

Additional Personal Accident Cover

What is covered?

In consideration of the payment of an additional premium by the Insured as mentioned in the schedule and realization thereof by Us, it is hereby understood and agreed subject to the terms, conditions, exclusions and limitations that We will pay an amount in case of accidental bodily injury in direct connection with or whilst mounting or dismounting from Insured Vehicle, sustained by driver and/or passengers traveling in the insured vehicle. Such Accidental event should result in any of the below within 6 months from date of Accident. The percent benefit shall be applied on the Sum Insured as mentioned on Your Policy schedule against this add on cover:

Type of Injury	Benefit payable as % of SI of this Add on
i) Death	100%
ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye	100%
iii) Loss on one limb or sight of one eye	50%
iv) Permanent Total Disablement from injuries other than named above	100%

Conditions Applicable:

- 1) Sum Insured specified against this Add on is available to each such insured person separately. This Sum Insured is our maximum liability per insured person per policy year. Claim will be payable under this add on for all such person and total liability of the insurer shall not in the aggregate exceed the sum insured specified in policy schedule against this add on during any one period of insurance in respect of all such person.
- 2) Claim with respect to each insured shall be under only one of the type of injury as specified in table above, for any one accident event.
- 3) In case of claim with respect to owner driver, claim will be payable directly to the Insured person or his/her legal representative(s) whose receipt shall be a full discharge in respect of the Injury of such Insured person. In case of claim with respect to other passengers, such claim will be payable only with the approval of the Insured named in the Policy and directly to the injured person or his/her legal representative(s) whose receipt shall be a full discharge in respect of the Injury of such person.
- 4) This add-on cover will cease for the particular Insured Person on payment of a claim for Death or Permanent Total Disablement of that Insured Person wherein full

Sum insured is paid. However, in case of claim payment for Injuries for which claim payout is less than 100%, cover will continue for such Insured person for remaining Policy year.

- 5) Any and all claims payable under this add on are subject to availability of sum insured for this add on.
- 6) All claim under this benefits will be settled on reimbursement basis only.
- 7) All other Terms and Conditions will be as per base policy wordings.

Multiple Policies Clause

In case of multiple policies which provide fixed benefits, on the occurrence of insured event in accordance with the terms & conditions of the policies, each insurer shall make the claim payment independent of payment received under similar health policies.

If two or more policies are taken by an Insured Person during the same period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies.

- a. In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- b. Claims under other policy/ies may be made after exhaustion of sum insured in the earlier chosen policy / policies. It is clarified that the Insured Person having multiple policies shall also have the right to prefer claims from other policy/policies for the amounts disallowed under the earlier chosen policy/policies, even if the sum insured is not exhausted. The insurer shall then settle the claim subject to the terms and conditions of the other policy/policies so chosen.
- c. If the amount to be claimed exceeds the sum insured under a single policy after considering the Deductibles or Co-Payment, the Insured Person shall have the right to choose insurers from whom he/she wants to claim the balance amount.
- d. Where the Insured Person has policies from more than one insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the Hospitalization costs in accordance with the terms and conditions of the chosen policy.

Definition:

- a. **Accident** means sudden, unforeseen and involuntary event caused by external visible and violent means.
- b. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

Specific Exclusions:

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

We will not be liable to pay a claim under this Add on cover in case of any of the following:

- 1) No. of persons/passengers in the vehicle at the time of occurrence of such injury were more than the no. of persons/passengers as specified in the registration certificate.
- 2) Death or injury directly or indirectly wholly or in part arising or resulting from traceable to intentional self-injury suicide or attempted suicide or physical disability or mental disorder of the driver (which is deterrent to efficient driving).
- 3) An accident happening whilst driver person is under the influence of intoxicating liquor or drugs.

Necessary claim documents:

- 1) Duly Completed and signed Claim Form
- 2) Attested copy of Death Certificate in case of death.
- 3) Medical report from attending specialist doctor including Death Summary in case of hospitalization.
- 4) Attested copy of disability certificate from the specialist treating doctor stating percentage of disability.
- 5) Attested copy of FIR/ Panchanama / Inquest Panchanama.
- 6) Complete medical records/reports including investigation /Lab reports (X-Ray, MRI etc.) in case of disability claim.
- 7) Attested copy of Post Mortem Report (if conducted).
- 8) We, at Our own expense, shall have the right and opportunity of Your medical examination through Our appointed agents whose details will be notified to You when and as often as We may reasonably require during the pendency of a claim hereunder. Your or Your estate's compliance with the need for such examination is a condition precedent to establishing liability under the Policy.

Any other document(s) as requested by claims department which is/are relevant to the coverage under the policy.

Claim intimation & Submission:

Notice of claim must be given to Us within 7 days after an actual or potential loss begins or as soon as reasonably possible and in any event not later than 30 days after actual or potential loss begins.

All the documentation, medical records and information that We may request to establish the circumstances of the claim, must be provided to Us within 15 days of notice of claim to Us.

We may provide condonation in delay in intimation and claim document submission from timelines as specified above, only in case where You can satisfy Us that such delay was due to reasons beyond the control of the insured.

Claim payment:

The benefit shall be payable only with the approval of the Insured named in the Policy and directly to the injured person or his/her legal representative(s), whose receipt shall be a full discharge in respect of the injury of such person. Claim will be paid or rejected within the 30 days from the date of document submission and within the 45 days in case of investigation.

In case of delay in payment, We shall be liable to pay interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us.