



Registered Office: 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 038.

RGICL/MI-RSC/Form 3

RELIANCE STUDENTS CARE INSURANCE POLICY

Preamble:

WHEREAS the Insured described in the Schedule hereto (hereinafter called the "Insured") by a proposal and declaration which shall be the basis of this contract and is deemed to be incorporated herein has applied to Reliance General Insurance Company Limited (hereinafter called the "Company") for the insurance hereinafter contained and has paid or agreed to pay, in such manner and within such time, as may be prescribed under the provisions of the Insurance Act, 1938 and the Rules made there under, the premium stated in the Schedule as consideration for such insurance during the period stated in the Schedule.

Operative Clause:

The Company hereby agrees subject to the terms and conditions contained herein or endorsed or otherwise expressed hereon, to indemnify, compensate, pay and/or reimburse the Insured / Insured Person, his/her assignee or the legal representatives, as the case may be, in respect of insured events occurring during the period of insurance stated in the Schedule, in the manner and to the extent set forth in this Policy.

Definitions:

Any word or expression to which a specific meaning has been assigned in any part of this Policy or the Schedule hereto shall bear the same meaning wherever it appears. For purposes of this Policy, the terms specified below shall have the meanings, set forth:

"Accident" means a sudden, unforeseen event leading to bodily injury to the Insured / Insured Person by external, violent and visible means.

"Day Care treatment" means treatment undertaken in a Hospital / Nursing Home on the recommendation of a Medical Practitioner for the following diseases, illness or injury which require hospitalisation for less than 24 hours:

- Dialysis
- Radiotherapy
- Eye surgery
- Dental surgery
- Surgeries/procedures that require less than 24 hours hospitalisation due to advancement in technology.

"Deductible excess" means that portion of loss/expense to be borne by the Insured / Insured Person before any claim / benefit under this Policy shall become payable and shall not be reimbursed by the Company.

"Disease" means an alteration in the state of the body or of some of its organs, interrupting or disturbing the performance of physical functions, and causing or threatening pain and weakness or physical or mental disorder and certified by a Medical Practitioner.

"Educational Institution" means an educational establishment in India recognized by the Government of India, UCG or AICTE, wherein a student, having passed his 12th Standard or equivalent examination, can pursue his/her education.

"Hospital/Nursing Home" means an establishment in India for indoor medical care and treatment of patients which:

- is registered with the appropriate local authorities as such and benefits from the supervision of a Medical Practitioner on a 24 hour basis, or
- complies with at least the following criteria:
- it has at least 15 inpatient beds (at least 10 inpatient beds in places with a population of less than 10,00,000);
- it has a fully equipped operating theatre where surgery is performed;
- it employs qualified nursing staff on a 24 hour basis;
- maintains daily records of patients; and
- by the nature of the medical treatment provided is an establishment properly recognized as a Hospital / Nursing Home within the locality and fulfils all the demands ordinarily or customarily of a Hospital for medical treatment, and where all medical treatment is administered by a Medical Practitioner, and is not, except incidentally, a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel, health spa, massage center or any similar establishment.

"Hospitalisation expenses" mean expenses on hospitalisation for a minimum period of 24 hours, which are admissible under this Policy. However, this time limit will not apply to the specific treatments defined under Day Care treatment.

"Illness" means sickness or disease first diagnosed during the Policy period for which immediate treatment by a Medical Practitioner is necessary.

"Injury" means accidental physical injury caused during the Policy period.

"In-patient" means an Insured / Insured Person who is admitted to Hospital / Nursing Home and stays for at least 24 hours for the sole purpose of receiving treatment.

"Insurable event" means an event, loss or damage for which the Insured/ Insured Person is entitled to benefit/s under this Policy

"Insured" means the individual student or the Educational Institution in whose name the Policy is issued.

"Insured Person" means the student named as such in the Schedule to this Policy, who permanently lives in India and for whom the insurance is proposed and appropriate premium paid.

"Market value" means Replacement Value less depreciation.

"Medical charges" mean reasonable charges necessarily incurred by the Insured/Insured Person for the medical treatment of any accidental injury the subject matter of the claim as an In-patient in

a Hospital/ Nursing Home, and includes, Hospital/Nursing Home (Room & Boarding and Operation theatre) charges, fees of Surgeon, Anesthetist, Nurses, Specialists, the cost of diagnostic tests, medicines, blood, oxygen, appliances like pacemaker, artificial limbs and organs etc as long as these are recommended by the attending Medical Practitioner.

"Medical Practitioner" means a person who holds a degree/diploma of a recognized institution and is registered with the Medical Council in respective states of India. The term Medical Practitioner includes a physician, specialist and surgeon, provided that this person is not a member of the Insured/Insured Person's family.

"Permanent Total Disability" shall mean accidental injury which shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of:

- sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of one entire hand or one entire foot,
- use of two hands or two feet, or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot.

It shall also include accidental injury which shall, as a direct consequence thereof, permanently, totally and absolutely, disable the Insured /Insured Person or the sponsor, as the case may be, from engaging in any employment or occupation of any description whatsoever.

"Policy period" means the period between the inception date and the expiry date as specified in the Schedule to this Policy or the cancellation of this insurance, whichever is earlier.

"Post-hospitalisation expenses" mean relevant medical expenses incurred during a period up to 60 days after hospitalisation for any accidental injury sustained and considered a part of a claim admissible under this Policy.

"Pre-existing injury / condition" means any injury and consequences of such injury existing or known to exist at the inception of the Policy, even if the same has not been treated, including any injury treated or for which medical advice has been sought in the last six months before inception of the Policy and including their consequences.

"Pre-hospitalisation expenses" mean relevant medical expenses incurred during a period up to 30 days prior to hospitalisation for any accidental injury sustained and considered a part of a claim admissible under this Policy.

"Qualified nurse" means a person who holds a certificate of a recognized Nursing Council and is employed on recommendation of the attending Medical Practitioner.

"Reinstatement Value" means the cost of replacement of the insured property by new property of the same kind and same capacity, which shall mean its replacement cost including freight, dues and customs duties, and assembling costs, if any.

"Schedule" means the Schedule attached to and forming part of this Policy mentioning details of the Insured/ Insured Persons, the sponsor and the laptops, desktop computers and text books belonging to the Insured/Insured Persons covered under the Policy as well as the Sum Insured, the period and the limits to which benefits under the Policy are subject to.

"Sponsor" means a person, who is sponsoring the continuance of education of the Insured / Insured Person by paying the tuition, hostel and other fees on behalf of the Insured / Insured Person for the course syllabus. Sponsor can be any of the parents of the Insured / Insured Person or any other person below the age of 80 years and whose name and details are mentioned in the Schedule.

"Sum Insured" means the sum as mentioned in the Schedule to this Policy against the name of Insured / each Insured Person, which sum represents the Company's maximum liability for any or all claims under this Policy during the Policy period.

"Surgical operation" means manual and/or operative procedures for diagnosis, correction/repair and cure of injuries, relief of suffering and prolongation of life.

"Third Party Administrator (TPA)" means any organisation or institution that is licensed by the IRDA as a TPA and is engaged by the Company for a fee or remuneration for providing Policy and claims facilitation services to the Insured / Insured Person as well as to the Company for an insurable event.

Section I - Personal Accident

This Section provides for compensation towards bodily injury, solely and directly, caused by accidental, violent, external and visible means resulting in permanent or partial disablement or death, as the case may be, of the Insured / Insured Person within 12(twelve) calendar months of occurrence of such injury.

It also provides for reimbursement, in the event of the death of the Insured / Insured Person due to injury, solely and directly, caused by accidental, violent, external and visible means outside his/her home, of expenses incurred for transportation of the Insured / Insured Person's dead body to his/her place of residence subject to a maximum of Rs 2,500/-.

Basis of settlement

The Company shall pay to the Insured/Insured Person, his/her assignee or the legal representatives, as the case may be, the sum or sums determined as payable by applying the percentage of Sum Insured set forth in the Table of Benefits below:

Table of Benefits		Percentage of Sum Insured
1. Death		100 %
2. Total and irrecoverable loss of		
i)	Sight of both eyes or of the actual loss by physical separation of the two entire hands or two entire feet or one entire hand and one entire foot or of such loss of sight of one eye and such loss of one entire hand or one entire foot.	125 %
ii)	Use of two hands or of two feet or of one hand and one foot or of such loss of sight of one eye and such loss of use of one hand or one foot.	125 %
3. Total and irrecoverable loss of		
i)	The sight of one eye or the actual loss by physical separation of one entire hand or one entire foot.	60 %
ii)	Use of a hand or a foot without physical separation	60 %

For the purpose of items 2 and 3 above, physical separation of one entire hand shall mean separation at or above wrist and/or of the foot at or above ankle, respectively.	
4. Permanent total and absolute disablement disabling the Insured / Insured Person from engaging in any employment or occupation of any description whatsoever.	150 %
5. Total and irrecoverable loss of various parts as given below:	
	Percentage of Sum Insured
Loss of toes - all	20%
Loss of toes great - both phalanges	5%
Loss of toes great - one phalanx	2%
Loss of toes other than great, if more than one toe lost: each	1%
Loss of hearing - both ears	75%
Loss of hearing - one ear	30%
Loss of four fingers and thumb of one hand	40%
Loss of four fingers	35%
Loss of thumb - both phalanges	25%
Loss of thumb - one phalanx	10%
Loss of index finger - three phalanges or two phalanges or one phalanx	10%
Loss of middle finger - three phalanges or two phalanges or one phalanx	6%
Loss of ring finger - three phalanges or two phalanges or one phalanx	5%
Loss of little finger - three phalanges or two phalanges or one phalanx	4%
Loss of metacarpals - first or second (additional) or third, fourth or fifth (additional)	3%
Any other permanent partial disablement	Percentage as assessed by the panel doctor

The Sum Insured under this Section, shall be increased by 5% for each completed year during which the Policy shall have been in force prior to the occurrence of an accident for which the compensation becomes payable but the amount of such increase shall not exceed 50% of the Sum Insured. This clause shall not in any way alter the annual character of the insurance nor the right of the Company to decline to renew or to cancel this Policy. The earned cumulative bonus will not be lost if the Policy is renewed within 30 days after its expiry.

Exclusions

The Company shall not be liable under this Section for:

1. Any payment in case of more than one claim under the Policy during any one period of insurance by which the liability of the Company in that period exceeds the sum determined as payable by applying the maximum percentage of Sum Insured specified in the Table of Benefits above.
2. Any existing physical defect, disablement/injury.
3. Death or disablement resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.
4. Payment of compensation in respect of injury, disablement or death of the Insured/ Insured Person
 - a) from intentional self-injury, suicide or attempted suicide,

- b) self exposure to needless perils except in an attempt to save human life,
- c) whilst under the influence of liquor or drugs or other intoxicants
- d) whilst engaging in aviation or ballooning whilst mounting into, dismounting from or traveling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world,
- e) directly or indirectly, caused by venereal disease, AIDS or insanity,
- f) arising or resulting from the Insured / Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion
- g) whilst engaging in racing, hunting, mountaineering, ice hockey, winter sports.
- h) due to war or nuclear perils.

'Standard type of aircraft' means any aircraft duly licensed to carry passengers (for hire or otherwise) by an appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine.

The Sum Insured under this Section shall be limited to the type of plan selected by the Insured / Insured Person and mentioned in the Schedule.

Section II Sponsor Protection

This Section provides for -

1. Protection of sponsorship of the Insured / Insured Person in the event of permanent total disability or death of the sponsor of the Insured / Insured Person. In the event of bodily injury, solely and directly, caused by accidental, violent, external and visible means resulting in permanent disablement of the nature specified here below or death within 12 (twelve) calendar months of occurrence of such accidental injury to the sponsor of the Insured / Insured Person, the Company will, in order to protect the sponsorship, pay directly to the Educational Institution, the tuition and other fees on behalf of the Insured / Insured Person for the remaining tenure of the course and reimburse to the Insured / Insured Person the cost of text books purchased by him/her as per the Course Syllabus.
 - a. Total and irrecoverable loss of sight of both eyes or of the actual loss by physical separation of two entire hands or two entire feet or one entire hand and one entire foot or of such loss of sight of one eye and such loss of one entire hand or one entire foot.
 - b. Use of two hands or of two feet or of one hand and one foot or of such loss of sight of one eye and such loss of use of one hand or one foot.

For the purpose of item a) above, physical separation of one entire hand shall mean separation at or above wrist and/or of the foot at or above ankle, respectively.

 - c. Permanent total disablement disabling the sponsor from engaging in any employment or occupation of any description whatsoever.
2. Payment of hostel fees and expenses outstanding from the date of accident resulting in permanent total disablement of the nature specified above or death of the sponsor.
3. Reimbursement, in the event of the death of the sponsor of the Insured / Insured Person due to injury caused, solely and directly, by accidental, violent, external and visible means outside

his/her home, of expenses incurred for transportation of the dead body to his /her place of residence subject to a maximum of Rs 2,500/-.

The maximum liability of the Company under this Section for payment of tuition and other fees for the remainder of the course tenure of the Insured / Insured Person and reimbursement of cost of text books purchased by him/her, shall be limited to the Sum Insured. The Sum Insured under this Section is limited to the type of plan selected by the Insured/ Insured Person and mentioned in the Schedule.

Exclusions

1. Any payment in case of more than one claim under the Policy during any one period of insurance by which the maximum liability of the Company in that period exceeds the Sum Insured.
2. Any existing physical defect, disablement/injury.
3. Death or disablement due to child birth or from pregnancy or in consequence thereof.
4. Payment of compensation in respect of injury, disablement or death of the sponsor -
 - a. from intentional self-injury, suicide or attempted suicide.
 - b. self exposure to needless perils except in an attempt to save human life.
 - c. whilst under the influence of liquor or drugs or other intoxicants.
 - d. whilst engaging in aviation or ballooning whilst mounting into, dismounting from or traveling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
 - e. directly or indirectly, caused by venereal disease, AIDS or insanity.
 - f. arising or resulting from the sponsor committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.
 - g. whilst engaging in racing, hunting, mountaineering, ice hockey, winter sports.
 - h. due to war or nuclear perils.

Special Condition

The benefit would be payable by the Company upon submission of an official Death Certificate of the sponsor and a statement from a physician (not to be a relative or spouse of the Insured/ Insured Person or of the Sponsor) stating cause of death, as proof of death, of the sponsor.

Section III Hospitalisation arising out of Accidental Injury

The Company, under this Section, undertakes, that if during the period mentioned in the Schedule, the Insured / Insured Person shall sustain any accidental injury and if such injury shall upon the advice of a duly qualified Medical Practitioner require any such Insured/Insured Person, to incur hospitalisation and / or other related expenses at any Hospital/ Nursing Home as an inpatient then the Company will pay to the Insured / Insured Person, his /her assignee, or the legal representatives, as the case may be, the amount of such expenses/charges as would fall under the different heads mentioned below and as are reasonably and necessarily incurred by or on behalf of such Insured / Insured Person for,

- i. Hospital (Room & Boarding and Operation theatre) expenses,
- ii. Fees of Surgeon, Anesthetist, Nurse, Specialists etc.
- iii. Cost of diagnostic tests, medicines, blood, oxygen, appliances like pacemaker, artificial limbs and organs etc.
- iv. Pre hospitalisation expenses

- v. Post hospitalisation expenses
- vi. Day care treatment
- vii. Daily hospitalisation allowance
- viii. Ambulance charges

1. Hospitalisation Expenses

This benefit covers payment of hospitalisation expenses incurred for any accidental injury sustained by the Insured / Insured Person during the Policy period mentioned in the Schedule, in a Hospital/Nursing Home, as an in-patient for a minimum period of 24 hours and includes Hospital/Nursing Home (Room & Boarding and Operation theatre) expenses, fees of Surgeon, Anesthetist, Nurses, Specialists, the cost of diagnostic tests, medicines, blood, oxygen, appliances like pacemaker, artificial limbs and organs etc.

2. Pre-Hospitalisation

This benefit covers relevant medical expenses incurred during a period up to 30 days prior to hospitalisation for any accidental injury sustained by the Insured / Insured Person and considered a part of a claim admissible under this Policy.

3. Post-Hospitalisation

This benefit covers relevant medical expenses incurred during a period up to 60 days after discharge from Hospital / Nursing Home for continuous treatment of any accidental injury for which the Insured / Insured Person was hospitalised giving rise to a claim admissible under this Policy.

4. Day care treatment

This benefit covers relevant medical expenses incurred by the Insured / Insured Person in case of day care treatment for any accidental injury (where 24 hours of hospitalisation is not required) such as dialysis, radiotherapy, eye surgery, undertaken in a Hospital / Nursing Home.

5. Daily Hospitalisation Allowance

This benefit provides for payment to the Insured / Insured Person of an allowance of Rs. 250/- per day upto a maximum of 7 days of hospitalisation, where hospitalisation for treatment of accidental injury exceeds 3 days.

6. Ambulance Charges

This benefit provides for reimbursement of ambulance charges incurred by or on behalf of the Insured / Insured person for transport of him/her to the Hospital / Nursing Home at the time of admission following an accident, subject to a maximum of Rs. 1,000/-.

Exclusions

The Company shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. Pre-existing injury / condition - All injuries, condition which are pre-existing when the cover incepts for the first time.
2. Any hospitalisation expenses for treatment of any diseases / illness.

3. Birth control procedures, hormone replacement therapy, treatment arising from or traceable to pregnancy, childbirth including caesarean section and voluntary medical termination of pregnancy during the first 12 weeks from the date of conception.
4. Routine medical, eye and ear examinations, cost of spectacles, laser surgery, contact lenses or hearing aids, vaccinations, issue of medical certificates and examinations as to suitability for employment or travel.
5. Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases / illness / injury caused by and/or related to HIV.
6. Vitamins and tonics unless forming part of treatment for injury as certified by the Medical Practitioner,
7. Treatment of general debility, run down condition or rest cure, congenital external / internal defects or anomalies, sterility, venereal disease or intentional self-injury and use of intoxicating drugs/alcohol.
8. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
9. Vaccination, inoculation of any kind.
10. Treatment by a family member and self-medication or any treatment that is not scientifically recognized.
11. Treatment of mental disease / illness, stress, psychiatric or psychological disorders.
12. Experimental and unproven treatment.
13. Charges incurred primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any injury, for which confinement is required at a Hospital/Nursing Home or at home under domiciliary hospitalisation as defined.
14. Any injury arising out of any illegal or criminal act.
15. Injury, directly or indirectly, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, act of terrorism.
16. Any accidental injury, directly or indirectly, due to an act of terrorism, regardless of any contributory causes (if the Company alleges that by reason of this exclusion any loss is not covered by this insurance, the burden of proving the contrary shall be upon the Insured / Insured Person).
17. Injury, directly or indirectly, caused by or contributed to by nuclear weapons/materials or radioactive contamination, ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.

18. Naturopathy treatment or any other form of local medication.
19. Any treatment received outside India.
20. Treatment taken from persons not registered as Medical Practitioners under respective Medical Councils.
21. Insured/Insured Person whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports.
22. Insured/Insured Person whilst flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular Scheduled airline or air Charter Company.

Claim Procedure

When & How to Claim

It is a condition precedent to the Company's liability that upon any injury due to an accident that may give rise to a claim under this Policy, the Insured / Insured Person shall undertake the following:

1. Claim Notification

The Insured / Insured Person shall give immediate notice to the Third Party Administrator named in the Schedule to this Policy, by calling the toll free number as specified in the Schedule and also in writing at the address shown in the Schedule with particulars as below: Policy Number, Name of the Insured/Insured Person availing treatment, nature of injury, details of accident, name and address of the attending Medical Practitioner / Hospital/Nursing Home and any other relevant information. This information also needs to be provided to the Company immediately and prior to availing treatment and in any case within 7 days.

2. Cashless Hospitalisation

The Company shall provide cashless hospitalisation to the Insured / Insured Person through the Third Party Administrator (TPA). The Insured / Insured Persons can avail of cashless hospitalisation upto the limit of Sum Insured mentioned in the Schedule, subject to obtaining pre-authorisation from the TPA.

Insured/ Insured Person need to submit to the TPA complete information of the accidental injury requiring treatment to be undertaken in a Hospital/ Nursing Home which is within the TPA network, along with certification from the Medical Practitioner and/or Hospital/ Nursing Home. Considering the above, the TPA shall issue pre-authorisation to the Hospital / Nursing Home concerned for cashless hospitalisation for the treatment of the Insured / Insured Person upto the limit of the Sum Insured mentioned in the Schedule.

However, cashless hospitalisation will not be available if the treatment is undertaken in a non-networked Hospital / Nursing Home, in which case, the Insured / Insured Person shall, after due intimation about the hospitalisation details to the Company / TPA as mentioned hereinabove, pay

the hospitalisation expenses directly to the Hospital / Nursing Home concerned and claim reimbursement from the Company for the same.

The Company will notify, from time to time, the list of Hospitals/ Nursing Homes within the TPA network.

Where cashless hospitalisation is pre-authorised by the TPA, the Insured / Insured Person need not pay the hospitalisation expenses for the treatment undertaken for accidental injury which are covered under this Policy, and the same shall be paid by the TPA directly to the Hospital/ Nursing Home.

Cashless hospitalisation benefit shall be limited exclusively to hospitalisation expenses incurred for treatment undertaken for accidental injury in a network Hospital / Nursing Home and shall not extend to other benefits.

3. Claim Processing

The Third Party Administrator appointed by the Company will process the claim on behalf of the Company and make all payments.

The Company requires the Insured / Insured Persons to deliver to the Third Party Administrator at their own expense, within 30 days of the Insured's / Insured Person's discharge from Hospital/ Nursing Home (for post-hospitalisation expenses, completion of post-hospitalisation period or completion of treatment, whichever is earlier), any and all information and documentation concerning the claim or the Company's liability for it, including but not limited to:

- Duly filled claim form(s)
- Original bills, receipts and discharge/card from the Hospital /Nursing Home / Medical Practitioner
- Original bills from chemists supported by proper prescription
- Original Investigation test reports and payment receipts
- Medical Practitioner's referral letter advising hospitalisation
- Original bills and receipts for claiming Ambulance charges
- Original bills, receipts and Medical Practitioner's prescription for claiming benefits under external mobility aids and appliances.

If so, requested by the Company, the Insured / Insured Person will have to submit to a medical examination by the Company's or Third Party Administrator's Medical Practitioner as often as the Company considers necessary.

Section IV Compassionate Visit:

This Section provides for reimbursement of return train fare to the Insured / Insured Person to visit his/her parents / sponsor if any one of them is suffering from any of the following critical illness and staying or held up at a place other than the place at which the Insured/ Insured Person is staying. This benefit is limited to return train fare incurred upto a maximum of Rs. 3,000/- or Rs. 5000/- , as the case maybe per visit.

- Cancer

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- Coronary artery bypass surgery
- First heart attack, Kidney failure
- Multiple sclerosis
- Major organ transplant
- Stroke
- Aorta graft surgery
- Paralysis
- Primary pulmonary arterial hypertension.

Section V All Risk cover

This Section provides all risk cover throughout India in respect of text books, laptop or desktop computers belonging to the Insured / Insured Person and utilized for studies and also for his/her personal effects such as uniform and clothing. This Section covers physical loss of or damage from any cause whatsoever, other than those specifically excluded subject to the deductible excess specified under the Section.

Sum Insured for each item covered under this Section shall be equal to the cost of replacement of the insured property by new property of the same kind and same capacity, which shall mean its replacement cost including freight, dues and customs duties, and assembling costs, if any. The liability of the Company under this Section is limited to the Sum Insured. The Sum Insured under this Section is limited to the type of plan selected by the Insured/ Insured Person

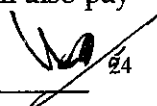
Coverage under this Section is subject to a deductible excess of 1% of the claim amount, subject to a maximum of Rs. 2500/- for each claim.

Basis of Indemnity for Laptop / Desktop Computers

- a) In cases where an insured property is repaired, the Company will pay expenses necessarily incurred to restore the damaged property to its former state of serviceability plus the cost of dismantling and re-erection incurred for the purpose of effecting the repairs as well as ordinary freight to and from a repair shop, customs duties and dues, if any, to the extent such expenses have been included in the Sum Insured. If the repairs are executed at a workshop owned by the Insured / Insured Person, the Company will pay the actual cost of materials and wages incurred for the purpose of the repairs plus a reasonable percentage to cover overhead charges.

No deduction shall be made for depreciation in respect of parts replaced, except those with limited life, but the value of any salvage will be taken into account. If the cost of repairs as detailed hereinabove equals or exceeds the actual value of the property insured immediately before the occurrence of the damage, the settlement shall be made on the basis provided for in (b) below.

- b) In cases where an insured property is destroyed, the Company will pay the actual value of the property immediately before the occurrence of the loss, including costs for ordinary freight, erection and customs duties, if any. Such actual value to be calculated by deducting proper depreciation from the replacement value of the property. The Company will also pay



any normal charges for the dismantling of the property destroyed, but the salvage will be taken into account. Extra charges incurred for overtime, night-work, work-on public holidays, express freight are covered by this insurance within the Sum Insured. Cost of any alterations, improvements or overhauls shall not be recoverable under this Policy.

Cost of any provisional repairs will be borne by the Company if such repairs constitute part of the final repairs, and do not increase the total repair expenses.

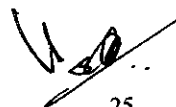
- c) In cases where the insured property is subject to total loss and has become obsolete, all costs necessary to replace lost or damaged insured property with a follow-up model (similar type) of similar structure/configuration (of similar quality) i.e. low, average or high capacity will be reimbursed. If the Sum Insured is less than the amount required to be insured as per provisions hereinabove, the Company will pay only in such proportion as the Sum Insured bears to the amount required to be insured. Every property if more than one shall be subject to this condition separately.

The Company will make payment only after being satisfied, by production of the necessary bills and documents, that the repairs have been effected or replacement has taken place, as the case may be. The Company will settle the claim in case of total loss where the Insured / Insured Person is unable to replace the damaged property for reasons beyond their control on indemnity basis

Exclusions

This Section does not cover the following losses / damages:

- a. Willful act or gross negligence of the Insured/ Insured Person
- b. Gradually developing flaws, defects, cracks or partial fractures in any part not necessitating immediate stoppage although at some future time repair or replacement of the parts affected may be necessary.
- c. Existing defects.
- d. Damage due to or consequent upon wear and tear, gradual deterioration, atmospheric or climatic conditions, rust, corrosion, moth, vermin or insect. deterioration of or wearing away or wear-out of any item caused by or naturally resulting from normal use of exposure.
- e. Damage caused by any faults or defects existing at the time of commencement of present insurance within the knowledge of Insured/ Insured Person or his representatives whether such faults or defects were known to the Company or not.
- f. Damage due to defects of design, material or workmanship or otherwise for which the manufacturer or supplier of the insured items is responsible either in law or under contract.
- g. Loss of or damage to the property covered under this Policy falling under the terms of any Maintenance agreement. Such exclusions will also apply to parts exchanged in course of such maintenance operations.
- h. Perils which are insurable under other Sections of the Policy.
- i. Permanent or temporary dispossession resulting from confiscation, commandeering or requisition by any lawfully constituted Authority of such item.
- j. Loss due to mysterious disappearance.
- k. Loss whilst left in unattended vehicles.
- l. Unexplained losses.
- m. Loss or damage to own/in-house developed software.



- n. Consequential loss or liability of any kind or description.
- o. Aesthetic defects, such as scratches on painted polished or enamelled surfaces.
- p. War and nuclear perils.

Terms and Conditions

1. Duty of Disclosure

This Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars in the proposal form, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or device being used by the Insured/Insured Person or any one acting on his/their behalf to obtain a 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 / Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

3. Reasonable Care

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

4. Material change

The Insured/ Insured Person shall immediately notify the Company in writing of any material change in the risk and at his/her own expense cause such additional precautions to be taken as circumstances may require to ensure safety and containing the circumstances that may give rise to the claim, and the Company may adjust the scope of cover and / or premium, if necessary, accordingly.

5. Records to be maintained

The Insured/ Insured Person shall keep an accurate record containing all relevant particulars and shall allow the Company to inspect such record.

6. No constructive Notice

Any knowledge or information of any circumstance or condition in connection with the Insured/Insured Person in possession of any official of the Company shall not be notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

7. Notice of charge

The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by the Company to the Insured /Insured Person or his/her nominees or his/her legal representatives, as the case

may be, of any compensation or benefit under the Policy shall in all cases be an effective 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 / Insured Person agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice 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, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. The Insured / Insured Person agrees that the Company may exchange, share or part with any information to or with other group companies or any other person in connection with the Policy, as may be determined by the Company and shall not hold the Company liable for such use / application.

10. Duties of the Insured/ Insured Person on occurrence of loss (other than Hospitalisation)

- (i) The Insured / Insured Person shall upon the occurrence of any event giving rise or likely to give rise to a claim under this Policy:
 - a. In the event of theft lodge forthwith a complaint with the Police and take all practicable steps to apprehend the guilty person or persons and to recover the property lost.
 - b. Give immediate notice thereof to the Company and shall within fourteen (14) days thereafter furnish to the Company at his own expense detailed particulars of the amount of the loss or damage together with such explanations and evidence to substantiate the claim as the Company may reasonably require.
 - c. Tender to the Company all reasonable information, assistance and proof in connection with any claim.
- (ii) If the Insured / Insured Person or the Sponsor of the Insured / Insured Person shall sustain any accidental bodily injury in respect of which a claim is or may be made hereunder prompt written notice thereof shall be given to the Company as soon as possible but in any event within fourteen days of the date of injury. If the Insured / Insured Person or the Sponsor shall die, notice of death shall be given by the nominees / legal representative(s) forthwith. All certificates, information and evidence whether from a Medical Attendant or otherwise required by the Company shall be furnished at the expense of the Insured / Insured Person or nominee or legal representatives, as the case may be, and shall be in such form and of such nature as the Company may prescribe. The Insured / Insured Person or the Sponsor must immediately after the occurrence of any accident which may be the subject of a claim hereunder obtain medical



treatment failing which the Company will not be liable for any consequences thereof. The documents required are:

In case of Personal Accident Death claims

- a. FIR from police authorities wherever necessary (in case of accidents outside residence)
- b. Death Certificate from the Municipal Authorities
- c. Post Mortem Report

In case of Personal Accident Disability claims

- a. FIR from police authorities wherever necessary (in case of accidents outside residence)
- b. Medical Certificate from the attending Medical Practitioner for the injury indicating the extent of disability
- c. Hospital Medical Records

(iii) The Insured / Insured Person shall forward to the Company forthwith every written notice or information of any verbal notice of a claim and shall send to the Company any writ, summons or other legal process issued or commenced against the Insured / Insured Person and shall give all necessary information and assistance to enable the Company to settle or resist any claim or to institute proceedings. The Insured / Insured Person shall not incur any expenses in making good any claim without the written consent of the Company and shall not negotiate, pay, settle, admit or repudiate any claim without such consent.

11. Position after a claim

As from the day of receipt of the claim amount by the Insured / Insured Person, the Sum Insured for the remainder of the period of insurance shall stand reduced by a corresponding amount.

12. Subrogation

In the event of payment under this Policy, the Company shall be subrogated to all the Insured / Insured Person's rights of recovery thereof against any person or organisation, and the Insured/Insured Person shall execute and deliver instruments and papers necessary to secure such rights. The Insured/Insured Person and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done, all such acts and things as may be necessary or required by the Company, before or after Insured / Insured Person's indemnification, in enforcing or endorsing any rights or remedies, or for obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated.

13. Contribution

If there shall be existing any other insurance of any nature whatsoever covering the same Insured / Insured Person whether effected by the Insured / Insured Person or not, then the Company shall not be liable to pay or contribute more than its rateable proportion of any loss or damage. (this is applicable except for Personal Accident Section)

14. 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/Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this Policy shall be forfeited.

15. Cancellation/termination

The Company may at any time, cancel this Policy, by giving 7 days notice in writing by Registered Post Acknowledgment Due to the Insured/Insured Person at his / their last known address in which case the Company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of the cancellation. The Insured /Insured Person may also give 7 days notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scales. In any case, refund under the Policy following cancellation is allowed only when there is no claim reported / settled under the Policy.

Period On Risk	Rate Of Premium Refunded
Up to 1 month	75% of annual rate
Up to 3 months	50% of annual rate
Up to 6 months	25% of annual rate
Exceeding six months	Nil

16. Policy Disputes

The parties to this Policy expressly agree that the laws of India shall govern the validity, construction, interpretation and effect of this Policy.

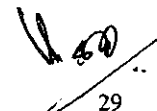
17. Arbitration clause

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 thereto 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 and 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.

18. Renewal Notice



The Company shall not be bound to accept any renewal premium nor give notice that such is due.

19. Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to -

In case of the Insured/Insured Person, at the address specified in the Schedule to this Policy.

In case of the Company, to the Policy issuing office / nearest office of the Company.

20. Customer Service

If at any time the Insured /Insured Person requires any clarification or assistance, the Insured/Insured Person may contact either TPA or the Policy issuing office of the Company.

21. Grievances

In case the Insured / Insured Person is aggrieved in any way, the Insured /Insured Person may contact the Company at the specified addresses, during normal business hours.




Reliance
 General Insurance

Registered Office: 19, Reliance Center, Walchand Hirachand Marg, Billard Estate, Mumbai - 400 038.

RGICL/MI-RSC/Form 2

Reliance Student Care Insurance Policy Proposal Form

Customer ID

The Policy does not commence until the proposal is accepted and premium received.

Regional Office Code	Broker/Agent's Name	Code
----------------------	---------------------	------

Proposer Details

1. Name of the proposer											
2 a Address of the proposer											
b Location						c. Pin Code					
3 a Residence Number						b. Mobile Number					
4. Email Address											

Student Details

5. Name of the student																							
6 a. Address of the student																							
b. Location						c. Pin Code																	
7 a Telephone Number						b. Mobile Number																	
8. Email Address																							
9. Date of Birth of the student																							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 2.5%;">d</td><td style="width: 2.5%;">d</td><td style="width: 2.5%;">m</td><td style="width: 2.5%;">m</td><td style="width: 2.5%;">m</td><td style="width: 2.5%;">y</td><td style="width: 2.5%;">y</td><td style="width: 2.5%;">y</td><td style="width: 2.5%;">y</td><td colspan="3"> </td> </tr> </table>												d	d	m	m	m	y	y	y	y			
d	d	m	m	m	y	y	y	y															
10. Name of parents and their address																							

Course Details

11. Course the student is pursuing											
12. Course Duration				13 Tuition Fees for the Course				13a. Hostel and Other Fees			

Sponsor Details

14. Name and address of the sponsor																							
Relationship with the Student																							
Telephone No																							
Mobile No																							
Email ID																							
15. Date of birth of Sponsor																							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 2.5%;">d</td><td style="width: 2.5%;">d</td><td style="width: 2.5%;">m</td><td style="width: 2.5%;">m</td><td style="width: 2.5%;">m</td><td style="width: 2.5%;">y</td><td style="width: 2.5%;">y</td><td colspan="5"> </td> </tr> </table>												d	d	m	m	m	y	y					
d	d	m	m	m	y	y																	

Value of Desktop / Laptop and other belongings of students

16. Estimated Value of the Desktop Computer or Laptop						16a. Estimated Value of Other Belongings (Textbooks, Uniforms and Clothing)					
---	--	--	--	--	--	---	--	--	--	--	--

(In case of a group policy, the above mentioned details for all the students to be covered under the policy need to be furnished with this form)


Reliance
 General Insurance

Regd Office: 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 038.

RGICL/MI-RSC/Form 3

Reliance Student Care Insurance Policy

Schedule

Regional Office & code:	Agency / Broker Name: Code:
Policy No:	
Date of proposal & declaration:	Details of previous policy(in case of renewal) Previous policy No: Date of expiry:
Name and address of the Insured	
Name and address of the Insured Person	
Date of birth of the Insured / Insured Person	
Parents' Details	
Name of Parents Address of parents	
Course Details	
Name of the Educational Institution Recognition Status Name of the Course Duration of the Course Tuition fees for the Course Hostel and other fess	
Sponsor Details	
Name and address of the Sponsor Relationship with the Insured / Insured Person Age of the Sponsor	
Other Details	
Existing physical defects / injury / disablement of the Insured / Insured Person	
Existing physical defects / injury / disablement of the Sponsor	
Any other Personal Accident Policy in the name of the Insured / Insured Person	
Any other health insurance policy in the name of the Insured / Insured Person	
Policy and Plan Details	
Period of Insurance	
Plan Opted	Reliance Students Care Silver Plan Reliance Students Care Gold Plan

Section No.	Sum Insured
I Personal Accident	Rs. _____
II Sponsor Protection	Rs. _____
III Hospitalisation arising out of accidental injury	Rs. _____
IV Compassionate Visit	Rs. _____
V. All Risk Cover	Desk Top Computer / Laptop - Rs. Text books, Uniform and clothing - Rs.
Deductible Excess - Section V - All Risk	
1% of the claim amount subject to a maximum of Rs. 2,500/- for each claim	
Details of Assignment	
Name of the Assignee, if any	
Premium Details	
Net Premium	Rs.
Service tax	Rs.
Total	Rs.

Name and address of the Third Party Administrator whom shall be contacted / informed in case of a claim under Hospitalisation arising out of accidental injury
(for cashless as well as for details of hospitalisation)

In witness whereof signed by and on behalf of the Company

For Reliance General Insurance Company Limited

Date:

Place:

Authorised Signatory





Regd Office: 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 038.

RGICL/MI-RSC/Form 4

Reliance Students Care Insurance Policy
Premium Rating Schedule

The following rating schedule is the guide rate, which may be applied in respect of normal and standard risks.

Premium Rating

0.18% for PA section & Sponsor Protection (together for both self and sponsor protection - the rate will be applied only on the PA Sum Insured selected)

0.30% for Hospitalisation Section (0.25% for Silver Plan)

0.10% for Compassionate visit (on the sum insured)

0.25% for All Risk cover (on the sum insured)

In case of group of students, a group discount upto a maximum of 30% of the guide rates would be applied depending upon the group size.

Group Size	Discount %
51-250	5
251-500	10
501-1000	15
1001-2500	20
2501-5000	22.50
5001-7500	25
7501-10000	27.5
Above 10001	30

Renewal discount as given below would be allowed for policies which are renewed with the Company

1 st year renewal	5%
2 nd year renewal	7.5%
3 rd year renewal	10%
4 th year and above renewal	15%



Reliance
General Insurance

(Regd Office: 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 038)

RGICL/MI-RSC/Form V

Reliance Student Care Insurance Policy

Claim Form

PLEASE ANSWER EVERY QUESTION FULLY

1. Name of the Insured:			
2. Address of the Insured:	Plot No/Door No.		Building Name
	Road		
	Area		
	City		Pin code
	State		
	Phone No.	STD	-
	Mobile No.		
E-mail Id			
3. Name and address of the Insured Person			
4. Details of Policy:			
a) Policy Number	_____		
b) Plan	_____		
c) Date of Issue	_____		
d) Period of Insurance	_____		
5. Policy Section Relating to Claim:			
a) Personal Accident	<input type="checkbox"/>		
b) Sponsor Protection	<input type="checkbox"/>		
c) Hospitalisation arising out of accidental injury	<input type="checkbox"/>		
a. Hospitalisation	<input type="checkbox"/>		
b. Daily Allowance in case of Hospitalization	<input type="checkbox"/>		
c. Ambulance charges	<input type="checkbox"/>		
d) Compassionate Visit	<input type="checkbox"/>		
e) All Risk Cover	<input type="checkbox"/>		
a. Desk top / Laptop	<input type="checkbox"/>		
b. Others	<input type="checkbox"/>		
6. In case of PA / Hospitalisation claims, date of injury sustained	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	DD	MM	YYYY
7. In case of accidental death, date of death	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	DD	MM	YYYY

8. In case of Permanent total or partial disability, please provide the details of disablement			
9. Doctor's details			
a) Name & address of the attending medical practitioner _____			
b) Qualification & telephone no _____			
c) Registration no. _____			
10. Sponsor Protection			
a. Name and address of the Sponsor _____			
b. Date of accident _____			
c. Details of accident _____			
d. Has the accident resulted in Death or PTD _____			
e. In case of death, furnish the date of death _____			
f. Benefit Claimed			
i. Course Tuition Fee _____			
ii. Other Fees _____			
iii. Cost of text books _____			
Hospitalisation arising out of accidental injury			
11. Name & address of the hospital/nursing home/clinic _____			
12. Hospitalization details:			
a) Date of admission	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
b) Date of discharge	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
13. Complaint logged with TPA details			
a) Complaint log number _____			
b) Date of complaint	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
c) Time of complaint	<input type="text"/> <input type="text"/> H <input type="text"/> <input type="text"/> M		
14. Whether cashless facility extended by the TPA	<input type="checkbox"/> Yes <input type="checkbox"/> No		
15. Ambulance Charges details claimed			
a. Name of the agency _____			
b. Date of using the service _____			
c. Bill No and Date _____			
d. Amount paid _____			
16. Schedule of expenses incurred by the claimant under hospitalization (to be supported by bills/receipts, cash memos etc.)			
	Expenses incurred in the hospital	Outside	Total
Hospitalization Expenses			
Daily Hospitalisation Allowance claimed			
Ambulance Charges			

35
[Handwritten signature]

<p>17. Compassionate Visit</p> <p>a) Details of parent / sponsor</p> <p>b) Details of ailment</p> <p>c) Details of visit</p>
<p>18. All Risk – details of benefit claimed</p> <p>a. Loss or damage to Desktop / Laptop</p> <p> i. Details of loss or damage</p> <p> ii. Cause of loss</p> <p>b. Other belongs</p> <p> i. Details of loss or damage</p> <p> ii. Cause of loss</p>
<p>19. Is there any other policy covering the above benefits (other than PA)</p> <p>a. Name of Insurance Company</p> <p>b. Policy details</p>

PERSONAL ACCIDENT

I. Documents Required:

- Police FIR
- Death Certificate from the Authorities concerned
- Post Mortem Report, in case of death
- Medical Certificate for disablement claims
- Original Bills / vouchers/reports/discharge summary and they must mention, name of the person, cause of accident, details of medical treatment and dates of treatment
- Medical statements from relations / spouse will not be accepted

SPONSOR PROTECTION

II. Documents Required:

- Police FIR
- Death Certificate from the Authorities concerned
- Post Mortem Report, in case of death
- Medical Certificate for disablement claims - Provide medical reports, doctor's statement giving the details of the sponsor, details of disablement due injury
- Original Bills / vouchers/reports/discharge summary and they must mention, name of the person, cause of accident, details of medical treatment and dates of treatment
- Medical statements from relations / spouse will not be accepted

Hospitalisation

III. Documents required:

The following documents must be enclosed with your completed claim form:

- Duly filled claim form(s)
- Original bills, receipts and discharge/card from the Hospital /Nursing Home / Medical

Practitioner

- Original bills from chemists supported by proper prescription
- Original Investigation test reports and payment receipts
- Medical Practitioner's referral letter advising hospitalisation
- Original bills and receipts for claiming Ambulance charges
- Original bills, receipts and Medical Practitioner's prescription for claiming benefits under external mobility aids and appliances

COMPASSIONATE VISIT

IV. Documents Required:

- Provide Medical reports and certificate from the Medical Practitioner giving details of ailment of parents / sponsor
- Doctor's statement specifically stating the need for an attendant

All Risk

V. Documents Required:

- Proof / documents as required by the Company / Surveyor

I hereby warrant the truth of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppression or concealment, my right to claim compensation / reimbursement of the said expenses shall be absolutely forfeited.

Dated at _____ this day of _____ 200 .

Signature of the Claimant

