



Comprehensive Accident Hospitalisation Policy

POLICY WORDINGS

This Policy is evidence of the contract between You and Us. The Proposal along with any written statement(s), declaration(s) of Yours for purpose of this Policy forms part of this contract.

This Policy witnessed that in consideration of Your having paid the premium for the period stated in the Schedule or for any further period for which We may accept the payment for renewal of this Policy, We will insure the Insured Person(s) and accordingly We will pay to You or to Insured Person(s) or their legal representatives, as the case may be in respect of events occurring during the Period of Insurance in the manner and to the extent set forth in the Policy including endorsements provided that all the terms, conditions, provisions, and exceptions of this Policy in so far as they relate to anything to be done or complied with by You and/or Insured Person(s) have been met.

The Schedule shall form part of this Policy and the term Policy whenever used shall be read as including the Schedule.

Any word or expression to which a specific meaning has been attached in any part of this Policy or Schedule shall bear such meaning whenever it may appear.

The Policy is based on information which have been given to Us about Insured Person(s) pertaining to risk insured under the Policy and the truth of this information shall be condition precedent to Your or the Insured Person's right to recover under this Policy.

DEFINITION OF WORDS

1. **Proposal** means any signed proposal by filing up the questionnaires and declarations, written statements and any information in addition thereto supplied to Us by You.
2. **Policy** means the Policy wording, the Schedule and any applicable endorsement or memoranda. The Policy contains details of the extent of cover available to Insured Person(s), what is excluded from the cover and the conditions on which the Policy is issued.
3. **Schedule** means latest Schedule issued by Us as part of the Policy. It provides details of the cover of Insured Person(s) which are in force and the level of cover Insured Person(s) have.
4. **Sum Insured** means the monetary amount shown against the Basic coverage as a family floater Sum Insured for the Plan chosen. The individual Sum Insured under the Section 2 of the coverage shall be referred to as Capital Sum Insured for the insured person.
5. **We/Our/Us** means **IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.**
6. **You/Your** means the Person(s) named as Insured in the Schedule, including all Insured Persons
7. **Insured Person** The Person(s) named as Insured Person(s) in the Schedule lodged with Us by You.



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8. **Period of Insurance** means the duration of this Policy as shown in the Schedule.
9. **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.
10. **Disease** means a condition affecting the general well being and health of the body having a defined and recognised pattern of symptoms that first manifests itself in the Period of Insurance and which requires treatment by a Medical Practitioner. It does not mean any mental disease (a mental or bodily condition marked by disorganization of personality, mind, and emotions to impair the normal psychological, social or work performance of the individual) regardless of its cause or origin.
11. **Hospital/Nursing Home** It means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- I. has at least 10(ten)in-patient beds, in those towns having a population of less than10,00,000(ten lakhs) and at least 15(fifteen) inpatient beds in all other places;
 - II. has qualified nursing staff under its employment round the clock;
 - III. has qualified medical practitioner(s) in charge round the clock;
 - IV. has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - V. maintains daily records of patients and will make these accessible to our authorized personnel.
12. **Surgery or Surgical Procedure**
It means manual and / or operative procedure(s) required for treatment of an 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.
13. **Hospitalisation** means admission in a Hospital for a minimum period of 24 (twenty four) Inpatient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24(twenty four) consecutive hours.
14. **Medical Expenses** : It means those expenses that an Insured Person has/you have necessarily and actually incurred for medical treatment on account of 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.
15. **Post Hospitalisation** means Medical Expenses incurred immediately after the Insured Person(s) is/are discharged from the hospital provided that:
- I. such Medical Expenses are incurred for the same condition for which the Insured person's hospitalisation was required and
 - II. the In-patient Hospitalisation claim for such Hospitalisation is admissible by us.
16. **Medical Practitioner** A 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 license.



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17. **Qualified Nurse** means a person holding a certificate of a recognised Nursing Council and who is employed on recommendation of the attending Medical Practitioner.
18. **Loss of Limbs** It shall mean physical separation of one or both hands or feet or permanent and total loss of use of one or both hands or feet.
19. **Physical Separation** It shall mean separation at or above the wrist and/or of the foot at or above the ankle respectively.
20. **Permanent Total Disablement** The bodily injury, which as its direct consequence immediately and/or in foreseeable future, will permanently, totally and absolutely prevent Insured Person from engaging in any kind of occupation.
21. **Temporary Total Disablement** The bodily injury which as its direct consequence will prevent the Insured Person from engaging in all types of the occupation or any employment whatsoever for a period not exceeding 104 weeks since the date of injury to the time, Insured Person is fit enough to resume duty or engage in any kind of occupation as certified by Medical practitioners.
22. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services , taking into account the nature of the injury involved .
23. **Pre-existing Condition** means any condition or injury or related condition(s) for which insured person had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 (Forty eight) months to prior to the first policy issued by the insurer.
24. **Accident**
It means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
25. **Family** is defined as primary policy holder, Spouse and two dependent children up to age of 21 years only
26. **Dependent child**
It means a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his/her independent sources of income.
27. **Third Party Administrator**: means a service provider as mentioned in the schedule of the Policy who will provide medical services if You have to undergo hospitalization as an inpatient in any Network hospital in the country
28. **AAEMSIL**: means Assist America Emergency Medical Services (India) Private Limited, the Indian subsidiary of Assist America, a leading global Medical Travel Assistance Service Provider. AAEMSIL provides identified Emergency Medical Assistance and Personal services to people travelling more than 150 kilometers from their declared place of residence in India. AAEMSIL is not the Third Party Administrator for cashless claim settlement under this Policy
29. **Medical Services**: means the stipulated medical services offered by AAEMSIL during a medical emergency situation while You are away from home, consisting of medical consultation and evaluation, medical referrals, medically supervised repatriation.
30. **Personal Services**: means the other emergency services offered by AAEMSIL during a medical emergency situation while You are away from home, consisting of message transmission, care of minor children left unattended due to medical incident, return of mortal remains, prescription assistance, and legal and interpreter referrals.



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31. **Alternative Treatment**

It means forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

32. **Disclosure to information norm**

This means the Policy shall be void and all premium paid hereon shall be forfeited to us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

33. **Emergency Care**

It means management for a severe 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.

34. **Medically Necessary**

Medically Necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

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

35. **Network Provider**

It means hospitals or health care providers enlisted by IFFCO TOKIO to provide medical services to an insured person on payment by a cashless facility.

36. **OPD Treatment**

It means one in which the Insured person visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured person is not admitted as a day care or in-patient.

37. **Notification of Claim**

It means the process of notifying a claim to us by specifying the timelines as well as the address / telephone number to which it should be notified.

38. **Renewal**

It means the terms on which the contract of insurance can be renewed on mutual consent.

39. **Subrogation**

It means our right to assume the rights of the insured person(s)/you to recover expenses paid out under the policy that may be recovered from any other source.

40. **Contribution**

It means essentially our right to call upon other insurers, liable to the same insured person, to share the cost of an indemnity claim on a rateable proportion of Sum Insured.



SECTION 1

BASIC COVERAGE

<u>WHAT IS COVERED</u>	<u>WHAT IS NOT COVERED:EXCLUSIONS APPLICABLE TO SECTION 1 AND 2 OF THE COVERAGE</u>
<p>If the Insured Person sustains any accidental Injury and upon advice of a Medical Practitioner, he/she has to incur Hospitalisation expenses, then We will pay Reasonable and Customary charges of the following Hospitalisation expenses subject to the limit of Sum Insured as mentioned.</p> <ol style="list-style-type: none">1. Room, Boarding and Nursing Expense as provided in the Hospital/Nursing Home subject2. Medical Practitioner/ Anesthetist, Consultant fees.3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, , Artificial Limbs, Cost of Organs and reconstructive surgery and similar expenses.4. Expenses on Vitamins and Tonics only if forming part of treatment as certified by the attending Medical Practitioner.5. Benefits: The following are the family floater benefits covered per policy per family per annum: (a) Accidental Hospitalisation benefit - The cover pays the Actual Cost incurred as a result of hospitalization due to an accident subject to a cap as corresponding to the Plan opted. (b) Outpatient Managed Fracture benefit (applicable only to Gold Plan, Plans A, B and C): This Policy covers the actual cost of treatment of confirmed Fractures which do not result in Hospitalisation, subject to a maximum limit of	<p>WE will not pay for</p> <ol style="list-style-type: none">1. All Injuries which are in Pre-existing Condition when the cover incepts for the first time including congenital defects and anomalies.2. Any expense on treatment of any disease or medical condition unless the same is directly caused by an accident occurring during the Period of the Policy.3. Any Injury directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operation (whether war be declared or not) , mutiny military or usurped power, confiscation, seizure, capture, assault, restraint, nationalization, civil commotion4. Circumcision unless necessary as a result of accidental bodily injury, vaccination, inoculation, cosmetic or aesthetic treatment of any description (including any complications arising thereof), plastic surgery except those relating to treatment of Injury.5. Cost of spectacles and contact lens or hearing aids.6. Dental treatment or surgery of any kind unless caused by an accidental injury and requiring Hospitalisation.7. Any claim resulting for any injury or fracture necessitating surgery or hospitalisation while



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<p>Rs.10,000 per episode. The Benefit is restricted to payment for one episode of fracture per year per Insured.</p> <p>(c) Supplementary benefits (available only for Gold Plan, Plans A,B and C and not applicable for Plans D and E) Supplementary benefits are payable only if main Hospitalisation is payable. Supplementary Benefits applicable per insured for all covered hospitalization:</p> <p>(i) Hospital Cash : During the hospitalization, a cash allowance of</p> <ul style="list-style-type: none">i. Gold Plan ,Plan A and B : INR 1000 per day is payableii. Plan C: INR 500 per day is payable <p>This would be capped to a maximum of 7 days of hospitalization stay per accident- to cover all incidental costs linked to hospitalization. It is subject to an annual maximum of 15 days.</p> <p>(ii) Post Hospitalisation medical benefit: The Policy shall pay for actual cost of post discharge follow – up care delivered under directions of the attending physician, including cost of rehabilitation through alternative means like physiotherapy etc., incurred up to 60 days from the date of discharge from the Hospital, subject to a maximum payout of Rs. 10,000 per covered accident and Rs. 20,000 per annum. This benefit is paid as one consolidated claim .The limits apply per Insured</p> <p>(d) Ancillary service (applicable to all plans including Plan D and E) The Policy shall pay for the actual cost of availing ambulance service for transportation of Insured to the Hospital subject to a maximum payment of Rs, 1000 per episode and a maximum of 3 episodes per annum per family.</p>	<p>driving under the influence of alcohol or drugs</p> <p>8. Fractures arising from pathological conditions of bone like pagets Disease/Osteogenesis imperfecta</p> <ul style="list-style-type: none">b. 9. Total Knee Replacement or Total Hip Replacementc. carried out for treatment of age related or postd. traumatic Degenerative Osteoarthritise.f. 10. Treatment for any injury or fracture sustained duringg. the lapse period prior to renewal of this cover.h.i. 11 Any hospitalization or surgical intervention whetherj. primary or redo of any previous surgery due tok. trauma that has occurred prior to Policy inceptionl. will not come under the purview of this Policy. Form. example any surgery for removal of nails/ platen. /screw for an old fracture sustained before theo. Policy inception will not be covered.p. <p>12 .Convalescence, general debility, run down condition or rest cure.</p> <p>13. Expenses on Diagnostic, X-Ray, or Laboratory examinations unless related to the treatment of njury falling within ambit of Hospitalisation claim.</p> <p>14. Expenses on treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these.</p> <p>15. Any expense on treatment of Insured Person as outpatient in a Hospital except as covered under Outpatient Managed Fracture benefit.</p> <p>16. Any expense on Naturopathy</p> <p>17. Travel or transportation expenses other than</p>
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	<p>Ambulance service charges.</p> <p>18.. Any expense related to Injury suffered whilst engaged in aviation other than as a passenger (fare paying or otherwise).speed contest or racing of any kind other than on foot, bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, deep sea diving using hard helmet and breathing apparatus, Polo , snow and ice sports and activities of similar hazard.</p> <p>19. External medical equipment of any kind used at home as post hospitalisation care like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous peritoneal ambulatory dialysis (C.P.A.D) and oxygen concentrator for bronchial asthmatic condition etc. ..</p> <p>20. Any compensation in respect of death, Injury or disablement of the Insured Person, directly or indirectly caused by contributed to by or arising from:</p> <p>(a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self sustaining process of nuclear fission.</p> <p>(b) The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.</p>
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SECTION 2- PERSONAL ACCIDENT COVERAGE

The coverage under this Section is not available under Plan E

WHAT IS COVERED	WHAT IS NOT COVERED
If following Bodily injury which solely and directly causes Insured Person to death or disablement within 12 months of injury as stated in Table of Benefits, WE shall pay to YOU or YOUR legal personal representative / assignee / nominee the sum or sums hereinafter set forth in Table of Benefits.	<p>In addition to the Exclusions mentioned under Section 1 coverage under the Section “What is not Covered” WE will not be liable for</p> <p>1 Compensation under more than one of the benefits mentioned in Table of Benefits in respect of same period of</p>



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<p>This cover is not on a floater basis , each insured member shall be covered for a Capital Sum Insured (C.S.I.) and coverage as given below: Proposer- C.S.I equal to the limit of Basic Accidental Hospitalisation Coverage. Insured Spouse- 50% of the C.S.I. of the Proposer Coverage for Proposer and Insured Spouse shall be as per Item 1-6 of the Table of Benefits below Insured Children-equal to 50% of Proposer's C.S.I each with, the coverage as per Item 1-4 of the "Table of Benefits "below.</p>	<p>disablement.</p> <p>2. Any other payment after a claim under one of the benefits 1,2,3 and 4 in Table of benefits has been admitted and becomes payable.</p> <p>3. Any payment in case of more than one claim under this section during any one period of Insurance by which OUR liability in that period would exceed sum payable under benefits(1) of this policy.</p> <p>4 Payment of compensation in respect of injury as a consequence of a) Committing or attempting suicide, intentional self-injury. b) Venereal disease or insanity. c) Contracting any illness directly or indirectly arising from or attributable to HIV and/or any HIV related illness including AIDS and /or any mutant derivative or variation of HIV or AIDS. Committing any breach of law with criminal intent.</p>
TABLE OF BENEFITS	PERCENTAGE OF CAPITAL SUM INSURED
1. Death	100
2. a) Loss of sight (both eyes) b) Loss of two limbs c) Loss of one limb and one eye	100 100 100
3. a) Loss of sight of one eye b) Loss of one limb	50 50
4. Permanent Total and absolute disablement	100
5. i) Loss of toes-all ii) Great-both phalanges iii) Great-one phalanx iv) Other than great, if more than one toe lost each	20 5 2 1
i) Loss of hearing – both ears ii) Loss of hearing – one ear	50 15
c) Loss of Speech	50
d) Loss of four fingers and thumb of one hand	40
e) Loss of four fingers	35
f) Loss of thumb i) Both phalanges ii) One phalanx	25 10
g) Loss of index finger i)Three phalanges ii)Two phalanges iii)One phalanx	10 8 4
h) Loss of middle finger i) Three phalanges ii) Two phalanges iii) One phalanx	6 4 2
i) Loss of ring finger i)Three phalanges ii)Two phalanges ii)One phalanx	5 4 2
j) Loss of little finger i)Three phalanges ii)Two phalanges iii)One phalanx	4 3 2
k) Loss of Metacarpals i) First or second (additional)	3



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ii) Third, fourth or fifth (additional)	2
l) Any other permanent partial disablement	% as assessed by Doctor
6. Temporary Total disablement benefit at the rate per week	1% of C.S.I or Rs.3000 whichever is lower.
Special Benefit	
A. Education Fund In the event of death, Permanent Total Disablement of the Proposer only triggering a claim under Item 1 to 4 of Table of Benefits above WE will pay compensation towards Education Fund for dependent children as below a) For one child upto the age of 21 yrs. b) For two children upto the age of 21 yrs.	@ Rs 5000 each child subject to a maximum of Rs 10,000

Specific Provisions applicable to Section 2 :Personal Accident Cover:

PROVIDED THAT ALL SUMS PAYABLE HEREUNDER SHALL BE PAYABLE

- (i) In case of claim for Death due to an accident or Permanent Total Disablement i.e. Benefit 1) to Benefit 4) of Table of Benefits only after deleting by an endorsement the name of Insured Person(s) in respect of whom such sums shall become payable without any refund of premium.
- (ii) In case of claim by Permanent Partial Disablement i.e. Benefit 5) of Table of Benefits only after reduction by an endorsement of Capital Sum Insured by the amount admissible under the claim in respect of Insured person in respect of whom such sum shall become payable.
- (iii) In case of Temporary Total Disablement Benefit i.e. 6) of Table of Benefits only upon termination of such disablement in respect of Insured person for whom the claim has been lodged..

EMERGENCY ASSISTANCE SERVICES

(NOT APPLICABLE TO PLAN E)

This Policy provides You a host of value added Emergency Medical Assistance and Emergency Personal Services as described below .The services are provided by Assist America Emergency Medical Services (India)Private Ltd.(AAEMSIL) when You are traveling within India 150 kilometers or more away from Your residential address as mentioned in the Policy Schedule for less than 90 days. **All services will be arranged by AAEMSIL only . No claims for reimbursement of expenses incurred for services arranged by You will be entertained. The Services are available under all Plans except Plan E**

1. **Medical Consultation, Evaluation and Referral:** You have access to an Operations Center with multilingual medical staff on duty 24 hours a day, 365 days a year. Medical personnel are available for medical consultation, evaluation and referrals to qualified physicians.
2. **Emergency Medical Evacuation:** If You have a medical emergency and an adequate medical facility is not available (as determined by the AAEMSIL's Physician and the Consulting Physician) proximate to where the You are located, AAEMSIL will arrange an emergency evacuation, with medical supervision, by an appropriate means to the nearest medical facility capable of providing the required care.
3. **Medical Repatriation:** When medically necessary, as determined by the AAEMSIL's Physician and the Consulting Physician, repatriation under medical supervision to Your address as mentioned in the Policy Schedule at such time as You are medically cleared for travel via commercial carrier, provided the repatriation can be accomplished without compromising Your medical condition. If the time period to receive medical clearance to travel by common carrier exceeds fourteen days from the date of discharge from the hospital, an appropriate mode of transportation may be arranged, such as an air ambulance. Medical or non-medical escorts may be provided as necessary.



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4. **Transportation to Join Patient:** Provide a designated family member or personal friend with an economy, round-trip, common carrier transportation to the major airport closest to the place of hospitalization, provided You have travelled alone and You are required to be hospitalized for more than seven consecutive days. At Your request, AAEMSIL will also provide assistance with arrangements for the family member or the friend's accommodation. It is the responsibility of the family member or the friend to meet all documentary requirements for the travel and accommodation costs.
5. **Care and/or Transportation of Minor Children:** When Your minor child(ren) is left unattended as a result of Your medical situation, AAEMSIL will provide the child with transportation to home or to the home of a person designated by You living in the same city as Your address. If appropriate, an attendant will escort the child.
6. **Emergency Message Transmission:** AAEMSIL will receive and transmit emergency messages to/from home.
7. **Return of Mortal Remains:** In the event of death of Insured Person, AAEMSIL will arrange and pay for the return of mortal remains. AAEMSIL will render any assistance necessary in the transport including locating a local, licensed funeral home, mortuary or direct disposition facility to prepare the body for transport, completing all documentation, obtaining all legal clearances, providing death certificates, purchasing the minimally necessary casket or air transport container, as well as transporting the remains, including retrieval from site of death and delivery to receiving funeral home.
8. **Emergency Cash Coordination:** AAEMSIL will assist in coordinating the transfer of emergency cash. Source of funds is solely Your responsibility

Conditions: The Emergency Assistance Services are available subject to certain limited exclusions as set forth below:

AAEMSIL will not provide services in the following instances:

- ◆ For those covered under Plan E
- ◆ Travel undertaken specifically for securing medical treatment
- ◆ Services sought outside India.
- ◆ Injuries resulting from participation in acts of war or insurrection
- ◆ Commission of unlawful act(s)
- ◆ Attempt at suicide /self inflicted injuries
- ◆ Incidents involving the use of drugs, unless prescribed by a physician
- ◆ Transfer of the Insured Person from one medical facility to another medical facility of similar capabilities and providing a similar level of care

AAEMSIL will not evacuate or repatriate an insured person in the following instances:

- ◆ Without medical authorization
- ◆ With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent You from continuing Your trip or returning home
- ◆ With a pregnancy term of over six months
- ◆ With mental or nervous disorders unless hospitalized

Specific Exclusions:applicable to Emergency Assistance Services Benefit

- ◆ Travel by Insured's spouse when it is for the benefit of the spouse's employer (spouse business travel)
- ◆ Trips exceeding 90 days from declared residence without prior notification to AAEMSIL.
- ◆ Students at home/school campus address (as they are not considered to be in travel status)

Legal actions arising hereunder shall be barred unless written notice thereof is received by Us/AAEMSIL



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within one (1) year from the date of event giving rise to such legal action.

While assistance services are available all over India, transportation response time is directly related to the location/jurisdiction where an event occurs. We/AAEMSIL are not responsible for failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond our / their control, including by way of example and not by limitation, weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communications systems or where rendering of service is limited or prohibited by local law or edict.

All consulting physicians and attorneys are independent contractors and not under Our control or of AAEMSIL. We/ AAEMSIL are not responsible or liable for any malpractice committed by professionals rendering services to You.

You must reimburse AAEMSIL for any service rendered upon request by You that is beyond the scope of this Policy.

We shall not be held liable or responsible for any acts or omissions by AAEMSIL in connection with or arising from the rendering of services described above.

GENERAL CONDITIONS:APPLICABLE TO THE WHOLE POLICY

1. **Reasonable Precaution** You shall take all reasonable precaution to prevent injury, illness in order to minimize claims.
2. **Notice** You will give every notice and communication in writing to Our office through which this insurance is effected.
3. **Misdescription** The Policy shall be void and all premium paid by You to Us be forfeited in the event of misrepresentation or concealment of any material information.
4. **Changes in Circumstances** You must inform Us, as soon as reasonably possible of any change in information You have provided to Us about Insured Person(s) which may affect the insurance cover provided.
5. **Payment of Premium** The premium payable shall be paid in advance before commencement of risk. No receipt for premium shall be valid except on Our official form signed by Our duly authorized official. In similar way, no waiver of any terms, provision, conditions and endorsements of this Policy shall be valid unless made in writing and signed by Our authorized official.

Restrictions on supplementary benefits: Supplementary benefits are payable only if main hospitalization benefit is paid. They are available only in Plans A,B and C.

6. **Claims trigger:** The trigger shall be the actual occurrence of an accident resulting in inpatient hospitalization. For OPD fracture benefit the claims trigger is occurrence of a confirmed fracture (confirmed by X ray reports) and the treatment taken for this
7. **Claim documentation:** All claims at network hospitals would need to be preauthorized in case of Inpatient cashless hospitalization. This is an indemnity cover so all original bills/discharge summary with the detailed case notes by the attending medical officer, as well as the X- ray films with reports and bills showing the evidence of actual cost incurred will be required. A copy of First Information Report (FIR) will be required to be submitted along with the claim documents for payment of claim where the episode is a MLC (Medico Legal case) only.
For the outpatient- managed fracture benefit, claims will be paid on a 'reimbursement' basis.

8. **Claim Procedure and Requirements**

(a)An event which might become a claim under the Policy must be reported to Us as soon as possible, but not later than 7 days from the date of Hospitalisation. A written statement of the claim with the duly completed and



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signed Claim Form must be filed within 30 days from the date of discharge from the Hospital or completion of treatment, except in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You / Insured Person or his/her personal representative were placed, it was not possible for any one of You to give notice or file claim within the prescribed time limit. The Insured Person must give all original bills, receipts, certificates, information and evidences from the attending Medical Practitioner/Hospital/Chemist/Laboratory as required by Us in the manner and form as We may prescribe. In such claims Our representative shall be allowed to carry out examination and obtain information on any alleged Injury requiring Hospitalisation if and when We may reasonably require.

(b) In case of an accident resulting in Death of the Insured Person a written notice also of death must be given before internment/ cremation and in any case, within one calendar month after the death. In the event of loss of sight or amputation of limbs, written notice thereof must also be given within one calendar month after such loss of sight or amputation. A written statement of the claim along with a duly completed and signed Claimform will be provided.

(c) In case of an accident leading to Permanent Total disablement or Permanent Partial disablement You Need to submit completed claimform with the Certificate of degree of disability with all supporting medical records. You also are required to submit a leave certificate and a certificate of fitness from the attending Physician to us within at the most one calendar month from the date of the accident.

8. **Fraud** If a claim is fraudulent in any respect or supported by any fraudulent statement or device with or without Your knowledge or that of the Insured Person, all benefit(s) under this Policy shall be forfeited.

9. **Lapse and reinstatement** Period of 30 days is given to the Insured to renew the cover. Company is not liable to pay the claims for accidents occurring during this grace period. No renewal is possible after the grace period the same shall be written thereafter as a fresh Proposal.

9. Contribution

It means essentially our right to call upon other insurers, liable to the same insured person, to share the cost of an indemnity claim on a rateable proportion of Sum Insured.

10. Subrogation

- a) You shall do or concur in doing or permit to be done everything necessary for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which we shall be or would become entitled or subrogated upon our paying any claim under this policy, whether before or after indemnification;
- b) You shall not do or cause to be done anything that may cause any prejudice of our right of subrogation;
- c) You agree that any recoveries made shall first be applied in making good any sums paid out by or on behalf of us for the claim and the costs of recovery.

11. Cancellation

- a) We may cancel the policy on grounds of fraud, moral hazard or misrepresentation or non-cooperation by you by sending 30(thirty) days notice by registered post to your last known address. You will then be entitled to, except in case of fraud or illegality on your part, a pro-rata refund of premium for unexpired period of this policy in respect of such insured person(s) in respect for whom no claim has arisen.



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- b) You may cancel the policy by sending written notice to us under registered post. We will then allow a refund on following scale, except for those insured person(s) for whom claim has been preferred on us under the current policy:

Period of cover up to	Refund of annual premium rate (%)
1(one) month	75% (seventy five percent)
3(three) months	50% (fifty percent)
6(six) months	25% (twenty five percent)
Exceeding six months	Nil

12. WE will not be bound to take cognizance or be affected by any notice of trust, charge, lien, assignment or other dealings with or relating to this Policy. Your receipt or receipt of Insured Person shall in all cases be an effective discharge to Us.
13. **Arbitration** If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of the sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration the same shall be referred to a panel of 3 arbitrators, comprising of 2 arbitrators, 1 to be appointed by each of the parties to the dispute/difference and the 3rd arbitrator to be appointed by 2 such arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Indian Arbitration and Conciliation Act, 1996. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the company has disputed or not accepted liability under or in respect of this policy.
It is understood, however, that the Insured shall have the right at all times during currency of the Policy to communicate only, with the leading or issuing office in all matters pertaining to this insurance. Subject otherwise to the terms, exceptions, conditions and limitations of this policy.
14. **Disclaimer Clause** If We shall disclaim Our liability for any claim and such claim shall not have been made subject matter of suit in a court of law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.
15. **Protection of Policy Holder's Interest:-** In the event of a claim, if the same is found admissible under the Policy, we shall make an offer of settlement or convey the rejection of the claim within 30 days of receipt of all relevant documents and Investigation/ Assessment Report (if required). In case the claim is admitted, the claim proceeds shall be paid within 7 days of Your acceptance of Our offer. In case of delay in payment, we shall be liable to pay interest at a rate which is 2.0% (two percent) above the Bank rate prevalent at the beginning of financial year in which the claim is received by Us.
16. The geographical scope of this Policy will be India and all claims shall be payable in Indian currency. The Emergency Assistance Services-Medical and Personal are not available on reimbursement basis.
17. The provision of the Emergency Medical or Personal Assistance Services to You during the Period of Insurance by AAEMSIL does not necessarily mean that the hospitalization claim is admissible under the Policy.
18. **Withdrawal & Alteration of Policy Conditions:** The policy terms and conditions may undergo alteration as per the IRDA Regulation. However the same shall be duly notified to you at least three months prior to the date when such alteration or revision comes into effect by registered post at



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your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Regulation.

A product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to you in advance as per the IRDA guidelines with details of options provided by us. If we do not receive your response on the intimation of withdrawal, the existing product shall be withdrawn on the renewal date and you shall have to take a new policy available with us, subject to terms & conditions.

19. **Free Lookup Period:**

You will be allowed a period of at least 15 (fifteen) days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable stating the reasons therein for doing so.

If you have not made any claim during the free look period, then you shall be entitled to :

- I. A refund of the premium paid less any expenses incurred by us
- II. Where the risk has already commenced and the option of return of the policy is exercised by you, a deduction towards the proportionate risk premium for period on cover less any expenses incurred by us
- III. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period less any expenses incurred by us on medical examination of the insured persons and the stamp duty charges

20. **Grievance or Complaint**

You may register a grievance or complaint by visiting our website www.itgi.co.in you may also contact the branches from where you have bought the policy or grievance officer who can be reached at our corporate office.

21. **Sum Insured Enhancement:** In case of increase in Capital Sum Insured more than 10% (ten percent) of last year capital Sum Insured at the time of renewal, subject to underwriter's discretion.

22. **Insurance Ombudsman**

If you are not satisfied with any issue pertaining to the insurance, you can approach the insurance ombudsman in the respective area for resolving the issue. The contact details of the ombudsman offices is mentioned below:



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Ombudsman Offices

Jurisdiction	Office Address
Delhi, Rajasthan	First Floor, UniversalInsuranceBuilding, 2/2A Asaf Ali Road, New Delhi 110002 Ph:23239611 /33 Fax: 23230858
West Bengal, Bihar	29, N.S. Road, Third Floor, Kolkata Ph:222 12669 Fax: 222 12668
Maharashtra	JeevanSeva Annex, 3 rd floor, Above MTNL, SV Road, Santacruz (W) Mumbai 400 054
Tamil Nadu, Pondicherry	Fatima Akhtar Court, Fourth Floor, 312 Anna Salai, Chennai 600018
Andhra Pradesh	6-2-47, YeturuTowers, A.C. Guards Lakdi-Ka-Pool, Hyderabad 500004
Gujarat	Second Floor, Shree JayshreeAmbica House, 5, NavyugCollege, Ashram Road, Ahmedabad 380014
Kerala, Karnataka	PulinatBuilding, Second Floor, M.G. Road, Kochi 682015
North-Eastern States	Aqanus, Bhaskar Nagar, R.G. Baruah Road, Guwahati 781021
Uttar Pradesh	Chintal House, First Floor, 16 Station Road, Lucknow 226001
Madhya Pradesh	First Floor, 117 Zone 2, Maharana Pratap Nagar, Bhopal 462011
Punjab, Haryana, Himachal Pradesh, Jammu & Chandigarh Kashmir,	BatraBuilding, Shop-cum-Office 101-103, Second floor, Sector 17D, Chandigarh
Orissa	62, Forest Park, Bhubaneswar 751009