

Individual Accident and Sickness Hospital Cash Policy



WITH YOU ALWAYS

Policy Wordings

Tata AIG General Insurance Company Limited (We, Our or Us) will provide the insurance cover, described in this Policy and any endorsements thereto, for the Insured Period, as defined in the Policy schedule. The insurance cover provided under this Policy is only with respect to such and so many of the benefits upto the Sum Insured as mentioned in the Policy Schedule. Commencement of risk cover under the policy is subject to receipt of premium by us.

The statements contained in the Proposal signed by the Policyholder (You) shall be the basis of this Policy and are deemed to be incorporated herein. The insurance cover is governed by and subject to, the terms, conditions and exclusions of this Policy.

For **Tata AIG General Insurance Company Limited**

Authorized Signatory

TATA AIG General Insurance Company Limited

Registered Office:

Peninsula Business Park, Tower A,
15th Floor, G. K. Marg,
Lower Parel, Mumbai- 400013,
Maharashtra, India
24x7 Toll Free No. 1800 266 7780 or
1800 22 9966 (Senior Citizen)
Visit us at www.tataaig.com
IRDA of India Registration No.:108
CIN: U85110MH2000PLC128425

Insurance is the subject matter of solicitation. For details on risk factors, terms and conditions, please read policy document carefully before concluding a sale.

Section 1: Definitions

We use certain words in this Policy and Policy Schedule, which have a specific meaning and are shown under the heading of General Definitions in the Policy. They have this meaning wherever they appear in the Policy or Policy Schedule. Where the context so permits, references to the singular shall also include references to the plural and references to the male gender shall also include references to the female gender, and vice-versa in both cases.

i. Standard Definitions

1. **Accident** -means a sudden, unforeseen and involuntary event caused by external, visible and violent.
2. **Break in policy** - occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.
3. **Congenital Anomaly** - Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
 - a) **Internal Congenital Anomaly**
Congenital anomaly which is not in the visible and accessible parts of the body.
 - b) **External Congenital Anomaly**
Congenital anomaly which is in the visible and accessible parts of the body
4. **Condition precedent** - means a policy term or condition upon which the insurer's liability under the policy is conditional upon.
5. **Deductible** - A deductible is a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount

in case of indemnity policies and for a specified number of days/ hours in case of hospital cash policies, which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.

The deductible is applicable per event.

6. **Hospital** - 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 with the local authorities, under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under:
 - has qualified nursing staff under its employment round the clock;
 - has at least 10 inpatient beds, in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
 - has qualified medical practitioner (s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out
 - maintains daily records of patients and will make these accessible to the Insurance company's authorized
7. **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.
8. **Illness** - means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

(a) Acute condition

Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

(b) Chronic condition

A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

- i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
- ii. it needs ongoing or long-term control or relief of symptoms
- iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
- iv. it continues indefinitely
- v. it recurs or is likely to recur.

9. Medical Advise - means any consultation or advice from a medical Practitioner including the issuance of any prescription or follow up prescription.

10. Medical Expenses - means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

11. Medically Necessary - means any treatment, test, medication, or stay in

Hospital or part of stay in Hospital which:

- Is required for the medical management of the Illness or injury suffered by the Insured
- 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.

12. Pre-existing Condition -

means any condition, ailment 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 advise 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 re-instatement.

13. Reasonable and Customary Charges - means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/injury involved.

14. Renewal - means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

ii. **Specific Definitions (Definitions other than as mentioned under Section 1 (i) above)**

1. **Act of Terrorism** - means any actual or threatened use of force or violence directed at or causing damage, Injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered Terrorist Acts. Terrorism shall also include any act which is verified or recognized by the relevant Government as an act of terrorism.
2. **Age** - means completed years as at the effective Date.
3. **Airworthiness Certificate** - means the standard Airworthiness Certificate issued by the aviation agency or by the governmental authority having jurisdiction over civil aviation in the country of its registry.
4. **Common Carrier** - means any civilian land or water conveyance or Scheduled Airline in each case operated under a valid license for the transportation of passengers for hire.
5. **Cancellation (of policy)** - means the terms on which the policy contract can be terminated either by the insurer or the insured by giving sufficient notice to other which is not lower than a period of fifteen days. The terms of cancellation may differ from insurer to insurer.
6. **Certificate of Insurance** - means the

document issued by Us detailing the effective date, installment date, Insured Person(s), benefits, sums insured, Deductible, Franchise, premium and more generally all special condition(s) and or endorsement(s).

7. **Contribution** - is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion.
8. **Day** - means a period of 24 consecutive hours.
9. **Medical Practitioner/Physician** - is a person who holds a valid registration from the medical council of any state or Medical council of India or council for Indian Medicine or for Homoeopathy set up by the Government of India or a state Government and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of his license.

Medical Practitioner will not be (a) an Insured Person or (b) Your Immediate Family Member or c) or anyone who is living in the same household as the Insured.
10. **Daily Benefit** - means the amount payable for each Day spent in the Hospital.
11. **Disease** - means an illness or affliction of the body having a defined and recognized pattern of symptom(s) which causes more than temporary indisposition and which illness or affliction first manifested itself and was contracted after the Effective Date of the Certificate of Insurance.
12. **Dependent Child(ren)/Eligible (Child) ren** - means a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income.

Such Child(ren) of the Insured Person

should be in age between Ages six (6) months to eighteen (18) years (twenty three (23) years if attending as a full time student in an accredited Institution of Higher Learning) who are unmarried, who permanently reside with the Insured Person.

13. **IRDAI** - means Insurance Regulatory and Development Authority of India.
14. **Insured Period(s)** - means with respect to the Policy, the period commencing with the Effective Date of the Policy and terminating with the Expiration Date of the Policy as stated in the Policy Schedule and any subsequent period for which the Policy may be renewed.
15. **Insured Person** - means the Insured Person up to Age of 65 years, and or eligible Spouse and/or Eligible Children, detailed in the Policy Schedule as being eligible to become insured under this Policy and for whom a Proposal Form for insurance has been received from the Policyholder and approved by us. The coverage can be renewed for life.
16. **Period of Confinement** - means a period of consecutive Days of confinement as an Inpatient caused by an Accident, Injury, Disease or Sickness. However, successive confinements as an Inpatient caused by or attributable to the same Accident, Injury, Disease or Sickness are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least 45 days.

Only one Daily Benefit is provided for any one Day of confinement, regardless of the number of Accidents, Injuries, Illnesses or Sicknesses for which the confinement is required.
17. **Policy** - means the insurance contract,

the Policy Schedule, and any attached enrollment forms, endorsements, or riders.

18. **Policy Schedule** - means the Policy Schedule attached to and forming part of the Policy.
19. **Policyholder** - means the physical person(s) or the entity named in the Policy Schedule who executed the Policy Schedule and is (are) responsible for payment of premiums.
20. **Policyholder Aircraft** - means any aircraft with a current and valid Airworthiness Certificate and owned, leased or operated by the Policyholder.
21. **Professional Sport** - means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood.
22. **Proposal Form** - means any initial or subsequent declaration made by the Policyholder/ Insured Person and is deemed to be attached and which forms a part of this Policy.
23. **Special Hospital** - means a Hospital or group of Hospitals specifically named in this Policy by endorsement.
24. **Spouse** - means Your legal husband or wife, who is between the Ages of 18 and 65 years old, and is living in Your residence
25. **War** - means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.
26. **We/Us/Our** - means Tata AIG General Insurance Company Limited.
27. **You/Your/Yourself** - means the Policy Holder and/or Insured Person(s) who is detailed in the Policy Schedule.

Section 2 (i): Benefits

Section: In-hospital Indemnity For Accidents

We will pay a Daily Benefit for each Day You are an Inpatient in a Hospital due to Injury or Accidents subject to the Deductible shown in the Policy Schedule, that occurs within the Republic of India. The Period of Confinement must be Medically Necessary and recommended by a Physician. The total benefits provided for any One Period of Confinement are subject to the In-Hospital maximum shown in the Policy Schedule.

Definitions:

Daily Benefit - means the amount payable for each Day spent in the Hospital.

One Period of Confinement - means a Hospital confinement due to the same Injury or Accident unless separated by at least 45 Days.

Period of Confinement - means a period of consecutive Days of confinement as an Inpatient caused by an Accident, or Injury. However, successive confinements as an Inpatient caused by or attributable to the same Accident, or Injury, are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least 45 Days

Only one Daily Benefit is provided for any one Day of confinement, regardless of the number of covered Accidents, or Injuries, for which the confinement is required.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. hospitalization outside the Republic of India; or
2. pregnancy and resulting childbirth, miscarriage or Disease of the female organs of reproduction; or
3. routine physical exams; or

4. elective, cosmetic or plastic surgery, except as a result of an Injury caused by a covered Accident while the policy is in force; or
5. Rest cures.

Section: In-hospital Indemnity For Sickness

We will pay a Daily Benefit for each Day You are an Inpatient in a Hospital due to Illness, or Disease or Sickness subject to the Deductible shown in the Policy Schedule, that occurs within the Republic of India. The Period of Confinement must be Medically Necessary and recommended by a Physician. The total benefits provided for any One Period of Confinement are subject to the In-Hospital maximum shown in the Policy Schedule.

Definitions:

Daily Benefit - means the amount payable for each Day spent in the Hospital.

One Period of Confinement - means a Hospital confinement due to the same Illness, or Disease or Sickness unless separated by at least 45 Days.

Period of Confinement - means a period of consecutive Days of confinement as an Inpatient caused by Illness, or Disease, or Sickness. However, successive confinements as an Inpatient caused by or attributable to the same Illness, or Disease, or Sickness are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least 45 Days.

Only one Daily Benefit is provided for any one Day of confinement, regardless of the number of covered Illness, or Diseases, or Sicknesses for which the confinement is required.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. hospitalization outside the Republic of India; or

2. pregnancy and resulting childbirth, miscarriage or Disease of the female organs of reproduction; or
3. routine physical exams; or
4. elective, cosmetic or plastic surgery, except as a result of an Injury caused by a covered Accident while the policy is in force; or
5. Rest cures.

Section: Accident Medical Expense Reimbursement

We will pay the Reasonable Charges, subject to the Deductible shown in the Policy Schedule, for Covered Medical Expenses that occurs within the Republic of India, for medical services which are not due to a Pre-existing Condition up to the maximum amount and benefit period stated in the Policy Schedule for the treatment of an Injury sustained by You under the circumstances described in a Hazard while this Policy is in effect.

Definition:

Covered Medical Expenses - means expenses incurred by You for medical services and supplies which are recommended by the attending Physician. They include:

- a. the services of a Physician;
- b. hospital confinement and use of operating room;
- c. anesthetics (including administration), x-ray examinations or treatments, and laboratory tests;
- d. ambulance service;
- e. drugs, medicines, and therapeutic services and supplies;

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. any treatment of any disease, sickness or illness; or

2. services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by a Physician; or
3. routine physicals or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or X-ray examinations except in the course of a disability established by the prior call or attendance of a Physician; or
4. elective, cosmetic, or plastic surgery, except as a result of an Injury caused by a covered Accident while Our Policy is in force; or
5. dental care, except as a result of Injury caused by Accident to Sound Natural Teeth while this Policy is in effect; or
6. expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails; or
7. the diagnosis and treatment of acne; or
8. deviated septum, including sub mucous resection and/or other surgical correction thereof; or
9. organ transplants that are considered experimental in nature; or
10. well child care including exams and immunizations; or
11. expenses which are not exclusively medical in nature; or
12. any expenses incurred outside India unless authorized and approved by us in advance; or
13. eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury has caused impairment of vision or hearing; or
14. treatment provided in a government

Hospital or services for which no charge is normally made; or

15. Rest cures; or
16. pregnancy and all related conditions, including services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices; or
17. medical expenses covered under any workers' compensation or similar policy; or
18. medical expenses incurred as the result of alcohol and/or drug abuse, addiction or overdose; or
19. therapeutic services unless conclusive scientific evidence proves, as determined by Us, that it improves health outcome; or
20. expenses incurred for Emergency Medical Evacuation.

Section 2 (ii): Scope Of Coverage

Hazard

24-HOUR PROTECTION

(Business and Pleasure)

The hazards described in this Hazard apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

Description Of Hazards

Such insurance as is afforded to an Insured Person to which this Hazard applies, shall apply only to Injury sustained by such Insured Person anywhere in the world.

Such insurance includes such Injury sustained while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from any civilian/scheduled aircraft's aircraft having a current and valid Airworthiness Certificate, (and

piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft.) This Hazard H-1 shall not apply while such Insured Person is riding in any civilian aircraft other than as expressly described herein, unless previously consented to in writing by Us.

Exclusion:

In addition to the General Exclusions listed in this Policy this Hazard-1 shall not cover any loss, fatal or non-fatal, caused by or resulting from travel or flight in or on (including getting in or out of, or on or off of) any Policyholder Aircraft, unless otherwise provided by this Policy, and any aircraft while it is being used for any Specialized Aviation Activity (ies).

Section 3: Exclusions

This entire Policy does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, in respect of:

i. Specific Exclusions -

1. any Pre-existing Condition, any complication arising from it or
2. suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted Injury or illness, or sexually transmitted conditions,; or
3. serving in any branch of the Military or Armed Forces of any country, whether in peace or War, and in such an event We, upon written notification by the Policyholder, shall return the pro rata premium for any such Insured Period of service under the circumstances described in a Hazard; or
4. being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or

5. participation in an actual or attempted felony, riot, crime, misdemeanor, (excluding traffic violations) or civil commotion; or
 6. operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or Scheduled Aircraft.; or
 7. War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or
 8. any loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any Act of Terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.
- The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.
- If the Company alleges that by reason of this Exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the Insured.;or
9. the intentional use of military force to intercept, prevent, or mitigate any known or suspected Terrorist Act; or
 10. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or
 11. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
 12. congenital anomalies or any complications or conditions arising therefrom; or
 13. participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sport, any bodily contact sport or any other hazardous or potentially dangerous sport for which you are trained or untrained; or.
 14. any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy, or
 15. for any loss of which a contributing cause was Your actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or Your resistance to arrest; or
 16. if You are admitted to a Hospital within 90 days immediately following the Effective Date of Coverage stated in the Schedule, unless hospitalization is caused by Injury;
 17. if You are admitted to a Hospital

during the first 3 months immediately following the Policy Effective Date as a result of cataract(s), benign prostatic hypertrophy, hysterectomy for menorrhagia or fibromyoma, hernia, hydrocele, fistula in anus, piles, sinusitis and related disorders;

18. Any medical treatment taken outside of India.
19. Any non medical treatment (list enclosed- Annexure I).

Section 4: General Terms and Clauses

i. Standard general terms and clauses

1. Grievance Redressal Procedure

In case of any grievance the insured person may contact the company through

Website: www.tataaig.com

Toll Free: 1800 266 7780 or 1800 22 9966 (only for Senior Citizen policyholders)

Email: customersupport@tataaig.com

Fax: 022 66938170

Courier: Customer Support, Tata AIG General Insurance Company Limited

A-501 Building No. 4 IT Infinity Park, Dindoshi, Malad (E), Mumbai – 400097

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at manager. customersupport@tataaig.com.

For updated details of grievance officer, kindly refer the link (<https://www.tataaig.com/grievance-redressal-policy>)

[com/grievance-redressal-policy](https://www.tataaig.com/grievance-redressal-policy))

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region (details as mentioned in the Annexure A of this policy) for redressal of grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI Integrated Grievance Management System (<https://igms.irda.gov.in/>)

ii. Specific terms and clauses (terms and clauses other than those mentioned under Section 4 (i) above)

- 2. Renewal conditions:** The Policy and Certificate of Insurance may be renewed with Our consent by the payment in advance of the total premium specified by Us, which premium shall be at Our premium rate in force at the time of renewal. The policy and the Certificate of Insurance shall be ordinarily renewable for life except on grounds such as mis-representation, fraud or moral hazard or non co-operation by the Insured.

We, however, are not bound to give notice that it is due for renewal. Unless renewed as herein provided, this Policy or Certificate of Insurance shall terminate at the expiration of the period for which premium has been paid.

We may extend the renewal automatically if opted for by You in the Proposal Form and provided You are eligible for renewal as per age criteria as per Policy terms.

The policy will be renewable provided premium has been paid on the renewal due date. However a grace period in payment up to 30 days from the premium due date is allowed where you can still pay your

premium and continue your policy. Coverage would not be available for the period for which no premium has been received. Post 30 days from premium due date, if the premium is not paid, the policy will lapse i.e. be terminated.

We will not apply any additional loading on your policy premium at renewal based on your claims experience.

You may enhance the sum insured only at the time of renewal of the policy. However the quantum of increase shall be subject to underwriting guidelines of the company.

Any revision/modification in the product will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance.

Your renewal premium for this policy will not change unless we have revised the premium and obtained due approval from Authority. Your premium will also change if you change the plan or change the sum insured.

3. Expiration Date:

1. This Policy will terminate at the expiration of the period for which premium has been paid or on the Expiration Date shown in the Policy Schedule, whichever is earlier.
2. Further However We may cancel this Policy at any time on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation of the insured by giving you a 15 Days notice delivered to You, or mailed to Your last address as appears in Our records, stating when such cancellation shall be effective in the event of your non-cooperation. In the event of cancellation for misrepresentation,

fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium. In the event the policy is cancelled for non-cooperation of the insured or If you cancel the Policy, the premium shall be computed in accordance with Our short rate table for the period the Policy has been in force, provided no claim has occurred up to the date of cancellation. In the event a claim has occurred in which case there shall be no return of premium.

Short rate table -

Cancellation	ANNUALLY
Up to 1 month	25 % OF annual Premium
Up to 3 months	37.5 % OF annual Premium
Up to 4 months	50 % OF annual Premium
Up to 6 months	62.5 % OF annual Premium
Up to 8 months	87.5 % OF annual Premium
Above 8 months	100 % OF annual Premium

4. **Concealment Or Fraud:** The entire Policy/ Certificate of Insurance will be void if, whether before or after a loss, You have, related to this insurance:
 1. intentionally or recklessly or otherwise concealed, not disclosed or misrepresented what we consider to be any material fact or circumstance;
 2. engaged in what we consider to be fraudulent, dishonest or deceitful conduct; or
 3. made false statements.

5. Limitations: Multiple policies:

If an Insured Person suffers a covered Accident or Injury, for which benefits, are payable under more than one Hospital Cash Policy issued, then the Insured Person shall have the right to require a settlement of his claim in terms of any of his policies and contribution as defined in the policy will not apply.

Provided further that, If the amount to be claimed under the Policy chosen by the Insured Person, exceeds the sum insured under a single Policy after considering the deductibles or co-pay (if applicable), the Insured Person shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the claim by applying the principle of Contribution defined in Part A – General Definitions.

Note – This clause is not applicable to Part E Coverage - In-hospital Indemnity For Accidents & In-hospital Indemnity For Sickness

6. Free Look Period - You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

7. Entire Contract - Changes: This Policy,

together with the Proposal Form, as well as any forms, riders and endorsements and papers hereto, constitutes the entire contract of insurance.

No change in this Policy shall be valid until approved by Our authorised officer and such approval is endorsed hereon. No agent has authority to change this Policy or to waive any of the provisions of this Policy.

8. Consideration: The premium payable under each Certificate of Insurance issued under this Policy is payable in installments: in the case of annually paid premium – before the beginning of each 12 monthly period when the annual premium installment is due.

9. Effective Date: The Policy will start on the date specified on the Policy Schedule provided it is countersigned by Us and the total premium has been paid and realized by us.

However Your coverage under this Policy begins on the latest of :

1. the Policy Effective date & hour as stated above; or
2. the date on which the premium is paid when due.

10. Territory: This Policy applies to incidents anywhere in the world unless limited by Us through endorsement or specifically restricted in the Policy.

11. Assignment Of Indemnities: Indemnity, if any, in case of Your loss of life is payable as defined in the Policy Schedule by default to the assignee declared by You; indemnity is payable to Your estate. Any payment We make in good faith pursuant to this provision shall fully discharge Us to the extent of the payment.

12. Consent Of Assignee: Consent of the

assignee, if any, shall not be a pre-requisite for any change of assignee or to any other changes in this Policy.

- 13. Change Of Assignee:** No change of assignee under this Policy shall bind Us, unless consent/such change thereto is formally endorsed thereon by Our authorized officer.
- 14. Medical Examination:** We, at Our own expense, shall have the right and opportunity to obtain a post mortem examination report of Your body as permitted by law. Your or Your estate's compliance with the need for such examination report is a condition precedent to establishing liability under the Policy.
- 15. Legal Actions:** Without prejudice to Uniform Provision 9 above, no action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) Days after written evidence has been furnished in accordance with the requirements of this Policy.

If We disclaim liability to You for any claim, and if You do not notify Us in writing within one (1) year from the date of receipt of the notice of such disclaimer that You do not accept such disclaimer and intend to recover this claim from Us, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

- 16. Misstatement Of Age:** If Your Age has been misstated, all amounts payable under this Policy shall be adjusted to the coverage amount that would have been purchased for the premium paid. In the event Your Age has been misstated, and if according to Your correct Age, the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then Our liability during the period You are not eligible

for coverage, shall be limited to the refund, upon written request, of all premiums paid for the period not covered by the Policy.

- 17. Compliance With Policy Provisions:** Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.
- 18. Other Interest:** No person(s) other than you and/or your nominee (s) named by you in this application form can claim or sue us under this policy.
- 19. Additions:** Any person becoming eligible after the Effective Date of this policy may be added from time to time as a named Insured Person upon Your proposal, proof of eligibility and insurability satisfactory to Us, and payment of the required additional premium. Insurance coverage for the new named Insured Person shall commence on the date when such proposal has been approved by Us subject to any limitations set forth in the attached forms.
- 20. Reasonable Care And Assistance:** You and each Insured Person must take all reasonable steps to avoid or reduce, as far as possible, any loss or damage. You and they must also make every effort to get back any property, which has been lost.

In addition, You and each Insured Person must assist Us in any manner We may reasonably require in relation to the investigation or settlement of a claim or the preservation or enforcement of any rights of subrogation to which we may be entitled.

- 21. Change Of Occupation:** If You sustain a loss after having changed occupation to one We classify as more hazardous than the stated in the Proposal or while doing for compensation anything pertaining to an occupation so classified, We will pay such portion of the indemnities provided in this

policy as the premium paid would have purchased at the rates and within the limits We have fixed for such more hazardous occupation.

22. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to similar health insurance policy available with us at the time of renewal with all the accrued continuity benefits provided the policy has been maintained without a break.

23. We will offer the Insured Person an option to migrate to similar health insurance Policy with Us provided that:

1. Insured Person has been insured with Us under this Policy as a dependant.
2. This option for migration to similar health insurance policy shall be exercised by the Insured Person only when he / she is at the end of specified exit age, and certainly at the time of renewal only.
3. Insured Person will be offered continuity of coverage & suitable credits, if any, for all the previous policy years, provided the policy has been maintained without a break.

24. Postponement Of Effective Date

No insurance provided by this Policy shall become effective if You are hospital confined or disabled, meaning unable to perform the usual and customary daily duties or activities of a person of like age and sex on the effective date of the policy. The coverage will take effect thirty one (31) Days after such hospital confinement or disability terminates.

Section 5: Claim Procedure and Claim Payment

1. **Notice Of Claim/loss:** It is a condition precedent to Our liability hereunder that written notice of claim must be given by You 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 an actual or potential loss begins.

2. **Claim Forms:** We, upon receipt of a notice of claim, will furnish Your representative with such forms as We may require for filing proofs of loss.

3. **Time For Filing Claim Forms And Evidence:** Completed claim forms and written evidence of loss must be furnished to Us within thirty (30) Days after the date of such loss. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if You can satisfy us that it was not reasonably possible for You to give proof within such time. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.

4. **Supporting Documentation & Examination:** You or someone claiming on Your behalf shall provide Us with all documentation, medical records and information We may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days of the Your discharge from Hospitalisation or completion of treatment. Such documentation will include but is not limited to the following:

- i. Our claim form, duly completed and signed for on behalf of the Insured Person.
- ii. Original Bills & Receipts (Only in Reimbursement benefit) otherwise Photocopy of Bills (including but not limited to pharmacy purchase

bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of treatment taken.

- iii. All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
- iv. A precise diagnosis of the treatment for which a claim is made.
- v. A detailed list of the individual medical services and treatments provided and a unit price for each.
- vi. Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Doctor's invoice.

5. CLAIM SETTLEMENT (PROVISION FOR PENAL INTEREST):

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the

Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due) . The Clause shall be suitably modified by the insurer based on the amendment(s), if any to the relevant provisions of Protection of Policyholder's Interests Regulations, 2017)

6. **Payment Of Claim:** All claims under this Policy that are payable to You/Your assignee shall be paid in Indian currency.

Section 6: Dispute Resolution

1. **Dispute Resolution Clause And Procedure:** This contract of insurance includes the following dispute resolution procedure which is exclusive and a material part of this Policy:

- A. **Nature of Coverage:** This Policy is not a general health insurance policy. Coverage for medical expenses, if offered, in Part D: Coverage of this Policy is intended for Your use in the event of a sudden and unexpected Disease, Injury or Accident arising under the circumstances described in a Hazard.
- B. **Pre-existing Exclusion:** This Policy is not designed to provide an indemnity in respect of medical services, the need for which arises out of a Pre-existing Condition.

- C. Choice of Law:** This Policy will be governed by the law of the Republic of India. Any disputes will be dealt with as provided for by Uniform Provision 14, above and otherwise by the Indian courts.
- 2. Arbitration:** If any dispute or difference shall arise as to the quantum to be paid by the 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 here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising 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, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016). It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

INSURANCE OMBUDSMAN CENTRES

Office Details	Jurisdiction of Office Union Territory, District	Date Of Taking Charge
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.	03/10/2019
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.	23/04/2018
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.	24/05/2018

Office Details	Jurisdiction of Office Union Territory, District	Date Of Taking Charge
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.	11/09/2019
CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.	16/04/2018
CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry).	03/05/2018
DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.	12/09/2019
GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	02/05/2018
HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, “Moin Court”, Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.	11/06/2018
JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.	13/04/2018

Office Details	Jurisdiction of Office Union Territory, District	Date Of Taking Charge
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.	07/11/2018
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.	30/09/2019
LUCKNOW - Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	11/09/2019
MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.	04/05/2018
NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanoj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	17/09/2019

Office Details	Jurisdiction of Office Union Territory, District	Date Of Taking Charge
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.	09/10/2019

IRDA Regulation No 5: This Policy is subject to regulation 5 of IRDA (Protection of Policyholder's Interests) Regulation.