

**Emergency Medical Expenses Add-on for Stand-Alone Own Damage Private Car insurance Policy**

**Emergency Medical Expenses**

Subject otherwise to the terms, exceptions, conditions and limitations of this Policy, and in consideration of the payment of an additional premium by the Insured, it is hereby agreed and understood that notwithstanding any other terms contrary under the Policy,

The Company will be liable for the below mentioned Emergency medical expenses incurred for the treatment of bodily injury/injuries sustained by insured and/or any occupant of the vehicle in direct relation with insured vehicle The injury/injuries sustained in an accident to be whilst mounting and dismounting from or driving or travelling in the insured vehicle caused by violent, accidental external and visible means requiring necessary medical treatment in any Hospital or any clinic or nursing home.

1. **Accidental Hospitalisation** – The Company shall reimburse the accidental medical expenses incurred by the insured and/or any other occupant(s) travelling in the insured vehicle (as per the registered seating capacity) towards the treatment of bodily injury sustained in an accident involving the insured vehicle.

The aggregate liability of the Company under the said cover for all the occupants will be limited up to the Sum Insured mentioned against the said cover in the Policy Schedule.

2. **Ambulance Cover** – The Company shall:
  - a. Arrange ground medical transportation by an ambulance (including air ambulance) service provider to transport the Insured Person and/or any other occupant(s) travelling in the insured vehicle from the site of accident to the nearest Hospital or any clinic or nursing home for medical necessary treatment as available in that particular city/location. This is merely a telephonic assistance service and is subject to availability of the service provider in the location of the accident. There are no restrictions on the number of times the telephonic ambulance assistance can be availed.
  - b. And also reimburse the expenses incurred by the insured and/or any occupant(s) for hiring an ambulance for such transportation. The aggregate liability of the Company towards the cost of hiring an ambulance for all the injured occupants will be limited up to the Sum Insured mentioned against the said cover in the Policy Schedule.
3. **Hospital Daily Cash** – If insured and/or any occupant(s) travelling in the insured vehicle, suffers an Injury due to an Accident that occurs during the Policy Period and which solely and directly requires the injured occupant(s) travelling in the insured vehicle to

be Hospitalized, then We will pay the daily amount specified in the Policy Schedule against this cover for each continuous and completed day of Hospitalization of the injured person(s).

The Company shall not be liable to pay the daily amount for more than 10 days, during the Policy Period per occupant as opted. Further the number of injured to whom the claim will be paid under the cover will be limited to the number as opted by the insured and duly mentioned under the policy Schedule.

The Company's liability to make any payment under this cover shall be in excess of the per event Franchise, stated in the Policy Schedule, as applicable.

Illustration: If there is a Franchise of two days under this benefit and the injured occupant of the insured vehicle is admitted in a hospital for one day, then this benefit shall not be payable. However, if the injured occupant is hospitalized for more than two days, then he shall be entitled under this benefit for all days of hospitalization limited to sum insured mentioned under the policy schedule.

4. Tele Consultation - If insured and/or any occupant(s) travelling in the insured vehicle, requires any medical emergency assistance that occurs during the Policy Period, they can avail Telephonic/Virtual Consultation through mobile application specified in the Policy Certificate. Telephonic/Virtual Consultation service can be availed as many times as mentioned in policy schedule.
  - (i) It is agreed and understood that the Insured Person/occupant(s) is/are free to choose whether or not to obtain the expert opinion, and if obtained then whether or not to act on it;
  - (ii) Under this Benefit, We are only providing the Insured Person/occupant(s) with access to consultations or opinion and we shall not be deemed to substitute the Insured Person's/occupant(s) visit or consultation to an independent Medical Practitioner.

**Provided always that**

1. Such claims are admitted by the Company under Section I – “Loss or Damage to the Vehicles Insured” of the Policy, except for Tele Consultation service.
2. Claim under this add-on is intimated to the Company within 5 days of occurrence of incident, however, this condition is not applicable when there is a delay in intimation due to unavoidable circumstances.
3. Accident has occurred in direct connection with insured vehicle whilst driving the vehicle including mounting into/ dismounting from or traveling in the insured vehicle.
4. The limit on the number of claims that can be made and the aggregate liability to be paid during the policy period will be restricted to the sum insured mentioned against each of the coverage's separately.

5. The benefit under this section is **NOT** payable in case the number of persons/ passengers traveling in the insured vehicle is more than the number specified in the registration certificate valid at the time of occurrence of such accident.
6. Submission of original Bills / Reports / Prescriptions/Indoor case papers and Hospital discharge summary shall be required for reimbursement of all such claims.

**Definition for the purpose of this add-on:**

**Franchise** means a minimum amount of loss that must be incurred before insurance coverage applies. Once the Deductible is met, the entire benefit amount is paid, subject to the Policy terms and conditions.

**Hospital/Nursing Home/Clinic** means any institution established for in-patient care and day care treatment of illness and / or injuries and which has been registered as a hospital/nursing home/clinic with the local authorities under the Clinical Establishments (Registration and Regulations) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said Act.

**Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

- is required for the medical management of the injury suffered by the insured or any other occupant travelling in the insured vehicle;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a medical practitioner;
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

**Pre-existing diseases** means any condition, ailment, injury or disease:

- a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
- b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

**“Telephonic/Virtual Consultation”** shall mean any consultations provided by Medical Practitioners/Healthcare Professionals through a virtual mode of communication, such as via audio, video, online portal, chat or mobile application for routine health query or second opinion.

**Specific Exclusions:**

1. Any expenses related to a sickness, disease or medical disorder not directly consequential to accident.
2. Any expenses related to pre-existing diseases or medical disorders, except for Tele consultation service
3. Any physiotherapy treatment.
4. Any expense not supported by an original and valid bill / receipt and related prescription of the attending Medical Practitioner / Hospital / Nursing Home.
5. Any expenses for treatment commenced after 3 days from the date of accident.
6. Not more than sum-insured as mentioned in the schedule during per policy tenure.
7. Any expense arising or resulting from or traceable to intentional self-injury, suicide or attempted suicide physical defect or infirmity.
8. Any expense arising or resulting from or traceable to an accident happening due to the influence of intoxicating liquor or drugs.

Subject otherwise to the terms exceptions condition & limitations of the policy.