

## ACCIDENT CARE (GROUP) INSURANCE

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.I/102/13-14

The proposal, declaration and other documents if any given by the proposer form the basis of this policy of insurance

The Company by this Policy agrees, subject to the terms and conditions as set out in the Schedule with all its Parts, that on proof to the satisfaction of the Company, of the compensation having become payable, as set out in the Schedule, upon the happening of an event, to pay the Sum Insured/ appropriate Benefit.

### 1. DEFINITIONS:

#### DEFINITIONS OF WORDS AND EXPRESSIONS

In this Policy, the following words and expressions shall have the following meanings, as set forth, unless the context otherwise requires:

**Accident / Accidental** – means a sudden, unforeseen and involuntary event caused by external visible and violent means.

**Age** means the age of the insured person on his/her completed years as recent birthday as per the English Calendar

**Standard type aircraft/Sea Craft** means an aircraft/sea-craft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline.

**Capital sum insured:** means the maximum amount of coverage per benefit/section as specified in the Schedule to this Policy that the Insured Person is entitled to in respect of each benefit/section.

**Company** means Star Health and Allied Insurance Company Limited

**Condition Precedent** means the policy term or condition upon which the insurer's liability under the policy is conditional upon

**Covered Medical Expenses** means reasonable charges, which are usually and customarily incurred for services and supplies for any Accident to the Insured Person covered under the policy.

**Disclosure** to information norms means the policy shall be void and all premium paid hereon shall forfeited to the Company, in the event of mis-representation, mis description or non disclosure of any material fact

**Grace Period** means the specified period of time immediately following premium due date during which the payment can be made to renew or continue the policy in force without loss of continuity benefits such as waiting period and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received

**Hazardous Sport / Hazardous Activities** means engaging whether professionally or otherwise in any sport or activity, which is potentially dangerous to the Insured Person (whether trained, or not). Such Sport/Activity including but not limited to Winter sports, Ice hockey, Skiing, Skydiving, Parachuting, Ballooning, Scuba Diving, Bungee Jumping, Mountain Climbing, Riding or Driving in Races or Rallies, caving or pot holing, hunting or equestrian activities, diving or under-water activity, rafting or canoeing involving rapid waters, yachting or boating outside coastal waters, jockeys, horseback, Polo, Circus personnel, army/navy/air force personnel and policemen whilst on duty, persons working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high-tension supply, nuclear installations, handling hazardous chemicals.

**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.

**Insured Person** means the name/s of persons shown in the schedule of the Policy

**Policy** means the insurance contract, the Policy Schedule and any other endorsements riders and any other attached enrollment forms.

**Pre-Existing condition** means any physical condition, disease, illness, medial condition, injury for treatment of which claim is made under this policy, which existed prior to the date of commencement of the policy.

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

**Relative** means spouse, children, parents, siblings or in-laws

**Temporary Total Disablement** means the Insured Person is totally disabled from engaging in any occupation or business for a temporary period.

### 2. SCOPE OF COVER:

The Company hereby agrees, subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to pay to the Insured person or his nominees or his legal heirs, a sum as compensation for any loss occurring during the Period of Insurance as described under different section hereunder, and as specified in the Schedule to the Policy, but not exceeding the Sum Insured.

#### Table 1 ACCIDENTAL DEATH

**The Company will pay as hereinafter mentioned:** If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident caused by external, violent and visible means, and such accident causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation the Capital Sum Insured.

Subject to the other terms and conditions of the policy

#### Table 2 –ACCIDENTAL DEATH AND PERMANENT DISABLEMENT

If the Insured Person meets with an Accident, which leads to disablement or subsequent death, the Company will provide insurance coverage to the Insured in the following manner:

1. Death of Insured Person: If following an Accident that causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation subject to the maximum Sum Insured.
2. Permanent disablement of the Insured Person: If following an Accident which caused permanent impairment of the Insured's mental or physical capabilities, then the Company will pay the benefits as provided in the Table of Benefits A or B below, depending upon the degree of disablement provided that:
  - a) The disablement occurs within 12 Calendar months from the date of the Accident.
  - b) The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

Provided always that the policy will not pay under more than one of the following sub clauses in respect of the same Accident

**Table 3- ACCIDENTAL DEATH, PERMANENT DISABLEMENT AND TEMPORARY TOTAL DISABLEMENT: WEEKLY COMPENSATION**

1. Death of Insured Person: If following an Accident that causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation subject to the maximum Sum Insured.
2. Permanent disablement of the Insured Person: If following an Accident which caused permanent impairment of the Insured's mental or physical capabilities, then the Company will pay the benefits as provided in the Table of Benefits A or B as above, depending upon the degree of disablement provided that:
  - a) The disablement occurs within 12 Calendar months from the date of the Accident.
  - b) The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

3. **The Company will pay as hereinafter mentioned:** If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from an Accident, then the Insured Person will be paid a sum calculated at the rate of 1% of the Sum Insured as mentioned in the Schedule of this policy per week but not exceeding Rs.5000/- per week in all under all policies, if such injury shall within 12 Calendar months of occurrence be the sole and direct cause of Temporary Total disablement.

This benefit is subject to a maximum period of 100 weeks from the date of such Temporary Total Disablement.

The benefit is payable for only one occurrence during the entire policy period. In no case shall the compensation exceed the sum insured under the policy

The payment shall be made only after the termination of such disablement.

All the benefit under this section is subject to exclusions, as mentioned in 'General Exclusions' of this Policy.

**Special Conditions:**

1. If the Accident affects any physical or mental function, which was already impaired prior to the accident, a deduction as recommended by our panel Doctor will be made in respect of this prior disablement.
2. If the accident impairs a number of physical or mental functions, the degree of disablement given in the Table of Benefits will be added together, but liability in any case shall not exceed 100% of the Sum Insured.
3. In case of Permanent Partial Disablement claim the Capital Sum Insured under the policy will be reduced by the amount of admissible claim under the policy in respect of the Insured Person to whom such sum shall become payable
4. In the event of Permanent Disablement, the Insured Person will be under obligation:
  - a) To have himself/herself examined by doctors appointed by the Company/ and the Company will pay the costs involved thereof.
  - b) To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required. If the obligations are not met with due to whatsoever reason, the Company may be relieved of its liability to pay.

**EXCLUSIONS:**

- (a) Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the Sum Insured.
- (b) Any other claim after a claim has been admitted by the Company and becomes payable for Death or 100% Permanent Total Disablement, as mentioned in Table A. This would not apply to payment under Medical Expenses and Transportation of remains
- © Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.
- (d) Any claim for death or Disablement of the Insured Person from (a) intentional self-injury, suicide or attempted suicide (b) whilst under the influence of intoxicating liquor or drugs (c) self-endangerment unless in self-defense or to save life.
- (e) Any exclusion mentioned in the 'General Exclusions' of this Policy.

**EXTENSION FOR MEDICAL EXPENSES DUE TO ACCIDENT:**

"In consideration of the additional premium paid, this insurance is extended to pay any medical expenses necessarily and reasonably incurred and expended by the Insured Person in connection with the accident as specified in the policy for which a claim has been admitted by the Company, an amount up to 25% of the valid claim or actuals whichever is less subject to a maximum of 10% of the Capital Sum Insured of the relevant Table of benefit." Subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof for the treatment taken to be submitted to the Company

**CONDITIONS :**

**TRANSPORTATION EXPENSES OF MORTAL REMAINS:**

**The Company will pay as hereinafter mentioned:** Following an admissible claim under the policy towards death of the insured person due to an Accident, outside the place of his/her residence, the Company shall pay a lump sum of Rs.3, 000/-for transportation of the mortal remains of the Insured Person to the place of his/ her residence irrespective of the number of Personal Accident policies held by the insured.

This includes cost of embalming and coffin charges.

**3. GENERAL EXCLUSIONS (APPLICABLE TO ALL SECTIONS OF THE POLICY):**

The Company shall not be liable to make any payments in respect of:

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
2. Any claim in respect of Pre-existing conditions.
3. Any claim if the insured acts against the advice of a physician.
4. Any claim arising out of Accidents that the Insured Person has caused intentionally or by committing a crime or as a result of drunkenness or addiction (drugs, alcohol).

5. Any claim arising out of mental disorder, suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and / or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome), insanity and / or any mutant derivative or variations thereof howsoever caused.
6. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.
7. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detentions of all kings princes and people of whatever nation, condition or quality whatsoever.
8. Participation of the Insured Person in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
9. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
  - a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.
  - b) Nuclear weapons material
  - c) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
  - d) Nuclear, Chemical and biological terrorism
10. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
11. Participation in Hazardous Sport / Hazardous Activities
12. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.
13. Any loss of which a contributing cause was the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law

#### 4. GENERAL CONDITIONS (APPLICABLE TO ALL SECTIONS UNDER THIS POLICY):

The conditions below apply throughout this insurance. Failure to comply with them may be prejudicial to a claim:

1. The minimum age limit for the Insured is 18 Years and 70 years
2. **Obligations of the Insured Person:** Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of death.
3. **Claim Documentation:**
  - a. Insured Person has to produce bills/vouchers/ reports/ discharge summary, Death Certificate, Viscera Sample Report/ Forensic Science Laboratory report, First Information Report, Post Mortem Report, Legal Heir Certificate, Succession Certificate and such other documents as may be required for processing the claim.
  - b. If the Company requests that bills/ vouchers / Reports in a language, other than English be accompanied by an appropriate translation then the costs of such translation must be borne by the Insured Person.
4. **Claims Settlement:** Benefits payable under this policy will be paid within reasonable time upon receipt of due written evidence of such loss and any further documentation information and assistance that the Company may require.  
 In case of delay in payment of any claim that has been admitted as payable under the Policy terms and conditions, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2002, the Company shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is approved by the Company. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, Unless he extent regulation requires payment based on some other prescribed interest rate.
5. The Company shall be released from any obligation to pay insurance benefits if any of the term and conditions are breached.
6. Geographical Scope: The insurance cover applies Worldwide.

#### ADDITIONAL CONDITIONS APPLICABLE TO GROUP POLICIES

All Group policies are eligible for group discount at the following scales subject to the claims experience of the group being less than 80%.

Number of Persons	Discount
2-100	5%
101-1000	10%
1001-5000	12.5%
5001-10000	15%
>10000	20%

**The discount is not cumulative. The applicable scale of discount is to be reckoned in accordance with the group size at the inception of the policy. Increase/ decrease in the Group size following additions / deletions will not alter the Group discount.**

Inclusions of persons into the Group can be made on payment of additional premium on pro-rata basis.

Refund for deletion of persons from the Group can be made on pro-rata basis subject to there being "No claim" in respect of such persons.

Group policies are not eligible for benefits of cumulative bonus, education grant and travel expenses for relatives.

#### 5. STANDARD TERMS AND CONDITIONS (APPLICABLE TO ALL BENEFITS UNDER THIS POLICY- GROUP)

1. **Incontestability and Duty of Disclosure:** The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured Person or any one acting on his behalf to obtain any benefit under this Policy.
2. **Observance of terms and conditions:** The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this Policy.
3. **Material change:** The Insured Person shall immediately notify the Company in writing of any change in his business or occupation or physical defect or infirmity with which he has become affected since the payment of last preceding premium.

#### 4. Automatic Termination of Insurance

The insurance provided in respect of each relevant person insured under this policy shall automatically terminate

- a) upon the Insured Person's death or upon payment of Capital Sum Insured
- b) at the expiration of the period for which the premium has been paid or on the expiration date shown in the policy schedule whichever is earlier.

#### 5. Duties of the Insured on occurrence of loss: On the occurrence of any loss, within the scope of cover under the Policy the Insured Person shall:

- I. Forthwith file/submit a Claim Form in accordance with 'Obligation of the Insured Person' Clause as provided in General Conditions.
- II. If the Insured Person does not comply with the provisions of this Clause or other obligations cast upon the Insured Person under this Policy, in terms of the other clauses referred to herein or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall be forfeited, at the option of the Company.

#### 6. Fraudulent claims: If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

#### 7. Cancellation/termination: The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in proposal form / at the time of claim, or non-co-operation by the insured person, by sending the insured 30 days notice by registered letter at the insured person's last known address. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short period rate only (table given below) provided no claim has occurred up to the date of cancellation

##### \*SHORT PERIOD SCALES

Period on Risk	Rate of premium to be retained
For a period not exceeding 15 days	10% of the Annual Premium
For a period not exceeding 1 month	15% of the Annual Premium
For a period not exceeding 2 months	30% of the Annual Premium
For a period not exceeding 3 months	40% of the Annual Premium
For a period not exceeding 4 months	50% of the Annual Premium
For a period not exceeding 5 months	60% of the Annual Premium
For a period not exceeding 6 months	70% of the Annual Premium
For a period not exceeding 7 months	75% of the Annual Premium
For a period not exceeding 8 months	80% of the Annual Premium
Exceeding 8 months	Full Annual Premium

#### 8. Renewal: The policy will be renewed except on grounds of misrepresentation / fraud committed, non-disclosure of material facts as declared in the proposal form. Every renewal premium (which shall be paid and accepted in respect of this policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured that may result to enhance the risk of the company under the insurer.

However in respect of Permanent Partial Disability the Company would exclude such disability on renewal in respect of such relevant person. Where a claim for Permanent Total Disability has been paid the renewal will be restricted to death only cover in respect of such relevant person.

A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period the continuity of benefits will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal.

In the event of this policy being withdrawn / modified with revised terms and/or premium with the prior approval of the Competent Authority, the insured will be intimated three months in advance and accommodated in any other equivalent health insurance policy offered by the Company, if requested for by the Insured Person, at the relevant point of time.

#### 9. Currency for payments: All claims payable shall be paid in Indian Rupee only.

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

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

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

It is also further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within three years from the date of such disclaimer have been made the subject matter of a suit in a Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

#### 11. Important Note: The attention of the policy holder is drawn to our website [www.starhealth.in](http://www.starhealth.in) for Anti fraud policy of the company for necessary compliance by all stake holders

#### 12. Policy Disputes: Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.

#### 13. Notices: Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to Star Health and Allied Insurance Company Limited, 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai- 600034, Fax No: 2831 9100 Toll Fax No: 1800 425 5522, Email [info@starhealth.in](mailto:info@starhealth.in)

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

14. **Customer Service** : If at any time the Insured Person requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hours

15. **Grievances**: In case the Insured Person is aggrieved in any way, the Insured may contact the Company, at the specified address during normal business hours.

**Grievances Department** : Star Health and Allied Insurance Company Limited, 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600 034, Phone : 044-28288821, Email [grievances@starhealth.in](mailto:grievances@starhealth.in)

**In the event of the following grievances:**

- a) any partial or total repudiation of claims by an insurer;
- b) any dispute in regard to premium paid or payable in terms of the policy;
- c) any dispute on the legal construction of the policies in so far as such disputes relate to claims;
- d) delay in settlement of claims;
- e) non-issuance of any insurance document to customer after receipt of the premium

the Insured Person may approach the Insurance Ombudsman, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited is located.

**List of Ombudsman**

Contact Details	Areas of Jurisdiction
Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, <b>AHMEDABAD-380 014</b> . Tel.:- 079-27546840 Fax : 079-27546142 Email <a href="mailto:ins.omb@rediffmail.com">ins.omb@rediffmail.com</a>	Gujarat Union Territory of Dadra & Nagar Haveli Daman and Diu
Office of the Insurance Ombudsman, Janak Vihar Complex, 2 <sup>nd</sup> Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, <b>BHOPAL(M.P.)-462 023</b> . Tel.:- 0755-2569201 Fax : 0755-2769203 Email <a href="mailto:bimalokpalbhopal@airtelmail.in">bimalokpalbhopal@airtelmail.in</a>	Madhya Pradesh & Chhattisgarh
Office of the Insurance Ombudsman, 62, Forest Park, <b>BHUBANESHWAR-751 009</b> . Tel.:- 0674-2596455 Email <a href="mailto:iobbsr@dataone.in">iobbsr@dataone.in</a>	Orissa
Office of the Insurance Ombudsman, 2nd Floor, Batra Building. S.C.O. No.101-103, Sector 17-D, <b>CHANDIGARH-160 017</b> . Tel.:- 0172-2706468, Fax : 0172-2708274 Email <a href="mailto:ombchd@yahoo.co.in">ombchd@yahoo.co.in</a>	Punjab , Haryana Himachal Pradesh, Jammu & Kashmir Union Territory of Chandigarh
Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, <b>CHENNAI-600 018</b> Tel.:- 044-24333668 044-24333668 /5284 Fax : 044-24333664 Email <a href="mailto:chennaiinsuranceombudsman@gmail.com">chennaiinsuranceombudsman@gmail.com</a>	Tamil Nadu Union Territory–Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry)
Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, <b>NEW DELHI-110 002</b> . Tel.:- 011-23239633 011-23239633 Fax : 011-23230858 Email <a href="mailto:iobdelraj@rediffmail.com">iobdelraj@rediffmail.com</a>	Delhi & Rajasthan
Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5 <sup>th</sup> Floor, Near Panbazar Overbridge, S.S. Road, <b>GUWAHATI-781 001 (ASSAM)</b> . Tel.:- 0361-2132204/5, Fax : 0361-2732937 Email <a href="mailto:ombudsmanghy@rediffmail.com">ombudsmanghy@rediffmail.com</a>	Assam , Meghalaya, Manipur Mizoram, Arunachal Pradesh Nagaland and Tripura
Office of the Insurance Ombudsman, 6-2-46, 1 <sup>st</sup> Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, <b>HYDERABAD-500 004</b> . Tel : 040-65504123 040-65504123 Fax: 040-23376599 Email <a href="mailto:insombudhyd@gmail.com">insombudhyd@gmail.com</a>	Andhra Pradesh Karnataka and Union Territory of Yanam a part of the Union Territory of Pondicherry
Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, <b>ERNAKULAM-682 015</b> . Tel : 0484-2358759 / 0484-2358759 Fax : 0484-2359336 Email <a href="mailto:iokochi@asianetindia.com">iokochi@asianetindia.com</a>	Kerala , Union Territory of (a) Lakshadweep (b) Mahe – a part of Union Territory of Pondicherry
Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, <b>KOLKATTA – 700 072</b> . Tel: 033 22124346/(40) Fax: 033 22124341 Email: <a href="mailto:iombsbpa@bsnl.in">iombsbpa@bsnl.in</a>	West Bengal , Bihar Jharkhand and Union Territory of Andaman & Nicobar Islands Sikkim
Office of the Insurance Ombudsman, Jeevan Bhawan, 6 <sup>th</sup> Floor, Phase-2, Nawal Kishore Road, Hazaratganj, <b>LUCKNOW-226 001</b> . Tel : 0522 -2231331 / 0522 -2231331 Fax : 0522-2231310 Email <a href="mailto:insombudsman@rediffmail.com">insombudsman@rediffmail.com</a>	Uttar Pradesh and Uttaranchal
Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), <b>MUMBAI-400 054</b> . Tel : 022-26106928 022-26106928 Fax : 022-26106052 Email <a href="mailto:ombudsmanmumbai@gmail.com">ombudsmanmumbai@gmail.com</a>	Maharashtra , Goa

**DEATH AND PERMANENT TOTAL DISABLEMENT**

**TABLE A**

BENEFITS		Percentage of Sum Insured
1	Death	100%
2	Permanent Total Disablement #	150% #
3	Total and irrevocable loss* of	
(i)	Sight of both eyes	100%
(ii)	Physical separation of two entire hands	100%
(iii)	Physical separation of two entire foot	100%
(iv)	One entire hand and one entire foot	100%
(v)	Sight of one eye and loss of one hand	100%
(vi)	Sight of one eye and loss of one entire foot	100%
(vii)	Use of two hands	100%
(viii)	Use of two feet	100%
(ix)	Use of one hand and one foot	100%
(x)	Sight of one eye and use of one hand	100%
(xi)	Sight of one eye and use of one foot	100%
(xii)	Sight of one eye	50%
(xiii)	Physical separation of one entire hand	50%
(xiv)	Physical separation of one entire foot	50%
(xv)	Use of one hand without physical separation	50%
(xvi)	Use of one foot without physical separation	50%

\*Loss of Foot/hand means total severance through or above the ankle/wrist joints respectively. Loss of Eye means entire and irrevocable loss of sight. Thumb and index finger means actual severance through or above the joint that meets the hand at the palm.

# payable only when the insured person, following accidental injuries is unable to engage in each and every occupation or employment for compensation or profit for which he is reasonably qualified by education, training or experience for the rest of his life. If at the time of loss the insured person is unemployed, Permanent Total Disability shall mean the total and permanent inability to perform all of the usual and customary duties and activities of a person of like age and sex even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication

**Permanent Partial Disablement**

**Table B**

BENEFITS		Percentage of Sum Insured
I.	Loss of toes	all 20
	Great	both phalanges 5
	Great	one phalanx 2
	Other than Great, if more than	
	One toe lost,	for each toe 1
ii.	Loss of hearing	both ears 75
iii.	Loss of hearing	one ear 30
iv.	Loss of four fingers and thumbs of	
	One hand	40
v.	Loss of four fingers	35
vi.	Loss of thumb	both phalanges 25
		One phalanx 10
vii.	Loss of index finger	three phalanges 10
		Two phalanges 8
		One phalanx 4
viii.	Loss of middle finger	three phalanges 6
		Two phalanges 4
		One phalanx 2
ix.	Loss of ring finger	three phalanges 5
		Two phalange 4
		One phalanx 2
x.	Loss of little finger	three phalanges 4
		Two phalanges 3
		One phalanx 2
xi.	Loss of metacarpals	first or second 3
		(Additional)
		Third, fourth or 2
		Fifth (additional)
xii.	Any other permanent partial disablement	Percentage as assessed by the Medical Board or by the Government Doctor

## Other Excluded Expenses

### TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS

1	Anne French Charges	56	Gause Soft
2	Baby Charges (unless Specified/indicated)	57	Gauze
3	Baby Food	58	Hand Holder
4	Baby Utilites Charges	59	Hansaplast/ Adhesive Bandages
5	Baby Set	60	Lactogen/ Infant Food
6	Baby Bottles	61	Slings ( Except For Upper Arm Fractures In Which Case, Cost Of One Sling Is Payable )
7	Bottle		
8	Brush		<b>Items Specifically Excluded In The Policy</b>
9	Cosy Towel	62	Weight Control Programs/ Supplies/ Services
10	Hand Wash	63	Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc.,
11	Moisturiser Paste Brush	64	Dental Treatment Expenses That Do Not Require Hospitalisation
12	Powder	65	Hormone Replacement Therapy
13	Razor	66	Home Visit Charges
14	Towel	67	Infertility/ Subfertility/ Assisted Conception Procedure
15	Shoe Cover	68	Obesity (including Morbid Obesity) Treatment
16	Beauty Services	69	Psychiatric & Psychosomatic Disorders
17	Belts/ Braces ( Except For Cases Who Have Undergone Surgery Of Thoracic Or Lumbar Spine)	70	Corrective Surgery For Refractive Error
18	Buds	71	Treatment Of Sexually Transmitted Diseases
19	Barber Charges	72	Donor Screening Charges
20	Caps	73	Admission/registration Charges
21	Cold Pack/hot Pack	74	Hospitalisation For Evaluation/ Diagnostic Purpose)
22	Carry Bags	75	Expenses For Investigation/ Treatment Irrelevant To The Disease For Which Admitted Or Diagnosed
23	Cradle Charges	76	Any Expenses When The Patient Is Diagnosed With Retro Virus + Or Suffering From /hiv/ Aids Etc Is Detected/ Directly Or Indirectly (however Please See Specific Exclusion For This Purpose)
24	Comb	77	Stem Cell Implantation/ Surgery
25	Disposables Razors Charges ( For Site Preparations)		<b>Items Which Form Part Of Hospital Services Where Separate Consumables Are Not Payable But The Service Is</b>
26	Eau-de-cologne / Room Freshners	78	Ward And Theatre Booking Charges
27	Eye Pad	79	Arthroscopy & Endoscopy Instruments
28	Eye Sheild	80	Microscope Cover
29	Email / Internet Charges	81	Surgical Blades,harmonic Scalpel,shaver
30	Food Charges (other Than Patient's Diet Provided By Hospital)	82	Surgical Drill
31	Foot Cover	83	Eye Kit
32	Gown	84	Eye Drape
33	Leggings (except For Bariatric And Varicose Vein Surgery Where Surgery Itself Is Payable)	85	X-ray Film
34	Laundry Charges	86	Sputum Cup
35	Mineral Water	87	Boyles Apparatus Charges
36	Oil Charges	88	Blood Grouping And Cross Matching Of Donors Samples
37	Sanitary Pad	89	Savlon
38	Slippers	90	Band Aids, Bandages, Sterile Injections, Needles, Syringes
39	Telephone Charges	91	Cotton
40	Tissue Paper	92	Cotton Bandage
41	Tooth Paste	93	Micropore/ Surgical Tape
42	Tooth Brush	94	Blade
43	Guest Services	95	Apron
44	Bed Pan	96	Torniquet
45	Bed Under Pad Charges	97	Orthobundle, Gynaec Bundle
46	Camera Cover	98	Urine Container Elements Of Room Charge
47	Care Free	99	Luxury Tax
48	Cliniplast	100	Hvac
49	Crepe Bandage	101	House Keeping Charges
50	Curapore	102	Service Charges Where Nursing Charge Also Charged
51	Diaper Of Any Type	103	Television & Air Conditioner Charges
52	Dvd, Cd Charges (payable If Cd Is Specifically Sought For )	104	Surcharges
53	Eyelet Collar	105	Attendant Charges
54	Face Mask		
55	Flexi Mask		

106	Im Iv Injection Charges	158	Abdominal Binder (except For Post-surgery Patients Of Major Abdominal Surgery Including Tah, Lscs Incision Hernia Repair, Exploratory Laparotomy For Intestinal Obstructions , Liver Transplant Etc)
107	Clean Sheet		
108	Extra Diet Of Patient(other Than That Which Forms Part Of Bed Charge)		
109	Blanket/warmer Blanket		
	<b>Administrative Or Non-medical Charges</b>		<b>Items Payable If Supported By A Prescription</b>
110	Admission Kit	159	Betadine \ Hydrogen Peroxide\spirit\detto(payable When Prescribed For Patient, Not Payable For Hospital Use In Ot Or Ward Or For Dressings In Hospital )
111	Birth Certificate	160	Private Nurses Charges- Special Nursing Charges
112	Blood Reservation Charges And Ante Natal Booking Charges	161	Nutrition Planning Charges - Dietician Charges- (except Patient Diet Provided By Hospital)
113	Certificate Charges	162	Alex Sugar Free
114	Courier Charges	163	Creams Powders Lotions (toileteries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)
115	Convenyance Charges	164	Digene Gel/ Antacid Gel (payable When Prescribed)
116	Diabetic Chart Charges	165	Ecg Electrodes (except Upto 5 Electrodes For Every Case Visiting Ot Or Icu. For Longer Stay In Icu, Least One Set Every Second Day Payable.
117	Documentation Charges / Administrative Expenses	166	Gloves (except For Sterilized Gloves)
118	Discharge Procedure Charges	167	Hiv Kit
119	Daily Chart Charges	168	Listerine/ Antiseptic Mouthwash (except If Prescribed)
120	Entrance Pass / Visitors Pass Charges	169	Lozenges (except If Prescribed)
121	Expenses Related To Prescription On Discharge (to Be Claimed Under Post Hospitalisation Where Admissible)	170	Mouth Paint (except If Prescribed)
122	File Opening Charges	171	Nebulisation Kit (except If Used During Hospitalization Is Payable Reasonably)
123	Incidental Expenses / Misc. Charges (not Explained)	172	Neosprin (except If Prescribed)
124	Medical Certificate	173	Novarapid (except If Prescribed)
125	Maintainance Charges	174	Volini Gel/ Analgesic Gel ((except If Prescribed))
126	Medical Records	175	Zytee Gel (except If Prescribed)
127	Preparation Charges	176	Vaccination Charges (except For Post Bite Treatment)
128	Photocopies Charges	177	Ahd
129	Patient Identification Band / Name Tag	178	Alcohol Swabes
130	Washing Charges	179	Scrub Solution/sterillium
131	Medicine Box	180	Vaccine Charges For Baby
132	Mortuary Charges Beyond 24 Hrs (shifting Charges Not Payable)	181	Aesthetic Treatment / Surgery
133	Medico Legal Case Charges (mlc Charges)	182	Tpa Charges
	<b>External Durable Devices</b>	183	Visco Belt Charges
134	Walking Aids Charges	184	Any Kit With No Details Mentioned [delivery Kit,
135	Bipap Machine	185	Examination Gloves
136	Commode	186	Kidney Tray
137	Cpap/ Capd Equipments	187	Mask
138	Infusion Pump - Cost	188	Ounce Glass
139	Oxygen Cylinder (for Usage Outside The Hospital)	189	Outstation Consultant's/ Surgeon's Fees (not Payable, Except For Telemedicine Consultations If Covered By Policy)
140	Pulseoxymeter Charges	190	Oxygen Mask
141	Spacer	191	Paper Gloves
142	Spirometre	192	Pelvic Traction Belt (payable In Case Of Pivd Requiring Traction)
143	Spo2 Probe	193	Referral Doctor's Fees
144	Nebulizer Kit	194	Accu Check ( Glucometry/ Strips)
145	Steam Inhaler	195	Pan Can
146	Armsling	196	Sofnet
147	Thermometer	197	Trolley Cover
148	Cervical Collar	198	Urometer, Urine Jug
149	Splint	199	Ambulance (except For Charges Incurred Ambulance From Home To Hospital Or Interhospital Shifts , Rta )
150	Diabetic Foot Wear		Tegaderm / Vasofix Safety (payable - Maximum Of 3 In 48 Hrs And Then 1 In 24 Hrs)
151	Knee Braces ( Long/ Short/ Hinged)	201	Urine Bag (payable Where Medically Necessary Till A Reasonable Cost Maximum 1 Per 24 Hrs)
152	Knee Immobilizer/shoulder Immobilizer	202	Softovac
153	Lumbo Sacral Belt (except For Cases Who Have Undergone Surgery Of Lumbar Spine)	203	Stockings (except For Case Like Cabg Etc.)
154	Nimbus Bed Or Water Or Air Bed Charges (except For Treatment Of Patients In Icu For More Than 6 Consecutive Days, Patients With Paraplegia /quadriplegia. Up To A Maximum Of Rs.200/- Per Day)		
155	Ambulance Collar		
156	Ambulance Equipment		
157	Microsheild		