability of the Company under the Policy. The Insured Person shall provide reasonable support to the Company in this regard.

11. Fraudulent Claims

If any claim 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, or anyone acting on his behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

12. Currency for Payment

All claims shall be payable in India and in Indian Rupees only.

13. Payments

The Company shall be duly discharged of its obligations under this Policy and the Insured Person shall hold the Company harmless, upon making the payment of the claim to the Insured Person / his assignee or the Bank/Financial Institution or his Nominee/ legal heirs as the case may be.

14. Material Change / Change of Occupation

The Insured/ Insured Person shall immediately notify the Company in writing by way of the Alterations of risk format of any material change in the risk or change in business or occupation during the currency of the Policy and cause at his own expense such additional precaution to be taken as circumstances may require to ensure safety thereby containing the circumstances that may give rise to a claim and 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.

15. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law. Each party agrees to submit such dispute to a Court of competent jurisdiction and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

16. Arbitration Clause

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if

they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

17. Cancellation/Termination

This Policy will terminate at the expiration of the period for which premium has been paid or on the Expiration Date shown in Policy Schedule.

Cancellation by Insurer

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, fraud, mis-description or non-disclosure of any material fact.

The Company may, in the event of non-cooperation of the Insured/Insured person/s cancel this Policy, by giving 15 days notice in writing by Registered Post Acknowledgment due to the Insured/ Insured Person/s at his / their last known address in which case the Company shall be liable to repay a rateable proportion of the premium for the unexpired term from the date of the cancellation subject to there being no claim made/ reported under the Policy.

Cancellation by Insured/Insured Person

The Insured may elect to cancel the Policy by giving 15 days notice in writing to the Company. If no claim has been made under the Policy then the Company shall from the date of receipt of notice cancel the Policy and refund the premium

In respect of long term Policy (Policy issued for a period more than one year), or in the event of full prepayment of the Loan by the Insured Person, the Company shall from the date of receipt of notice/prepayment, cancel the Policy as per the rates mentioned below

Policy Period (in Years)	2	3
Return Premium Factors		
Years of cancellation	% Return of Premium	
1	50%	67%
2	-	33%
3	-	-

In respect of Policy issued for a period of one year, or in the event of full prepayment of the Loan by the Insured Person, the Company shall from the date of receipt of notice/prepayment, cancel the Policy as per the rates mentioned below:

Cancellation date up to (X months) from Policy Period Start Date	Refund of Premium payable during 1 year of policy commencement
Up to 1 month	75.00%
Up to 3 months	50.00%

Up to 6 months	25.00%
Up to 12 months	0.00%

In event of part prepayment of the Loan, no refunds of premium shall be made under this Policy. No refunds of premium will be made under the Policy during the last year of the Policy Period.

Upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of the Insured, the cover in respect of that Insured shall forthwith terminate and the Company shall not be liable hereunder.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of the Insured where any claim has been admitted by the Company or has been lodged with the Company.

18. Renewal

The Company will not ordinarily refuse to renew the Policy except on grounds of misrepresentation, fraud, non-disclosure or non-cooperation on the part of the Insured. The Company shall not be bound to give notice that such renewal premium is due.

This Policy will automatically terminate on the Policy Period end date. During the loan tenure, all Renewal and requisite premium shall be given to us on or before the Policy Period end date. The Insured shall give the Company written notice along with Renewal Application, of any material changes to the risk insured under the Policy. If no such written notice is received by us along with renewal application it shall be deemed that there is no material change to the risk.

Any revision or modification in a policy which is approved by the Authority shall be notified to each policy holder at least three months prior to the date when such revision or modification comes into effect

This Policy is only sold with the loans and cannot be renewed once the loan is closed by the Insured Person. In case a customer wishes to renew the Policy with us after the loan is closed, we shall provide subject to acceptance by the Company, the continuity benefit by offering a similar standalone product pertaining to the section which the customer wishes to renew, reserving the benefits accrued.

Grace Period of 30 days for renewing the Policy is provided under this Policy. However no coverage shall be available for expenses incurred during the period of such break

19. Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to the Insured Person at the address as specified in the Schedule to this Policy. Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

Every notice and communication to the Company required by this Policy shall be in writing and be addressed to the nearest office of the Company. In case the Policy is sold via voice log the notice to the Company may be placed via same mode.

20. Free Look Period

On the first inception of the policy, You have a period of 15 days from the date of receipt of the documents to review the terms and conditions of the Policy. If You disagree to any of the terms or conditions of the Policy You have the option to return the policy stating the reasons for Your objection and You will be entitled to a refund of the premium paid, subject only to a deduction of the expenses incurred by the Us on the Health check up, Policy issuance and stamp duty charges. In cases

where the risk has already commenced and the option of returning the policy is exercised by You, the refund of the premium paid will also be subject to a deduction for proportionate risk premium for the period We have been on cover and expenses incurred by the Us on the Health check-up, Policy issuance and stamp duty charges No Claim shall be payable in free look in Period if you opt not to continue with the Cover.

21. 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 any other party to which We are or would become entitled upon Us making reimbursement 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 at Your own expense 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, where-after we shall pay any balance remaining to You.

22. Withdrawal of Product

In case the product is found to be financially unviable or is deficient in any manner, the Company shall, in terms of Insurance Regulatory & Development Authority (Health Insurance) Regulations 2013, have the option to withdraw this product from the market subject to prior approval of such withdrawal from the Regulatory Authority. Any withdrawal of the product would be duly intimated to existing customers, who on expiry of the existing Policy, will have an option to obtain renewal under similar product/s available with Us. The Company shall allow the benefit of Portability in all such cases.

23. Entry Age

Minimum entry Age for Adult Member – 18 Years

Maximum entry Age – 65 Years

24. Discounts on change in coverage:

1. Inclusion of 30 days survival period under Critical Illness cover – 5%
2. Deletion of 'Involuntary Loss of Job' cover – 10%

25. Loading on change in coverage:

1. Selection of Option B under Personal Accident (Section II) – 4%

26. Claim Procedure

It is a condition precedent to the Company's liability that upon the discovery or happening of any loss that may give rise to a claim under this Policy, the Insured/Insured Person shall undertake the following:

The claim has to be intimated to Company's Policy issuing office or any other office of the Company at the nearest regional offices or through agents in writing.

The following information should be furnished by the Insured/Insured Person/s while intimating a claim:

1. Insured Person's contact numbers
2. Policy Number
3. Location, Date and Time of Accident
4. Nature and cause of loss

5. Whether Police authorities has been informed

- In the event of the original documents being provided to any other Insurance Company or to a reimbursement provider, We shall accept verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider.
- The Insured Person must give Us at his expense, all the information We ask for about the claim and he must help Us to take legal action against anyone if required.
- We are entitled to verify medical records of the case retained by the Hospital as and when required for verification of claim.
- If required, the Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.
- If required, the Insured person must agree to be examined by a medical practitioner of our choice at Our expenses.
- 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.
- In an event claim event falls within two Policy Period then We shall settle claim by taking into consideration the available Sum Insured and applicable deductible in the two Policy Periods. Such eligible claim amount to be payable to the Insured shall be reduced to the extent of premium to be received for the renewal /due date of the premium of health insurance policy, if not received earlier.

27. Grievance & Customer Support

We assure the best customer service from our end to our valued Insured/Insured Person(s) and request you to adopt following procedure in case of any service related query or grievance.

You may communicate your query or grievances by sending a letter to below mentioned address or to your nearest branch or email at below mentioned email ID or by calling at our below mentioned call center number.

Customer Care Cell

Liberty Videocon General Insurance Company Limited

10th Floor, Tower A, Peninsula Business Park, Lower Parel, Mumbai

E-mail : care@libertyvideocon.com

Toll Free No : 1800 266 5844 (between 8:00am to 8:00pm, 7 days of the week)

Please include your Policy number in all your communication with the Company. This will help us resolve the issue more efficiently.

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

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	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 ins.omb@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023 . Tel.:- 0755-2569201 Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009 . Tel.:- 0674-2596455 Fax : 0674-2596429 Email ioobbsr@dataone.in	Orissa
CHANDIGARH	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 ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	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 insombud@md4.vsnl.net.in	Tamil Nadu, UT–Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	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 jobdelraj@rediffmail.com	Delhi & Rajasthan
GUWAHATI	Insurance Ombudsman, Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5 th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM) . Tel.:- 0361-2132204/5 Fax : 0361-2732937. Email ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004 . Tel : 040-65504123 Fax: 040-23376599, Email insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
ERNAKULAM	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.	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry

	Email iokochi@asianetindia.com	
KOLKATA	Insurance Ombudsman, Office of the Insurance Ombudsman, North British Bldg., 29, N.S. Road, 4 th Floor, KOLKATA-700 001 . Tel : 033-22134866 Fax : 033-22134868. Email iombkol@vsnl.net	West Bengal , Bihar , Jharkhand and UT of Andeman & Nicobar Islands , Sikkim
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6 th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001 . Tel : 0522 -2231331 Fax : 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054 . Tel : 022-26106928 Fax : 022-26106052 Email ombudsmanmumbai@gmail.com	Maharashtra , Goa

The updated grievances redressal procedure shall be provided on the website of the Company and is subject to change in compliance with guidelines/regulations issued by Insurance Regulatory and Development Authority.

INSURANCE IS THE SUBJECT MATTER OF THE SOLICITATION.

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Benefit Schedule

1. Critical Illness Options:

List of Critical Illness	Option A	Option B	Option C	Option D	Option E
Cancer of Specified Severity	✓	✓	✓	✓	✓
First Heart Attack of Specified Severity	✓	✓	✓	✓	✓
Open Chest CABG	✓	✓	✓	✓	✓
Open Heart Replacement or Repair of Heart Valves	✓	✓	✓	✓	✓
End Stage Renal failure	✓	✓	✓	✓	✓
Stroke Resulting in Permanent Symptoms	✓	✓	✓	✓	✓
Major Organ/ Bone Marrow Transplant	✓	✓	✓	✓	✓
Permanent Paralysis of Limbs	✓	✓	✓	✓	✓
Multiple Sclerosis with Persisting Symptoms	✓	✓	✓	✓	✓
Coma of Specified Severity.		✓	✓	✓	✓
Motor Neurone Disease with Permanent Symptoms		✓	✓	✓	✓
Primary Pulmonary Arterial Hypertension			✓		✓
Pulmonary Artery Graft Surgery			✓		✓
Muscular Dystrophy			✓		✓
Systemic Lupus Erythematosus with Lupus Nephritis			✓		✓
Pneumonectomy			✓		✓

Medullary Cystic Disease			✓		✓
End Stage Liver Disease				✓	✓
Surgery of Aorta				✓	✓
Benign Brain Tumor				✓	✓
Parkinson's Disease				✓	✓
Alzheimer's Disease				✓	✓
Major Burns				✓	✓
Deafness				✓	✓
Loss of Speech				✓	✓

2. Personal Accident Options:

Coverage	Option A	Option B
Accidental Death	100% of CSI	100% of CSI+ 100% of CSI in case of Accidental death whilst travelling in the listed public carriers
Permanent Total Disability	100% of CSI	100% of CSI+ 100% of CSI in case of Permanent total disability due to accident whilst travelling in the listed public carriers
Performance of Funeral Ceremony	Rs. 5000	Rs. 5000

“Public Carrier” means shared passenger transportation service which is available for use by the general public and which operates on a scheduled timetable.

Listed public carriers: Bus, ferry, hovercraft, ship, taxi, train, tram, underground train, commercial helicopter or aircraft.

3. Involuntary Loss of Job:

Loss of job with benefit amount equal to three (3) equated monthly installments (EMIs) payable corresponding to the loan insured. ‘Involuntary Loss of Job’ cover is payable once during the policy period and is available only for salaried person employed in India.

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