

ACCIDENT CARE INDIVIDUAL INSURANCE POLICY

Unique Identification No. : IRDA/NL-HLT/SHA/P-P.V.I/134/13-14

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 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 sum insured as specified in the Schedule to this Policy and the cumulative Bonus as shown in the Schedule

Company means Star Health and Allied Insurance Company Limited

Condition Precedent shall mean a 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.

Cumulative Bonus means any increase in the Sum Insured granted by the insurer without an associated increase in premium by the company.

Dependent Child 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.

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

Grace Period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods 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.

Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

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 service, taking into account the nature of the illness/injury involved.

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

Sum insured means the amount of insurance for which the premium is paid.

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.

Table 2 – 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 given at the end 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 - 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 provided at the end, 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. **Temporary Total Disablement:**
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 Rs5000 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 (150% in case of Permanent Total Disablement)
3. In case of Permanent Partial Disablement claim the 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 amount specified in the Schedule
- b) Any other claim after a claim has been admitted by the Company and becomes payable for Death or Permanent Total Disablement, as mentioned in Table A. This would not apply to payment under Medical Expenses, Education Grant, Transportation of remains and Travel expenses of the Relative.
- c) 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:

The Company will 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 sum insured subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof for the treatment taken to be submitted to the Company

CONDITIONS

1. EDUCATIONAL GRANT:

The Company will pay as hereinafter mentioned

Following an admissible claim under the policy towards Death/ Permanent Total Disability of the insured person, Educational Grant for a maximum of two dependent children of the Insured, as mentioned below:

- i. If the Insured Person has one dependent child below the age of 18 years, an amount of Rs.5000/- is payable.
- ii. If the Insured Person has more than one dependent child below the age of 18 years an amount of Rs.5,000/- per child but in any case not more than Rs.10000/-.

Provided that if there be any other subsisting Personal Accident Insurance/s covering the Insured Person with the Company total benefits in respect of Educational Grant, under all those Policies, shall be limited to

1. A maximum of Rs.5 000/- in case there is one dependent child.
2. A maximum of Rs.10,000/- in case there are two dependent children

This grant is payable in addition to the sum insured.

2. TRANSPORTATION EXPENSES OF MORTAL REMAINS:

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.3000/-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.

This amount is payable in addition to the sum insured

3. TRAVEL EXPENSES FOR RELATIVE:

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 will pay for the transport expenses to one relative of the Insured Person Provided such payment shall not exceed a sum of Rs1000.

This benefit is in addition to the sum insured

4. CUMULATIVE BONUS:

Compensation payable for Death, Permanent Total Disablement arising out of accidental injuries shall be increased by 5% thereof in respect of each completed year during which the policy shall have been in force prior to the occurrence of an accident for which the capital sum insured becomes payable but the amount of such increase shall not exceed 50% of the Capital sum insured stated in the Schedule. The Cumulative Bonus is applicable to Capital sum insured, which is renewed continuously.

The Cumulative Bonus will not be lost if the policy is renewed within 30 days.

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. All injuries / conditions which are Pre Existing
3. 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).
4. 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.
5. 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.
6. 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 detainments of all kings princes and people of whatever nation, condition or quality whatsoever.
7. Participation 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.
8. 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
9. 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.
10. Participation in Hazardous Sport / Hazardous Activities
11. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.
12. Any loss arising out of 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 except under Family Package where the minimum age is 5 months
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/s has to produce bills/vouchers/ reports/ discharge summary, Death Certificate, Viscera Sample Report/ Forensic Science Laboratory report, First Information Report, Post Mortem Report (if conducted), 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
4. **Claims Settlement:** Benefits payable under this policy will be paid within 7 days from the time of receipt of all documents the Company requires
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 the 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.

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

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** This policy shall automatically terminate upon the Insured Person's death or payment of the Capital Sum Insured.
5. **Free Look Period:** A free look period of 15 days from the date of receipt of the policy is available to the insured to review the terms and conditions of the policy. In case the insured is not satisfied with the terms and conditions, the insured may seek cancellation of the policy and in such an event the Company shall allow refund of premium paid after adjusting the stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation.
Free look cancellation is not applicable at the time of renewal of the policy.
6. **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 file/submit a Claim Form in accordance with 'Obligation of the Insured Person' Clause as provided in General Conditions.
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.
7. **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.
8. **Cancellation/Termination** The Company may cancel this policy on grounds of misrepresentation, moral hazard, fraud non disclosure of material fact 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 of 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

9. **Currency for payments:** All claims payable shall be paid in Indian Rupee only.
10. **Important Note:** The attention of the policy holder is drawn to our website www.starhealth.in for anti fraud policy of the company for necessary compliance by all stake holders.
11. **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.

12. **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.

13. **Renewal Clause** The policy will be renewed except on grounds of misrepresentation / fraud committed.

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.

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 Permanent Partial Disability claims 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 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.

14. **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, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. Fax no: 044-28319100, Toll free fax no: 1800 425 5522 Email: info@starhealth.in

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

15. **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.
16. **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.

Grievance Department

Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. Or Call 44-28288821 during normal business hours. Or Send e-mail to grievances@starhealth.in

In the event of the following grievances:

- a. any partial or total repudiation of claims by an insurer;
- b. any dispute 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.

The Insurance Ombudsman's offices are located at Ahmadabad, Bhubaneswar, Bhopal, Chandigarh, Chennai, Gujarat, Kochi, Kolkatta, Lucknow, Hyderabad, Mumbai and Delhi. (List of Ombudsman's office attached)

List of Ombudsman

Contact Details	Areas of Jurisdiction
Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014 . Tel.:- 079-27546840 Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat Union Territory of Dadra & Nagar Haveli Daman and Diu
Office of the Insurance Ombudsman, Janak Vihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023 . Tel.:- 0755-2569201 Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009 . Tel.:- 0674-2596455 Email ioobbsr@dataone.in	Orissa
Office of the Insurance Ombudsman, 2nd Floor, Batra Building, S.C.O. No.101-103, Sector 17-D, CHANDIGARH-160 017 . Tel.:- 0172-2706468, Fax : 0172-2708274 Email ombchd@yahoo.co.in	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, CHENNAI-600 018 Tel.:- 044-24333668 044-24333668 / 5284 Fax : 044-24333664 Email chennaiinsuranceombudsman@gmail.com	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, NEW DELHI-110 002 . Tel.:- 011-23239633 011-23239633 Fax : 011-23230858 Email iobdelraj@rediffmail.com	Delhi & Rajasthan
Insurance Ombudsman, Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5 th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM) , Tel.:- 0361-2132204/5, Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur Mizoram, Arunachal Pradesh Nagaland and Tripura
Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004 . Tel : 040-65504123 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com	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, ERNAKULAM-682 015 . Tel : 0484-2358759 / 0484-2358759 Fax : 0484-2359336 Email iokochi@asianetindia.com	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, KOLKATTA – 700 072 . Tel: 033 22124346/(40) Fax: 033 22124341 Email:iombsbpa@bsnl.in	West Bengal , Bihar Jharkhand and Union Territory of Andaman & Nicobar Islands Sikkim
Office of the Insurance Ombudsman, Jeevan Bhawan, 6 th Floor, Phase-2, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001 . Tel : 0522 -2231331 / 0522 -2231331 Fax : 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), MUMBAI-400 054 . Tel : 022-26106928 022-26106928 Fax : 022-26106052 Email ombudsmanmumbai@gmail.com	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 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	32	Gown
2	Baby Charges (unless Specified/indicated)	33	Leggings (except For Bariatric And Varicose Vein Surgery Where Surgery Itself Is Payable)
3	Baby Food		
4	Baby Utilites Charges	34	Laundry Charges
5	Baby Set	35	Mineral Water
6	Baby Bottles	36	Oil Charges
7	Bottle	37	Sanitary Pad
8	Brush	38	Slippers
9	Cosy Towel	39	Telephone Charges
10	Hand Wash	40	Tissue Paper
11	Moisturiser Paste Brush	41	Tooth Paste
12	Powder	42	Tooth Brush
13	Razor	43	Guest Services
14	Towel	44	Bed Pan
15	Shoe Cover	45	Bed Under Pad Charges
16	Beauty Services	46	Camera Cover
17	Belts/ Braces (Except For Cases Who Have Undergone Surgery Of Thoracic Or Lumbar Spine)	47	Care Free
18	Buds	48	Cliniplast
19	Barber Charges	49	Crepe Bandage
20	Caps	50	Curapore
21	Cold Pack/hot Pack	51	Diaper Of Any Type
22	Carry Bags	52	Dvd, Cd Charges (payable If Cd Is Specifically Sought For)
23	Cradle Charges	53	Eyelet Collar
24	Comb	54	Face Mask
25	Disposables Razors Charges (For Site Preparations)	55	Flexi Mask
26	Eau-de-cologne / Room Freshners	56	Gause Soft
27	Eye Pad	57	Gauze
28	Eye Sheild	58	Hand Holder
29	Email / Internet Charges	59	Hansaplast/ Adhesive Bandages
30	Food Charges (other Than Patient's Diet Provided By Hospital)	60	Lactogen/ Infant Food
31	Foot Cover	61	Slings (Except For Upper Arm Fractures In Which Case, Cost Of One Sling Is Payable)

	Items Specifically Excluded In The Policy		
62	Weight Control Programs/ Supplies/ Services	136	Commode
63	Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc.,	137	Cpap/ Capd Equipments
64	Dental Treatment Expenses That Do Not Require Hospitalisation	138	Infusion Pump - Cost
65	Hormone Replacement Therapy	139	Oxygen Cylinder (for Usage Outside The Hospital)
66	Home Visit Charges	140	Pulseoxymeter Charges
67	Infertility/ Subfertility/ Assisted Conception Procedure	141	Spacer
68	Obesity (including Morbid Obesity) Treatment	142	Spirometre
69	Psychiatric & Psychosomatic Disorders	143	Spo2 Probe
70	Corrective Surgery For Refractive Error	144	Nebulizer Kit
71	Treatment Of Sexually Transmitted Diseases	145	Steam Inhaler
72	Donor Screening Charges	146	Armsling
73	Admission/registration Charges	147	Thermometer
74	Hospitalisation For Evaluation/ Diagnostic Purpose)	148	Cervical Collar
75	Expenses For Investigation/ Treatment Irrelevant To The Disease For Which Admitted Or Diagnosed	149	Splint
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)	150	Diabetic Foot Wear
77	Stem Cell Implantation/ Surgery	151	Knee Braces (Long/ Short/ Hinged)
	Items Which Form Part Of Hospital Services Where Separate Consumables Are Not Payable But The Service Is	152	Knee Immobilizer/shoulder Immobilizer
78	Ward And Theatre Booking Charges	153	Lumbo Sacral Belt (except For Cases Who Have Undergone Surgery Of Lumbar Spine)
79	Arthroscopy & Endoscopy Instruments	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)
80	Microscope Cover	155	Ambulance Collar
81	Surgical Blades,harmonic Scalpel,shaver	156	Ambulance Equipment
82	Surgical Drill	157	Microsheild
83	Eye Kit	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)
84	Eye Drape		Items Payable If Supported By A Prescription
85	X-ray Film	159	Betadine \ Hydrogen Peroxide\spirit\ddetol(payable When Prescribed For Patient, Not Payable For Hospital Use In Ot Or Ward Or For Dressings In Hospital)
86	Sputum Cup	160	Private Nurses Charges- Special Nursing Charges
87	Boyles Apparatus Charges	161	Nutrition Planning Charges - Dietician Charges- (except Patient Diet Provided By Hospital)
88	Blood Grouping And Cross Matching Of Donors Samples	162	Alex Sugar Free
89	Savlon	163	Creams Powders Lotions (toileteries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)
90	Band Aids, Bandages, Sterile Injections, Needles, Syringes	164	Digene Gel/ Antacid Gel (payable When Prescribed)
91	Cotton	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.
92	Cotton Bandage	166	Gloves (except For Sterilized Gloves)
93	Micropore/ Surgical Tape	167	Hiv Kit
94	Blade	168	Listerine/ Antiseptic Mouthwash (except If Prescribed)
95	Apron	169	Lozenges (except If Prescribed)
96	Torniquet	170	Mouth Paint (except If Prescribed)
97	Orthobundle, Gynaec Bundle	171	Nebulisation Kit (except If Used During Hospitalization Is Payable Reasonably)
98	Urine Container Elements Of Room Charge	172	Neosprin (except If Prescribed)
99	Luxury Tax	173	Novarapid (except If Prescribed)
100	Hvac	174	Volini Gel/ Analgesic Gel ((except If Prescribed))
101	House Keeping Charges	175	Zytee Gel (except If Prescribed)
102	Service Charges Where Nursing Charge Also Charged	176	Vaccination Charges (except For Post Bite Treatment)
103	Television & Air Conditioner Charges	177	Ahd
104	Surcharges	178	Alcohol Swabes
105	Attendant Charges	179	Scrub Solution/sterillium
106	Im Iv Injection Charges	180	Vaccine Charges For Baby
107	Clean Sheet	181	Aesthetic Treatment / Surgery
108	Extra Diet Of Patient(other Than That Which Forms Part Of Bed Charge)	182	Tpa Charges
109	Blanket/warmer Blanket	183	Visco Belt Charges
	Administrative Or Non-medical Charges	184	Any Kit With No Details Mentioned [delivery Kit,
110	Admission Kit	185	Examination Gloves
111	Birth Certificate	186	Kidney Tray
112	Blood Reservation Charges And Ante Natal Booking Charges	187	Mask
113	Certificate Charges	188	Ounce Glass
114	Courier Charges	189	Outstation Consultant's/ Surgeon's Fees (not Payable, Except For Telemedicine Consultations If Covered By Policy)
115	Convenyance Charges	190	Oxygen Mask
116	Diabetic Chart Charges	191	Paper Gloves
117	Documentation Charges / Administrative Expenses	192	Pelvic Traction Belt (payable In Case Of Pivd Requiring Traction)
118	Discharge Procedure Charges	193	Referral Doctor's Fees
119	Daily Chart Charges	194	Accu Check (Glucometry/ Strips)
120	Entrance Pass / Visitors Pass Charges	195	Pan Can
121	Expenses Related To Prescription On Discharge (to Be Claimed Under Post Hospitalisation Where Admissible)	196	Sofnet
122	File Opening Charges	197	Trolley Cover
123	Incidental Expenses / Misc. Charges (not Explained)	198	Urometer, Urine Jug
124	Medical Certificate	199	Ambulance (except For Charges Incurred Ambulance From Home To Hospital Or Interhospital Shifts , Rta)
125	Maintainance Charges	200	Tegaderm / Vasofix Safety (payable - Maximum Of 3 In 48 Hrs And Then 1 In 24 Hrs)
126	Medical Records	201	Urine Bag (payable Where Medically Necessary Till A Reasonable Cost - Maximum 1 Per 24 Hrs)
127	Preparation Charges	202	Softovac
128	Photocopies Charges	203	Stockings (except For Case Like Cabg Etc.)
129	Patient Identification Band / Name Tag		
130	Washing Charges		
131	Medicine Box		
132	Mortuary Charges Beyond 24 Hrs (shifting Charges Not Payable)		
133	Medico Legal Case Charges (mlc Charges)		
	External Durable Devices		
134	Walking Aids Charges		
135	Bipap Machine		