



GROUP HOSPITAL CASH INSURANCE

PREAMBLE

WHEREAS the **Policyholder** named in the Schedule has applied to HDFC Chubb General Insurance Company Limited (hereinafter called “the **Company**”) for the insurance herein contained, the **Company** agrees subject to:

1. any proposal or other information supplied by or on behalf of the **Insured Person**:
 - 1.1. disclosing all facts and circumstances known to the **Insured Person** that are material to the assessment of the risks insured hereby, and
 - 1.2. forming the basis of this insurance, and
2. the Insured having paid the premium on or before the due date thereof

to grant such insurance to the Insured subject to the terms, conditions, provisions and exclusions set out in this Policy or as contained in any endorsement that may be issued.

Signed for and on behalf of the **Company**

HDFC Chubb General Insurance Company Limited
5th Floor
Express Towers
Nariman Point
Mumbai 400021
India

Tel. (+91 22) 56383600

Fax. (+91 22) 56383699



INDIA WORDING – HOSPITAL CASH

SECTION 2

GENERAL CONDITIONS

- 1) This Policy shall be governed by the laws of India and, except as otherwise provided in Section 4(8) of this Policy, the Indian courts alone shall have jurisdiction in any dispute arising hereunder.
- 2) This Policy shall be voidable in the event of misrepresentation, misdescription or non-disclosure by any or on behalf of the **Insured Person** of any material particular.
- 3) **Insured Persons** shall take all reasonable precautions to prevent **Accidents** and to avoid **Sickness** and shall comply with all statutory requirements, as a condition precedent to the **Company's** liability hereunder.
- 4) Where the **Insured Person** is required in Terms of this Policy to perform any act or comply with any obligation timely performance or compliance shall be a condition precedent to the **Company's** liability hereunder.
- 5) Insurance in respect of an **Insured Person** will begin under this Policy from 00.00 a.m. on the **Day** after (or a future date that has been agreed by the **Insured** and the **Company**) when all the following are true:
 - a) the **Insured Person** is eligible to be insured;
 - b) the required premium has been paid to the **Company**; and
 - c) the **Company** has approved the **Insured Person's** proposal for this insurance.
- 6) Insured may cancel this Policy at any time by sending fifteen (15) days notice in writing to the Company or by returning the Policy and stating when thereafter cancellation is to take effect.

In the event of such cancellation the Company shall retain premium for the period that this Policy has been in force calculated in accordance with the short period rate table, less any duties and taxes Company cannot recover. However, there will be no refund of premium if you have made a claim, or you are entitled to make any claim under this Policy.

The Company reserves the right to cancel this Policy at any time by sending fifteen (15) days notice in writing to the Insured. In the event of such cancellation refund of premium shall be on pro-rata basis.

The Company also reserves the right to cancel this Policy from inception immediately upon becoming aware of any mis-representation, fraud, non-disclosure of material facts or non-cooperation by or on behalf of the Insured. No refund of premium shall be allowed in such cases.

Notice of cancellation will be mailed to the Insured at an address set forth in the Policy Schedule, and will indicate the date of termination. If notice of cancellation is mailed, proof of mailing will be sufficient proof of notice.



PERIOD ON RISK RATE OF PREMIUM TO BE CHARGED

- Upto one month 1/4 of the annual rate
- Upto three months ½ of the annual rate
- Upto six months 3/4th of the annual rate
- Exceeding six months Full annual rate

- 7) This Policy shall automatically insure all present and new **Insured Persons** upon their date of employment subject to notification by the **Policyholder** to the **Company** of the employee strength and payment of additional premium for the increase in the employee strength.
- 8) Insurance in respect of an **Insured Person** shall immediately terminate on the earliest of the following dates:
 - a) the date that the Policy is terminated;
 - b) the date that the Total **Sum Insured** is paid for covered loss under Section 8 (Accidental Death), Section 9 (Permanent Disablement) or any of the Hospital Cash sections of the Policy;
 - c) the date that an **Insured Person** is no longer an employee of the **Policyholder**; or
 - d) in respect of **Immediate Family**, the date that such person ceases to be the **Insured Person's Immediate Family Member**.
- 9) The Company shall be under no obligation to renew the policy on expiry of the period for which premium has been paid. The Company reserves the right to offer revised rates, terms and conditions at renewal based on claim experience and a fresh assessment of the risk. This policy may be renewed only by mutual consent and subject to payment in advance of the total premium at the rate in force at the time of renewal. The Company, however, shall not be bound to give notice that the policy is due for renewal or to accept any renewal premium. Unless renewed as herein provided, this policy shall automatically terminate at the expiry of the period for which premium has already been paid
- 10) The **Policyholder** and **Insured Person** understand that if a proposal has been completed for this insurance, then all statements and all particulars provided in such proposal, and any attachments thereto, are material to the **Company's** decision to provide this insurance. The **Policyholder** and **Insured Person** further understand that the **Company** has issued this Policy in reliance upon the truth of such statements and particulars.

FRAUD WARNING:

ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD THE COMPANY OR OTHER PERSON, FILES A PROPOSAL FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH WILL RENDER THE POLICY VOIDABLE AT THE COMPANY'S SOLE DISCRETION AND RESULT IN A DENIAL OF INSURANCE BENEFITS.

INDIA WORDING – HOSPITAL CASH

IF A CLAIM IS IN ANY RESPECT FRAUDULENT, OR IF ANY FRAUDULENT OR FALSE PLAN, SPECIFICATION, ESTIMATE, DEED, BOOK, ACCOUNT ENTRY, VOUCHER, INVOICE OR OTHER DOCUMENT, PROOF OR EXPLANATION IS PRODUCED, OR IF ANY FRAUDULENT



*MEANS OR DEVICES ARE USED BY THE **INSURED PERSON, POLICYHOLDER, BENEFICIARY, CLAIMANT** OR BY ANYONE ACTING ON THEIR BEHALF TO OBTAIN ANY BENEFIT UNDER THIS POLICY, OR IF ANY FALSE STATUTORY DECLARATION IS MADE OR USED IN SUPPORT THEREOF, OR IF LOSS IS OCCASIONED BY OR THROUGH THE PROCUREMENT OR WITH THE KNOWLEDGE OR CONNIVANCE OF THE **INSURED PERSON, POLICYHOLDER, BENEFICIARY, CLAIMANT** OR OTHER PERSON, THEN ALL BENEFITS UNDER THIS POLICY ARE FORFEITED.*

- 10) The titles of the various paragraphs of this Policy and any endorsements attached to this Policy are inserted solely for convenience of reference and do not limit or affect in any way the provisions to which they relate
- 11) The **Policyholder** shown in Item 1 of the Schedule is responsible for the collection and remittance of all premiums. Premiums are due on or prior to the Policy Effective Date shown in Item 2 of the Schedule and

In the case of a multi-year Policy, on or before the annual anniversary of such Policy Effective Date.

In the case of a premium payable in installments, at a fixed frequency as shown in Item 7 of the schedule, on or before the end of each frequency interval from the Policy Effective Date, which may be a month, a quarter or a six month period or any other frequency period agreed to between the **Policyholder** and the **Company**.

Timely payment of all premium due in full is a condition precedent to the **Company's** liability under this Policy.

Under the installment option, in the event that the initial premium charged is not paid this Policy shall be deemed to have been void from the intended Policy Effective Date of insurance.

Provided one or more premium installment has been paid, non-payment of any subsequent **Premium Installment** shall terminate the Policy as of the due date of such unpaid **Premium Installment**.

- 12) Notices: Notices to the **Company** under this Policy shall be given in writing to the address shown in the preamble of this Policy. Such notices shall be effective on the date of receipt by the **Company** at such address.
- 13) Valuation and Foreign Currency: All premiums, benefit amounts, loss, **Sums Insured** and other amounts under this Policy are expressed and payable in Indian currency. If judgement is rendered, settlement is denominated or any benefit, **Sum Insured** or element of loss is stated in a currency other than Indian Rupees, then payment under this Policy shall be made in Indian Rupees at the rate of exchange published by the Reserve Bank of India on the date the final judgement is entered, the amount of settlement is agreed upon or any benefit, **Sum Insured** or element of loss is due, respectively.



SECTION 3

DEFINITIONS GENERALLY APPLICABLE

As used in this Policy, unless otherwise noted, the singular of any definition includes the plural, and the plural of any definition includes the singular.

- 1) **Accident or Accidental** means a sudden, unforeseen and involuntary event caused by external and visible means.
- 2) **Accumulation Limit** means the maximum amount payable by the **Company** in respect of any one **Accident**, irrespective of the number of **Insured Persons** involved in such **Accident**. In the event that an **Accident** occurs which results in insurable losses under this Policy and which ordinarily would mean that the **Accumulation Limit** is exceeded, the **Accumulation Limit** amount will be distributed on a proportional



INDIA WORDING – HOSPITAL CASH

basis to all **Insured Persons**, taking into account the maximum **Sums Insured** per Benefit and per **Insured Person**.

- 3) **Beneficiary**: In case of death of the **Insured Person**, the **Beneficiary** means, unless stipulated otherwise by the **Insured Person**, the surviving Spouse of the **Insured Person**, mentally capable and not divorced, followed by the children recognised or adopted followed by the **Insured Person's** legal heirs or nominees. For all other benefits, the **Beneficiary** means the **Insured Person** himself unless stipulated otherwise.
- 4) **Bodily Injury** means physical, external, **Accidental** bodily injury occurring suddenly in time and resulting solely and independently of any other cause or any physical defect or infirmity existing before the **Period of Insurance**.
- 5) **Cancellation** defines 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) **Civil War** means armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups. Included in the definition: armed rebellion, revolution, sedition, insurrection, Coup d' Etat, the consequences of Martial law.
- 7) **Common Carrier** means any land, sea or air conveyance operated under a licence issued by a governmental authority having jurisdiction, for the transportation of fare paying passengers and which has fixed, established routes only.
- 8) **Company** means HDFC Ergo General Insurance Company Limited.
- 9) **Compensation** means **Sum Insured**, Total **Sum Insured** or percentage of the **Sum Insured**, as appropriate.
- 10) **Daily Activities** means activities such as, but not limited to, cooking and/or taking of food, discharging of urine and/or faeces, getting dressed or undressed, washing and taking a bath, walking and general living activities.
- 11) **Daily Benefit** means the amount payable for every twenty-four (24) continuous hours an **Insured Person** is in **Hospital** as an in-patient up to the maximum number of **Days** stated in the Schedule.
- 12) **Daily Home Allowance** means the amount payable for every twenty-four (24) continuous hours an **Insured Person** is instructed by a **Physician** to complete his/her recovery at home following a payment of the **Daily Benefit**.
- 13) **Date of Loss**:
 - a) for **Accident** means the date of the **Accident**.
 - b) for all other benefits means the date the event happened that leads to an alleged claim.
 - c) for **Sickness** means the first date of diagnosis or the date the **Insured Person** first



became aware of the **Sickness**.

- 14) **Day** means a continuous period of twenty-four (24) hours.
- 15) **Deductible** means an amount stated in the Schedule as a percentage, or a fixed amount, which will be deducted from the **Compensation** for a specific benefit, or a period of time for which the **Company** will not pay any benefit. A deductible is a cost-sharing requirement under a insurance policy that provides that the Insurer will not be liable for a specified rupee amount or percentage, of the covered expenses, which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.
- 16) **Dependent Child** means an unmarried dependent child ordinarily residing with the **Insured Person** between the ages of three (3) months and up to and including the age of eighteen (18) years, or up to and including the age of twenty-one (21) years if in full time education at an accredited tertiary institution at the time of the **Date of Loss**, including legally adopted and step-children, of an **Insured Person** or the Spouse of an **Insured Person** who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income
- 17) **Emergency care** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health
- 18) **Family Accumulation Limit** means the maximum amount payable by the **Company** in respect of any one **Accident**, irrespective of the number of **Insured Persons** from the same **Immediate Family** involved in such **Accident**. In the event that an **Accident** occurs which results in insurable losses under this Policy and which ordinarily would mean that the **Family Accumulation Limit** is exceeded, the **Family Accumulation Limit** amount will be distributed on a proportional basis to all Insured Persons from the same **Immediate**



INDIA WORDING – HOSPITAL CASH

Family, taking into account the maximum **Sums Insured** per Benefit and per **Insured Person**.
Foreign War means armed opposition, whether declared or not between two countries.

17) **Franchise** means an amount stated in the Schedule as a percentage or a fixed amount for which the **Company** will not be responsible if the claim falls below such percentage or fixed amount, or a period of time for which the **Company** will not be responsible unless the period of time has expired.

18) **Hospital** means an establishment which:

- a) is registered as such with a local authority;
- b) operates for the reception, care and treatment of sick ailing or injured persons as in-patients; and
- c) provides organised facilities for diagnosis and medical and surgical treatment at all times; and
- d) is not primarily a Day clinic, clinic, rest or convalescent home or similar establishment and is not, other than incidentally, a place for the treatment of alcoholics or drug addicts, and

provides nursing care and has a Physician or a staff of Physicians actually on the premises at all times. Hospital means any institution established for in- patient care and day care treatment of sickness and / or injuries and which has been registered as a hospital with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:

- a) has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
- b) has qualified nursing staff under its employment round the clock;
- c) has qualified medical practitioner (s) in charge round the clock;
- d) has a fully equipped operation theatre of its own where surgical procedures are carried out
- e) maintains daily records of patients and will make these accessible to the company's authorized personnel
- f) is not primarily a **Day** clinic, clinic, rest or convalescent home or similar establishment and is not, other than incidentally, a place for the treatment of alcoholics or drug addicts.

63) **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

a) **Acute condition** - Acute condition is a medical condition that can be cured by Treatment

19) **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires your rehabilitation or for you to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back

20) **Immediate Family / Immediate Family Member** means an **Insured Person's** Spouse; children; children-in-law; siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren;



legal guardian, ward; step or adopted children; step-parents; aunts, uncles; nieces, and nephews, who reside in the same country as the **Insured Person**.

- 21) **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.
- 22) **Inpatient care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event
- 23) **Insured Person** means anyone over the age of three (3) months and aged seventy (70) years old or younger, except when the **Company**, at its sole discretion, accepts anyone over 70 years old, for whom premium has been paid and who is identified in Item 6 of the Schedule as an **Insured Person**.
- 24) **Medical Advice** means any consultation or advice from a **Medical Practitioner / Physician** including the issue of any prescription or repeat prescription
- 25) **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. These **Medical Expenses** must necessarily be incurred within the territorial limits stated in the Schedule, for surgical, anaesthetic and other medical treatment in **Hospital** or prescribed by a **Physician**.
- 26) **Medical Treatment** means a **Physician's** medical advice, treatment, consultations, and prescribed or remedial attention.
- 27) **Operative Time** means the time that the insurance is effective as stated on the Schedule.
- 28) **Period of Insurance** means the **Operative Time** stated in the Schedule, commencing on or after the Policy Effective Date and terminating on or before the Policy Expiration Date.
- 29) **Permanent Total Disablement** means disablement, as the result of a **Bodily Injury**, which:
- continues for a period of twelve (12) consecutive months, and
 - is confirmed as total, continuous and permanent by a **Physician** after the twelve (12) consecutive months, and
 - entirely prevents an **Insured Person** from engaging in or giving attention to gainful occupation of any and every kind for the remainder of his/her life.
- 30) **Medical practitioner or Physician is a person who holds a valid registration from the medical council and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license** means a person currently legally licensed and registered to practise medicine in the jurisdiction of loss, other than
- an **Insured Person** under this Policy;
 - an **Insured Person's** employer or business partner;



- c) an employee of the ***Policyholder***, or
- d) an ***Immediate Family*** of the ***Insured Person***. For purposes of this definition only, the term ***Immediate Family Member*** shall not be limited to natural persons resident in the same country as the ***Insured Person***.

31) ***Policyholder*** means the entity or person named on such in the Schedule.

32) ***Premium Installment*** means premium payable at a fixed frequency of a month, a quarter, a six month period or any other frequency period agreed to by the ***Company*** and the ***Policy Holder***, the period beginning from the Policy Effective Date



29) **Salary** means the total gross basic annual salary excluding payments for overtime, commission or bonus payable by the **Policyholder** to the **Insured Person** at the time of the **Date of Loss**. For weekly paid **Insured Persons**, the **Salary** will be calculated by taking the average gross weekly basic salary of the **Insured Person** for the thirteen (13) weeks prior to the **Date of Loss** and multiplying this amount by fifty-two (52).

30) **Serious Injury or Serious Sickness** means **Bodily Injury** or **Sickness** certified as being dangerous to life by a **Physician**.

31) **Sickness** means any fortuitous somatic illness or disease but excluding any disease or illness which is, arises out of or is caused by a condition or defect for which medical treatment was recognised, advised, sought out, or should have reasonably sought out, or received at any time before the **Period of Insurance**.

32) **Spouse** means an **Insured Person's** husband or wife who is recognised as such by the laws of the jurisdiction in which they reside.

33) **Sum Insured** means the amount stated in the Table of Benefits in the Schedule as the Total **Sum Insured**, or limited to the specific insurance details in any Section of this Policy.

The amounts shown in Item 8 of the Schedule are the Total **Sums Insured** for each **Insured Person** for the particular benefit shown, subject at all times to the terms and conditions of the Policy, including but not limited to the exclusions and any additional limitations noted in the wording of each Section.

The Total **Sum Insured** is a sublimit of liability. It is part of, and not in addition to the **Accumulation Limit** stated in Item 3 (b) of the Schedule, if any. It further reduces, and does not increase, the **Accumulation Limit** stated in Item 3 (b) of the Schedule.

34) **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner

35) **Terrorism** means activities against persons, organisations or property of any nature:

1) that involve the following or preparation for the following:

- a) use or threat of force or violence; or
- b) commission or threat of a dangerous act; or
- c) commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and

2) when one or both of the following applies:

- a) the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
- b) it appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.



SECTION 4

GENERAL CLAIMS PROVISIONS

- 1) Written notice of any occurrence which may give rise to a claim under this Policy must be given to the **Company** as soon as practicable and in any case within thirty (30) **Days** after such occurrence. Written Notice of Claim must be given to the **Company** immediately in the case of death, or within thirty (30) Days after the **Date of Loss** in all other cases.
- 2) If any treatment, consultation or procedure for which a claim may be made is required in an emergency, then the **Company** or Our TPA must be informed within ___ days of the beginning of such treatment, consultation or procedure.
- 3) In all other cases, the **Company** or Our TPA must be informed of any event or occurrence that may give rise to a claim under this Policy within ___ days of occurrence of event
- 4) All certificates, information and evidence required by the **Company** shall be furnished at no expense to the **Company** and shall be in such form and of such nature as the **Company** may prescribe. When required by the **Company**, at its own expense, the **Insured Person** shall submit to medical examination in respect of any alleged claim that may give rise to a benefit being paid.

- 5) Complete, written proof of loss **must be** given to the **Company** within sixty (60) **Days** after **the Date of Loss**, or as soon as reasonably possible. Such proof of loss must **contain**:
 - i. **the** Policy Number, and
 - ii. the preliminary medical report describing the nature and extent of all injuries or **Sicknesses**, and providing a precise diagnosis, and
 - iii. all invoices, bills, prescriptions, **Hospital** certificates which will permit the **Company** to accurately determine the total amount of **Medical Expenses** (if applicable) incurred by the **Insured Person**, and
 - iv. in the case where another party was involved (e.g. a car collision), the names, contact details and if possible insurance details of the other party, and
 - v. in the case of death, an official death certificate, succession certificate pursuant to the Indian Succession Act 1925, as amended, and any other legal documents establishing the identity of any and all beneficiaries, and
 - vi. proof of age, where applicable, and
 - vii. such other information as the **Company** may require to handle the claim.
- b. If an **Accident**:
 - i. detailed circumstances of the **Accident** and the names of any witnesses, and
 - ii. any police reports concerning the **Accident**, and
 - iii. the date a **Physician** was seen due to the **Bodily Injury**, and
 - iv. the **Physician's** contact details, or
- c. If a **Sickness**:



- i. the date symptoms of the **Sickness** began, and
 - ii. the date a **Physician** was seen due to the **Sickness**, and
 - iii. the **Physician's** contact details.
- 6) The **Company** shall base its assessment of the claim on the complete, written proof of loss.
- 7) The **Company** at its own expense shall have the right and opportunity to examine the **Insured Person** whose **Bodily Injury** or **Sickness** is the basis of a claim and as often as it may be reasonably required during the pendency of the claim and to make an autopsy in case of death, where it is not forbidden by law.
- 8) In respect of any disablement claim, no benefit shall be payable before any disablement is recognised as definitive and permanent by a **Physician** appointed by the **Company**.
- 9) Medical advice of a **Physician** shall be sought and followed promptly on the occurrence of any **Bodily Injury** or **Sickness** and the **Company** shall not be liable for any part of any claim which in the opinion of a **Physician** appointed by the **Company** arises from the unreasonable or wilful neglect or failure of an **Insured Person** to seek and remain under the care of a **Physician**.
- 10) No claim may be brought under this Policy, nor may any legal action be brought against the **Company** to recover under such claim:
 - a. in cases of **Accidental** death, more than three (3) years after the date of death or the date the claim is denied in whole or in part, whichever is later; or
 - b. in all other cases, more than three (3) years after the **Date of Loss** or date the claim is denied in whole or in part, whichever is later.
- 11) No such legal action may be brought against the **Company** unless there has been full compliance with all the terms and conditions of this Policy. In the event of any failure to timely submit any claim or commence legal action with respect to any claim, all benefits under this Policy in respect of such claim shall be forfeited.
- 12) If any difference shall arise as to the amount to be paid under this Policy (liability being otherwise admitted) such difference shall be referred to arbitration in accordance with the Indian Arbitration and Conciliation Act 1996, as amended, and the making of an award shall be a condition precedent to any liability for the **Company** to make any payment under this Policy.
- 13) The **Company** will effect payment of covered claims subject to: i) the **Company** having received complete, written proof of loss and such other information as the **Company** may require to handle the claim; and ii) the premium for the Policy having been paid. In such cases, the **Company** shall effect payment within 7 days.
- 14) No benefit shall be payable in respect of an **Insured Person** under more than one of the following insurances: **Accidental** death or **Accidental** disablement.



- 15) No sum payable under this Policy shall carry interest.
- 16) Where amounts recoverable from the **Company** are delayed pending finalisation of any claim, payments on account may be made to the **Insured Person** at the **Company's** discretion, on receipt by the **Company** of certification by a **Physician** appointed by the **Company**.
- 17) An **Insured Person** has the right to designate a beneficiary. All beneficiary designations shall be in writing, filed with the **Policyholder**, and provided to the **Company** at the time of claim and such other time as the **Company** may require.

The **Insured Person**, and no one else, unless there is an irrevocable assignment, has the right to change the beneficiary. The **Insured Person** does not need the consent of anyone to do so. Changes must be in writing, filed with the **Policyholder** and provided to the **Company** at the time of claim and such other time as the **Company** may require. The **Company** does not assume any responsibility for the validity of these changes.

The **Insured Person's** rights under this Policy may be assigned by giving the **Company** prior written notice. The assignment may be made irrevocable. However, the **Company** will only recognise an assignment if the **Insured Person** has given the **Company** prior written notice and has the **Company's** written acknowledgement of the assignment. The **Company** does not assume any responsibility for the validity of an assignment.

Benefit shall be payable only to the **Insured Person**, his or her **Beneficiary**, or the **Insured Person's** legal personal representatives or assignee if applicable, whose receipt shall effectively discharge the **Company**.

- 18) In the event of a claim under this Policy, the **Policyholder**, the **Insured Person** and the **Beneficiary**, if applicable, must fully cooperate with the **Company** in its handling of the claim including, but not limited to, the timely submission of all medical and other reports, and full co-operation with all physical examinations and autopsies that the **Company** may require.
- 19) The **Company** shall not be bound or be affected by any notice of any trust, charge, lien, or other dealing with or in relation to this Policy.

SECTION 5

GENERAL EXCLUSIONS

The **Company** shall not be liable to pay any benefit in respect of any **Insured Person**:

- 1) for **Bodily Injury** or **Sickness** occasioned by **Civil War** or **Foreign War**.
- 2) for **Bodily Injury** or **Sickness** caused or provoked intentionally by the **Insured Person**.
- 3) for **Bodily Injury** or **Sickness** due to wilful or deliberate exposure to danger, (except in an attempt to save human life), intentional self-inflicted injury, suicide or attempt thereof, or arising out of non-adherence to medical advice.



- 4) for **Bodily Injury** or **Sickness** sustained or suffered whilst the **Insured Person** is or as a result of the **Insured Person** being under the influence of alcohol or drugs or narcotics unless professionally administered by a **Physician** or unless professionally prescribed by and taken in accordance with the directions of a **Physician**.
- 5) for **Bodily Injury** due to a gradually operating cause.
- 6) for **Bodily Injury** sustained whilst or as a result of participating in any sport as a professional player.
- 7) for **Bodily Injury** sustained whilst or as a result of participating in any competition involving the utilisation of a motorised land, water or air vehicle.
- 8) for **Bodily Injury** sustained whilst or as a result of riding or driving a motorcycle or motor scooter over one hundred fifty (150) cc.
- 9) for **Bodily Injury** whilst the **Insured Person** is travelling by air other than as a fare paying passenger on an aircraft registered to an airline company for the transport of paying passengers on regular and published scheduled routes.
- 10) for **Bodily Injury** sustained whilst or as a result of participating in any criminal act.
- 11) for **Bodily Injury** or **Sickness** resulting from pregnancy within twenty-six (26) weeks of the expected date of birth.
- 12) for **Bodily Injury** or **Sickness** caused by or arising from the conditions commonly known as Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) and/or any related illness or condition including derivatives or variations thereof howsoever acquired or caused. The onus shall always be upon the **Insured Person** to show that **Bodily Injury** or **Sickness** was not caused by or did not arise through AIDS or HIV.
- 13) for **Bodily Injury** or **Sickness** caused by or arising from or due to venereal or venereal related disease.
- 14) for **Bodily Injury** sustained whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.
- 15) for **Bodily Injury** sustained whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the **Bodily Injury** occurred whilst the **Insured Person** was on leave or not in uniform.
- 16) for treatments for nervous or mental problems, whatever their classification, psychiatric or psychotic conditions, depression of any kind, or mental insanity.
- 17) any pathological fracture.
- 18) for cures of any kind and all stays in long term care institutions (retirement homes, convalescence centres, centres of detoxification etc.).
- 19) for investigations, operations or treatment of a purely cosmetic nature; or for obesity; or undertaken to facilitate pregnancy or to cure impotence or to improve potency.
- 20) for **Bodily Injury** sustained whilst or as a result of active participation in any hazardous sport such as parachuting, hangliding, parasailing, *off-piste* skiing or bungee jumping.
- 21) for **Bodily Injury** caused by or arising from or as a result of **Terrorism**.



SECTION 6

HOSPITAL CASH – ACCIDENT ONLY

If during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** which directly and independently of all other causes results in the **Insured Person** being in a **Hospital** as an in-patient within one (1) calendar month of the **Date of Loss**, then the **Company** agrees to pay to the **Insured Person** the **Daily Benefit** stated in the Schedule. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.

Specific Provisions

- 1) In case of successive **Hospital** stays with less than sixty (60) **Days** between each one for a same cause, the **Deductible** or **Franchise** will only apply once, as the **Hospital** stays will be deemed as one event.

Specific Conditions

- 1) Once the **Company** has paid the **Daily Benefit** up to the maximum number of **Days** stated in the Schedule, cover under this Section will cease for such **Insured Person**.

SECTION 7

HOSPITAL CASH – ACCIDENT & SICKNESS

If during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** or **Sickness** which directly and independently of all other causes results in the **Insured Person** being in a **Hospital** as an in-patient within one

(1) calendar month of the **Date of Loss**, then the **Company** agrees to pay to the **Insured Person** the **Daily Benefit** stated in the Schedule. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.

Specific Provisions

- 1) In case of successive **Hospital** stays with less than sixty (60) **Days** between each one for a same cause, the **Deductible** or **Franchise** will only apply once, as the **Hospital** stays will be deemed as one event.

Specific Conditions

- 1) Once the **Company** has paid the **Daily Benefit** up to the maximum number of **Days** stated in the Schedule, cover under this Section will cease for such **Insured Person**.

SECTION 8

ACCIDENTAL DEATH

If during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** which directly and independently of all other causes results in Death within twelve (12) months of the **Date of Loss**,



then the **Company** agrees to pay to the **Insured Person's Beneficiary** or legal representative the **Compensation** stated in the Schedule.

Specific Extensions

- 1) Disappearance: In the event of the disappearance of the **Insured Person**, following a forced landing, stranding, sinking or wrecking of a conveyance in which such **Insured Person** was known to have been travelling as an occupant, it shall be deemed after twelve (12) months, subject to all other terms and conditions of this Policy, that such **Insured Person** shall have died as the result of an **Accident**. If at any time, after the payment of the **Accidental** death benefit, it is discovered that the **Insured Person** is still alive, all payments shall be reimbursed in full to the **Company**.
- 2) Exposure: Death as a direct result of exposure to the elements shall be deemed to be **Bodily Injury**.

Specific Conditions

- 1) If applicable and if payment has been made under the Permanent Disablement Section, any amounts paid under that Section would be deducted from payment of a claim under this Section of the Policy.

SECTION 9

PERMANENT DISABLEMENT

If during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** which directly and independently of all other causes results in disablement within twelve (12) months of the **Date of Loss**, then the **Company** agrees to pay to the **Insured Person** the **Compensation** stated in the specific Table of Benefits below, which is shown as the Table of Benefits in the Schedule. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.

Specific Extensions

- 1) Exposure: Permanent disablement as a direct result of exposure to the elements shall be deemed to be **Bodily Injury**.

Specific Provisions

- 1) Ankylosis of the fingers (other than thumb and forefinger) and of the toes (other than the big toe) shall be limited to fifty percent (50%) of the **Compensation** payable for the loss of the said members.
- 2) Any benefit payable under item 23 of Table (C) shall be at the complete discretion of the **Company** taking into consideration the nature of the **Bodily Injury** in conjunction with the stated **Compensation** percentages for more specific injuries shown in the Table of Benefits.

Specific Conditions

- 1) The insurance shall terminate for an **Insured Person** under this Section upon payment of a benefit equal to the Total **Sum Insured**.



- 2) The total amount payable in respect of more than one disablement due to the same **Accident** is arrived at by adding together the various percentages shown in the Table of Benefits, but shall not exceed the Total **Sum Insured**.
- 3) The **Deductible** or **Franchise**, if applicable, shall apply to the total amount payable, irrespective of the number of benefits an **Insured Person** is entitled to.
- 4) If an **Insured Person** dies as the result of the **Bodily Injury** any amount claimed and paid to an **Insured Person** under the Permanent Disablement Section will be deducted from any payment under the **Accidental** Death Section.

Specific Definitions for all Tables of Benefits

- 1) **Limb** means the hand above the wrist joint or foot above the ankle joint.
- 2) **Loss of Hearing** means the total and irrecoverable **Loss of Hearing**.
- 3) **Loss of Mastication** means the total and irrecoverable loss of ability to chew food.
- 4) **Loss of Sight** means the total and irrecoverable **Loss of Sight**. This is considered to have occurred if the degree of sight remaining after correction is 3 / 60 or less on the Snellen Scale.
- 5) **Loss of Speech** means the total and irrecoverable **Loss of Speech**.

Specific Definitions for Table (A)

- 1) **Loss** used with reference to **Limb** means the loss by physical severance of such **Limb**.

Specific Definitions for Table (B)

- 1) **Loss** used with reference to **Limb** means the loss by physical severance or the total and permanent loss of use of such **Limb**.

Specific Definitions for Table (C) and (D)

- 1) **Loss** used with reference to **Limb** and / or fingers, thumbs or toes, means the loss by physical severance or the total and permanent loss of use of said member.

INDIA WORDING – HOSPITAL CASH

TABLE OF BENEFITS – TABLE (A)

The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1) Permanent Total Disablement	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two Limbs	100%
4) Permanent Total Loss of Sight in both eyes	100%
5) Permanent Total Loss of Sight of one eye and one Limb	100%
6) Permanent Total Loss of Speech	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total Loss of Mastication	100%
9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10) Permanent Total Loss of Hearing in both ears	75%
11) Permanent Total Loss of one Limb	50%
12) Permanent Total Loss of Sight of one eye	50%

TABLE OF BENEFITS – TABLE (B)

The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1) Permanent Total Disablement	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two Limbs	100%
4) Permanent Total Loss of Sight in both eyes	100%
5) Permanent Total Loss of Sight of one eye and one Limb	100%
6) Permanent Total Loss of Speech	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total Loss of Mastication	100%
9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in	100%

HDFC ERGO General Insurance Company Limited



the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	
10) Permanent Total Loss of Hearing in both ears	75%
11) Permanent Total Loss of one Limb	50%
12) Permanent Total Loss of Sight of one eye	50%

INDIA WORDING – HOSPITAL CASH

TABLE OF BENEFITS – TABLE (C)

The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1) Permanent Total Disablement	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two Limbs	100%
4) Permanent Total Loss of Sight in both eyes	100%
5) Permanent Total Loss of Sight of one eye and one Limb	100%
6) Permanent Total Loss of Speech	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total Loss of Mastication	100%
9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10) Permanent Total Loss of Hearing in both ears	75%
11) Permanent Total Loss of one Limb	50%
12) Permanent Total Loss of Sight of one eye	50%
13) Permanent Total Loss of Hearing in one ear	15%
14) Permanent Total Loss of the lens in one eye	25%
15) Permanent Total Loss of use of four fingers and thumb of either hand	40%
16) Permanent Total Loss of use of four fingers of either hand	20%
17) Permanent Total Loss of use of one thumb of either hand: a) Both joints b) One joint	20% 10%
18) Permanent Total Loss of one finger of either hand: a) Three joints b) Two joints c) One joint	5% 3.5% 2%
19) Permanent Total Loss of use of toes: a) All – one foot b) Big – both joints c) Big – one joint	15% 5% 2%

HDFC ERGO General Insurance Company Limited



	d) Other than Big – each toe	2%
20)	Established non-union of fractured leg or kneecap	10%
21)	Shortening of leg by at least 5 cms.	7.50%
22)	Ankylosis of the elbow, hip or knee	20%
23)	Permanent disablement not otherwise provided for under Items 2-22 inclusive up to a maximum of	75%

INDIA WORDING – HOSPITAL CASH

TABLE OF BENEFITS – TABLE (D)

The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1) Permanent Total Disablement	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two Limbs	100%
4) Permanent Total Loss of Sight in both eyes	100%
5) Permanent Total Loss of Sight of one eye and one Limb	100%
6) Permanent Total Loss of Speech	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total Loss of Mastication	100%
9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10) Permanent Total Loss of Hearing in both ears	75%
11) Permanent Total Loss of one Limb	50%
12) Permanent Total Loss of Sight of one eye	50%
13) Permanent Total Loss of Hearing in one ear	15%
14) Permanent Total Loss of the lens in one eye	25%
15) Permanent Total Loss of use of four fingers and thumb of either hand	40%
16) Permanent Total Loss of use of four fingers of either hand	20%
17) Permanent Total Loss of use of one thumb of either hand: a) Both joints b) One joint	20% 10%
18) Permanent Total Loss of one finger of either hand: a) Three joints b) Two joints c) One joint	5% 3.5% 2%
19) Permanent Total Loss of use of toes: a) All – one foot b) Big – both joints c) Big – one joint	15% 5% 2%



d) Other than Big – each toe	2%
20) Established non-union of fractured leg or kneecap	10%
21) Shortening of leg by at least 5 cms.	7.50%
22) Ankylosis of the elbow, hip or knee	20%

INDIA WORDING – HOSPITAL CASH

SECTION 10

IN-HOSPITAL MEDICAL EXPENSES – ACCIDENT ONLY

If, during the **Period of Insurance**, an **Insured Person** sustains **Bodily Injury** and is hospitalised as an in-patient for twenty-four (24) continuous hours or more, then the **Company** will reimburse the **Insured Person** the necessary **Usual and Reasonable In-Hospital Medical Expenses**, incurred within twelve (12) months from the **Date of Loss** up to the Total **Sum Insured** stated in the Schedule, subject to the Terms and Conditions of this Policy. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.

Specific Conditions

- 1) **Usual and Reasonable In-Hospital Medical Expenses** shall include and be limited to the following services:
 - a) charges for semi-private **Hospital** room and board, use of the operating room, emergency room, and **Ambulatory Medical Centre**
 - b) fees of **Physicians**.
 - c) charges for laboratory tests, ambulance service (to or from the **Hospital**), prescription medicines or drugs, therapeutics, anaesthetics (including administration of anaesthetics), transfusions, artificial **Limbs** or eyes (excluding repair or replacement of these items), x-rays, prosthetic appliances.
 - d) charges for a registered nurse (R.N).
- 2) if a **Policyholder** or **Insured Person** has other insurance against a loss covered by this Section, then the **Company** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.



Specific Definitions

- 1) **Ambulatory Medical Centre** means a licensed facility providing ambulatory surgical or medical treatment, other than a **Hospital**, clinic or **Physician**'s office.
- 2) **Usual and Reasonable In-Hospital Medical Expenses** means fees and prices generally charged in the locality where performed for medically necessary services and supplies required for treatment of cases of comparable severity and nature, but not to include charges that would not have been made if no insurance existed.

Specific Exclusions

The **Company** shall not be liable to pay any benefit in respect of any **Insured Person** for:

- 1) any **Usual and Reasonable In-Hospital Medical Expenses** before the **Period of Insurance**.
- 2) any dental work.
- 3) any claim caused by or arising from or due to **Sickness** of any and every kind.

SECTION 11

EMERGENCY MEDICAL EXPENSES – ACCIDENT ONLY

If, during the **Period of Insurance**, an **Insured Person** sustains **Bodily Injury**, then the **Company** will reimburse the **Insured Person** the necessary **Usual and Reasonable Medical Expenses**, incurred within twelve (12) months from the **Date of Loss** up to the **Sum Insured** stated in the Schedule, subject to the Terms and Conditions of this Policy. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.

Specific Conditions

- 1) **Medical Expenses** shall include and be limited to the following services:
 - a) charges for semi-private **Hospital** room and board, use of the operating room, emergency room, and **Ambulatory Medical Centre**.
 - b) fees of **Physicians**.
 - c) **Medical Expenses**, in or out of **Hospital**, including: laboratory tests, ambulance service (to or from the **Hospital**), prescription medicines or drugs, therapeutics, anaesthetics (including administration of anaesthetics), transfusions, artificial **Limbs** or eyes (excluding repair or replacement of these items), x-rays, prosthetic appliances.
 - d) charges for a registered nurse (R.N).
- 2) If a **Policyholder** or **Insured Person** has other insurance against a loss covered by this Section, then the **Company** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Definitions

- 1) **Ambulatory Medical Centre** means a licensed facility providing ambulatory surgical or medical treatment, other than a **Hospital**, clinic or **Physician**'s office.



- 2) **Usual and Reasonable Medical Expenses** means fees and prices generally charged in the locality where performed for medically necessary services and supplies required for treatment of cases of comparable severity and nature, but not to include charges that would not have been made if no insurance existed.

Specific Exclusions

The **Company** shall not be liable to pay any benefit in respect of any **Insured Person** for:

- 1) any **Medical Expenses** incurred where an **Insured Journey** is undertaken against the advice of a qualified licensed medical practitioner.
- 2) any **Medical Expenses** incurred when the specific purpose of a journey is to receive medical treatment or advice.
- 3) any **Medical Expenses** incurred within the territorial limits that are not stated in the Schedule.
- 4) any medical treatment, drugs or medicines, prescribed or applied, before the **Period of Insurance**.
- 5) any dental work.
- 6) any claim caused by or arising from or due to **Sickness** of any and every kind.

SECTION 12

EMERGENCY MEDICAL EXPENSES

If, during the **Period of Insurance**, an **Insured Person** sustains **Bodily Injury** or sudden unexpected **Sickness**, then the **Company** will reimburse the **Insured Person** the necessary **Usual and Reasonable Medical Expenses**, incurred within twelve (12) months from the **Date of Loss** up to the **Sum Insured** stated in the Schedule. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.

Specific Conditions

- 1) **Medical Expenses** shall include and be limited to the following services:
 - a) charges for semi-private **Hospital** room and board, use of the operating room, emergency room, and **Ambulatory Medical Centre**.
 - b) fees of **Physicians**.
 - c) **Medical Expenses**, in or out of **Hospital**, including: laboratory tests, ambulance service (to or from the **Hospital**), prescription medicines or drugs, therapeutics, anaesthetics (including administration of anaesthetics), transfusions, artificial **Limbs** or eyes (excluding repair or replacement of these items), x-rays, prosthetic appliances.
 - d) charges for a registered nurse (R.N).
- 2) If a **Policyholder** or **Insured Person** has other insurance against a loss covered by this Section, then the **Company** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.



Specific Definitions

- 1) **Ambulatory Medical Centre** means a licensed facility providing ambulatory surgical or medical treatment, other than a **Hospital**, clinic or **Physician's** office.
- 2) **Usual and Reasonable Medical Expenses** means fees and prices generally charged in the locality where performed for medically necessary services and supplies required for treatment of cases of comparable severity and nature, but not to include charges that would not have been made if no insurance existed.

Specific Exclusions

The **Company** shall not be liable to pay any benefit in respect of any **Insured Person** for:

- 1) any **Medical Expenses** incurred where an **Insured Journey** is undertaken against the advice of a qualified licensed medical practitioner.
- 2) any **Medical Expenses** incurred when the specific purpose of a journey is to receive medical treatment or advice.
- 3) any **Medical Expenses** incurred within the territorial limits that are not stated in the Schedule.
- 4) any medical treatment, drugs or medicines, prescribed or applied, before the **Period of Insurance**.
- 5) any dental work.

SECTION 13

HOSPITAL CASH & HOME CONVALESCENCE – ACCIDENT ONLY

If during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** which directly and independently of all other causes results in the **Insured Person** being in a **Hospital** as an in-patient within one (1) calendar month of the **Date of Loss**, then the **Company** agrees to pay to the **Insured Person** the **Daily Benefit** stated in the Schedule. In addition, if the **Insured Person** is instructed by a **Physician** to complete his/her recovery at home, then the **Company** will pay the **Daily Home Allowance** stated in the Schedule. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.

Specific Provisions

- 1) In case of successive **Hospital** stays with less than sixty (60) Days between each one for a same cause, the **Deductible** or **Franchise** will only apply once, as the **Hospital** stays will be deemed as one event.

Specific Conditions

- 1) The **Daily Home Allowance** will be limited to the maximum number of **Days** an **Insured Person** was in **Hospital** as an in-patient or the maximum number of **Days** stated in the Schedule, whichever is the lesser.
- 2) Once the **Company** has paid the **Daily Benefit** and **Daily Home Allowance** up to the maximum number of **Days** stated in the Schedule, cover under this Section will cease for such **Insured**



Person

SECTION 14

HOSPITAL CASH & HOME CONVALESCENCE – ACCIDENT & SICKNESS

If during the ***Period of Insurance*** an ***Insured Person*** sustains ***Bodily Injury*** or ***Sickness*** which directly and independently of all other causes results in the ***Insured Person*** being in a ***Hospital*** as an in-patient within one

(1) calendar month of the ***Date of Loss***, then the ***Company*** agrees to pay to the ***Insured Person*** the ***Daily Benefit*** stated in the Schedule. In addition, if the ***Insured Person*** is instructed by a ***Physician*** to complete his/her recovery at home, then the ***Company*** will pay the ***Daily Home Allowance*** stated in the Schedule. The ***Deductible*** or ***Franchise***, if applicable, shall be deducted from the ***Compensation*** payable.



Specific Provisions

- 1) In case of successive **Hospital** stays with less than sixty (60) **Days** between each one for a same cause, the **Deductible** or **Franchise** will only apply once, as the **Hospital** stays will be deemed as one event.

Specific Conditions

- 1) The **Daily Home Allowance** will be limited to the maximum number of **Days** an **Insured Person** was in **Hospital** as an in-patient or the maximum number of **Days** stated in the Schedule, whichever is the lesser.
- 2) Once the **Company** has paid the **Daily Benefit** and **Daily Home Allowance** up to the maximum number of **Days** stated in the Schedule, cover under this Section will cease for such **Insured Person**.

SECTION 15

BROKEN BONES

If during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** which directly and independently of all other causes results in a broken bone as specified in this Section, then the **Company** agrees to pay to the **Insured Person** the **Compensation** stated in the Table of Benefits up to the Total **Sum Insured** in the Schedule. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.

TABLE OF BENEFITS

	Fracture	% of Sum Insured
1)	<i>Fractures of the Skull:</i> a) Compound fracture with damage to the brain tissue b) Compound fracture without damage to the brain tissue c) All other fractures	100 75 50
2)	<i>Fractures of hip or pelvis (excluding thigh or coccyx):</i> a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	100 50 30 20
3)	<i>Fracture of thigh or heel:</i> a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	50 40 30 20
4)	<i>Fracture of Lower Leg, Clavicle, Ankle, Elbow, Upper or Lower Arm (including wrist, but excluding Colles-type fracture):</i>	



a) Multiple fractures (at least one compound & one complete)	
b) All other compound fractures	
c) Multiple fractures, at least one complete	40
d) All other fractures	30
	20
	12

5)	<i>Fractures of Lower Jaw:</i>	
	a) Multiple fractures (at least one compound & one complete)	
	b) All other compound fractures	30
	c) Multiple fractures, at least one complete	20
	d) All other fractures	16
		8
6)	<i>Fractures of Shoulder Blade, Kneecap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes and heel):</i>	



	a) All compound fractures	20
	b) All other fractures	10
7)	<i>Colles type fracture to the Lower Arm:</i>	
	a) Compound	20
	b) Other	10
8)	<i>Fractures of Spinal Column (Vertebrae but excluding coccyx):</i>	
	a) All compression fractures	20
	b) All spinous, transverse process or pedicle fractures	20
	c) All other vertebral fractures	10
9)	<i>Fractures of Rib or Ribs, Cheekbone, Coccyx, Upper Jaw, Nose, Toe and toes, finger or fingers:</i>	
	Multiple fractures (at least one compound & one	
	a) complete)	16
	b) All other compound fractures	12
	c) Multiple fractures, at least one complete	8
	d) All other fractures	4

Specific Conditions

- 1) No benefit will be paid before any fracture is recognised medically and a **Physician** has established the extent and nature of the fracture.
- 2) The total amount payable under this Section, in respect of more than one fracture due to the same **Bodily Injury**, will be calculated by adding the various benefits together, but shall not exceed the Total **Sum Insured**.
- 3) In the event that an **Insured Person** has received a benefit under this Section, and the same **Bodily Injury** results in Permanent Disablement, any benefits paid under this Section will be deducted from the Permanent Disablement benefit.

SECTION 16

BURNS

If during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** whilst on a **Common Carrier** which directly and independently of all other causes results in second or third degree burns, then the **Company** agrees to pay to the **Insured Person** the **Compensation** stated in the Table of Benefits up to the Total **Sum Insured** in the Schedule. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.

TABLE OF BENEFITS

	Description	Percentage of Total Sum Insured
1) Head	a) Third degree burns of 8% or more of the total head surface area	100%
	b) Second degree burns of 8% or more of the total head	



	surface area	50%
c)	Third degree burns of 5% or more, but less than 8% of the total head surface area	80%
d)	Second degree burns of 5% or more, but less than 8% of the total head surface area	40%
e)	Third degree burns of 2% or more, but less than 5% of the total head surface area	60%
f)	Second degree burns of 2% or more, but less than 5% of the total head surface area	30%

INDIA WORDING – HOSPITAL CASH

2) Rest of Body	a)	Third degree burns of 20% or more of the total body surface area	100%
	b)	Second degree burns of 20% or more of the total body surface area	50%
	c)	Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
	d)	Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
	e)	Third degree burns of 10% or more, but less than 15% of the total body surface area	60%
	f)	Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
	g)	Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
	h)	Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

Specific Conditions

- 1) If the **Bodily Injury** results in more than one of the Descriptions above, then the **Company** shall be liable for the largest Description only.
- 2) If an **Insured Person** dies or is permanently disabled as the result of the **Bodily Injury**, then any amount claimed and paid to an **Insured Person** under this Section will be deducted from any payment made under **Accidental Death** or **Permanent Disablement**.

SECTION 17



IN HOSPITAL SURGERY BENEFIT

If during the **Period of Insurance** an **Insured Person** is hospitalised as the result of **Bodily Injury** or **Sickness** and is charged for a surgical procedure, performed by a **Physician**, then the **Company** agrees to pay an amount equal to the costs of the surgical procedure or the amount stated in the Table of Benefits as a percentage of the Total **Sum Insured** stated in the Schedule, whichever is the lesser. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.

Specific Conditions

- 1) Should there be more than one surgical procedure performed during the same operative sessions, the **Company** shall be liable for the largest procedure only.
- 2) Any surgical procedure not mentioned in the Table of Benefits shall be compensated at the complete discretion of the **Company** taking into consideration the nature of the surgical procedure in conjunction with the stated **Compensation** percentages for more specific surgical procedures shown in the Table of Benefits.

Specific Definitions

- 1) **In-Patient** means a person who is confined in a **Hospital** as a resident patient and who is charged at least one (1) **Day's** room and board in the **Hospital**.
- 2) **Invasive Surgery** means any surgery that involves entering the specific body cavity shown in the Table of Benefits.

Specific Exclusions

The **Company** shall not be liable to pay any benefit in respect of any **Insured Person** for:

- 1) congenital anomalies and conditions arising therefrom.
- 2) pregnancy, childbirth, miscarriage or abortion or any female organs disease.
- 3) any **Hospital**, surgical treatment or surgical procedure as the result of **Sickness** within ninety (90) Days of the Policy Effective Date.
- 4) cosmetic or plastic surgery, except as the result of an **Accident**.
- 5) any infection occurring during **In-Patient** care.
- 6) any **Hospital**, surgical treatment or surgical procedure on adenoids or tonsils within one hundred eighty (180) **Days** of the Policy Effective Date.

TABLE OF BENEFITS

Description of surgical procedure	The Benefit Expressed as a % of Sum Insured
1) ABDOMEN a) Two or more surgical procedures performed through the same abdominal incision will be considered as one operation.	



i) appendectomy	50
ii) resection of bowel	70
iii) resection of stomach	70
iv) gastro-enterostomy	60
v) removal of gall-bladder	70
vi) Laparotomy for diagnostic or treatment purposes or the removal of one or more organs, unless herein provided	50
vii) Laparoscopy for diagnostic or treatment purposes	50
2) ABSCESS	
a) incision of superficial abscess, boil or furuncle, one or more treatment of carbuncle or abscess requiring a Hospital stay, one or more	50
b) more	10
3) AMPUTATION OF	
a) one finger or one toe	10
b) hand, forearm or foot at ankle	20
c) leg, arm or thigh	40
d) thigh at hip	70
4) BREAST	
a) mastectomy of one or both, radical with resection into axilla	70
b) mastectomy one or both, partial	40
CHES	
5) T	
a) complete thoracoplasty	100
b) removal of lung or portion of lung	70
c) thoracoscopy for diagnostic, or treatment purposes	20
d) bronchoscopy - diagnostic	10
e) bronchoscopy - operative, excluding biopsy	20
f) cardiac surgery involving valvular replacement	100
g) cardiac surgery involving by pass surgery	75
h) cardiac surgery involving angioplasty	50
6) EAR	
a) myringotomy	5
b) mastoidectomy – radical – one side	50
c) mastoidectomy – radical – both sides	60
d) fenestration, one or both sides	100
7) ESOPHAGUS	
a) operation for stricture	40
b) gastroscopy	10
8) EYE	
a) detached retina – multiple fusions	100

INDIA WORDING – HOSPITAL CASH

b) cataract	50
c) glaucoma	30



d) removal of eyeball	30
e) removal of pterygium	20
f) incision of sty or chalazion	5
9) FRACTURES treatment of simple For compound fractures the benefit is increased by 50%, but will not exceed the Total Sum Insured in the Schedule.	
a) not	
For fractures requiring an open operation including bone grafting or bone	
b) splicing, the benefit is increased by 100%, but will not exceed the Total Sum Insured in the Schedule.	
i) collar bone, shoulder blade, or forearm, one bone	15
ii) coccyx, tarsals, metatarsals or Talar bone	10
iii) thigh	40
iv) upper arm or leg	25
v) fingers or toes, each, or rib	5
vi) forearm – two bones, knee cap, or pelvis not requiring traction	20
vii) leg, two bones	30
viii) jaw, lower	20
ix) carpals, metacarpals, nose, ribs (two or more) or Sternum	10
x) pelvis, requiring traction	30
xi) vertebrae, transverse processes, each	5
xii) vertebrae, compression fracture, one or more	40
xiii) wrist	10
10	
) GENITO – URINARY TRACT	
a) removal of kidney	70
b) fixation of kidney	70
c) laparotomy for diagnostic or treatment purposes of tumours or stones in kidney, urethra, or bladder by Invasive Surgery	60
d) laparotomy for diagnostic or treatment purposes or the removal of tumours or stones in kidney, urethra, or bladder by cauterisation, endoscopic means or lithotripsy	20
e) stricture or urethra – open operation	30
f) intra-urethral by Invasive Surgery	15
g) Prostrate entire removal of open operation – complete procedure	70
h) Prostrate partial removal – by endoscopic means	25
i) Prostrate by other cutting operation	50
j) orchidectomy or epididymectomy	25
k) hydrocele or varicocele	10
l) removal of fibroid tumours, without abdominal approach	20
11	
) THYROID	
a) partial or total removal of thyroid, including all stages of operative	70

procedure	
12	
) HERNIA	
a) Invasive Surgery – single hernia	20
b) Invasive Surgery – double hernia	25
c) Radical operation, including injection treatment for cure of single hernia	40
d) Radical operation, including injection treatment for cure of double hernia	50
13	
) JOINTS AND DISLOCATIONS	
For dislocations requiring an open operation the benefit is increased by 100%, but will not exceed the Total Sum Insured in the Schedule.	
i) incision into joint for disease or disorder, except as herein otherwise provided and except tapping	15
ii) arthroscopy of shoulder, elbow, hip or knee joint, tapping excepted	40

INDIA WORDING – HOSPITAL CASH

iii) excision , open fixation, disarticulation or arthroplasty on shoulder, hip or spine	75
iv) excision , open fixation, disarticulation or arthroplasty on knee, elbow, wrist or ankle	35
v) dislocation of fingers or toes, each	5
vi) dislocation of shoulder or elbow, wrist or ankle	15
vii) dislocation of lower jaw	5
viii) dislocation of hip or knee, knee cap excepted	20
ix) dislocation of knee cap	5
14) NOSE	
a) intranasal sinus operation	15
b) extra nasal sinus operation	35
c) polyps, removal one or more	5
d) submucous resection	25
e) turbinectomy	10
15) PARACENTESIS tapping of:	
a) abdomen	10
b) chest or bladder, catheterization excepted	5
c) ear drum, hydrocele, joints or spine	5
16) RECTUM and RECTOSCOPY	
a) radical resection for malignancy, all stages including colostomy	100
b) haemorrhoids, external only, excision – complete procedure	10
c) haemorrhoids internal or internal and external including prolapsed rectum, total for excision or complete injection treatment	20
d) fistula in ano	15



e) fissure in ano	5
f) rectoscopy with or without biopsy	10
g) colonoscopy with or without biopsy	15
h) other cutting operations on rectum	20
17) SKULL	
a) craniotomy for urgent removal of hematoma	100
b) craniotomy involving vascular surgery	75
c) craniotomy for removal of tumours	75
18) THROAT	
a) tonsillectomy or tonsillectomy and adenoidectomy for adults and children 15 years of age and older	15
b) tonsillectomy or tonsillectomy and adenoidectomy for children under 15 years of age	10
c) use of laryngoscope for diagnosis	5
19) TUMOURS – surgical removal of:	
a) malignant tumours except those of the mucous membrane, skin and subcutaneous tissue	50
b) malignant tumours of the mucous membrane, skin and subcutaneous tissue	25
c) pilonidal sinus or cyst, cutting operation	25
d) benign tumours of the testicle or breast	20
e) ganglion	5
f) benign tumours, one or more, except as otherwise herein provided	10
g) varicose – complete procedure on all veins whether cutting operation or injection treatment – one leg	20
h) varicose – complete procedure on all veins whether cutting operation or injection treatment – two legs	30

INDIA WORDING – HOSPITAL CASH

SECTION 18

PRESCRIBED MEDICAL EXPENSES INCURRED IN HOSPITAL – ACCIDENT ONLY

If during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** which directly and independently of all other causes results in the **Insured Person** being hospitalised as an in-patient within one (1) calendar month of the **Accident**, then the **Company** agrees to pay to the **Insured Person** the **Reasonable and Actual Expenses** incurred for all drugs or medicines prescribed by the attending **Physician** up to the amount stated in the Schedule. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.



Specific Conditions

- 1) If a ***Policyholder*** or ***Insured Person*** has other insurance against a loss covered by this section, then the ***Company*** shall not be liable for a greater proportion of the loss than the applicable benefit under this section bears to the total applicable benefit under all such insurance.

Specific Definitions

- 1) ***Reasonable and Actual Expenses*** means prices generally charged in the locality for medically necessary drugs or medicines required for treatment of the ***Insured Person*** to assist in recovery from the ***Bodily Injury*** or to ease pain, but not to include charges that would not have been made if no insurance existed.

SECTION 19

MOBILITY EXTENSION

If during the ***Period of Insurance*** an ***Insured Person*** sustains ***Bodily Injury*** which directly and independently of all other causes results in ***Permanent Total Disablement*** of such a nature that such ***Insured Person*** needs and can operate :

- 1) a self-powered, climbing wheelchair; and/or
 - 2) his/her motor vehicle with the controls suitably adjusted; and/or
 - 3) a lift, necessary ramps, railings and holds to usual place of residence,
- then the ***Company*** agrees to pay for 95% of the costs of such equipment and the installation thereof up to the Total ***Sum Insured*** stated in the Schedule.

SECTION 20

AMBULANCE COSTS

If during the ***Period of Insurance***, an ***Insured Person*** sustains ***Bodily Injury*** which is life threatening, then the ***Company*** agrees to pay the actual ground ambulance costs incurred by the ***Insured Person*** up to the Total ***Sum Insured*** stated in the Schedule, for transportation to the nearest ***Hospital*** where adequate care can be provided.

INDIA WORDING – HOSPITAL CASH**SECTION 21****CONCUSSION EXTENSION**

If during the **Period of Insurance**, an **Insured Person** sustains **Bodily Injury** and is hospitalised as the result of concussion, then the **Company** agrees to pay to the **Insured Person** the following percentages of the Total **Sum Insured** stated in the Schedule:

Length of Hospital stay	Compensation Expressed as a Percentage of Total Sum Insured
Percentage of sum insured payable for 0 to 4 Days	0%
Percentage of sum insured payable after 5 Days	25%
Percentage of sum insured payable after 8 Days	Additional 25%
Percentage of sum insured payable after 11 Days	Additional 25%
Percentage of sum insured payable after 13 Days	Additional 25%

SECTION 22**MEDICAL INSURANCE PREMIUM INDEMNITY**

If during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** which directly and independently of all other causes results in Death within twelve (12) months of the **Date of Loss**, then the **Company** agrees to pay the actual costs of the medical insurance premiums for the **Insured Person's** surviving Spouse and **Dependent Child** up to the amount stated in the Schedule per year up to the number of years stated in the Schedule.

Specific Extensions

- 1) Disappearance: In the event of the disappearance of an **Insured Person**, following a forced landing, stranding, sinking or wrecking of a conveyance in which such **Insured Person** was known to have been travelling as an occupant, it shall be deemed after twelve (12) months, subject to all other terms and conditions of this Policy, that such **Insured Person** shall have died as the result of an **Accident**. If at any time, after the payment of a benefit under this Section, it is discovered that an **Insured Person** is still alive, all payments shall be reimbursed in full to the **Company**.
- 2) Exposure: Death as a direct result of exposure to the elements shall be deemed to be **Bodily Injury**.

SECTION 23**COMATOSE BENEFIT – ACCIDENT ONLY**

If during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** which directly and independently of all other causes results in the **Insured Person** being in a **Hospital** in a **Comatose State**, within one (1) calendar month of the **Date of Loss**, then the **Company** agrees to pay to the **Insured Person** the **Compensation** stated in the Schedule. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.

Specific Provisions

- 1) In case of successive **Comatose State** with less than ten (10) **Days** between each one for a same cause, the **Deductible** or **Franchise** will only apply once, as the **Comatose State** will be deemed as one.

Specific Conditions

- 1) The **Insured Person** must be in the **Hospital** Intensive Care Unit for the duration of the **Comatose State** for any benefits to be payable.
- 2) The **Comatose State** must be for 3 months or more for any benefits to be payable.

Specific Definitions

- 1) **Comatose State** means a state of profound unconsciousness, characterised by the absence of spontaneous eye openings, response to painful stimuli, and vocalisation.

SECTION 24

COMATOSE BENEFIT – ACCIDENT & SICKNESS

If during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** or **Sickness** which directly and independently of all other causes results in the **Insured Person** being in a **Hospital** in a **Comatose State**, within one (1) calendar month of the **Date of Loss**, then the **Company** agrees to pay to the **Insured Person** the **Compensation** stated in the Schedule. The Deductible or Franchise, if applicable, will be deducted from the **Compensation** payable.

Specific Provisions

- 1) In case of successive **Comatose State** with less than ten (10) **Days** between each one for a same cause, the **Deductible** or **Franchise** will only apply once, as the **Comatose State** will be deemed as one.

Specific Conditions

- 1) The **Insured Person** must be in the **Hospital** Intensive Care Unit for the duration of the **Comatose State** for any benefits to be payable.
- 1) 2) The **Comatose State** must be for 3 months or more for any benefits to be payable.

Specific Definitions

Comatose State means a state of profound unconsciousness, characterised by the absence of spontaneous eye openings, response to painful stimuli, and vocalisation.

SECTION 25

REHABILITATION BENEFIT

If during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** which requires Rehabilitation within three (3) weeks of the **Date of Loss**, then the **Company** agrees to pay the actual costs of such treatment up to the amount stated in the Schedule. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.

Specific Definitions

Rehabilitation means:

1. treatment by a therapist licensed, registered, or certified to provide such treatment; or
2. treatment in an institution which is licensed to provide such treatment,

when the treatment is intended to prepare the **Insured Person** for work in any gainful occupation, including the **Insured Person's** regular occupation.

Specific Exclusions

The **Company** shall not be liable to pay any benefit in respect of any **Insured Person** for any treatment not performed by a fully registered and licensed Physiotherapist.

SECTION 26

RECONSTRUCTIVE SURGERY BENEFIT

If during the **Period of Insurance** an **Insured Person** sustains **Bodily Injury** which requires **Reconstructive Surgery** within six (6) months of the **Date of Loss**, then the **Company** agrees to pay the actual costs of such **Reconstructive Surgery** up to the amount stated in the Schedule. The **Deductible** or **Franchise**, if applicable, shall be deducted from the **Compensation** payable.

Specific Definitions

- 1) **Reconstructive Surgery** means surgery to reconstruct cutaneous or underlying tissue, prescribed as necessary by a **Physician**.

Specific Exclusions

The **Company** shall not be liable to pay any benefit in respect of any **Insured Person** for

- 1) any **Reconstructive Surgery** not performed by a fully registered and licensed Cosmetic Surgeon.
- 2) Any **Reconstructive Surgery** an **Insured Person** elects to have.

SECTION 27

LOCATION AND TRANSFER OF MEDICATION AND/OR MEDICAL BY-PRODUCTS

If during the **Period of Insurance** an **Insured Person** suddenly requires essential medicines and/or medical by-products that are not available locally, the **Company**

HDFC ERGO General Insurance Company Limited



agrees to pay for the location and freighting costs up to the Total **Sum Insured** stated in the Schedule.

- a) This benefit is subject to the laws and regulations governing the transfer of scheduled drugs and medical by-products.
- b) The costs of the medicines and/or medical by-products are the responsibility of the **Insured Person** unless it forms part of an admissible Emergency **Medical Expenses** claim.

GRIEVANCE REDRESSAL PROCEDURE

If you have a grievance that you wish us to redress, you may contact us with the details of your grievance through:

- Call Center (Toll free helpline)
1800 2 700 700 (accessible from any Mobile and Landline within India)
1800 226 226 (accessible from any MTNL and BSNL Lines)
- Emails – grievance@hdfcergo.com
- Designated Grievance Officer in each branch.
- Company Website – www.hdfcergo.com
- Fax : 022 - 66383699
- Courier : Any of our Branch office or corporate office

You may also approach the Complaint & Grievance (C&G) Cell at any of our branches with the details of your grievance during our working hours from Monday to Friday.

If you are not satisfied with our redressal of your grievance through one of the above methods, you may contact our Head of Customer Service at

**The Complaint & Grievance Cell,
HDFC ERGO General Insurance Company Ltd.
6th Floor, Leela Business Park,
Andheri Kurla Road,
Andheri East, Mumbai – 400059**

In case you are not satisfied with the response / resolution given / offered by the C&G cell, then you can write to the Principal Grievance Officer of the Company at the following address

To the Principal Grievance Officer
HDFC ERGO General Insurance Company Limited
6th floor, Leela Business Park.
Andheri Kurla Road,
Andheri (E), Mumbai – 400059
e-mail: principalgrievanceofficer@hdfcergo.com

You may also approach the nearest Insurance Ombudsman for resolution of your grievance. The contact details of Ombudsman offices are mentioned below if your grievance pertains to:

HDFC ERGO General Insurance Company Limited



- Insurance claim that has been rejected or dispute of a claim on legal construction of the policy
 - Delay in settlement of claim
 - Dispute with regard to premium
- Non-receipt of your insurance document

Free Look Period –

The Policyholder 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 policyholder has any objections to any of the terms and conditions, then the policyholder has the option of cancelling the Policy stating the reasons for cancellation and will be refunded the premium paid after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. The policyholder can cancel the Policy only if no claims have been made under the Policy. All the policyholders 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