

care

HEALTH[®]
INSURANCE

BEST

HEALTH INSURANCE
COMPANY IN RURAL SECTOR

**CLAIMS
SERVICE**

LEADER OF THE YEAR

INDIA INSURANCE SUMMIT & AWARDS 2024

group secure

Know Your Policy Better

Policy Terms and Conditions

For the purposes of interpretation and understanding of the product the Company has defined, herein below some of the important words used in the product and for the remaining language and the words the Company believes to mean the normal meaning of the English language as explained in the standard language dictionaries. The words and expressions defined in the Insurance Act, IRDA Act, Regulations notified by the Authority and Circulars and Guidelines issued by the Authority shall carry the meanings explained therein. The judicial pronouncements of the highest courts in India will have the effect on the definitions and the language used in this product. The terms and conditions, coverage's and exclusions, benefits, various procedures and concepts which have been built in to the product also carry the specified meaning assigned to them in the said language.

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same and vice versa.

1. Definitions

- 1.1. **Accidental / Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means;
- 1.2. **Act of God Perils** means and includes lightening, storm, tempest, flood, inundation, subsidence, landslide, earthquake, cyclone, tsunami, volcano and other similar calamities;
- 1.3. **Age** means the completed age of the Insured Member on his last birthday;
- 1.4. **Ambulance** means a road vehicle operated by a licensed/ authorized service provider and equipped for the transport and paramedical treatment of persons requiring medical attention;
- 1.5. **Annexure** means the document attached and marked as Annexure to this Policy;
- 1.6. **Break in Policy** occurs at the end of the existing Policy term, when the premium due date for Renewal on a given term or within 30 days thereof.
- 1.7. **Claim** means a demand made in accordance with the terms and conditions of the Policy for payment under a Benefit or Optional Extension under the Policy;
- 1.8. **Common Carrier** means any civilian land or water conveyance or Scheduled Airline in each case operated under a valid license for the transportation of passengers for hire;
- 1.9. **Condition Precedent** shall mean a policy term or condition upon which Our liability under the Policy is conditional upon.

- 1.10. **Contribution** is essentially Our right to call upon other insurers, liable to the same Insured, to share the cost of an indemnity Claim on a ratable proportion of Sum Insured.

This clause shall not apply to any benefit offered on fixed benefit basis.

- 1.11. **Cover End Date** means the date specified in Annexure A for the Insured Member on which the Insured Member's cover under the Policy expires;
- 1.12. **Cover Period** means the period commencing from the Cover Start Date and ending on the Cover End Date for each Insured Member as specified in Annexure A;
- 1.13. **Cover Start Date** means the date specified in Annexure A for the Insured Member on which the Insured Member's cover under the Policy commences;
- 1.14. **Day Care Centre** means any institution established for day care treatment of Illness and/or Injury or a medical setup within a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under—
 - a) has qualified nursing staff under its employment;
 - b) has qualified Medical Practitioner/s in charge;
 - c) has a fully equipped operation theatre of its own where are carried out;
 - d) maintains daily records of patients and will make these accessible to Our authorized personnel
- 1.15. **Day Care Treatment** means medical treatment, and/ or surgical procedure which is:
 - a) undertaken under general or local anesthesia in a Hospital/ Day Care Centre in less than 24 hours because of technological advancement, and
 - b) which would have otherwise required a Hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.
- 1.16. **Disclosure to information norm** 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.
- 1.17. **Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period

for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

- 1.18. **Hazardous Activities** mean any sport or activity, which is potentially dangerous to the Insured Member whether he is trained or not. Such sport/activity includes racing and competition or stunt activity of any kind, adventure racing, base jumping, biathlon, big game hunting, rafting of any kind, BMX stunt/ obstacle riding, bobsleighbing/ using skeletons, bouldering, boxing, canyoning, caving/ pot holing, vave tubing, rock climbing/ trekking/ mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, marathon running, martial arts, micro – lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/ parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting, wrestling of any kind and activities of similar nature;
- 1.19. **Hospital** 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 qualified nursing staff under its employment round the clock;
 - (ii) has at least 10 in-patient beds in those towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - (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 the Our authorized personnel.
- 1.20. **Hospitalization** means admission in a Hospital for a minimum period of 24 In-patient Care consecutive hours except for specific procedures/treatments, where such admission could be for a period of less than 24 consecutive hours;
- 1.21. **Illness** means a sickness or a disease or a pathological

condition leading to the impairment of normal physiological function which manifests itself during the Cover Period and requires medical treatment.

- 1.22. **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.
- 1.23. **Inpatient Care** means treatment for which the Insured Member has to stay in a Hospital for more than 24 hours for a covered event.
- 1.24. **Insured Event** means an event that is covered under the Policy; and which is in accordance with the Policy Terms & Conditions;
- 1.25. **Insured Member (Insured)** means a person whose name specifically appears under Insured in the Policy Certificate;
- 1.26. **Intensive Care Unit (ICU)** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- 1.27. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription;
- 1.28. **Medical Expenses** means those expenses that an Insured Member has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Member had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.
- 1.29. **Medical Practitioner** means 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 his license;
- 1.30. **Nominee** means the person named in the Policy Certificate to receive the benefits payable under this Policy, if the Insured Member is deceased;
- 1.31. **Notification of Claim (Intimation)** is 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.
- 1.32. **Policy** means these Policy Terms & Conditions, Optional Extensions (if any), the Proposal Form / datasheet and

Certificate of Insurance and annexure thereof, if any, which form part of the policy contract and shall be read together;

- 1.33. **Policyholder** means the person named in the Policy Certificate as the policyholder;
- 1.34. **Policy Certificate** means the certificate attached to and forming part of this Policy;
- 1.35. **Policy Period** means the period commencing from the Policy Period Start Date and ending at the Policy Period End Date and as specifically appearing in the Policy Certificate;
- 1.36. **Policy Period End Date** means the date on which the Policy expires, as specified in the Policy Certificate;
- 1.37. **Policy Period Start Date** means the date on which the Policy commences, as specified in the Policy Certificate;
- 1.38. **Policy Year** means a period of one year commencing on the Policy Period Start Date or any anniversary thereof;
- 1.39. **Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.
- 1.40. **Pre-Existing Disease** means any condition, ailment, injury or disease:
 - i. That is/ are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
 - ii. For which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.
- 1.41. **Qualified Nurse** is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- 1.42. **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;
- 1.43. **Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the renewal continuous for the purpose of all waiting periods.
- 1.44. **Scheduled Airline** means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry,

and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier;

- 1.45. **Subrogation** shall mean Our right to assume the rights of the Insured Member to recover expenses paid out under the Policy that may be recovered from any other source.
- 1.46. **Sum Insured** means the amount specified against a benefit or Optional Extension in the Policy Certificate for each Insured Member which represents Our maximum, total and cumulative liability for that Insured Member for any and all Claims incurred in respect of that Insured Member during the Cover Period under that Benefit or Optional Extension;
- 1.47. **We/Our/Us/ Company** means Religare Health Insurance Company Limited;
- 1.48. **You/Your** means the Policyholder.

2. Scope of Cover

- 2.1 If the Insured Member suffers an Injury during the Cover Period solely and directly due to an Accident that occurs during the Cover Period which results in an Insured Event within twelve calendar months from the Injury, We will pay to the Insured Member (or the Nominee or his legal heir) the amount specified against the benefits detailed below subject always to the terms and conditions of the Policy, the availability of the Sum Insured and the Capital Sum Insured.
 - (a) **Special Conditions applicable to Clause 2:**
 - (i) Our aggregate cumulative liability under all the Benefits and Optional Extensions shall not exceed the Capital Sum Insured during the Policy Year for each Insured Member;
 - (ii) Our aggregate cumulative liability under all the Benefits, namely A1, A2 and A3 shall not exceed the Capital Sum Insured during the Policy Year for each Insured Member. If We have paid a Claim under Benefit A2 or Benefit A3 and a subsequent Claim is then made under either Benefit A1 or Benefit A2 in relation to the same Injury, then Our total liability in respect of all such Claims relating to that Injury shall be limited to the highest amount payable under Benefit A1, Benefit A2 and Benefit A3, subject always to the Capital Sum Insured;
 - (iii) For the purposes of this clause, "Capital Sum Insured" shall mean means the amount specified against each Insured Member in the Policy Certificate which represents the Company's maximum, total and cumulative liability for that Insured Person towards payment of any and all Claims made in respect of the Benefit and / or Optional Extension during a Policy Year.

(iv) If a Claim arising out of the same Injury is admissible under Benefit A2 or Benefit A3, then a Claim arising out of the same Injury shall not be admitted under Optional Extension 1.

(v) We will provide cover under the Benefits under Clause 2 to any Insured Event arising worldwide.

(b) **Benefit A1: Insured Event- Accidental Death**

If the Insured Member dies within twelve calendar months from the date of occurrence of the Injury, We will pay the Sum Insured provided that death is solely and directly due to the Injury.

(c) **Benefit A2: Insured Event- Permanent Total Disablement (PTD)**

(i) If the Injury suffered by the Insured Member solely and directly results in any of the following Insured Events within twelve calendar months of the occurrence of the Injury, We will pay the amount specified in the table below:

Sr. No.	Insured Events	Amount payable = % of the Sum Insured specified in the Policy Certificate against Benefit A2.
E2.1	Total and irrecoverable loss of sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or of the total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one entire foot	100%
E2.2	Total and irrecoverable loss of (a) use of two hands or two feet, or (b) one hand and one foot, or (c) sight of one eye and use of one hand or one foot	100%
E2.3	Total and irrecoverable loss of sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot	50%
E2.4	Total and irrecoverable loss of use of a hand or a foot without physical separation	50%
E3	Paraplegia or Quadriplegia or Hemiplegia	100%

Note: For the purpose of the above Insured Events, physical separation of a hand or foot shall mean separation of the hand at or above the wrist and of the foot at or above the

ankle.

(ii) For the purpose of this Benefit only:

I Hemiplegia means complete and irrecoverable paralysis of the arm, leg, and trunk on the same side of the body;

II Paraplegia means complete and irrecoverable paralysis of the whole of the lower half of the body (below waist) including both the legs;

III Quadriplegia means complete and irrecoverable paralysis of all four limbs.

(d) **Benefit A3: Insured Event- Permanent Partial Disablement (PPD)**

If the Injury suffered by the Insured Member solely and directly results in any of the following Insured Events within twelve calendar months of the occurrence of the Injury, We will pay the amount specified in the table below:

Sr. No.	Insured Events	Amount payable = % of the Sum Insured specified in the Policy Certificate against Benefit A3.
E4.1	Total and irrecoverable loss of hearing in: -	
	a) Both ears	75%
	b) One ear	30%
E4.2	Loss of toes	
	a) All	20%
	b) Both phalanges of great toes bilateral	5%
	c) Both phalanges of one great toe	2%
	d) Both phalanges of other than great toe for each toe	1%
E4.3	Loss of four fingers and thumb of one hand	40%
E4.4	Loss of four fingers of one hand	35%
E4.5	Loss of thumb	
	a) both phalanges	25%
	b) one phalanx	10%
E4.6	Loss of Index finger	
	a) three phalanges	10%
	b) two phalanges	8%
	c) one phalanx	4%

E4.7	Loss of middle finger	
	a) three phalanges	6%
	b) two phalanges	4%
	c) one phalanx	2%
E4.8	Loss of ring finger	
	a) three phalanges	5%
	b) two phalanges	3%
	c) one phalanx	2%
E4.9	Loss of little finger	
	a) three phalanges	4%
	b) two phalanges	3%
	c) one phalanx	2%
E4.10	Loss of metacarpus	
	first or second	3%
	third, fourth or fifth	2%
E4.11	Permanent partial disablement not otherwise provided for under Insured Events E4.1 to E4.10 inclusive.	Such percentage of the Sum Insured as determined in accordance with the assessment carried out by Medical Practitioner of Our Network Hospital provided that the percentage under Insured Event E4.11 shall not exceed 50% of the Sum Insured.

Note: For the purpose of Insured Events E4.2 to E4.10 inclusive, loss means either actual physical separation or total and irrecoverable loss only.

3. Permanent Exclusions

3.1 Any Claim in respect of any Insured Member, arising out of or directly or indirectly due to any of the following shall not be admissible, unless expressly stated to the contrary elsewhere in the Policy:

- (a) Any Medical Expenses unless covered by way of an applicable Optional Extension;
- (b) Any illness including any pre-existing condition or its complications except where an Insured Event under Clause 2 or Optional Extension 1 results from an illness which arises directly as a consequence of an injury which is sustained during the Cover Period;
- (c) Any pre-existing injury or physical condition;
- (d) An Insured Member operating or learning to operate any aircraft, or performing duties as a member of the

crew on any aircraft or Scheduled Airline or any airline personal;

- (e) An Insured Member flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;
- (f) Any intentional self-inflicted Injury, suicide or attempted suicide, sexually transmitted conditions, mental or nervous disorders, insanity;
- (g) Influence of drugs, alcohol beyond the medically permissible limit or other intoxications or hallucinogens;
- (h) War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds;
- (i) Participation in actual or attempted felony, riot, civil commotion or criminal misdemeanor;
- (j) A complication of infection with Human Immune Deficiency Virus (HIV) or any variance including Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC) or venereal disease;
- (k) Training for or participating in professional sport of any kind;
- (l) Any act resulting in breach of law committed by Insured Member with criminal intent;
- (m) The Insured Member serving in any branch of the military, navy, air force or any branch of armed forces or any paramilitary forces;
- (n) Radioactive contamination whether arising directly or indirectly ionizing radiation, toxic, explosive or other hazardous properties of nuclear material;
- (o) Insured Member working in or with Underground mines, tunneling or explosives or involving electrical installation with high tension supply or conveyance testing or oil rigs or ship crew services or as jockeys or circus personnel or aerial photography or engaged in any Hazardous Activities as specified under Clause 1.12;
- (p) Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - (i) Nuclear attack or weapons mean the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile or fusion material emitting a level of radioactivity capable of causing incapacitating disablement or death.
 - (ii) Chemical attack or weapons mean the emission,

discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death.

- (iii) Biological attack or weapons mean the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing incapacitating disablement or death. In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above is also excluded;
- (q) Resulting from pregnancy or childbirth;
- (r) Impairment of the Insured Member's intellectual faculties by abuse of stimulants or depressants or by the illegal use of any solid, liquid or gaseous substance;
- (s) Resulting due to any disease or infection except where such condition arises directly as a consequence of an accident during the Cover period.
- (t) Any Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs, alcohol, hallucinogens, smoking.
- (u) Any treatment or part of treatment or any expenses incurred under this Policy that is not reasonable and customary and/or not medically necessary.

4. Claims Management

Upon the occurrence of any Injury that may give rise to a Claim under this Policy, then as a Condition Precedent to Our liability under the Policy, You or the Insured Member (or the Nominee or legal heir if the Insured Member is deceased) shall undertake all of the following:

4.1 Claim Intimation

If an Injury is suffered or any other contingency occurs which has resulted or may result in a Claim under the Policy, You or the Insured Member (or Nominee or legal heir if the Insured Member is deceased) shall notify Us either at Our call centre or in writing immediately.

It is agreed and understood that the following details are to be provided to Us at the time of intimation of the Claim:

- (a) Policy Number;
- (b) Your name;

- (c) Name and unique identification number of the Insured Member in respect of whom the Claim is being made;
- (d) Nature of Injury and the Benefit and/or Optional Extension under which the Claim is being made;
- (e) Date and place of Injury or Death and/or date and place of admission to Hospital (as applicable);
- (f) Name and address of the attending Medical Practitioner and Hospital (if applicable);
- (g) Any other information, documentation or details requested by Us.

4.2 Claim Procedure

- (a) You or Insured Member (or Nominee or legal heir if the Insured Member is deceased) shall (at his expense) give the documentation specified at Clause 4.4 and any additional documentation specified in the Benefit provision and/or Optional Extension under which the Claim is being made to Us immediately and in any event within 30 days of the occurrence of the Injury.

4.3 Policyholder's, Insured Member's or Claimant's duties at the time of Claim

- (a) It is agreed and understood that as a condition precedent for a Claim to be considered under this Policy:
 - (i) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy;
 - (ii) The Insured Member shall follow the directions, advice or guidance provided by a Medical Practitioner and We shall not be obliged to make payment that is brought about or contributed to by the Insured Member failing to follow such directions, advice or guidance;
 - (iii) Intimation of the Claim, notification of the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 4 of the Policy Terms & Conditions;
 - (iv) The Insured Member will, at Our request submit himself for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such Medical Examination shall be borne by Us;
 - (v) Our Medical Practitioner and representatives shall be given access and co-operation to

inspect the Insured Member's medical and Hospitalization records (if applicable) and to investigate the facts and examine the Insured Member;

- (vi) We shall be provided with complete documentation and information which We have requested to establish Our liability for the Claim, its circumstances and its quantum.

4.4 Documents to be submitted for registration of Claim

The following information and documentation shall be submitted along with a completed and signed Claim form, in accordance with the procedures and within the timeframes specified in Clause 4 of the Policy in respect of all Claims and claim will be registered only on submission of below documents. The date of submission of such information shall be deemed as date of claim registration for the purpose of claim processing:

Purpose of Document	Indicative List of Documents
Identity proof	Voter ID, Passport, PAN Card, Driving License, ration card, Aadhar, or any other proof accepted by the KYC norms as approved by the company and which is admissible in court of law
Address Proof	Voter ID, Passport, Driving License
Age proof	Voter ID, Passport, PAN Card, Matriculation Pass Certificate, Driving License, Birth Certificate
Accident proof	FIR, Panchnama, Final Police Report, State Electricity Board Report, Factory Inspection Report, Forensic Report, Valid Passenger Ticket or Boarding Pass of the Common Carrier or any other proof to the satisfaction of the company.
Cause of loss	Viscera Report, Post Mortem Report (if conducted), MLC report, Medical Report or Certificate
Disability	Disability Certificate from Government Medical Board, Fitness Certificate, Medical Prescription
Accidental Death	Death Certificate
Claimant identity	Succession Certificate, Identity Proof of Nominee, legal heirs or any other proof to the satisfaction of the company for the purpose of a valid discharge.
Medical Expenses	Hospital Discharge Summary, Numbered Bills/ Receipts as original, Medical Practitioner Certificate, Medical or Clinical or Pathological or Diagnostics Records

Note:

- (a) We may seek additional information or documentation depending on the cause of Claim or the Benefit /Optional

Extension under which the Claim is made.

- (b) Only in the event that original numbered bills/ receipts, prescriptions, reports or other documents have already been given to any other insurance company or to a reimbursement provider the Company will accept properly verified photocopies of such documents attested by such other insurance company/reimbursement provider along with an original certificate of the extent of payment received from such insurance company/reimbursement provider. In case You/Insured Member shall require Original copies submitted to Us, we shall return the same after adjudication of the Claim.
- (c) The Company shall condone delay on merit for delayed Claims where delay is proved to be for reasons beyond the control of the Policyholder or the Insured Person.

4.5 Special Terms for Claim Assessment/ Payment

- (a) Payment of Claims will be made to the Insured Member, unless specified otherwise in the Policy Certificate. In the event of the death of the Insured Member, unless specified otherwise in the Policy Certificate, We will pay to the Nominee and in the case of no Nominee We will pay to the legal heirs or representative whose discharge shall be treated as full and final discharge of its liability under the Policy.
- (b) On payment of renewal premium, You shall give written notice to Us of any disease, physical defect or infirmity or change in occupation or profession of the Insured Member.
- (c) All Claims shall be paid in India and in Indian Rupees only.
- (d) The Company shall settle any Claim within 15 days of intimation on receipt of all the necessary documents/ information as required for settlement of such Claim and sought by the Company. The Company shall provide the Policyholder an offer of settlement of Claim and upon acceptance of such offer by the Policyholder the Company shall make payment within 7 days from the date of receipt of such acceptance. In case there is delay in the payment beyond the stipulated timelines, the Company shall pay additional amount as interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.
- (e) The Policy covers Reasonable and Customary Charges incurred towards medical treatment taken or any other expenses triggers under any Benefit during the Policy Period.

5. General Terms and Conditions

5.1 Mid-term Addition/deletion of Insured Members

- a) Mid-term addition of the Insured Member

Any person may be added as an Insured Member during the Policy Period provided that his application for cover has been accepted by Us, additional premium, on pro rata basis in respect of such Member has been received by Us and We

have issued an endorsement confirming the addition of such person as an Insured Member.

b) **Mid-term deletion of the Insured Member**

Any Insured Member who is covered under the Policy may be deleted on Your request during the Policy Period. Refund of premium shall be made on pro-rata basis provided that Insured Member has not made any Claim during the Cover Period under this Policy.

5.2 **Disclosure to Information Norm**

If any untrue or incorrect statements are made or there has been a misrepresentation, misdescription or non-disclosure of any material particulars or any material information having been withheld in the Proposal Form or accompanying document or if a Claim is fraudulently made or any fraudulent means or devices are used by You, the Insured Member or any one acting on his / their behalf, We shall have no liability to make payment of any Claims and the premium paid shall be forfeited to Us. – Underline portion is added for clarity.

5.3 **Observance of Terms and Conditions**

The due observance and fulfillment of the terms and conditions of this Policy (including the realization of premium by their respective due dates and compliance with the specified procedure on all Claims) in so far as they relate to anything to be done or complied with by You or any Insured Member, shall be condition precedent to Our liability under the Policy.

5.4 **Reasonable Care**

The Insured Members shall take all reasonable steps to safeguard the interests against any Injury that may give rise to a Claim.

5.5 **Material Change**

It is a condition precedent to Our liability under the Policy that You shall immediately notify Us in writing of any material change in the risk on account of change in nature of occupation or business at his own expense. We may, at Our discretion, adjust the scope of cover and / or the premium paid or payable, accordingly.

5.6 **Records to be maintained**

You and the Insured Members shall keep an accurate record containing all relevant medical records and shall allow Us or Our representatives to inspect such records. You or the Insured Member shall furnish such information as We may require under this Policy at any time during the Policy Period and up to three years after the Policy Period End Date, or until final adjustment (if any) and resolution of all Claims under this Policy.

5.7 **No constructive Notice**

Any knowledge or information of any circumstance or condition in relation to You or the Insured Member which

is in Our possession other than that information expressly disclosed in the Proposal Form or otherwise in writing to Us, shall not be held to be binding or prejudicially affect Us.

5.8 **Complete Discharge**

Payment made by Us to the Insured Member or the Nominee or the legal heir or representative of the Insured Member, as the case may be, under the Policy shall in all cases be complete and construed as an effectual discharge in favor of Us.

5.9 **Subrogation**

You and the Insured Member shall at Your/his own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are or would become entitled upon Us paying for a Claim under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. Neither You nor any Insured Member shall prejudice these subrogation rights in any manner and shall at Your own expense provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and Our costs and expenses of effecting a recovery, where after We shall pay any balance remaining to You. This clause shall not apply to any Benefits/ Optional Extension offered on fixed benefit basis.

5.10 **Policy Disputes**

Wherever there is a decision to be taken by the Insurer, which happens to be at variance with the Customers proposal, declarations and other such conduct an opportunity of natural justice shall be provided to him before a decision is taken on the merit and circumstances of the question.

Any and all disputes or differences under or in relation to validity, construction, interpretation, effect or any other matter related to this Policy shall be determined exclusively by the Indian Courts and subject to Indian law.

5.11 **Renewal Notice**

- a) This Policy will automatically terminate on the Policy Period End Date. All renewal applications and requisite premium shall be given to Us on or before the Policy Period End Date and in any event before the expiry of the Grace Period. The Policyholder shall give Us written notice along with the renewal application of any material changes to the risk insured under the Policy. If no such written notice is received by Us along with the renewal application, it shall be deemed that there is no material change to the risk.

- b) Renewal shall be offered life-long.

- c) Any Policy which is due for renewal, and where You have requested for one or more of the following alterations in the expiring Policy, may be subjected to a review by the underwriter:

- (i) Increase in Sum Insured
- (ii) Change in Terms & Conditions

- d) The general underwriting conditions, where the underwriters review the Proposal Form or any other parameter described above, shall prevail and need be adhered to at the renewal also.

- e) We will ordinarily not refuse to renew the Policy except on grounds of established fraud, moral hazard or misrepresentation or non-disclosure.

- f) Renewal premium is subject to change in accordance with the IRDAI rules and regulations as applicable from time to time.

- g) This product may be withdrawn / modified by the company and the same shall be duly intimated to Policyholder at least 90 days prior to the date of such withdrawal / modification of this product and the options available to Insured Person at the time of renewal of this policy. A one-time option to renew the existing product, if renewal falls within the 90 days from the date of withdrawal of the product is provided to the Policyholder as well.

5.12 Cancellation / Termination

- (a) We may at any time, cancel this Policy on grounds as specified in Clause 5.2, by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to Your last known address.
- (b) You may also give 7 days' notice in writing, to Us, for the cancellation of this Policy, in which case We shall from the date of receipt of the notice cancel the Policy and refund the proportionate premium for those Insured Members in respect of whom no Claim is made under the Policy for the unexpired Cover Period.

5.13 Limitation of Liability

Any Claim under this Policy for which the notification or intimation of Claim is received 12 calendar months after the event or occurrence giving rise to the Claim shall not be admissible, unless it is proved to Our satisfaction that the delay in reporting of the Claim was for reasons beyond You or the Insured Member's control.

5.14 Communication

- (a) Any communication meant for Us must be in writing and be delivered to Our address shown in the Policy Certificate. Any communication meant for You will be sent by Us to Your last known address or the address as shown in the Policy Certificate.

- (b) All notifications and declarations for Us must be in writing and sent to the address specified in the Policy Certificate. Agents are not authorized to receive notices and declarations on Our behalf.

- (c) Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

5.15 Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by a written endorsement signed and stamped by Us.

5.16 Overriding effect of Policy Certificate

In case of any inconsistency in the terms and conditions in this Policy vis-a-vis the information contained in the Policy Certificate, the information contained in the Policy Certificate shall prevail.

5.17 Electronic Transactions

You and the Insured Member agree to adhere to and comply with all such terms and conditions as We may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of Us, for and in respect of the Policy or its terms, or Our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time

5.18 Portability and Continuity

We will grant continuity of benefits which were available to the Insured Members under a group insurance policy with any other Indian insurance company in the immediately preceding policy period provided that:

- (a) We shall be liable to provide continuity of only those benefits which are applicable under the Policy;
- (b) The Insured Members to whom continuity benefits will be provided under this Policy were covered under that group insurance policy;
- (c) There is no break in insurance cover between the previous group insurance policy and this Policy, provided further that the application for this Policy is made within 30 days after the expiry of that group insurance policy;
- (d) The benefits which will continue to be applicable under this Policy are specified in the Policy Certificate.

- (e) Insured Members covered under this Policy shall have the right to migrate from this Policy to an Individual Personal Accident insurance policy offered by Us and the credit for wait periods, if any would be given in the opted in an Individual Personal Accident insurance policy.

Provided that Insured Member applies for the same within 30 days from the date of resignation, retirement, termination of employment or separation due to any reason or in case this Policy is discontinued or not renewed.

5.19 **Obligation in respect to minor**

If an Insured Member is less than 18 years of age, the Primary Insured Member shall be responsible for ensuring compliance with all terms and conditions of this Policy on behalf of that Insured Member.

5.20 **Nominee**

The Insured Member can at the inception or at any time before the expiry of the Policy make the nomination for the purpose of payment of Claims.

Any change of nomination shall be communicated to us in writing and such change shall be effective only when an endorsement to the Policy is made by Us.

5.21 **Contribution**

- a) In case any Insured is covered under more than one indemnity insurance policies, with the Company or with other insurers, the Policyholder shall have the right to settle the Claim with any of the Company, provided that the Claim amount payable is up to Sum Insured of such Policy.
- b) In case the Claim amount exceeds the Sum Insured, then Policyholder shall have the right to choose the companies with whom the Claim is to be settled. In such cases, the settlement shall be done as under :
- (i) If at the time when any Claim arises under this Policy, there is any other insurance which covers (or would have covered but for the existence of this Policy), the same Claim (in whole or in part), then We shall not be liable to pay or contribute more than Our ratable proportion of any Claim.
- c) This clause shall not apply to Benefits or to any Optional Extension offered on a benefit basis.

5.22 **Grievances**

In case of any grievance the insured person may contact the company through

Website/link: <https://www.careinsurance.com/contact-us.html>

Mobile App: Care Health - Customer App

Tollfree (WhatsApp Number): 8860402452

Courier: Any of Company's Branch Office or Corporate Office

Insured Person may also approach the grievance

cell at any of the Company's branches with the details of grievance.

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at Branch Office or Corporate Office. For updated details of grievance officer,

Kindly refer the link <https://www.careinsurance.com/customer-grievance-redressal.html>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per

Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI integrated Grievance Management

System - <https://bimabharosa.irdai.gov.in/>

Note:

The Contact details of the Insurance Ombudsman offices have been provided as Annexure I

Annexure I - Office of the Ombudsman

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
JAIPUR	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel. : 0141-2740363 Email : bimalokpal.jaipur@cioins.co.in	Rajasthan
ERNAKULAM	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel. : 0484-2358759/2359338, Fax : 0484-2359336 E-mail : bimalokpal.emakulam@cioins.co.in	Kerala, Lakshadweep, Mahe – a part of Pondicherry
KOLKATA	Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindustan Bldg. Annexe, 4, C.R. Avenue, Kolkata – 700 072. Tel : 033-22124339/22124340, Fax : 033-22124341 E-mail : bimalokpal.kolkata@cioins.co.in	West Bengal, Andaman & Nicobar Islands, Sikkim
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-2, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel.: 0522 - 2231330 / 2231331, Fax : 0522-2231310 E-mail : bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gaziipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkamagar, Sultanpur, Maharajganj, Santkabimagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshihar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 E-mail : bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, BENGALURU - 560 078. Tel.: 080-22222049 / 22222048 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL (M.P.)-462 003. Tel.: 0755-2769201 / 9202 , Fax : 0755-2769203 E-mail : bimalokpal.bhopal@cioins.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.: 0674 - 2596461 / 2596455, Fax : 0674-2596429 E-mail: bimalokpal.bhubaneswar@cioins.co.in	Orissa
CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.: 0172 - 2706196 / 2706468, Fax : 0172-2708274 E-mail: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI-600 018. Tel.: 044-24333668 / 24335284, Fax : 044-24333664 E-mail : bimalokpal.chennai@cioins.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
DELHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.: 011 - 23232481 / 23213504 E-mail : bimalokpal.delhi@cioins.co.in	Delhi, Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
GUWAHATI	Insurance Ombudsman, Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 E-mail : bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel.: 040 - 67504123 / 23312122 E-mail : bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
PUNE	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman are available on website of IRDAI: www.irda.gov.in, on the website of General Insurance Council: www.gicouncil.org.in, on the Company's website www.careinsurance.com or from any of the Company's offices. Address and contact number of Executive Council of Insurers –

Office of the 'Executive Council of Insurers'

Secretary General/Secretary,

3rd Floor, Jeevan Seva Annexe,

S.V. Road, Santacruz(W),

Mumbai - 400 054.

Tel : 022-26106889/671/980

Fax : 022-26106949

Email - inscoun@cioins.co.in

Optional Extensions

1. Optional Extensions shall be available, subject to Policy Terms and Conditions, only if the same is specifically mentioned in the Policy Certificate or endorsed to this Policy and upon receipt of applicable additional premium (if any) specified in advance by Us.
2. Admissibility of a Claim under Clause 2 of the Policy Terms & Conditions or Optional Extension 1 below is a pre-condition to the admission of a Claim for the other Optional Extensions. Payment of Claims for any Optional Extension is subject to availability of the Sum Insured for that Optional Extension and shall always be subject to the Maximum Liability.
3. We will provide cover under the Optional Extensions for Insured Event arising in India only.

4. **Optional Extension 1 - Insured Event- Temporary Total Disablement (TTD)**

If the Injury suffered by the Insured Member immediately results in the Temporary Total Disablement of the Insured Member during the Cover Period, then We will pay the amount specified in the Policy Certificate against Optional Extension 1 for each continuous and completed week of the Insured Member's Temporary Total Disablement, provided that:

- (i) The applicable weekly payment under this Optional Extension shall be made in arrears by the date specified in the Policy Certificate.
- (ii) Our maximum and total liability to make payment under this Optional Extension shall commence only upon completion of Excess as specified in the Policy Certificate.
- (iii) If an Insured Member suffers a recurrence of Temporary Total Disablement after a Claim has been admitted under this Optional Extension and during the Cover Period due to the same or related causes, the subsequent period of Temporary Total Disablement shall be deemed to be a continuation of the prior period of Temporary Total Disablement unless the Insured Member has worked for at least 7 days between the 2 periods. For the purpose of this provision, the Excess Period specified in the Policy Certificate shall be calculated from the commencement of the Temporary Total Disablement in each Claim.

For the purpose of this Benefit only,

- (i) Temporary Total Disablement means the temporary and total inability of the Insured Member to engage in any occupation or any activity while he is under the regular care of, and acting in accordance with, the instructions or on the written advice from the treating Medical Practitioner and is confined to bed.
- (ii) Excess means the minimum amount/number of days for which the disablement shall persist for such Insured Member for a Claim to be admissible and for which no Claim shall be payable.

5. **Optional Extension 2 - Insured Event- Permanent Total Disablement Improvement**

We will pay the Sum Insured for any Injury resulting in Permanent Total Disablement (PTD) for which a Claim is payable under Benefit A2 of the Policy Terms & Conditions.

6. **Optional Extension 3 - Insured Event- Permanent Partial Disablement Improvement**

We will pay the Sum Insured for any Injury resulting in Permanent Partial Disablement (PPD) for which a Claim is payable under Benefit A3 of the Policy Terms & Conditions.

7. **Optional Extension 4 - Insured Event- Reconstructive Surgery**

If the Injury suffered by the Insured Member solely and directly requires the Insured Member's Hospitalization to undergo reconstructive surgery, then We will indemnify the Medical Expenses incurred on the reconstructive surgery at that Hospital, provided that:

- (a) We have admitted a Claim under Benefit A2 or A3; and
- (b) The Reconstructive Surgery is carried out on the written advice of a Medical Practitioner; and
- (c) The Reconstructive Surgery is carried out within 30 days of the occurrence of the Injury; and
- (d) The Reconstructive Surgery is required to restore the natural function or appearance.

8. **Optional Extension 5 - Insured Event- Accidental Hospitalization**

If the Injury suffered by the Insured Member solely and directly requires the Insured Member's Hospitalization, then We will indemnify the Medical Expenses incurred on Hospitalization, provided that:

- (a) The Hospitalization is on the written advice of a Medical Practitioner; and
- (b) The Hospitalization commences within 7 days of the occurrence of the Injury.

9. **Optional Extension 6 - Insured Event- Medical Extension**

If the Injury suffered by the Insured Member solely and directly requires the Insured Member's Hospitalization or Out Patient Treatment, then We will indemnify the Medical Expenses incurred in such Hospitalization or Out Patient Treatment, provided that:

- (a) The Hospitalization/Out Patient Treatment is on the written advice of a Medical Practitioner; and

(b) The Hospitalization/Out Patient Treatment commences within 7 days of the occurrence of the Injury.

10. Optional Extension 7 - Insured Event- Hospital Cash Allowance

If the Injury suffered by the Insured Member solely and directly requires the Insured Member's Hospitalization, then We will pay the amount specified in the Policy Certificate for each continuous and completed day of Hospitalization provided that:

- (a) The Hospitalization is on the written advice of a Medical Practitioner; and
- (b) Our liability under this Optional Extension shall commence only after the period of Hospitalization exceeds the minimum number of consecutive days of Hospitalization specified in the Policy Certificate; and
- (c) The Hospitalization commences within 7 days of the occurrence of the Injury.

11. Optional Extension 8 - Insured Event- Repatriation of Mortal Remains

We will pay the Sum Insured for the transportation of Insured Member's body from the place of death to the place of residence of the Insured Member provided that a Claim is payable under Benefit A1 of the Policy Terms & Conditions.

12. Optional Extension 9 - Insured Event- Funeral Expenses

We will pay the Sum Insured for conducting the funeral ceremony of the Insured Member provided that a Claim is payable under Benefit A1 of the Policy Terms & Conditions.

13. Optional Extension 10 - Insured Event- Ambulance Service

We will indemnify the expenses incurred for availing ambulance services, up to the Sum insured of this Optional Extension, as specified in the Policy Certificate, offered by a Hospital or an ambulance service provider for the Insured Member's necessary transportation the nearest Hospital in case of a life threatening emergency condition consequent to an Injury resulting in a Claim which is payable under Benefit A1 or A2 or A3 of the Policy Terms & Conditions provided that the treating Medical Practitioner certifies that the condition was a life threatening emergency condition

14. Optional Extension 11 - Insured Event- Children's Education

14.1 We will pay the Sum Insured towards the cost of education of one Child of the Insured Member provided that a Claim is payable under Benefit A1 or A2 of the Policy Terms & Conditions.

14.2 For the purposes of this Optional Extension only, "Child" means the biological child or legally adopted child of the Insured Member who is not more than Age twenty five (25) and who is unmarried.

15. Optional Extension 12 - Insured Event- Marriage Allowance

We will pay the Sum Insured for the cost of marriage of an unmarried son (only if above Age 21 on the date of the Injury) or daughter (only if above Age 18 on the date of the Injury) of the Insured Member, provided that a Claim is payable under Benefit A1 or A2 of the Policy Terms & Conditions.

16. Optional Extension 13 - Insured Event- Burns

16.1 If the Injury suffered by the Insured Member solely and directly results in any of the following second or third degree burn injuries, We will pay the amount specified in the table below:

Description of Extent of Burn Injury	Amount payable = % of the Sum Insured specified in the Policy Certificate against this Optional Extension
a) Third degree burns of 30% or more of the total body surface area	100%
b) Second degree burns of 30% or more of the total body surface area	50%
c) Third degree burns of 20% or more, but less than 30% of the total body surface area	80%
d) Second degree burns of 20% or more, but less than 30% of the total body surface area	40%
e) Third degree burns of 10% or more, but less than 20% of the total body surface area	40%
f) Second degree burns of 10% or more, but less than 20% of the total body surface area	20%
g) Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
h) Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

16.2 Specific conditions applicable to this Optional Extension only:

- (a) If an Injury results in more than one of the 'Descriptions of Extent of Burn Injury' above, then We will be liable to pay only for the highest amount applicable on all the 'Descriptions of Extent of Burn Injury' incurred.

17. Optional Extension 14 - Insured Event- Fracture

17.1 If the Injury suffered by the Insured Member solely and directly results in any of the following fractures during the Cover Period, We will pay the amount specified in the table below:

Sr. #	Description of Fracture	Amount payable = % of the Sum Insured specified in the Policy Certificate against this Optional Extension
1	Hip or Pelvis (excluding thigh or coccyx): Multiple fractures – At least one Compound Fracture and one Complete Fracture	100%
2	Hip or Pelvis (excluding thigh or coccyx) - All other Compound Fractures	50%
3	Thigh or Heel: Multiple fractures – At least one Compound Fracture and one Complete Fracture	100%
4	Thigh or Heel: Multiple fractures – At least one Complete Fracture	50%
5	Lower leg, skull, clavicle, ankle, elbows, upper or lower arm (including wrist but excluding Colles-type fractures): Multiple Fractures – At least one Compound Fracture and one Complete Fracture	100%
6	Lower leg, skull, clavicle, ankle, elbows, upper or lower arm (including wrist but excluding Colles-type fractures) :All other Compound Fractures	30%
7	Colles type fracture of the lower arm – If Compound Fracture	100%
8	Colles type fracture of the lower arm – If Complete Fracture	50%

17.2 Specific Conditions applicable to this Optional Extension only :

- (a) If an Injury results in more than one of the 'Description of Fractures' above, then We will be liable to pay only the highest amount applicable on all the 'Description of Fractures' incurred.
- (b) We shall not be liable to make any payment in respect of dislocation of bones or joints or in respect of Hairline Fractures or Simple Fractures.
- (c) If a Claim is made under this Optional Extension and osteoporosis is diagnosed at the time of occurrence of such fracture, no further claim will be admitted in respect of any subsequent fractures sustained by the Insured Member during the lifetime of the Insured Member.

17.3 For the purpose of this Optional Extension only:

- (a) Complete Fracture means a fracture where the bone is completely broken across and no connection is left between the pieces.
- (b) Compound Fracture means a fracture where the bone breaks the skin and is exposed.
- (c) Hairline Fracture means a mere crack in the bone.
- (d) Simple Fracture means a fracture in which there is a basic and uncomplicated break in the bone and which in the opinion of a Medical Practitioner requires minimal and uncomplicated medical treatment.

18. Optional Extension 15 - Insured Event- Home Modification

18.1 We will indemnify the reasonable expenses necessarily incurred for the reasonable and necessary modification of the Insured Member's normal place of residence, which facilitates his activities of daily living, consequent to an Injury resulting in a Claim which is payable under Benefit A2 of the Policy Terms & Conditions and provided that:

- (a) The expenses incurred shall not exceed the usual level of charges for similar alterations; and
- (b) The modifications are carried out in the locality where the expense is incurred; and
- (c) The modifications are for the exclusive benefit of the Insured Member; and
- (d) The modifications are carried out within three months from the Insured Member's discharge from the Hospital; and
- (e) The expenses are not related to repair of normal wear and tear or renovation.

19. Optional Extension 16 – Insured Event- Mobility Extension

- 19.1 We will indemnify the reasonable and customary charges necessarily incurred by the Insured Member, for procuring medically necessary prosthetic devices (artificial devices replacing body parts, including artificial legs, arms or eyes), orthopedic braces (including but not limited to arm, back or neck braces) and durable medical equipment (including but not limited to wheelchairs and Hospital beds) which fulfills the Insured Member's basic medical needs, consequent to an Injury for which a Claim is payable under Benefit A2 of the Policy Terms & Conditions and provided that such devices or equipment are procured on the written advice of a treating Medical Practitioner.
- 19.2 For the purpose of this Optional Extension only durable medical equipment or devices should satisfy at least the following conditions:
- (a) Rent amount must not exceed the allowable purchase price of the durable medical equipment.
 - (b) Spectacles, contact lenses, hearing aids, blood pressure monitoring machine and diabetes monitoring machine are not included in the list of durable medical equipment for the purpose of this Optional Extension.

20. Optional Extension 17 – Disappearance

If the Insured Member's body cannot be located within 365 days of a forced landing, stranding, sinking or wrecking of a Common Carrier wherein the Insured Member was travelling as a fare paying passenger or in any event arising as a result of any Acts of God Perils during the Policy Period, where it is reasonable to believe that such Insured Member has died as a result of an Injury, We will pay the amount payable under Benefit A1 to the Nominee or legal heir of the Insured Member.

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Prakash, 6th floor, Tilak Marg, Near S.V College Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 E-mail : bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building ,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman, LIC of India Zonal Office Building, 1st Floor, South Wing, Jeevan Shikha, opp. Gayatri Mandir, 60-B, Hoshangabad Road, Bhopal-462011 Tel.: 0755 - 2769201 / 2769202/ 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/ 2596429/ 2596003 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa
CHANDIGARH	Office of the Insurance Ombudsman, Jeevan Deep, Ground Floor, LIC of India Building, SCO 20-27, Sector 17-A, Chandigarh – 160 017. Tel.: 0172 – 2706468/ 2707468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
DELHI	Office of the Insurance Ombudsman, 2/2 A, 1st Floor, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481 / 23213504/ 46013992 Email: bimalokpal.delhi@cioins.co.in	Delhi, Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh Building, 5th Floor, Nr. Panbazar, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 – 2632204/ 2632205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122/ 23376599/ 23376991/ 23328709/ 23325325 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Ambedkar Circle Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@cioins.co.in	Rajasthan
KOCHI	Office of the Insurance Ombudsman, 10TH Floor, LIC Building, Jeevan Prakash Opp. Maharaj College Ground M. G. Road, Ernakulam - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe – a part of Pondicherry
KOLKATA	Office of the Insurance Ombudsman, 7th Floor of Hindusthan Bldg.(Annex), 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Andaman & Nicobar Islands, Sikkim
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 – 4002082/ 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz West, Mumbai - 400 054. Tel.: 022 –69038800/33 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
PATNA	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Baily Road, Patna Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
Noida	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120- 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan- LIC of India Bldg., 3rd Floor, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman are available on website of IRDAI: www.irda.gov.in, on the website of General Insurance Council: www.gicouncil.org.in, on the Company's website www.carehealthinsurance.com or from any of the Company's offices. Address and contact number of Executive Council of Insurers –

Office of the 'Executive Council of Insurers'

3rd Floor, Jeevan Seva Annexe,

S.V. Road, Santacruz(W),

Mumbai – 400 054.

Tel : 022-69038800/33

Email- inscoun@cioins.co.in



Care Health Insurance Limited

Registered Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019

Correspondence Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road,
Sector-43, Gurugram-122009 (Haryana)

CIN: U66000DL2007PLC161503 UIN: CHIPAGP25037V022425

IRDAI Registration Number - 148

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Care Health-
Customer App



WhatsApp
8860402452

Self Help Portal:

www.careinsurance.com/self-help-portal.html

Submit Your Queries/Requests:

www.careinsurance.com/contact-us.html