### **Comprehensive Accidental Hospitalisation Policy**

This Policy is evidence of the contract between You and Us. The Proposal along with any written statement(s), declaration(s) of Yours for purpose of this Policy forms part of this contract.

This Policy witnessed that in consideration of Your having paid the premium for the period stated in the Schedule or for any further period for which We may accept the payment for renewal of this Policy, We will insure the Insured Person(s) and accordingly We will pay to You or to Insured Person(s) or their legal representatives, as the case may be in respect of events occurring during the Period of Insurance in the manner and to the extent set-forth in the Policy including endorsements provided that all the terms, conditions, provisions, and exceptions of this Policy in so far as they relate to anything to be done or complied with by You and/or Insured Person(s) have been met.

The Schedule shall form part of this Policy and the term Policy whenever used shall be read as including the Schedule.

Any word or expression to which a specific meaning has been attached in any part of this Policy or Schedule shall bear such meaning whenever it may appear.

The Policy is based on information which have been given to Us about Insured Person(s) pertaining to risk insured under the Policy and the truth of this information shall be condition precedent to Your or the Insured Person’s right to recover under this Policy.

##### Definition of Words

1. **Proposal** means any signed proposal by filing up the questionnaires and declarations, written statements and any information in addition thereto supplied to Us by You.
2. Policy means the Policy wording, the Schedule and any applicable endorsement or memoranda. The Policy contains details of the extent of cover available to Insured Person(s), what is excluded from the cover and the conditions on which the Policy is issued.
3. Schedule means latest Schedule issued by Us as part of the Policy. It provides details of the cover of Insured Person(s) which are in force and the level of cover Insured Person(s) have.
4. Sum Insured means the monetary amount shown against the Basic coverage as a family floater Sum Insured for the Plan chosen.The individual Sum Insured under the Section 2 of the coverage shall be referred to as Capital Sum Insured for the insured person.

5. We/Our/Us means IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.

1. You/Your means the Person(s) named as Insured in the Schedule, including all Insured Persons
2. Insured Person The Person(s) named as Insured Person(s) in the Schedule lodged with Us by You.

8. Period of Insurance means the duration of this Policy as shown in the Schedule.

1. Injury means accidental bodily injury solely and directly caused during the Period of Insurance by external, violent and visible cause. This definition includes accidental bodily injury resulting from exposure to element of the cause.
2. **Disease** means a condition affecting the general well being and health of the body having a defined and recognised pattern of symptoms that first manifests itself in the Period of Insurance and which requires treatment by a Medical Practitioner. It does not mean any mental disease ( a mental or bodily condition marked by disorganization of personality, mind, and emotions to impair the normal psychological, social or work performance of the individual) regardless of its cause or origin.
3. **Hospital/Nursing Home** means any institution within India established for indoor care and treatment of disease or injuries which is either registered as a Hospital or Nursing Home with the local authorities and is under the supervision of a registered and qualified Medical Practitioner or is complying with following criteria :
	1. It should have at least 15 in-patient beds. However, in Class ‘C’ town where population is less than 5 lakhs , the institution should have at least 10 in-patient beds.
	2. It is having fully equipped operation theatre of its own for carrying out surgical operation.
	3. It is having Qualified Nursing staff under its employment round the clock.
	4. It is under charge of fully qualified Medical Practitioner(s) round the clock.

In the event of Hospitalisation of Insured Person requiring ayurvedic treatment, which does not involve operative/surgical procedure, We may waive the Condition (ii) stated above requiring Operation Theatre depending upon the merit of the case.

The term ***“HOSPITAL / NURSING HOME* ”** shall not include an establishment which is a place of rest, a place for the aged, drug-addicts, alcoholics, a hotel or a similar place.

1. **Surgical Operation** means manual and/or operative procedure for correction of deformities and defects, repair of injuries, relief of suffering due to an accidental injury and prolonging of life.
2. **Hospitalisation** means treatment of Insured Person as inpatient in the Hospital/Nursing Home for a minimum period of 24 hours. The Hospitalisation should take place in the Period of Insurance.
3. **Post Hospitalisation** Relevant medical expenses incurred during period up to 60 days after Hospitalisation for injury sustained will be part of Hospitalisation expenses claim.
4. **Medical Practitioner** means a person holding a degree/diploma of a recognised institution registered by Medical Council of respective State of India. The term Medical Practitioner would include Physician, Surgeon and Specialist.
5. **Qualified Nurse** means a person holding a certificate of a recognised Nursing Council and who is employed on recommendation of the attending Medical Practitioner.

 17. Loss of Limbs It shall mean physical separation of one or both hands or feet or permanent and total

 loss of use of one or both hands or feet.

18. Physical Separation It shall mean separation at or above the wrist and/or of the foot at or above the

 ankle respectively.

19. Permanent Total Disablement The bodily injury, which as its direct consequence immediately and/or

 in foreseeable future, will permanently, totally and absolutely prevent Insured Person from engaging

 in any kind of occupation.

 20. Temporary Total Disablement The bodily injury which as its direct consequence will prevent the

 Insured Person from engaging in all types of the occupation or any employment whatsoever for a

 period not exceeding 104 weeks since the date of injury to the time, Insured Person is fit enough to

 resume duty or engage in any kind of occupation as certified by Medical practitioners.

21. **Reasonable and Customary Charges** means a charge for medical care during hospitalisation or post

 hospitalisation which shall be considered reasonable and customary to the extent that it does not exceed

 general level of charges being made by other entities of similar standing in the locality where the charges are

 Incurred when furnishing like or comparable treatment, services or supplies to persons of the same sex and of

 comparable age for a similar or injury.

22**. Pre-existing Condition** means an Injury and /or a condition which exists when the cover incepts for the first

 time for which Insured Person received medical advice and/or treatment, or such symptoms for which an

 ordinary prudent person would seek medical advice or treatment.Complication arising from pre-existing injury

 will be considered as part of pre-existing condition.

 23 **Accident**  means a sudden, unexpected, visible and fortuitous event caused by an external , violent and

 visible physical means which occurs independently of any other causes.

 24. **Family** is defined as primary policy holder, Spouse and two dependent children up to age of 21 years only

 25. **Third Party Administrator**:means a service provider as mentioned in the schedule of the Policy who will

 provide medical services if You have to undergo hospitalization as an inpatient in any Network hospital in the

 country

 26. **AAEMSIL**: means Assist America Emergency Medical Services (India) Private Limited, the Indian subsidiary of Assist America, a leading global Medical Travel Assistance Service Provider. AAEMSIL provides identified Emergency Medical Assistance and Personal services to people travelling more than 150 kilometers from their declared place of residence in India. AAEMSIL is not the Third Party Administrator for cashless claim settlement under this Policy

 27 **Medical Services**: means the stipulated medical services offered by AAEMSIL during a medical emergency situation while You are away from home, consisting of medical consultation and evaluation, medical referrals, medically supervised repatriation.

 28. **Personal Services:** means the other emergency services offered by AAEMSIL during a medical emergency situation while You are away from home, consisting of message transmission, care of minor children left unattended due to medical incident, return of mortal remains, prescription assistance, and legal and interpreter referrals.

**SECTION 1 BASIC COVERAGE**

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|  **WHAT IS COVERED** | what is not covered:exclusions applicable to section 1 and 2 of the coverage |
| If the Insured Person sustains any accidental Injury and upon advice of a Medical Practitioner, he/she has to incur Hospitalisation expenses, then We will pay Reasonable and Customary charges of the following Hospitalisation expenses subject to the limit of Sum Insured as mentioned.1. Room, Boarding and Nursing Expense as provided in the Hospital/Nursing Home subject

 2. Medical Practitioner/ Anesthetist, Consultant fees.3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, , Artificial Limbs, Cost of Organs and reconstructive surgery and similar expenses. 4. Expenses on Vitamins and Tonics only if forming part of treatment as certified by the attending Medical Practitioner. 5**. Benefits:** The following are the family floater benefits covered per policy per family per annum:**(a)** **Accidental Hospitalisation benefit** - The cover pays the Actual Cost incurred as a result of hospitalization due to an accident subject to a cap as corresponding to the Plan opted. **(b)Outpatient Managed Fracture benefit** (applicable only to Gold Plan, Plans A, B and C):This Policy covers the actual cost of treatment of confirmed Fractures which do not result in Hospitalisation, subject to a maximum limit of Rs.10,000 per episode.The Benefit is restricted to payment for one episode of fracture per year per Insured. (c) Supplementary benefits (available only for  Gold Plan, Plans A,B and C and not applicable for Plans D and E)  Supplementary benefits are payable only if main  Hospitalisation is payable. Supplementary Benefits applicable per insured for  all covered hospitalization: **(i) Hospital Cash :** During the hospitalization, a cash allowance of* + 1. Gold Plan ,Plan A and B : INR 1000 per day is payable
		2. Plan C: INR 500 per day is payable

This would be capped to a maximum of 7 days of hospitalization stay per accident- to cover all incidental costs linked to hospitalization. It is subject to an annual maximum of 15 days.**(ii) Post Hospitalisation medical benefit:** The Policy shall pay for actual cost of post discharge follow – up care delivered under directions of the attending physician, including cost of rehabilitation through alternative means like physiotherapy etc., incurred up to 60 days from the date of discharge from the Hospital, subject to a maximum payout of Rs. 10,000 per covered accident and Rs. 20,000 per annum. This benefit is paid as one consolidated claim .The limits apply per Insured1. Ancillary service (applicable to all plans including Plan D and E ) The Policy shall pay for the actual cost of availing ambulance service for transportation of Insured to the Hospital subject to a maximum payment of Rs, 1000 per episode and a maximum of 3 episodes per annum per family.
 | **WE will not pay for**1. All Injuries which are in Pre-existing Condition when the cover incepts for the first time including congenital defects and anamolies.
2. Any expense on treatment of any disease or medical condition unless the same is directly caused by an accident occurring during the Period of the Policy.
3. Any Injury directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operation (whether war be declared or not) , mutiny military or usurped power, confiscation, seizure, capture, assault, restraint, nationalization, civil commotion
4. Circumcision unless necessary as a result of accidental bodily injury, vaccination, inoculation, cosmetic or aesthetic treatment of any description (including any complications arising thereof), plastic surgery except those relating to treatment of Injury.
5. Cost of spectacles and contact lens or hearing aids.
6. Dental treatment or surgery of any kind unless caused by an accidental injury and requiring Hospitalisation.

7. Any claim resulting for any injury or fracture  necessitating surgery or hospitalisastion while  driving under the influence of alcohol or drugs 8. Fractures arising from pathological conditions of  bone like pagets Disease/Osteogenesis imperfectia * 1. 9. Total Knee Replacement or Total Hip Replacement
	2. carried out for treatment of age related or post
	3. traumatic Degenerative Osteoarthrosis
	4. 10. Treatment for any injury or fracture sustained during
	5. the lapse period prior to renewal of this cover.
	6. 11 Any hospitalization or surgical intervention whether
	7. primary or redo of any previous surgery due to
	8. trauma that has occurred prior to Policy inception
	9. will not come under the purview of this Policy. For
	10. example any surgery for removal of nails/ plate
	11. /screw for an old fracture sustained before the
	12. Policy inception will not be covered.

12 .Convalescence, general debility, run down  condition or rest cure.13. Expenses on Diagnostic, X-Ray, or Laboratory  examinations unless related to the treatment of  njury falling within ambit of Hospitalisation claim. 14. Expenses on treatment arising from or traceable  to pregnancy, childbirth, miscarriage, abortion or  complications of any of these.15. Any expense on treatment of Insured Person as  outpatient in a Hospital except as covered under  Outpatient Managed Fracture benefit.16. Any expense on Naturopathy17. Travel or transportation expenses other than  Ambulance service charges.18.. Any expense related to Injury suffered whilst  engaged in aviation other than as a passenger  (fare paying or otherwise).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,  deep sea diving using hard helmet and breathing  apparatus, Polo , snow and ice sports and activities of similar hazard.19. External medical equipment of any kind used at  home as post hospitalisation care like  wheelchairs, crutches, instruments used in  treatment of sleep apnea syndrome (C.P.A.P) or  continuous peritoneal ambulatory dialysis  (C.P.A.D) and oxygen concentrator for bronchial  asthamatic condition etc. .. 20. Any compensation in respect of death, Injury or  disablement of the Insured Person, directly or indirectly caused by contributed to by or arising from: (a) Ionizing radiation or contamination by  radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion,  combustion shall include any self sustaining process of nuclear fission. (b) The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component. |

## SECTION 2- PERSONAL ACCIDENT COVERAGE

The coverage under this Section is not available under Plan E

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| --- | --- |
| What Is Covered | What Is Not Covered |
| If following Bodily injury which solely and directly causes Insured Person to death or disablement within 12 months of injury as stated in Table of Benefits, WE shall pay to YOU or YOUR legal personal representative / assignee / nominee the sum or sums hereinafter set forth in Table of Benefits.This cover is not on a floater basis , each insured member shall be covered for a Capital Sum Insured (C.S.I.) and coverage as given below:**Proposer**- C.S.I equal to the limit of Basic Accidental Hospitalisation Coverage. **Insured Spouse**- 50% of the C.S.I. of the ProposerCoverage for Proposer and Insured Spouse shall be as per Item 1-6 of the Table of Benefits below**Insured Children**-equal to 50% of Proposer’s C.S.I each with, the coverage as per Item 1-4 of the “Table of Benefits “below. | **In addition to the Exclusions mentioned under Section 1 coverage under the Section “What is not Covered” WE will not be liable for**1 Compensation under more than one of the benefits mentioned in Table of Benefits in respect of same period of disablement.2. Any other payment after a claim under one of the benefits 1,2,3 and 4 in Table of benefits has been admitted and becomes payable.3. Any payment in case of more than one claim under this section during any one period of Insurance by which OUR liability in that period would exceed sum payable under benefits(1) of this policy.4 Payment of compensation in respect of injury as a consequence of* 1. Committing or attempting suicide, intentional self-injury.
	2. Venereal disease or insanity.
	3. Contracting any illness directly or indirectly arising from or attributable to HIV and/or any HIV related illness including AIDS and /or any mutant derivative or variation of HIV or AIDS.

Committing any breach of law with criminal intent. |
| **TABLE OF BENEFITS** | **PERCENTAGE OF CAPITAL SUM INSURED** |
| 1. Death | 100 |
| 2. a) Loss of sight (both eyes) b) Loss of two limbs c) Loss of one limb and one eye | 100100100 |
| 3. a) Loss of sight of one eye b) Loss of one limb | 5050 |
| 4. Permanent Total and absolute disablement | 100 |
| 5. i) Loss of toes-all ii) Great-both phalanges iii) Great-one phalanx iv) Other than great, if more than one toe lost each | 20521 |
|  i) Loss of hearing – both ears ii) Loss of hearing – one ear | 5015 |
| c) Loss of Speech | 50 |
| d) Loss of four fingers and thumb of one hand  | 40 |
| e) Loss of four fingers | 35 |
| f) Loss of thumb i) Both phalanges ii) One phalanx | 2510 |
| g) Loss of index finger i)Three phalanges ii)Two phalanges iii)One phalanx | 1084 |
| h) Loss of middle finger i) Three phalanges ii) Two phalanges iii) One phalanx | 642 |
| i) Loss of ring fingeri)Three phalanges ii)Two phalanges ii)One phalanx | 542 |
| j) Loss of little finger i)Three phalanges ii)Two phalanges iii)One phalanx | 432 |
| k) Loss of Metacarpals i) First or second (additional) ii)Third, fourth or fifth (additional) | 32 |
| l) Any other permanent partial disablement | % as assessed by Doctor |
| 6. Temporary Total disablement benefit at the rate per week | 1% of C.S.I or Rs.3000 whichever is lower. |
| **Special Benefit**  |  |
| A. **Education Fund** In the event of death, Permanent Total Disablement of the Proposer only trigerring a claim under Item 1 to 4 of Table of Benefits above WE will pay compensation towards Education Fund for dependent children as below1. For one child upto the age of 21 yrs.
2. For two children upto the age of 21 yrs.
 | @ Rs 5000 each child subject to a maximum of Rs 10,000 |

**Specific Provisions applicable to Section 2 :Personal Accident Cover:**

**Provided** That All Sums Payable Hereunder Shall Be Payable

1. In case of claim for Death due to an accident or Permanent Total Disablement i.e. Benefit 1) to Benefit 4) of Table of Benefits only after deleting by an endorsement the name of Insured Person(s) in respect of whom such sums shall become payable without any refund of premium.
2. In case of claim by Permanent Partial Disablement i.e. Benefit 5) of Table of Benefits only after reduction by an endorsement of Capital Sum Insured by the amount admissible under the claim in respect of Insured person in respect of whom such sum shall become payable.
3. In case of Temporary Total Disablement Benefit i.e. 6) of Table of Benefits only upon termination of such disablement in respect of Insured person for whom the claim has been lodged..

 **Emergency assistance services**

(not applicable to plan e)

 This Policy provides You a host of value added Emergency Medical Assistance and Emergency Personal Services as described below .The services are provided by Assist America Emergency Medical Services (India )Private Ltd.(AAEMSIL) when You are traveling within India 150 kilometers or more away from Your residential address as mentioned in the Policy Schedule for less than 90 days. All services will be arranged by AAEMSIL only . No claims for reimbursement of expenses incurred for services arranged by You will be entertained. The Services are available under all Plans except Plan E

1. **Medical Consultation, Evaluation and Referral**: You have access to an Operations Center with multilingual medical staff on duty 24 hours a day, 365 days a year. Medical personnel are available for medical consultation, evaluation and referrals to qualified physicians.
2. **Emergency Medical Evacuation:** If You have a medical emergency and an adequate medical facility is not available (as determined by the AAEMSIL’s Physician and the Consulting Physician) proximate to where the You are located, AAEMSIL will arrange an emergency evacuation, with medical supervision, by an appropriate means to the nearest medical facility capable of providing the required care.
3. **Medical Repatriation**: When medically necessary, as determined by the AAEMSIL’s Physician and the Consulting Physician, repatriation under medical supervision to Your address as mentioned in the Policy Schedule at such time as You are medically cleared for travel via commercial carrier, provided the repatriation can be accomplished without compromising Your medical condition. If the time period to receive medical clearance to travel by common carrier exceeds fourteen days from the date of discharge from the hospital, an appropriate mode of transportation may be arranged, such as an air ambulance. Medical or non-medical escorts may be provided as necessary.
4. **Transportation to Join Patient**: Provide a designated family member or personal friend with an economy, round-trip, common carrier transportation to the major airport closest to the place of hospitalization, provided You have travelled alone and You are required to be hospitalized for more than seven consecutive days. At Your request, AAEMSIL will also provide assistance with arrangements for the family member or the friend’s accommodation. It is the responsibility of the family member or the friend to meet all documentary requirements for the travel and accommodation costs.
5. **Care and/or Transportation of Minor Children**: When Your minor child(ren) is left unattended as a result of Your medical situation, AAEMSIL will provide the child with transportation to home or to the home of a person designated by You living in the same city as Your address . If appropriate, an attendant will escort the child.
6. **Emergency Message Transmission**: AAEMSIL will receive and transmit emergency messages to/from home.
7. **Return of Mortal Remains**: In the event of death of Insured Person, AAEMSIL will arrange and pay for the return of mortal remains. AAEMSIL will render any assistance necessary in the transport including locating a local, licensed funeral home, mortuary or direct disposition facility to prepare the body for transport, completing all documentation, obtaining all legal clearances, providing death certificates, purchasing the minimally necessary casket or air transport container, as well as transporting the remains, including retrieval from site of death and delivery to receiving funeral home.
8. **Emergency Cash Coordination**: AAEMSIL will assist in coordinating the transfer of emergency cash. Source of funds is solely Your responsibility

Conditions: The Emergency Assistance Services are available subject to certain limited exclusions as set forth below:

 AAEMSIL will not provide services in the following instances:

* For those covered under Plan E
* Travel undertaken specifically for securing medical treatment
* Services sought outside India.
* Injuries resulting from participation in acts of war or insurrection
* Commission of unlawful act(s)
* Attempt at suicide /self inflicted injuries
* Incidents involving the use of drugs, unless prescribed by a physician
* Transfer of the Insured Person from one medical facility to another medical facility of similar capabilities and providing a similar level of care

**AAEMSIL will not evacuate or repatriate an insured person in the following instances:**

* Without medical authorization
* With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent You from continuing Your trip or returning home
* With a pregnancy term of over six months
* With mental or nervous disorders unless hospitalized

 Specific Exclusions:applicable to Emergency Assistance Services Benefit

* Travel by Insured’s spouse when it is for the benefit of the spouse’s employer (spouse business travel)
* Trips exceeding 90 days from declared residence without prior notification to AAEMSIL.
* Students at home/school campus address (as they are not considered to be in travel status)

Legal actions arising hereunder shall be barred unless written notice thereof is received by Us/AAEMSIL within one (1) year from the date of event giving rise to such legal action.

While assistance services are available all over India, transportation response time is directly related to the location/jurisdiction where an event occurs. We/AAEMSIL are not responsible for failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond our / their control, including by way of example and not by limitation, weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communications systems or where rendering of service is limited or prohibited by local law or edict.

All consulting physicians and attorneys are independent contractors and not under Our control or of AAEMSIL. We/ AAEMSIL are not responsible or liable for any malpractice committed by professionals rendering services to You.

You must reimburse AAEMSIL for any service rendered upon request by You that is beyond the scope of this Policy.

We shall not be held liable or responsible for any acts or omissions by AAEMSIL in connection with or arising from the rendering of services described above.

General Conditions:Applicable to the whole policy

1. Reasonable Precaution You shall take all reasonable precaution to prevent injury, illness in order to minimize claims.

2. Notice You will give every notice and communication in writing to Our office through which this insurance is effected.

1. **Misdescription** The Policy shall be void and all premium paid by You to Us be forfeited in the event of misrepresentation or concealment of any material information.
2. **Changes in Circumstances** You must inform Us, as soon as reasonably possible of any change in information You have provided to Us about Insured Person(s) which may affect the insurance cover provided.
3. **Payment of Premium** The premium payable shall be paid in advance before commencement of risk. No receipt for premium shall be valid except on Our official form signed by Our duly authorized official. In similar way, no waiver of any terms, provision, conditions and endorsements of this Policy shall be valid unless made in writing and signed by Our authorized official.

Restrictions on supplementary benefits: Supplementary benefits are payable only if main hospitalization benefit is paid. They are available only in Plans A,B and C.

1. **Claims trigger :** The trigger shall be the actual occurrence of an accident resulting in inpatient hospitalization. For OPD fracture benefit the claims trigger is occurrence of a confirmed fracture (confirmed by X ray reports) and the treatment taken for this
2. **Claim documentation**: All claims at network hospitals would need to be preauthorized in case of Inpatient cashless hospitalization. This is an indemnity cover so all original bills/discharge summary with the detailed case notes by the attending medical officer, as well as the X- ray films with reports and bills showing the evidence of actual cost incurred will be required. A copy of First Information Report (FIR) will be required to be submitted along with the claim documents for payment of claim where the episode is a MLC (Medico Legal case) only.

 For the outpatient- managed fracture benefit, claims will be paid on a ‘reimbursement ‘basis.

1. **Claim Procedure and Requirements in the event of not availing cashless Services.**

**(a)**An event which might become a claim under the Policy must be reported to Us as soon as possible, but not later than 7 days from the date of Hospitalisation. A written statement of the claim with the duly completed and signed Claim Form must be filed within 30 days from the date of discharge from the Hospital or completion of treatment, except in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You / Insured Person or his/her personal representative were placed, it was not

possible for any one of You to give notice or file claim within the prescribed time limit.The Insured Person must give all original bills, receipts, certificates, information and evidences from the attending Medical Practitioner/Hospital/Chemist/Laboratory as required by Us in the manner and form as We may prescribe. In such claims Our representative shall be allowed to carry out examination and obtain information on any alleged Injury requiring Hospitalisation if and when We may reasonably require.

 **(b**) In case of an accident resulting in Death of the Insured Person a written notice also of death must be

 given before internment/ cremation and in any case, within one calendar month after the death.In the event

 of loss of sight or amputation of limbs, written notice thereof must also be given within one calendar month

 after such loss of sight or amputation. A written statement of the claim along with a duly completed and

 signed Claimform will be provided.

 **(c**) In case of an accident leading to Permanent Total disablement or Permanent Partial disablement You

 Need to submit completed claimform with the Certificate of degree of disability with all supporting medical

 records .You also are required to submit a leave certificate and a certificate of fitness from the attending

 Physician to us within at the most one calendar month from the date of the accident .

8 . **Fraud** If a claim is fraudulent in any respect or supported by any fraudulent statement or device with or

 without Your knowledge or that of the Insured Person, all benefit(s) under this Policy shall be forfeited.

9. **Lapse and reinstatement**  Period of 30 days is given to the Insured to renew the cover. Company is not

 liable to pay the claims for accidents occurring during this grace period. No renewal is possible after the

 grace period the same shall be written thereafter as a fresh Proposal .

10. **Contribution** If, when any claim arises, there is in existence any other Insurance (other than Cancer

 Insurance Policy) covering the same loss/liability, compensation, costs or expenses, We will pay only Our

 ratable proportion of the claim.

 The benefits under this Policy shall be in excess of the benefits available under Cancer Insurance Policy.

11. **Subrogation**

a) You shall do or concur in doing or permit to be done everything necessary for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which We shall be or would become entitled or subrogated upon Our paying any claim under this Policy, whether before or after indemnification;

b) You shall not do or cause to be done anything that may cause any prejudice of Our right of Subrogation;

c) You agree that any recoveries made shall first be applied in making good any sums paid out by or on behalf of Us for the claim and the costs of recovery.

12 . **Renewal** The Policy may be renewed by mutual consent every year and in such event, the renewal premium

 shall be paid to Us on or before the date of expiry of the Policy or of the subsequent renewal thereof.

 However, We shall not be bound to give notice that such renewal premium is due. The Policy has to be

 renewed within the expiry date or within a maximum of 15 days from the expiry date, beyond which the

 continuity benefits will not be available and any insurance cover thereafter will be treated as a fresh cover.

 For the purposes the Company is however not liable to pay claim occurring during this period of break in

 Insurance.

13. .**Cancellation** We may cancel this Policy by sending 30(thirty) days Notice by registered post to Your last

 known address You will then be entitled to a pro-rata refund of premium for unexpired period of this Policy in

 respect of such Insured Person(s) in respect for whom no claim has arisen.

You may cancel the Policy by sending written Notice to Us under Registered. Post. We will then allow a refund on following scale, except for those Insured Person(s) for whom claim has been preferred on Us under the current Policy:

**Period of Cover upto** **Refund of Annual Premium rate(%)**

 1 Month 75%

 3 Month 50%

 6 Month 25%

 Exceeding Six Months NIL

14. WE will not be bound to take cognizance or be affected by any notice of trust, charge, lien, assignment or

 other dealings with or relating to this Policy. Your receipt or receipt of Insured Person shall in all cases be an

 effective discharge to Us.

15**. Arbitration** If any dispute or difference shall arise as to the quantum to be paid under the policy (liability

 being otherwise admitted) such difference shall independently of all other questions be referred to the

 decision of the sole arbitrator to be appointed in writing by the parties to 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 3

 arbitrators, comprising of 2 arbitrators, 1 to be appointed by each of the parties to the dispute/difference and

 the 3rd arbitrator to be appointed by 2 such arbitrators and arbitration shall be conducted under and in

 accordance with the provisions of the Indian Arbitration and Conciliation Act, 1996.It is clearly agreed and

 understood that no difference or dispute shall be referable to arbitration as herein before provided, if the

 company has disputed or not accepted liability under or in respect of this policy.

 It is understood, however, that the Insured shall have the right at all times during currency of the Policy to

 communicate only, with the leading or issuing office in all matters pertaining to this insurance. Subject

 otherwise to the terms, exceptions, conditions and limitations of this policy.

16  **Disclaimer Clause** If We shall disclaim Our liability for any claim and such claim shall not have been made

subject matter of suit in a court of law within 12(twelve) months from date of disclaimer, then the claim shall

 for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this

 Policy.

1. **Protection of Policy Holder’s Interest:**- In the event of a claim, if the same is found admissible under the Policy, we shall make an offer of settlement or convey the rejection of the claim within 30 days of receipt of all relevant documents and Investigation/ Assessment Report (if required). In case the claim is admitted, the claim proceeds shall be paid within 7 days of Your acceptance of Our offer. In case of delay in payment, we shall be liable to pay interest at a rate which is 2.0% (two percent) above the Bank rate prevalent at the beginning of financial year in which the claim is received by Us.
2. The geographical scope of this Policy will be India and all claims shall be payable in Indian currency.The Emergency Assistance Services-Medical and Personal are not available on reimbursement basis.
3. The provision of the Emergency Medical or Personal Assistance Services to You during the Period of Insurance by AAEMSIL does not necessarily mean that the hospitalization claim is admissible under the Policy.

20. **Grievance or Complaint**

 You may register a grievance or complaint by visiting our website www.itgi.co.in. You may also contact the

 Branches where from you have bought the policy or the Complaints coordinator who can be reached at our

 registered office.

 **Insurance Ombudsman**

 We shall endeavor to promptly and effectively address your grievances In the event you are dissatisfied

 with the resolution of your grievance or complaint, you may approach the Insurance ombudsman located

 nearest to you. Details of the offices of the ombudsman across the Country is made available on our

 website [www.itgi.co.in](http://www.itgi.co.in)