

Smart JPA Insurance Policy

- Policy Wordings

UIN: IRDA/NL-HLT/BAXAGI/P-P/V.I/87/13-14

PREAMBLE

WHEREAS the Insured named in the Schedule hereto has made and/or caused to be made to Bharti AXA General Insurance Company Limited (hereinafter called the "Company") a written proposal as stated in the Schedule hereto (warranting the truth of the statements contained therein) which is the basis of this contract and is deemed to be incorporated herein and has paid or agreed to pay, in such manner and within such time, as may be prescribed under the provisions of the Insurance Act, 1938 and the rules made thereunder, to the Company the premium herein stated for the insurance specified hereinafter for the period stated in the Schedule.

Operative Clause:

NOW THIS POLICY WITNESSETH that in consideration of the payment made or to be made, in such manner and within such time, as may be prescribed under the provisions of the Insurance Act, 1938, and the rules made there under to the Company, of the premium for the period stated in the Schedule or for any further period for which the Company may accept payment for the renewal of this Policy and subject to the terms, provisions, exceptions and conditions herein expressed or contained or hereon endorsed, the Company shall, if any of the Insured Persons shall sustain any bodily injury resulting solely and directly from accident caused by external violent and visible means, pay to the Insured to the extent and manner hereinafter set forth in respect of such Insured Persons specified in the Schedule –

- a) if such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured Person, the sum insured stated in the Schedule hereto, applicable to such Insured Person;
 - b) if such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of:
 - i) sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of one entire hand or one entire foot, the sum insured stated in the Schedule hereto applicable to such Insured Person;
 - ii) use of two hands or two feet, or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot, the sum insured stated in the Schedule hereto, applicable to such Insured Person.
 - c) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of:
 - i) the sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot, fifty percent (50%) of the sum insured stated in the Schedule hereto, applicable to such Insured Person;
 - ii) Use of a hand or a foot without physical separation, fifty percent (50%) of the sum insured stated in the Schedule hereto applicable to such Insured Person.
- NOTE: For the purpose of Clauses (b) and (c) above, 'physical separation' of a hand means separation at or above the wrist and of the foot means at or above the ankle.
- d) If such injury shall, as a direct consequence thereof, immediately,

permanently, totally and absolutely, disable the Insured Person from engaging in or being occupied with or giving attention to any employment or occupation of any description whatsoever, then a lump sum equal to hundred percent (100%) of the sum insured, stated in the Schedule hereto applicable to such Insured Person.

Definitions

1. "Accident" means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.
2. "Condition Precedent" shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
3. "Disclosure to information norm" means the Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non-disclosure of any material fact
4. "Injury" means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner
5. "Medical practitioner" 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 Homeopathy 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 licence.
The term Medical Practitioner includes a physician, specialist and surgeon, provided that this person is not a member of the Insured/ Insured Person's family.
6. "Notification of Claim" is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified
7. "Portability" means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another
8. "Renewal" defines 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 all waiting periods.

Portability

Insured(s) have an option to migrate from their existing health insurance policy of any other Indian non life insurer to any other similar policy with Us, at the time of renewal, provided the previous policy/policies has been maintained without any break.

Portability benefit will be offered to the extent of previous year's sum insured, and shall not apply to additional increased sum insured in our policy.

However it may be noted that:

- (a) The waiting periods specified in the Exclusion wordings of the Policy shall be reduced by the number of continuous preceding years of coverage of the Insured/ Insured Person under the previous health insurance policy /

policies; AND

- (b) If the proposed Sum Insured for an Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall only be applicable to the extent of the Sum Insured in previous policy/ policies).

Exclusions

PROVIDED ALWAYS THAT the Company shall not be liable under this Policy for –

1. Payment of compensation in respect of injury or disablement directly or indirectly arising out of or contributed to by or traceable to any disability existing on the date of issue of this Policy.
2. Death or disablement resulting directly or indirectly caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.
3. Compensation under more than one of the foregoing Clauses (a), (b) or (d) in respect of the same period of disablement of the Insured Person
4. Any other payment to the same person after a claim under one of the foregoing Clauses (a), (b) or (d) has been admitted and become payable.
5. Any payment in excess of sum insured mentioned under the Policy during the policy period.
6. Payment of compensation in respect of death, injury or disablement of the Insured Person (a) from intentional self-injury, suicide or attempted suicide, (b) whilst under the influence of intoxicating liquor or drugs (c) directly or indirectly caused by insanity, (d) arising or resulting from the Insured Person committing any breach of law with criminal intent.
7. Payment of compensation in respect of death, injury or disablement of the Insured Person due to or arising out of or directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detentions of all Kings, Princes and people of whatsoever nation, condition or quality.
8. Payment of compensation in respect of, death of, or bodily injury or any disease or illness to the Insured Person directly or indirectly caused by or contributed to by or arising from –
 - a) ionizing radiation or contamination by radioactivity from any source whatsoever
 - b) nuclear weapons material.

Provided that due observance and fulfillment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to any thing to be done or not to be done by the Insured and/or Insured Person and the truth of the statements and answers in the said written proposal shall be a condition precedent to any liability of the Company under this Policy.

9. This Policy shall not extend to cover death or disablement resulting directly or indirectly caused by, contributed to or aggravated or prolonged by misfeasance, malfeasance or nonfeasance or breach of trust in relation thereto by the Insured.

Conditions

1. Duty of Disclosure

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

2. Reasonable Care

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

3. Observance of terms and conditions

The due observance and fulfillment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability of the Company, to make any payment under this Policy.

4. Material Change

The Insured Person shall immediately notify the Company by fax or in writing of any material change in the risk or change in business or occupation and

cause at his own expense such additional precaution to be taken as circumstances may require to ensure safety thereby containing the circumstances that may give rise to a claim and the Company may adjust the scope of the cover and/or the premium, if necessary, accordingly.

All cover under this Policy shall cease if any alteration be made whereby the risk of damage or injury is increased unless such alteration be agreed to by the Company in writing.

5. Fraudulent Claims

If any claim is in any respect fraudulent, or if any false statement or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her/their behalf to obtain any benefits under the policy, all benefits under this policy shall be forfeited. The Company will have the right to reclaim all benefits paid in respect of a claim which is fraudulent as mentioned above under this Condition as well as under Condition No. 1 of this Policy.

6. No Constructive Notice

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

7. Notice of Charge

The Company shall not be bound to take notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy; but the payment by the Company to the insured or his legal representative of any compensation or benefit under the Policy shall in all cases be an effectual discharge to the Company. Also the receipt of the Insured Person or his/her legal representatives shall in all cases be a full, valid and effectual discharge to the Company.

8. Overriding effect

The terms and conditions contained herein and in the Schedule shall be deemed to form part of the Policy and shall be read as if they are specifically incorporate herein.

9. Electronic Transaction

The Insured Person agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, Electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of the Company for and in respect of the Policy or its terms or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. However, the terms of this condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDA regulations for protection of policyholder's interests.

10. Duty of the Insured Person on occurrence of loss

On the occurrence of loss within the scope of cover under the Policy, the Insured Person shall:

- a) give written notice with full particulars to the Company immediately. In case of death, written notice of the death must, unless reasonable cause is shown, be so given before interment / cremation, and in any case, within one calendar month after the death, and in the event of loss of sight or amputation of limb(s), written notice thereof must be given within one calendar month after such loss of sight or amputation
- b) proof satisfactory to the Company shall be furnished on all matters upon which a claim is based
- c) in the event of death, to make a post-mortem examination of the body of the Insured Person. Such evidence as the Company may from time to time require shall be furnished within the space of fourteen days after demand in writing.
- d) in the event of a claim in respect of loss of sight the Insured Person shall undergo at the Insured's expense such operation or treatment as the Company may reasonably deem desirable
- e) any Medical officer or other representative of the Company shall be allowed to examine the Insured Person on the occasion of any alleged injury or disablement when and so often as the same may reasonably be required on behalf of the Company. Such examination will be carried out at

the insurer's cost.

- f) allow the Medical Practitioner or any representative of the Company to inspect the medical and hospitalisation records and to examine the Insured Person, such investigation will be done at company's cost.
- g) assist and not hinder or prevent the Company or any of its agents in pursuance of their duties

In case the Insured Person does not comply with the provisions of this clause or other obligations cast upon the Insured Person under this Policy or in any of the Policy documents, all benefit under the Policy shall be forfeited, at the option of the Company.

11. Claim Documentation

The Insured Person or his/her legal representatives as the case may be, is required to submit the following documents while lodging a claim under the Policy:

In case of Personal Accident Death claims

- a) FIR from police authorities wherever necessary (in case of accidents outside residence)
- b) Death Certificate from the Municipal Authorities
- c) Post Mortem Report
- d) Any other document as may be required by the Company

In case of Personal Accident Disability claims

- a) FIR from police authorities wherever necessary (in case of accidents outside residence)
- b) Medical Certificate from the attending Medical Practitioner for the injury indicating the extent of disability
- c) Hospital Medical Records
- d) Any other document as may be required by the Company

The Insured Person shall forward to the Company forthwith every written notice or information of any verbal notice of claim and shall send to the Company any writ, summons or other legal process issued or commenced against the Insured Person and shall give all necessary information and assistance to enable the Company to settle or resist any claim or to institute proceedings.

12. Right to Inspect

If required by the Company, an agent/representative of the Company including a Physician appointed in that behalf shall in case of any loss or any circumstances that have given rise to a claim to the Insured Person be permitted at all reasonable times to examine into the circumstances of such loss. The Insured Person shall on being required so to do by the Company produce all relevant documents relating to or containing reference relating to the loss or such circumstance in his/her possession including presenting himself for examination and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain the correctness thereof or the liability of the Company under this Policy. Further to this it has been clarified such the inspection will be carried out at company's cost.

13. Position after a claim

All sums payable hereunder shall be payable in the case of -

- l) death or permanent total disablement, only after deleting by an endorsement the name of the Insured Person in respect of whom such sum shall become payable without any refund of premium;

14. Forfeiture of claims

If any claim is made and rejected and no court action or suit commenced within 12 months after such rejection or, in case of arbitration taking place as provided therein, within 12 calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

15. Free Look Period

Insured / Insured person 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 the insured have any objections to any of the terms and conditions, he / she have the option of cancelling the policy stating the reasons for cancellation and the premium will be refunded after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium.

The policy can be cancelled only if insured have not made any claims under the Policy.

Free look provision is not applicable and/or available at the time of renewal

of the Policy.

Free look period is also not available where the policy period is of the tenure less than one year.

16. Cancellation/Termination

The Company may cancel this Policy, by giving 15 days notice in writing by Registered Post Acknowledgment Due to the Insured at his / their last known address in case of non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy or fraud committed by any insured person associated with the policy or claim, in which case the Company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of the cancellation. The Insured may also give 15 days notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scales. Provided however that refund on cancellation of Policy by the Insured shall be made only if no claim has occurred up to the date of cancellation of this Policy

Table of Short Period Scales
Period of Risk
Premium to be Retained (% of the Annual Rate)
Up to one month 25%
Up to three months 50%
Up to six months 75%
Above six months Full Annual Rate.

Table of Short Period Scales	
Period of Risk	Premium to be charged (% of the Annual Rate)
Up to one month	25%
Up to three months	50%
Up to six months	75%
Above six months	Full Annual Rate

17. Currency of payment

All claims shall be payable in India in Indian Rupees only. No sum payable under this Policy shall carry interest.

18. Policy Disputes

The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian law. All matters arising hereunder shall be determined in accordance with the law and practice of such Court with in Indian Territory

19. Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator to be appointed in writing by the parties to the dispute/difference, or if they can not agree upon a single Arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three Arbitrators, comprising of two Arbitrators and 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 the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliations Act 1996.

It is hereby agreed and understood that no dispute or difference shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/Arbitrators of the amount of the loss shall be first obtained.

20. Time limit for making a claim

The Company agrees and undertakes to pay claim subject to the maximum total sum insured under this Policy provided that Company is bound and liable to pay in accordance with the terms and conditions of this Policy only and only if a demand or claim on the Company in writing is made within 12 (twelve) months of the occurrence of any event giving rise to a claim hereunder.

21. Renewal Notice

The Company shall not be bound to accept any renewal premium or to give notice that such is due, in case of non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy or non-payment of required premium. Every renewal premium (which shall be paid



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and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration hereinbefore mentioned and that nothing is known to the Insured / Insured Person that may result to enhance the risk of the Company. No renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorized official of the Company.

22. Notices

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

(a) In case of the Insured Person, at the address given in the Schedule to the Policy.

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

Notice and instruction will be deemed served 7 days after posting or immediately on receipt in the case of hand delivery, facsimile or e-mail.

ii) Any One Accident Limit (Applicable for group policies only): If there are multiple claims arising out of any one accident during policy period, the maximum liability of the company shall be limited to the "Any One Accident" limit specified in the policy schedule. It is also understood, the Any One Accident Limit shall be notified to the insured at the time premium quotation or proposal.

23. Customer Service

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

1.1. Grievance Redressal: In case the Insured / Insured Person is aggrieved in any way, the Insured / Insured Person may contact the Company at the specified address, during normal business hours. In case the Insured/Insured Person has not got his/her grievances redressed by the Company within 14 days, then he/she may approach the Insurance Ombudsman for the redressal of the same. A list containing the addressees of Offices of Ombudsman are attached to this Policy.

LIST OF INSURANCE OMBUDSMEN

Office of the Ombudsman	Name of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Shri P.Ramamoorthy	Insurance Ombudsman Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U.Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014 , Tel: 079 - 27546840, Fax: 079-27546142, E-mail: ins.omb@rediffmail.com	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL		Insurance Ombudsman Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.) - 462 023 , Tel: 0755-2569201, Fax: 0755-2769203, E-mail: bimalbikpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Shri B. P. Parija	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR - 751 009 , Tel.: 0674-2596455, Fax : 0674-2596429, Email: iocbbsr@dataone.in	Orissa
CHANDIGARH	Shri Manik Sonawane	Insurance Ombudsman Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103 2nd floor, Batra Building, Sector 17-D, CHANDIGARH - 160 017 , Tel.: 0172-2706468, Fax: 0172-2708274, E-mail: ombchd@yahoo.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
CHENNAI		Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4 th floor, 453 (old 312) Anna Salai, Teynampet, CHENNAI - 600 018 , Tel.: 044-24333668 / 5284, Fax: 044-24333664, E-mail: chennaiinsuranceombudsman@gmail.com	Tamil Nadu, UT - Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Shri Surendra Pal Singh	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI - 110 002 , Tel.: 011-23239633 Fax : 011-23230858, Email: iobdelhi@rediffmail.com	Delhi & Rajasthan

GUWAHATI	Shri D. C. Choudhury	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5 th floor, Near Pantabazar Overbridge, S.S. Road, GUWAHATI - 781 001 (Assam) , Tel. : 0361-2131307, Fax:0361-2732937, E-mail: omb_ghy@sify.com	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD		Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1 st floor, Main Court, A.C.Guards, Lakdi-Ka-Pool, HYDERABAD - 500 004 , Tel.: 040-65504123, Fax: 040-23376599, E-mail: insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam - a part of the UT of Pondicherry
KOCHI	Shri R. Jyothindranathan	Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015 , Tel : 0484-2358759 Fax : 0484-2359330, Email: iokochi@asianetindia.com	Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry
KOLKATA	Ms. Manika Datta	Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindustan Bldg. Annex, 4, C.R.Avenue, Kolkata - 700 072 , Tel:033 22124346 / (40) Fax: 033 22124341, Email: iombkpa@bsnl.in	West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim
LUCKNOW	Shri G. B. Pande	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Bhawan, Phase 2, 6th floor, Newal Kishore Rd., Hazratganj, LUCKNOW - 226 001 , Tel.:0522-2231331, Fax: 0522-2231310, E-mail: insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI		Insurance Ombudsman Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), MUMBAI - 400 054 , Tel: 022-26106928 Fax: 022-26106052, Email: ombudsmanmumbai@gmail.com	Maharashtra, Goa

Claim Procedure

1. CLAIM NOTIFICATION

Multi Model Intimation

It is the endeavour of Bharti AXA to give multiple options to the insured/representative(s) to intimate the claim to the Company.

The intimation can be given in following ways

- Toll Free call centre of the Insurance Company (24x7)
- Login to the website of the Insurance Company and intimate the claim
- Send an email to the Company
- Send a fax to Company
- Post/courier to Company
- Direct Contact

In all the above the intimations are directed to a central team for prompt, standardized action.

Information Details

When the insured/representative intimate the claim as mentioned above the following information should be kept handy for prompt services.

- Policy number
- Name of the Insured
- Contact details
- The name of the deceased / injured person
- His age and address of the deceased / injured person
- The address of the site where accident/incident happened.
- The nature of the accident
- The address of the hospital where the deceased/injured has been shifted to

Claim Form

Upon the notification of the claim the Company will dispatch the claim form to the Insured/representative. Claim forms could also be downloaded from the company's website or collected from company's offices.

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2. CLAIM PROCEDURE

- Upon happening of an incident covered under the policy ,the insured/representative shall intimate the company immediately by any of ways as mentioned above
- The company on receipt of the intimation shall call for the following documents to ascertain the coverage of the incident under the policy as per the terms and condition of the policy.

3. DOCUMENTS

It is the policy of the Company to seek documents in a single shot. If any further documentation is required then it will be sought promptly.

In cases where investigation is deemed necessary, the same will be conducted in all promptitude.

Every attempt will be made to keep the process transparent.

Checklist of documents for settling Claims:

Checklist of documents for settling Claims:		
SL.NO.	CHECKLIST	Tick the boxes
1	Claim form duly signed	✓ ☐
2	Police Report in case of fatal or grievous injuries	✓ ☐
3	Medical Reports & attending doctor's certificates	✓ ☐
4	Post mortem report in case of Fatal Accidents	✓ ☐
5	Disablement certificate in case of Permanent Total disablement cases with % of such disablement	✓ ☐
6	Others, if any	✓ ☐

4. CLAIM SETTLEMENT

The company shall make the payments within 15 days from the time of submissions of all the documents.

Upon receipt of all required documents, the offer of settlement will be made within 30 days. Settlement (payment) of claim will be made within 7 days of receipt of acceptance in response to offer of settlement, failing which penal interest (in compliance with applicable regulations) at a rate 2% higher than bank rate prevailing as on the date of beginning of financial year in which the claim is reviewed

5. REPUDIATIONS

The power to repudiate claims is vested in the Corporate office to ensure transparency and standardization across the country. This is also with a view to keep the guidelines of regulator in mind. In the unfortunate event of repudiation, the customers will be informed of the existence of forums for grievance redressal.

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Insurance is the subject matter of solicitation.

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