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HEALTH  
INSURANCE

**BEST**

HEALTH INSURANCE  
COMPANY IN RURAL SECTOR

**CLAIMS  
SERVICE**

LEADER OF THE YEAR

INDIA INSURANCE SUMMIT & AWARDS 2024



secure

Personal Accident Cover

**Customer Information Sheet**

## Customer Information Sheet

This document provides key information about your policy. You are also advised to go through your policy document.

Title	Description (Please refer to the applicable Policy Clause number in next column)						Policy Clause Number
Name of the Insurance Product /Policy	Secure						
Policy Number							
Type of the Insurance Product /Policy	Both Indemnity and Benefit						
Sum Insured (Basis) (Along with amount)	· Individual basis - Sum Insured : 1L to 25 crores (basis on plan opted)						
Policy Coverage (What the policy covers?) (Policy Clause Number/s)							
Plan	Secure 1	Secure 2	Secure 3	Secure 4	Secure 5	Secure 6	
Benefit Description / Sum Insured	1 Lac to 10 Lac	Above 10 Lac up to 30 Lac	Above 30 Lac up to 3 Crore	Above 3 Crore up to 25 Crore	1 Lac to 30 Lac	1 Lac to 25 Crore	
Accidental Death – We shall pay the Sum Insured in case of death of the Insured Person on account of any Accident / Injury during the Policy Period or within twelve calendar months from the date of occurrence of such Accident / Injury which occurred during Policy Period.	100% of Sum Insured	100% of Sum Insured	100% of Sum Insured	100% of Sum Insured	100% of Sum Insured	100% of Sum Insured	Clause 2.1
Permanent Total Disablement (PTD) – We shall pay up to an amount as chosen by the Policyholder, in case of any permanent total disablement of the Insured Person on account of any Accident / Injury during the Policy Period or within 12 calendar months from the date of occurrence of such Accident / Injury which occurred during Policy Period.	The payout of the Sum Insured shall be as per 'PTD Table'					✕	Clause 2.2
Permanent Partial Disablement (PPD) – We shall pay up to an amount as chosen by the Policyholder, in case Insured Person suffers Permanent Partial Disablement on account of any Accident / Injury which occurred during the Policy Period or within twelve calendar months from the date of occurrence of such Accident / Injury which occurred during Policy Period.	The payout of the Sum Insured shall be as per 'PPD Table'					✕	Clause 2.3
Fractures – We will pay up to an amount as chosen by the Policyholder, as per 'Fractures Table' below in case the Insured Person suffers any Injury during the Policy Period resulting into any of the fractures.	Sub-limit of Rs. 50,000	Sub-limit of Rs. 1,00,000	Sub-limit of Rs. 2,00,000	Sub-limit of Rs. 3,00,000	✕	✕	Clause 2.4
Child Education – We will pay an amount as chosen by the Policyholder, towards the education of the Insured Person's Child in case We pay a Claim under Benefit 1 or Benefit 2.	✕	10% of Sum Insured	10% of Sum Insured	10% of Sum Insured	✕	✕	Clause 2.5

<b>Major Diagnostic Tests</b> – We will reimburse the expenses incurred (up to an amount as chosen by the Policyholder) for carrying out any major diagnostic tests like CT Scan, MRI, etc. consequent to an Injury resulting in a Claim which is payable under Benefit 1 or Benefit 2 or Benefit 3, if these tests are undertaken on the written advice of a Medical Practitioner and are conducted within 3 months of occurrence of the Injury.	✕	Up to Rs. 15,000	Up to Rs. 25,000	Up to Rs. 50,000	✕	✕	Clause 2.6
<b>Disappearance</b> – In case the Insured Person's body cannot be located within 1 year after a forced landing, stranding, sinking or wrecking of a Common Carrier or in any event arising as a result of any Acts of God perils during the Policy Period and it can be reasonably concluded that such Insured Person has died as a result of such Accident, We will pay the Sum Insured (as chosen by the Policyholder) admitting the Claim under Benefit 1.	✕	100% of SI	100% of SI	100% of SI	✕	✕	Clause 2.7
<b>Mobility Cover</b> – We will reimburse the expenses incurred (up to an amount as chosen by the Policyholder) for procuring medically necessary prosthetic devices, Orthopaedic braces and durable medical equipment to assist the Insured Person's basic medical needs, consequent to an Accident / Injury. The expenses under this Benefit shall be paid only if the Claim is paid under Benefit 2 and such devices or equipment is procured on the written advice of a treating Medical Practitioner.	✕	Up to Rs. 15,000	Up to Rs. 25,000	Up to Rs. 50,000	✕	✕	Clause 2.8
<b>Burns</b> – If the Injury suffered by the Insured Person solely and directly results in any second or third degree burn injuries, We will pay up to an amount as chosen by the Policyholder, as per 'Burns' table.	✕	Sub-limit of Rs. 10,00,000	Sub-limit of Rs. 20,00,000	Sub-limit of Rs. 25,00,000	✕	✕	Clause 2.9
<b>Domestic Road Ambulance</b> – If a Claim for any event under Benefit 1 or Benefit 2 or Benefit 3 or Benefit 4 or Benefit 9 or Optional Cover 1 or Optional Cover 4 or Optional Cover 6 or Optional Cover 9 of the Policy has been admitted, We will indemnify up to the specified amount as chosen by the Policyholder, in addition to any amount payable under that Benefit / Optional Cover, for the reasonable expenses incurred (which are Medically Necessary) on availing Ambulance services, for the Insured Person's necessary transportation to the nearest Hospital in case of an Emergency.	✕	✕	Up to Rs. 5,000		✕	✕	Clause 2.10
<b>Nursing Care</b> – We will pay for the expenses incurred (up to an amount as chosen by the Policyholder) towards hiring a Qualified Nurse with the purpose of providing care and convenience to the Insured Person to perform his daily activities consequent to any Accident / Injury resulting in Permanent Total Disablement / Permanent Partial Disablement, which facilitate his activities of daily living and are recommended by a Medical Practitioner in writing.	✕	✕	Rs. 1,000 per day, Max for 15 days per Claim	Rs. 1,500 per day, Max for 15 days per Claim	✕	✕	Clause 2.11
<b>Reconstructive Surgery</b> – In case the Insured Person is required to undergo reconstructive surgery consequent to any Accident / Injury, We will reimburse the Medical Expenses incurred (up to an amount as chosen by the Policyholder) on such reconstructive surgery at a Hospital only if the surgery is carried out within 30 days of Accident / Injury and We have admitted a Claim under Benefit 2 or Benefit 3.	✕	✕	Up to Rs. 10,00,000	Up to Rs. 20,00,000	✕	✕	Clause 2.12

<b>Repatriation of Mortal Remains</b> – We will pay up to an amount as chosen by the Policyholder, for the transportation of Insured Person's body from the place of death to the city of last known address of the Insured Person as per Our records or as per the request of the Insured Person's family only if a Claim is payable under Benefit 1.	✕	✕	2% of the Sum Insured or Max Rs. 1,00,000; whichever is lower		✕	✕	Clause 2.13
<b>Loyalty Benefit</b> – For each continuous and completed Policy Year, on subsequent renewal, We will enhance the Coverage amount pertaining to last Policy Year, of Benefit 1, Benefit 2 and Benefit 3, by flat 5% of the Sum Insured, on a cumulative basis, as a Loyalty Bonus; Max. Increase up to 50% of Sum Insured.	Per Policy Year 5% increase in Sum Insured (of Benefit - 1 / Benefit - 2 / Benefit - 3), Max. Increase up to 50% of Sum Insured	Per Policy Year 5% increase in Sum Insured (of Benefit - 1 / Benefit - 2 / Benefit - 3), Max. Increase up to 50% of Sum Insured	Per Policy Year 5% increase in Sum Insured (of Benefit - 1 / Benefit - 2 / Benefit - 3), Max. Increase up to 50% of Sum Insured	Per Policy Year 5% increase in Sum Insured (of Benefit - 1 / Benefit - 2 / Benefit - 3), Max. Increase up to 50% of Sum Insured	Per Policy Year 5% increase in Sum Insured (of Benefit - 1 / Benefit - 2 / Benefit - 3), Max. Increase up to 50% of Sum Insured	✕	Clause 2.14
<b>Optional Covers</b>							
<b>Optional Cover 1 : Accidental Hospitalization</b> – This Optional Cover aims at providing coverage for three sub-benefits as explained	Up to Rs. 1,00,000	Up to Rs. 1,00,000	Up to Rs. 5,00,000	Up to Rs. 10,00,000	Up to Rs. 1,00,000	- Up to Rs. 1Lac for SI up to 30 Lac;  - Up to Rs. 5Lac for SI above 30 Lac up to 3 Crore;  Up to Rs. 10 Lac for SI above 3 Crore	Clause 2.15
<b>a) Hospitalization Expenses</b> – We will reimburse the Medical Expenses, up to a specified amount, incurred at a Hospital consequent to any Injury suffered by an Insured Person and undergoes In-patient Care Treatment or Day Care Treatment.							
<b>(b) Daily Allowance</b> – We will pay you a lump sum amount per day for each completed day of your Medically Necessary hospitalization up to a maximum of 5 days per Accidental Hospitalization subject to a deductible of 2 days. The payment shall be made only in case the In-Patient Hospitalization Expenses are payable.	Rs. 500 per day, Max for 5 days, with a deductible of 2 days	Rs. 500 per day, Max for 5 days, with a deductible of 2 days	Rs. 500 per day, Max for 5 days, with a deductible of 2 days	Rs. 500 per day, Max for 5 days, with a deductible of 2 days	Rs. 500 per day, Max for 5 days, with a deductible of 2 days	Rs. 500 per day, Max for 5 days, with a deductible of 2 days	
<b>(c) Compassionate visit</b> – In case an Insured Person is hospitalized for treatment of any Injury, We will reimburse the reasonable expenses incurred by an Immediate Family Member, towards the cost of economy class air ticket or equivalent, from the city of normal residence to the place of that Insured Person's Hospitalization, provided that such hospitalization is within 3 days from the occurrence of the Injury and the hospitalization is required for a minimum period of 5 consecutive days.	Up to Rs. 15,000	Up to Rs. 15,000	Up to Rs. 25,000	Up to Rs. 50,000	Up to Rs. 15,000	- Up to Rs. 15,000 for SI up to 30 Lac;  - Up to Rs. 25,000 for SI above 30 Lac up to 3 Crore;  Up to Rs. 50,000 for SI above 3 Crore	
<b>Optional Cover 2</b>	Up to Rs. 25 Crore (The Coverage amount under this Optional Cover is over and above the amount payable under Benefit 2 'Permanent Total Disablement')						Clause 2.16
<b>Permanent Total Disablement Improvement</b> – We will pay as per PTD table of benefits, in the event of permanent total disablement of the Insured Person due to an Accident within the Policy Period or within 12 months thereafter.							

<b>Optional Cover 3</b>  <b>Permanent Partial Disablement Improvement</b> – We will pay as per PPD table of benefits, in the event of permanent partial disablement of the Insured Person due to an Accident within the Policy Period or within 12 months thereafter	<p style="text-align: center;">Up to Rs. 25 Crore (The Coverage amount under this Optional Cover is over and above the amount payable under Benefit 3 'Permanent Partial Disablement')</p>						<p style="text-align: right;">Clause 2.17</p>
<b>Optional Cover 4</b>  <b>Accidental Hospitalization Expenses</b> – We will reimburse the Medical Expenses, up to a specified amount, as chosen by the Policyholder, incurred at a Hospital consequent to any Injury suffered by an Insured Person and undergoes In-patient Care Treatment or Day Care Treatment. The amount assessed by Us under this Benefit shall be reduced by the specified Deductible amount, as chosen by the Policyholder	<p style="text-align: center;"><b>Coverage amount Options</b> (in Rs.): 5,000 / 10,000 / 25,000 / 50,000 / 75,000 / 1,00,000 / 2,00,000 / 3,00,000 / 4,00,000 / 5,00,000 / 7,00,000 / 10,00,000</p> <p style="text-align: center;"><b>Deductible in amount Options:</b> 0 to Rs. 25,000 (in multiples of 5,000)</p>						<p style="text-align: right;">Clause 2.18</p>
<b>Optional Cover 5</b>  <b>Convalescence Benefit</b> – If an Insured Person suffers an Injury and undergoes Medically Necessary Hospitalization for a minimum specified period of days, We will pay a lump sum amount, as chosen by the Policyholder. This Benefit will be payable for a maximum of 3 times / 6 times in a Policy Year (for different injury causing events leading to Hospitalization), as chosen by the Policyholder.	<p style="text-align: center;"><b>- Coverage Amount Options:</b> From Rs 1,000 to Rs 1,00,000 (in multiples of 1,000)</p> <p style="text-align: center;"><b>- Deductible in Days Options:</b> 5 or 10 days</p>						<p style="text-align: right;">Clause 2.19</p>
<b>Optional Cover 6</b>  <b>Accidental Hospitalization Daily Allowance</b> – If an Insured Person suffers an Injury and undergoes Medically Necessary In-Patient Hospitalization for a minimum specified period of days, We will pay an amount, as chosen by the Policyholder, for each continuous and completed period of 24 hours of Hospitalization of the Insured Person, provided that Our liability is confined up to a maximum number of days, as chosen by the Policyholder.	<p style="text-align: center;"><b>- Coverage amount per Day Options:</b> From Rs 100 to Rs 10,000 (in multiples of 100)</p> <p style="text-align: center;"><b>- Deductible in Days Options:</b> 0 to 5 days</p> <p style="text-align: center;"><b>Options for Max. payable Duration:</b> 1 to 15 days and 20 / 25 / 30 days</p>						<p style="text-align: right;">Clause 2.20</p>
<b>Optional Cover 7</b>  <b>Temporary Total Disablement (TTD)</b> – If an Insured Person suffers an Accident during the Policy Period which is the sole and direct cause of a temporary disablement which completely prevents that Insured Person from performing each and every duty pertaining to his employment or occupation, then We will pay specified amount, for each continuous and completed week of the Insured Person's Temporary Total Disablement; For a single Claim, Max. Duration till which benefit will be payable is 100 weeks from the date of the Accident and if the Insured Person is disabled for a part of a week, then only a proportionate part of the weekly benefit will be payable. Our liability to make payment under this Optional Cover shall commence only upon completion of the period of Deductible on number of weeks, as chosen by the Policyholder.	Rs 5,000 per week	Rs 10,000 per week	Rs 20,000 per week	Rs 30,000 per week	Rs 5,000 per week	✖	<p style="text-align: right;">Clause 2.21</p>
	<p style="text-align: center;">In any case, maximum payable amount will not exceed the base weekly income of Insured Person; Deductible Options available: No Deductible or 1 week Deductible</p>						

<p><b>Optional Cover 8</b></p> <p><b>Accidental OPD Cover</b> – If an Insured Person suffers an Injury during the Policy Period, that requires the Insured Person to take an OPD treatment, then We will indemnify the Insured Person, for the Medical expenses incurred up to the amount as chosen by the Policyholder. The amount assessed by Us on each admitted Claim for the Insured Person under this Optional Cover shall be offered by a Deductible amount as chosen by the Policyholder. After the applicable Deductible, a specified Co-payment (as chosen by the Policyholder) shall be applicable to each and every Claim made.</p>	<ul style="list-style-type: none"> <li>- <b>Coverage amount Options:</b> 500 / 1000 / 2000 / 3000 / 5000</li> <li>- <b>Deductible in amount Options:</b> 100 / 500 / 1000</li> <li>- <b>Co-payment Options:</b> 0%/20% / 30% / 50%</li> <li>- Re-imbbursement towards claims incurred in a policy year can be claimed only twice during that policy year Admissible up to 4 consultations (or diagnostics), for the same 'Injury causing event'</li> </ul>	<p>Clause 2.22</p>
<p><b>Optional Cover 9</b></p> <p><b>Common Carrier Mishap Cover</b> – If the Insured Person suffers an Accident during the Policy Period which results in Accidental Death (or Permanent Total Disablement, if Benefit 2 is offered in the plan), within 12 months of such Injury sustained which is lead solely and directly due to an Accident, occurred during the Policy Period, whilst mounting into or dismounting from or travelling in a Common Carrier on a valid ticket, We will pay additional 100% of the Sum Insured of Benefit 1 (or Benefit 2, if applicable).</p>	<p>Pays additional 100% of the Sum Insured of Benefit 1 or Benefit 2, in case the Insured Person suffers an Injury which results in Accidental Death or Permanent Total Disablement, whilst travelling in a Common Carrier</p> <p>Note: In case of an Insured Event, where only 50% of Sum Insured is payable, We will pay an additional 50% of Sum Insured under this Optional Cover</p>	<p>Clause 2.23</p>
<p><b>Optional Cover 10</b></p> <p><b>Temporary Total Disablement Plus</b> –If an Insured Person suffers an Accident during the Policy Period which is the sole and direct cause of a temporary disablement which completely prevents that Insured Person from performing each and every duty pertaining to his employment or occupation, then the Company will pay a specified percentage of Sum Insured as a weekly benefit subject to deductible.</p>	<p>1% of SI per week, maximum 100 weeks, maximum up to 50 lac or</p> <p>2% of SI per week, maximum 100 weeks, maximum up to 1 Cr</p> <p>Deductible Options available: No Deductible / 1 week Deductible / 2 week Deductible</p> <p>Maximum payable amount will not exceed the weekly income of Insured Person</p>	<p>Clause 2.24</p>
<p><b>Exclusions (What the policy does not cover )</b></p>		
<p><b>Permanent Exclusions</b></p> <p><b>(a) Exclusions applicable to all the Benefits and Optional Covers:</b></p> <p>Any Claim in respect of any Insured Person for, 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:</p> <ul style="list-style-type: none"> <li>(i) Any Illness including any pre-existing condition or its complications except where an Insured Event under general conditions applicable to all Benefits resulting from an illness which arises directly as a consequence of an Injury sustained during the Policy Period;</li> <li>(ii) Any pre-existing injury or disability;</li> <li>(iii) The Insured Person operating or learning to operate any aircraft or performing duties as a member of a crew on any aircraft or Scheduled Airline or any airline personnel;</li> <li>(iv) The Insured Person flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;</li> <li>(v) Any intentional self-inflicted injury, suicide or attempted suicide, sexually transmitted conditions, mental or nervous conditions, insanity, disorder or depression;</li> <li>(vi) Influence of drugs , alcohols or other intoxications or hallucinogens;</li> <li>(vii) War (whether declared or not) and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrection, mutiny, military or usurped power, seizure, capture , arrest, restraints and detentions of all kinds; Insured event occurring in a civilian nation (Please refer to Annexure III for list of Civilian nations);</li> <li>(viii) Participation in actual or attempted felony, riots, civil commotion or criminal misdemeanour;</li> </ul>		<p>Clause 3</p>

- (ix) 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 diseases;
- (x) The Insured Person engaging in sporting activities in so far as they involve the training for or participation in competitions of professional sports, unless declared beforehand and agreed by the Company in writing subject to additional premium being received and incorporated accordingly in the Policy;
- (xi) Any act resulting in breach of law committed by the Insured Person with a criminal intent;
- (xii) The Insured Person serving in any branch of the military, navy or air-force or any branch of armed Forces or any paramilitary forces;
- (xiii) Radioactive contamination whether arising directly or indirectly or any consequential loss thereof, ionizing radiation, toxic, explosive or other hazardous properties of nuclear material;
- (xiv) The Insured Person working in or with mines, tunnelling or explosives or involving electrical installation with high tension supply or conveyance testing or oil rigs work or ship crew services or as jockeys or circus personnel or aerial photography or engaged in Hazardous Activities;
- (xv) 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 means 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 means 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 means 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 synthesised toxins) which are capable of causing incapacitating disablement or death.
- (xvi) Impairment of the Insured Person's intellectual faculties by abuse of stimulants or depressants or by the illegal use of any solid, liquid or gaseous substance.
- (xvii) Any claim related to Hazardous Activities. Persons whilst working with in underground mines or surface mining, explosives, press, activities like racing on wheels or horseback, winter sports, canoeing involving white water rapids, any bodily contact sport.
- (xviii) External Congenital Anomaly or any complications or conditions arising therefrom.
- (xix) Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
- (xx) Treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Person's family.
- (xxi) Any change of profession after inception of the Policy which results in the enhancement of the Company's risk, if not accepted and endorsed by the Company on the policy schedule.
- (xxii) As a result of any curative treatments or interventions that the Insured Person has carried out or have carried out on the Insured Person's body.
- (xxiii) Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy.
- (xxiv) Claim arising out of mental illness, psychiatric or psychological disorders.
- (xxv) Any other exclusion as specified in the policy schedule.

**(b) Additional Exclusions applicable to Optional Covers related to Hospitalization occurring due to Injury:**

- (i) Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV-III or HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.

<p>(ii) Any treatment arising from or traceable to any fertility, infertility, sub fertility or assisted conception procedure or sterilization, birth control procedures, hormone replacement therapy, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.</p> <p>(iii) Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.</p> <p>(iv) Experimental, investigational or unproven treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment.</p> <p>(v) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implants.</p> <p>(vi) Any treatment related to sleep disorder or sleep apnea syndrome, general debility convalescence, cure, rest cure, health hydros, nature cure clinics, sanatorium treatment, Rehabilitation measures, private duty nursing, respite care, long-term nursing care, custodial care or any treatment in an establishment that is not a Hospital.</p> <p>(vii) All expenses related to donor screening, treatment, including surgery to remove organs from the donor, in case of transplant surgery.</p> <p>(viii) Alternative Treatment.</p> <p>(ix) OPD treatment.</p> <p>(x) Treatment received outside India.</p> <p>(xi) Charges incurred at Hospital primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, for which In-patient Care/ Day Care Treatment is required.</p> <p>(xii) Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.</p> <p>(xiii) Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.</p> <p>(xiv) Expenses related to any kind of RMO charges, service charge, surcharge, admission fees, registration fees, night charges levied by the hospital under whatever head.</p> <p>(xv) Any Hospitalization primarily for investigation and / or diagnosis purpose.</p> <p>(xvi) Treatment taken in Black Listed Hospitals (as per Annexure V) except in case of emergency Hospitalization.</p>		
<b>Waiting Period</b>		
· Time period during which specified diseases/treatments are not covered	No Waiting Period is applicable in this product unless specified under any benefit.	
· It is counted from the beginning of the policy coverage.		
<b>Financial limits of coverage</b>	In case of a claim , this policy requires you to share the following	
i. <b>sub-limit</b> (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	Under Optional Cover 1 'Accidental Hospitalization' sub-Benefit 'Daily Allowance', has a deductible of 2 days	Clause 2.15.2
ii. <b>Co-payment</b> (It is a specified amount / percentage of the admissible claim amount to be paid by policyholder/ insured)	Under Optional Cover 4 'Accidental Hospitalization Expenses', a Deductible of Up to Rs. 25,000 (in multiples of 5,000) can be opted	Clause 2.18
	Under Optional Cover 5 'Convalescence Benefit', a Deductible of 5 or 10 days is applicable	Clause 2.19
iii. <b>Deductible</b> (It is a specified amount : - up to which an insurance company will not	Under Optional Cover 6 'Accidental Hospitalization Daily Allowance', a Deductible of up to 5 days is applicable	Clause 2.20



pay any claim , and - which will be deducted from total claim amount is more than the specified amount) iv. Any other limit (as applicable)	Under Optional Cover 7 'Temporary Total Disablement (TTD)', a Deductible of 1 week can be opted	Clause 2.21
	Under Optional Cover 8 'Accidental OPD Cover', a Deductible of Rs. 100 / Rs. 500 / Rs. 1000 is applicable	Clause 2.22
	Under Optional Cover 8 'Accidental OPD Cover', a Co-payment of 0%/20% / 30% / 50% is applicable	Clause 2.22
	Under Optional Cover 10 'Temporary Total Disablement(TTD) Plus', a Deductible of 1 week / 2 week can be opted	Clause 2.24
<b>Claims/ Claims Procedure</b>	<p>Claim under this Policy would be processed or settled through reimbursement mode, except for Hospitalization incurred due to an Accident, which can be processed through Cashless Facility as well, at any of the Company's Network Provider.</p> <p>Under reimbursement, all the information and documentation specified in Policy Terms &amp; Conditions shall be submitted to the Company at Insured Person's own expense, immediately and in any event within 30 days of Insured Person's discharge from Hospital or completion of treatment or date of loss, whichever is later.</p> <p><b>Claim intimation</b> : If any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, the Company shall be notified with full particulars within 48 hours from the date of occurrence of event or before the Insured Person's discharge from Hospital</p> <p><b>Turn Around Time (TAT)</b> for claims settlement :</p> <ol style="list-style-type: none"> <li>TAT for preauthorization of cashless facility: 1 hours</li> <li>TAT for cashless final bill authorization : 3 hours Web link (<a href="https://www.careinsurance.com/rhcl/claim/login">https://www.careinsurance.com/rhcl/claim/login</a>) for following :             <ol style="list-style-type: none"> <li>Network hospital details</li> <li>Helpline number</li> <li>Hospitals which are blacklisted or from where no claims will be accepted by insurer</li> <li>Downloading/getting claim form</li> </ol> </li> </ol>	Clause 5
<b>Policy Servicing</b>	<ol style="list-style-type: none"> <li>Call center number of the insurer - whatsapp number: 8860402452</li> <li>Details of Company officials - Customer Service Care Health Insurance Limited , Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector- 43, Gurugram – 122009</li> </ol>	
<b>Grievances/Complaints</b>	<p>In case of any grievance the Insured Person may contact the Company through Website/link: <a href="https://www.careinsurance.com/customer-grievance-redressal.html">https://www.careinsurance.com/customer-grievance-redressal.html</a> Mobile App : Care Health- Customer App Toll free (whatsapp number): 8860402452 Courier: Any of Company's Branch Office or corporate office</p> <p>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. <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a> Grievance may also be lodged at IRDAI integrated Grievance Management System - <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></p>	Clause 6.19

Things to remember	<p><b>Free Look cancellation:</b> You may cancel the insurance policy if you do not want it, within 30 days from the receipt of the Policy document.</p> <p>For free look cancellation process reach us:</p> <ul style="list-style-type: none"> <li>· Care Health- Customer App</li> <li>· WhatsApp number – 8860402452</li> <li>· Self Help Portal - <a href="https://www.careinsurance.com/self-help-portal.html">https://www.careinsurance.com/self-help-portal.html</a></li> <li>· Submit Your Queries/ Requests - <a href="https://www.careinsurance.com/contact-us.html">https://www.careinsurance.com/contact-us.html</a></li> </ul>	Clause 6.7
	<p><b>Policy renewal:</b> Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of the policy shall not be denied, provided the policy is not withdrawn.</p>	Clause 6.10
	<p><b>Change in Sum Insured:</b> Sum Insured can be changed (increased/ decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh <b>only for the enhanced portion of the sum insured.</b></p>	Clause 6.10 (f)
Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of other material information during the policy period.</p> <p><b>Disclosure of Information</b> -The Policy shall be void and all premium paid thereon shall be forfeited to the Company or the Company may also adjust the scope of cover and / or the premium paid or payable in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.</p> <p><b>Material Change</b> - It is a condition precedent to the Company's liability under the Policy that the Policyholder/ Insured Person shall immediately notify the Company in writing of any material change in the risk on account of change in occupation or business of any Insured Person at his own expense. The Company may adjust the scope of cover and / or the premium paid or payable, accordingly.</p>	Clause 6.1 & 6.3

Note:

- I. For the product terms and conditions and other documents, including CIS , please refer the web link : <https://www.careinsurance.com/rhcl/login/register>
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.
- iii. **Insurer to take confirmation of the policyholder regarding receiving of the Customer Information Sheet.**