

NEW INDIA GLOBAL MEDICLAIM POLICY

This is Your NEW INDIA GLOBAL MEDICLAIM Policy, which has been issued by Us, relying on the information disclosed by You in Your Proposal for this Policy or its preceding Policy of which this is a renewal. Said statements constitute the basis for the acceptance of the risk under this Policy.

The validity of the cover granted by the Policy assumes and depends on the veracity and exactitude of the Your declarations, relative to facts and circumstances that are known to You that can influence the conditions of the Policy.

The Policy has a waiting period of 90 days. If the Insured suffers any of the covered Illness during the waiting period, the premiums are returned and policy is cancelled.

The terms set out in this Policy and its Schedule will be the basis for any claim or benefit under this Policy.

This Policy states:-

What We Cover

Definitions

How much we will reimburse

What are Excluded under this Policy

Conditions

Please read this Policy carefully and point out discrepancy, if any in the Schedule. Otherwise, it will be presumed that the Policy and the Schedule correctly represent the cover agreed upon.

1. WHAT WE COVER

The following Illness are covered by the Policy, after issuance of the Medical Second Opinion by a World Leading Medical Centre:

PRIMARY TREATMENT FOR SPECIFIED CANCER

Primary treatment of any newly diagnosed Cancer which is diagnosed to be at Stage II or above (as defined by AJCC cancer staging manual) and primary treatment of up to 2 confirmed relapses. Relapse will be preceded by a phase where Insured will be declared to be apparently free of disease which will be after Insured has completed standard protocol based treatment for that Cancer. Cancer includes leukaemia, lymphoma and sarcoma.

Chronic Leukemia needs to be Rai Stage II or above & Lymphoma needs to be Ann Arbor stage II or above.

All non-melanoma skin cancers are excluded.

Primary treatment is defined as curative surgery and immediate chemo and radiotherapy.

Diagnostic procedures; preparatory pre surgical radio and chemotherapy; ongoing cycles of radio or chemo therapy and long term pain, and management taken in India are not covered.

NEUROSURGERY

Surgery to intra cranial structures including the brain, requiring general anaesthesia and a craniotomy.

Keyhole surgery is included.

CORONARY ARTERY BYPASS GRAFT (CABG)

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures.

Angioplasty and/or any other intra-arterial procedures are excluded.

HEART VALVE SURGERY

Open heart or endoscopic heart surgery to replace or repair one or more heart valves.

All intra-arterial catheter procedures are excluded.

LIVING ORGAN DONOR TRANSPLANT

Surgical transplant of a kidney, pulmonary lobe, segment of liver or section of pancreas from a living human donor due to irreversible organ failure.

BONE MARROW TRANSPLANT

Surgical transplant of Bone Marrow as a recipient. Bone Marrow can originate from the insured (autologous) or a compatible living donor.

EXTENT OF COVER:

An annual limit of USD 0.5/ 1million is applicable per insured per policy year. Policy has a cap on Life time benefits claimable under this policy amounting to twice the annual limit.

2. DEFINITIONS

- 2.1 ACCIDENT** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 2.2 ACTS OF TERRORISM:** An act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s) committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public, in fear; or the use of any biological, chemical, radioactive or nuclear agent, material, device or weapon
- 2.3 AUTHORIZED REPRESENTATIVE:** Is the sole person, a family member, relative or other trusted person, one who You choose to act on Your behalf and is travelling along with You to the designated hospital where You intend to take treatment and this authorized representative may have legal authority to act on your behalf.

- 2.4 BENEFITS:** The extent or degree of service and coverage the Insured is entitled to receive under the Policy.
- 2.5 CLAIM:** An event resulting in consequences completely or partly covered by the Policy. Complications resulting from the same cause will be considered a single claim.
- 2.6 COMMENCEMENT DATE:** The date coverage starts as shown in the Schedule.
- 2.7 COMPLICATIONS:** Any medical complications, as confirmed by treating physician, suffered arising out of the covered medical condition, its investigation and treatment in approved WLMC during treatment abroad.
- 2.8 CONGENITAL ANOMALY** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- 2.7.1 CONGENITAL INTERNAL ANOMALY** means a Congenital Anomaly which is not in the visible and accessible parts of the body.
- 2.7.2 CONGENITAL EXTERNAL ANOMALY** means a Congenital Anomaly which is in the visible and accessible parts of the body.
- 2.9 DATE OF LOSS:** The date Insured first suffered/noticed symptoms of the claimable event.
- 2.10 DAY:** A "day" is any 24 hour period during which medical services are rendered and billed for regardless of whether on an inpatient or out-patient basis. 24 hour periods when no medical services are provided (i.e. the member is resting/recovering at home or in a hotel) do not count against the day limit.
- 2.11 DEPENDENTS:** (1) The Insured's Partner or (2) an unmarried dependent child of the Insured or the Insured's spouse (including a natural child, stepchild or a legally adopted child). The principal place of residence of the spouse or unmarried dependent child must be with the Policyholder unless the Insurance Company approves other arrangements. The definition of "Dependent" is subject to the following conditions and limitations:
- a. The term "Dependent" shall not include any unmarried dependent child over 18 years old, except as stated in the next paragraph
 - b. The term "Dependent" shall include an unmarried dependent child who is 18 years of age or older, but less than 25 years of age, if the child is not regularly employed on a full-time basis or does not work on a self-employed basis, the child is a full-time student and the child is primarily dependent upon the insured for support and care.
- 2.12 DOCTOR:** A registered medical practitioner who is not you or related to you, who is currently registered with the local Medical Council (or foreign equivalent) to practice medicine.
- 2.13 DONOR:** Person who is donating his organ for transplantation.
- 2.14 EXCLUSION:** This is a stipulated situation or condition which is not covered by the Policy and for which the Insurance Company is not obliged to pay in the case of a Claim.

- 2.15 EXPERIMENTAL TREATMENT:** A treatment, procedure, course of treatment, equipment, medicine or pharmaceutical product, intended for medical or surgical use, which has not been universally accepted as safe, effective and appropriate for the treatment of Illnesses or Injuries by the various scientific organizations recognized by the international medical community, or which is undergoing study, research, testing or is at any stage of medical experimentation.
- 2.16 EXPIRY DATE:** The date on which the cover under this Policy will lapse and cease to be effective as shown in Schedule.
- 2.17 HOSPITALIZATION:** Admission to a WLMC as an in-patient and for at least 24 hours in a row.
- 2.18 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.
- 2.19 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.
- 2.20 INSURED:** The person designated in the Policy Schedule for whom the Policy was formalized, benefiting from the rights of this Contract, but also assuming the obligations of the Contract in the absence/default of the Policyholder.
- 2.21 MEDICAL SECOND OPINION PROCESS:** A structured process, based on an in-depth review of the Insured's medical information and supporting diagnostic material by a World Leading Medical Centre selected by the Insured based on recommendations from MediGuide Insurance Services International LLC's (MISI) Medical Doctor.
- 2.22 NON-INVASIVE OR "IN SITU" CANCER:** Malignant tumour which is limited to the epithelium where it originated and did not invade the stromal or the surrounding tissues. This is a pre-invasive malignant tumour, diagnosed in an initial phase, with favourable prognosis if it is completely removed.
- 2.23 POLICYHOLDER:** The person or legal entity that applies for and accepts the Policy and who is legally bound to the obligations of this Policy, with the exception of the obligations that due to their nature affect the Insured.
- 2.24 PERIOD OF INSURANCE** means the period for which this Policy is taken as specified in the Schedule.
- 2.25 PRE-AUTHORISATION:** An authorization for hospital admission given by insurer or its designee to an Insured prior to their hospitalization.
- 2.26 PRE-EXISTING CONDITION** means any condition, ailment or Injury or related condition(s) for which You had signs or symptoms, or was diagnosed, or received medical advice/treatment, within 48 months prior to the Date of inception of Your first Policy with Us as mentioned in the Schedule.

- 2.27 PREMIUM:** The price of the Insurance, the amount due to the Insurance Company. The frequency of the payment is detailed in the Policy Schedule. The receipt will include surcharges and taxes.
- 2.28 PROSTHESIS:** A device which replaces all or part of an organ or replaces all or part of the function of an inoperative or malfunctioning part of the body.
- 2.29 PORTABILITY:** Portability means transfer by an individual Health insurance policyholder (including family cover) of the credit gained for Pre-Existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.
- 2.30 REPATRIATION OF MORTAL REMAINS:** In the event of death of the Insured person, the cover shall pay for reasonable cost of returning his/her mortal remains to the country of residence or the reasonable funeral and related costs if the body is buried or cremated at the place of death.
- 2.31 RENEWAL:** Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of renewing within 30 days from the date of expiry of the policy for treating the renewal continuous for the purpose of all waiting periods.
- 2.32 SUM INSURED** is the maximum amount of coverage under this Policy opted cumulatively for You and all Insured Persons shown in the Schedule.
- 2.33 SURGERY** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
- 2.34 TRANSLATION SERVICES** is defined as comprehensive language support services to Insured, including scheduled and unscheduled telephonic interpretation services for English and non-English language pairs.
- 2.35 TRAVEL** is defined as transportation for seeking treatment of covered illness between the country of residence and the treatment centre approved by MediGuide.
- 2.36 TRAVEL COSTS** are defined as transportation costs including air travel by business class between the country of residence and the treatment centre approved by MediGuide.
- 2.37 TRAVEL COMPANION** means the person intending to travel or travelling with Insured person on an identical itinerary.
- 2.38 WAITING PERIOD:** Period of time, commencing from the effective date of the Contract, during which time none of the Policy's benefits shall be in force.
- 2.39 WORLD LEADING MEDICAL CENTER (WLMC)** shall mean a health care facility that is widely known and identified as providing specialized medical care that is recognized within the broad medical community as highly respected in its fields of clinical care and it is a part of MediGuide network.

This Policy will cover the cost of treatment upto Sum Insured when the member opts to take the treatment at the WLMC that he/she has selected for taking Medical Second Opinion.

2.40 WE/OUR/US/COMPANY means **The New India Assurance Co. Ltd.**

2.41 YOU/YOUR means the person who has taken this Policy and is shown as Insured Person or the first Insured Person (if more than one) in the Schedule.

3. HOW MUCH WE WILL REIMBURSE

If an Insured Person, while insured under the terms of these clauses, incurs medical expenses, the company shall pay such expenses, subject to the provisions and limitations set forth hereinafter. The medical expenses should be incurred (i.e. actual medical service rendered by the medical service provider) within the policy expiry date (unless otherwise the policy has been renewed). If the policy lapses, then the cost payable are only those incurred in respect of medical services rendered up to the lapse date.

3.1 (a) By a Hospital, in respect of:

- a. Accommodation in a single private room, meals and general nursing services provided during the Insured's stay in a room, ward or section of the Hospital or in an intensive care or monitoring unit;
- b. Other Hospital services including those provided by a Hospital outpatient department, as well as expenses relating to the cost of an extra or companion's bed if the Hospital provides this service;
- c. The use of an operating room and all the services included in it.

3.1 (b) By a day clinic or independent welfare centre, but only if the treatment, Surgery or prescription would have been covered under this Policy if provided in a Hospital.

3.1 (c) By a Doctor, in respect of examination, treatment, medical care or surgery.

3.1 (d) For Doctors' visits during Hospitalization.

3.1 (e) For the following medical and surgical services, treatments or prescriptions:

- a. For anaesthesia and administration of anaesthetics, provided they are performed by a qualified anaesthetist;
- b. Laboratory analysis and pathology, x-rays for diagnostic purposes, radiotherapy, radioactive isotopes, chemotherapy, electrocardiograms, echocardiography, myelograms, electroencephalograms, angiograms, computerized tomography and other similar tests and treatments required for the diagnosis and treatment of a Covered illness or Medical Procedure, when performed by a Doctor or under medical supervision;
- c. Blood transfusions, administration of plasma and serum;
- d. Expenses relating to the use of oxygen, application of intravenous solutions and injections.

3.1 (f) For pharmaceutical products or medicines applied by medical prescription while the Insured is hospitalized for treatment of a covered illness or medical procedure.

- 3.1 (g)** For transfers and transportation by ground or air ambulances where their use is indicated and prescribed by a Doctor and pre-approved by insurer or its designee.
- 3.1 (h)** For services provided to a living donor during the process of removal of an organ to be transplanted to the insured, arising from:
- a. Hospital services provided to the donor, including accommodation in a hospital room, ward or section, meals, general nursing services, regular services provided by hospital staff, laboratory tests and use of equipment and other hospital facilities (excluding items for personal use which are not required during the process of removal of the organ or tissue to be transplanted);
 - b. For surgery and medical services for the removal of a donor's organ or tissue to be transplanted to the Insured.
- 3.1 (i)** For round trip travel expenses in Business Class, inclusive of airport pick up, by scheduled service, for the Insured and one companion (and Donor where applicable), for medical treatment of a covered illness or medical procedure. (upto USD 3,000 per person per annum)
- 3.1 (j)** For the expenses of the translation services rendered and the Medical Second Opinion.
- 3.1 (k)** For the accommodation of the Insured and one companion (and Donor where applicable) when travelling outside of country for the sole purpose of receiving treatment for a covered illness or medical procedure. The lodging expenses outside the hospital will be covered for maximum period of 30 days (upto USD 330 per day) per Policy period.
- 3.1 (l)** Sum of USD 15,000 is extended for the transportation of the bodily remains to the place of burial in the country of residence, which includes minimum obligatory coffin, embalment and administrative formalities, in the event of death whilst receiving treatment as a consequence of a covered illness or medical procedure.
- 3.1 (m) TIMELINES FOR THE ABOVE PROCESS:** Once the Insured inform his/her willingness to take the treatment abroad and shares the MSO:
1. MediGuide will immediately start looking at options of travel etc. and simultaneously inform New India along with the copy of the MSO for the confirmation of the eligibility. - Time Line 1 working Day.
 2. On receipt of the intimation that Insured is willing to undertake the treatment at WLMC- Mediguid will get the estimate of Treatment and documents for Visa and share it with New India and Insured simultaneously.- Time Line- 3 working day.
 3. Now Insured need to apply for Visa and New India to issue Guarantee of Payment.- Time Line 5 working days by New India
 4. On receipt of Guarantee of Payment- Mediguid would guarantee admission at the hospital. Time Line 3 Working Days.
 5. On receipt of Visa, Insured will inform Mediguid, who will arrange the Plane tickets and the Insured can travel in the next available flight. - Time Line 3 working days and subject to availability of seats on the plane.

We intend to complete the above entire process in a timeline of 10-15 working days.

4. WHAT ARE EXCLUDED UNDER THIS POLICY

No claim will be payable under this Policy for the following:

- 4.1** No benefits will be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless Insured has disclosed the same in Proposal Form and We have accepted the same.
- 4.2** Any Illness or conditions where the Insured had or is aware of objective evidence related to the condition, had consultations/Investigations for it, or was diagnosed with the disease which first became apparent or commenced during the first 90 days of the commencement of this Policy.
- 4.3** All Illness or conditions not specifically contemplated under Clause 3, ***How Much We will Reimburse***, of this Policy of terms and conditions.
- 4.4** Congenital Internal Anomaly and Congenital External Anomaly.
However, the exclusion for Congenital Internal Anomaly shall not apply after **forty eight months** of commencement first Policy, if it was unknown to You at the commencement of such Policy.
- 4.5** Treatments and services rendered in India.
- 4.6** Any expenses for Illness or Injury produced as a result of wars, Acts of Terrorism, seismic movements, commotions, floods, volcanic eruptions, as well as the direct or indirect consequences of nuclear reaction; as well as officially declared epidemics.
- 4.7** Illness or Injury arising from the professional practice of any sport and in the keen pursuit of air activities (not related to the transport of passengers) and sub-aqua activities, boxing, martial arts, climbing, rugby, potholing, bullfighting, motor racing including trials.
- 4.8** Healthcare required due to alcoholism, drug addiction and/or intoxicants caused by the abuse of alcohol and/or the use of psychoactive, narcotic or hallucinogenic drugs. Also excluded are the consequences and Illness arising from attempted suicide and self-harm.
- 4.9** Any medical expense incurred before the issuance of the Medical Second Opinion by a World Leading Medical Centre as per MediGuide.
- 4.10** Any expense incurred in a different Hospital from the one chosen during the process of the Medical Second Opinion, unless required by the WLMC for services as defined under Clause 1 and Clause 3.
- 4.11** All Illness or conditions caused intentionally or fraudulently or criminal imprudence by the Insured or resulting when committing a crime.
- 4.12** Acquired Immune Deficiency Syndrome (AIDS) or any disease secondary to or caused by AIDS, or resulting from any treatment for AIDS, including the disease known as Kaposi's Sarcoma.

- 4.13** Any service that is not medically necessary for the treatment of a covered illness or medical procedure.
- 4.14** Expenses incurred in respect of confinement services, home health care or services provided in a convalescence centre or institution, hospice or old people's home, even where such services are required or necessary as a result of a covered illness or medical procedure.
- 4.15** Prosthesis, corrective devices and medical appliances which are not required intra-operatively for the covered illness.
- 4.16** All pharmaceutical products and medicines which have not been dispensed by a licensed pharmacist or which are obtainable without a medical prescription.
- 4.17** Charges for medical attention or confinement in cases of cerebral syndrome, senility or cerebral impairment, regardless of the status of their development, unless the cerebral impairment is the result of the treatment in the WLMC.
- 4.18** Injury due to wilful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted Injury and attempted suicide
- 4.19** Expenses incurred in the purchase or hire of wheelchairs, special beds, air conditioning appliances, air cleaners and any other non-medical equipment, unless for use during the covered hospitalization.
- 4.20** Expenses incurred by the Insured or the relatives, companions or escorts, except those expressly covered.
- 4.21** Cosmetic surgery and plastic surgery.
- 4.22** The transplant is conducted as a self-transplant with the exception of bone marrow transplants.
- 4.23** The Insured is a donor for a third-party.
- 4.24** Transplants from a dead donor.
- 4.25** Stem Cells Transplants other than bone marrow transplants.
- 4.26** Purchase of donor organs.
- 4.27** Not customary and unreasonable charges.
- 4.28** Traumatic Injury of the Aorta.
- 4.29** Traumatic Injury of the heart valves.
- 4.30** Any expenses towards annual review / check-ups.

5. CONDITIONS

5.1 BASIS OF INSURANCE:

This Policy is issued on the basis of the truth and accuracy of statements in the Proposal. If there

is a misrepresentation or non-disclosure We will be entitled to treat the Policy as void ab-initio.

5.2 PREMIUM:

Unless premium is paid before commencement of risk, this Policy shall have no effect.

5.3 COMMUNICATION:

You must send all communications and papers regarding a claim to MediGuide at the address shown in the Schedule.

For all other matters relating to the policy, communication must be sent our Policy issuing office.

Communications you wish to rely upon must be in writing.

5.4 CANCELLATION CLAUSE:

If You have fraudulently omitted any known information that may be considered relevant for the purpose of the risk assessment under the Policy, We will have the right to cancel the Policy within the 30 days following Our access to such information.

On such cancellation, premium corresponding to the unexpired period of Insurance will be refunded, if no claim has been made or paid under the Policy.

You may at any time cancel this Policy and in such event We shall allow refund of premium, if no claim has been made or paid under the Policy, at Our short period rate table given below:

| PERIOD ON RISK | REFUND PAYABLE ON CANCELLATION |
|-----------------------|---------------------------------------|
| Up to one month | 3/4th of the annual rate |
| Up to three months | 1/2 of the annual rate |
| Up to six months | 1/4th of the annual rate |
| Exceeding six months | Nil |

5.5 RENEWAL CLAUSE:

We shall renew this Policy if You shall remit the requisite Premium to Us prior to expiry of the Period of Insurance stated in the Schedule. The Renewal is subject to the rates & terms prevalent at the time of Renewal.

We shall be entitled to decline Renewal if

1. We have withdrawn the Policy, in which event You shall have the option for Renewal under any similar Policy being issued by Us, provided however, benefits payable shall be subject to the terms contained in such other Policy; or
2. Any fraud, misrepresentation or suppression by You or any one acting on Your behalf is found either in obtaining Insurance or subsequently in relation thereto, or non-cooperation of the Insured Person; or
3. You fail to remit Premium for Renewal before expiry of the Period of Insurance. We will accept Renewal of the Policy if it is effected within thirty days of the expiry of the Period of Insurance. On such acceptance of Renewal, We however shall not be liable for any claim arising out of Illness contracted or Injury sustained or Hospitalisation commencing in the interim period after expiry of the earlier Policy and prior to date of commencement of subsequent Policy.

Note: In case of revision or modification or withdrawal of the Policy a notice will be provided

to You 90 days before such revision or modification or withdrawal.

5.6 FREE LOOK PERIOD:

The free look period shall be applicable at the inception of the first policy.

You will be allowed a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable.

If You have not made any claim during the free look period, You shall be entitled to:

- a. A refund of the premium paid less any expenses incurred by Us on medical examination of the Insured Person(s) and the stamp duty charges; or
- b. Where the risk has already commenced and the option of return of the policy is exercised by You, a deduction towards the proportionate risk premium for period on cover.

5.7 NOTICE OF CLAIM

If You are Diagnosed with a Covered Illness and intends to make a Claim under this Policy, You need to follow the following steps:

1. You will initiate the process of Medical Second Opinion (MSO) by Calling MediGuide
2. Mediguide shall collect the following Documents:
 - a) First consultation paper
 - b) Final Diagnosis paper
 - c) Treating doctor certification on final diagnosis
 - d) All investigation reports supporting documents
 - e) Consent Form to collect documents from various source
 - f) Any other relevant documents to ascertain eligibility of claim
3. On the basis of Your Medical Condition, MediGuide identifies 3 WLMCs from its Network of WLMC who specializes in it.
4. You will choose a WLMC out of the 3 Choices given by MediGuide.
5. Medical Reports and all other information is shared with the chosen WLMC.
6. Within 10 working days of the receipt of all Medical information, a detailed Medical Second Opinion from the selected WLMC is delivered to You.
7. Once You are satisfied with the MSO received, You will need to follow the below process:
 - i. You will call the designated Toll Free Number to inform MediGuide about willingness to go ahead with the claim or treatment.
 - ii. Mediguide will inform the Us about Your willingness to go ahead with the claim and seek confirmation on claim/ treatment eligibility as per policy T&C.
 - iii. On receipt of confirmation from Us, MediGuide will coordinate with their International Case Coordinator, get the necessary papers for Visa and provide it to You.
 - iv. Once You have received the Visa, You may inform the MediGuide and Insurer who will arrange the Ticketing, Hotel Stay near the Hospital, Airport Pick Up at the Destination, Admission into the Hospital, Toll Free No for translation service and provide all the documents and details to You.
 - v. Once You reach the destination, MediGuide will arrange for the travel from the Airport to the Hotel/ Hospital as necessary.

- vi. Translation services is provided wherever required during course of Hospitalisation and MediGuide or their Local Partner will have a track of the treatment. MediGuide will be responsible to share weekly update on the case to Us.
- vii. Once the Treatment is completed, MediGuide will arrange Your travel back to the Airport from where You can travel back to India.

Note: The entire procedure under this Policy shall be Cashless.

We have the right to initiate the Claims investigation process on a case to case basis as per the requirement or discrepancy noted, before providing necessary service.

The list of WLMC is dynamic and may change without prior notice to the Insured. Please refer to New India's website for the updated list of WLMCs.

5.8 PROTECTION OF POLICY HOLDERS' INTEREST:

This policy is subject to IRDAI (Protection of Policyholders' Interest) Regulation, 2017.

5.9 PORTABILITY:

This Policy is subject to Guidelines of IRDAI on Portability under Health Insurance Regulations 2016.

5.10 GRIEVANCE REDRESSAL:

In the event You're having any grievance relating to the insurance, You may contact any of the Grievance Cells at Regional Offices of the Company or Office of the Insurance Ombudsman under the jurisdiction of which the Policy Issuing Office falls. The contact details of the office of the Insurance Ombudsman are under:

5.11 STEPS TO BE TAKEN IF THE PATIENT IS NOT RESPONDING TO THE TREATMENT

In the event that the patient does not respond to the treatment and does not expire, Mediguide will notify New India and once it is medically justified to look at options regarding the patient Mediguide will coordinate all aspects of the repatriation, together with authorization from New India.

1. Should the patient be fit to fly and able to travel home, but not on their own, the options will be explored which is the best medically justified means of travel -

- A. On a commercial airline with a medical escort - determined again in the severity of the patient's condition - a nurse escort, a doctor and nurse escort, etc.
- B. On a stretcher on a commercial airline (which are limited in availability)
- C. On an air ambulance equipped to manage the requirements of the patient.

2. Should the patient be on life support with no chance of recovery, with the recommendations of the treating doctor a meeting with the New India, Mediguide and Authorized Representative of the Patient are required urgently to weigh up options, which include switching off the equipment/keeping the patient alive, or looking at other options to get the patient back to the home country.

Should the decision be to switch off the equipment, then full authority from the Authorized Representative is required. Mediguide will coordinate all the logistics, including the repatriation of the mortal remains, whether the Authorized Representative elect to have the remains cremated in the country of treatment, then have the ashes repatriated, or should the option be to repatriate the actual remains to the home town of the patient. These decisions will be made together with New India, the

Authorized Representative and Mediguide.

The charges for any of the case mentioned above will be covered in the Policy under the Sum Insured. The above entire procedure will be on cashless basis.

CONTACT DETAILS OF INSURANCE OMBUDSMEN

| Office Details | Jurisdiction of Office (Union Territory, District) |
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| AHMEDABAD - Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in | Gujarat, Dadra & Nagar Haveli, Daman and Diu. |
| BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in | Karnataka. |
| BHOPAL - Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in | Madhya Pradesh Chattisgarh. |
| BHUBANESHWAR - Office of the Insurance Ombudsman, 62, Forest park, Bhubneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in | Orissa. |
| CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in | Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh. |
| CHENNAI - Shri/Smt..... Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, | Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry). |

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| <p>CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in</p> | |
| <p>DELHI - Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 2323481/23213504 Email: bimalokpal.delhi@ecoi.co.in</p> | Delhi. |
| <p>GUWAHATI - Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in</p> | Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura. |
| <p>HYDERABAD - Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in</p> | Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry. |
| <p>JAIPUR - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in</p> | Rajasthan. |
| <p>ERNAKULAM - Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in</p> | Kerala, Lakshadweep, Mahe-a part of Pondicherry. |
| <p>KOLKATA - Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in</p> | West Bengal, Sikkim, Andaman & Nicobar Islands. |
| <p>LUCKNOW - Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, NIAHLIP18121V011718</p> | Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, |

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| <p>Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p> | <p>Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p> |
| <p>MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p> | <p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p> |
| <p>NOIDA - Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P.-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p> | <p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p> |
| <p>PATNA - Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in</p> | <p>Bihar, Jharkhand.</p> |
| <p>PUNE - Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in</p> | <p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p> |