

care

HEALTH[®]
INSURANCE

BEST

HEALTH INSURANCE
COMPANY IN RURAL SECTOR

**CLAIMS
SERVICE**

LEADER OF THE YEAR

INDIA INSURANCE SUMMIT & AWARDS 2024



secureTM

Personal Accident Cover

*The company was awarded 'Claims Service Leader of the Year' & 'Best Health Insurance Company in Rural Sector' awards at the India Insurance Summit & Awards 2024 in March 2024.

Know Your Policy Better

Policy Terms and Conditions

Preamble

The proposal and declaration given by the proposer and other documents if any shall form the basis of this Contract and is deemed to be incorporated herein. The two parties to this contract are the Policy Holder / Insured / Insured Persons (also referred as You) and Care Health Insurance Ltd. (also referred as We/Us), and all the Provisions of Indian Contract Act, 1872, shall hold good in this regard. The 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. The sentence construction and wordings in the Policy documents should be taken in its true sense and should not be taken in a way so as to take advantage of the Company by filing a claim which deviates from the purpose of Insurance.

1. Definitions

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, IRDAI 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.

- 1.1. Accident/Accidental** is 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 Person as 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 the person requiring medical attention.
- 1.5. Annexure** means a document attached and marked as an Annexure to this Policy.
- 1.6. Any One Illness** (not applicable for Travel and Personal Accident) means a continuous period of Illness and it includes relapse within 45 days from the

date of last consultation with the Hospital/nursing home where the treatment was taken.

- 1.7. Cashless Facility** means a facility extended by the insurer to the Insured where the payments, of the costs of treatment undergone by the Insured in accordance with the Policy terms and conditions, are directly made to the Network Provider by the insurer to the extent pre-authorization is approved.
- 1.8. Claim** means a demand made in accordance with the terms and conditions of the Policy for payment of the specified Benefits in respect of the Insured Person.
- 1.9. Claimant** means a person who possesses a relevant and valid Insurance Policy which is issued by the Company and is eligible to file a Claim in the event of a covered loss.
- 1.10. Common Carrier** means any civilian land or water conveyance or scheduled aircraft operated under a valid license for the transportation of fare paying passengers under a valid ticket.
- 1.11. Company** (also referred as We/Us) means Care Health Insurance Limited.
- 1.12. Condition Precedent** shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
- 1.13. Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - i. Internal Congenital Anomaly**
Congenital anomaly which is not in the visible and accessible parts of the body
 - ii. External Congenital Anomaly**
Congenital anomaly which is in the visible and accessible parts of the body
- 1.14. Co-Payment** is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.
- 1.15. Cumulative Bonus** shall mean any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
- 1.16. Day Care Centre** means any institution established for day care treatment of illness and/ or injuries 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-

- i. has qualified nursing staff under its employment;
- ii. has qualified Medical Practitioner/s in charge;
- iii. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

1.17. Day Care Treatment refers to medical treatment and/or a surgical procedure which is:

- i. undertaken under general or local anesthesia in a Hospital/Day Care Center in less than 24 hours because of technological advancement, and
- ii. which would have otherwise required Hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

1.18. Deductible is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

1.19. Dental Treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

1.20. Disclosure to Information Norm states that the Policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

1.21. Domiciliary Hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:

- i. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or

ii. The patient takes treatment at home on account of non-availability of room in a Hospital.

1.22. Diagnosis means pathological conclusion drawn by a registered medical practitioner, supported by acceptable Clinical, radiological, histological, histo-pathological and laboratory evidence wherever applicable.

1.23. Emergency Care (Emergency) means management for an Illness or Injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

1.24. 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.

1.25. Hazardous Activities means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained or not. Such sport/activity includes stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/obstacle riding, bobsleighing/ using skeletons, bouldering, boxing, canyoning, caving/ pot holing, cave 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 or wrestling of any type.

1.26. Hospital (not applicable for Overseas Travel Insurance) 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 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 makes these accessible to the insurance company's authorized personnel.

1.27. Hospitalization (not applicable for Overseas Travel Insurance) means admission in a Hospital for a minimum period of 24 consecutive In-patient Care hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

1.28. ICU Charges (Intensive Care Unit Charges) means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

1.29. Indemnity/Indemnify means compensating the Policy Holder/Insured Person up to the extent of Expenses incurred, on occurrence of an event which results in a financial loss and is covered as the subject matter of the Insurance Cover.

1.30. Illness means a sickness or a disease or a pathological condition leading to the impairment of normal physiological function and requires medical treatment.

a) Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

b) Chronic Condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

1. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests;

2. It needs ongoing or long-term control or relief of symptoms;
 3. It requires rehabilitation for the Patient or for the Patient to be specially trained to cope with it;
 4. It continues indefinitely;
 5. It recurs or is likely to recur.
- 1.31. 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.
- 1.32. In-patient Care** (not applicable for Overseas Travel Insurance) means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- 1.33. Insured Event** means an event that is covered under the Policy and which is in accordance with the Policy Terms & Conditions.
- 1.34. Insured Person (Insured)** means a person whose name specifically appears under Insured in the Policy Schedule and with respect to whom the premium has been received by the Company.
- 1.35. 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.
- 1.36. Maternity expenses** means
- i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
 - ii. expenses towards lawful medical termination of pregnancy during the Policy Period.
- 1.37. Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow-up prescription.
- 1.38. Medical Expenses** means those expenses that an Insured Person 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 Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.

- 1.39. Medical Practitioner (not applicable for Overseas Travel Insurance)** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.
- 1.40. Medically Necessary Treatment (not applicable for Overseas Travel Insurance)** means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:
- i. Is required for the medical management of the Illness or Injury suffered by the Insured;
 - ii. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - iii. Must have been prescribed by a Medical Practitioner;
 - iv. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 1.41. Network Provider (not applicable for Overseas Travel Insurance)** means the Hospitals enlisted by an insurer, TPA or jointly by an insurer and TPA to provide medical services to an Insured by a Cashless Facility.
- 1.42. Newborn baby** means baby born during the Policy Period and is aged up to 90 days.
- 1.43. Non-Network Provider** means any hospital, day care centre or other provider that is not part of the network.
- 1.44. Notification of Claim** is the process of intimating a Claim to the insurer or TPA through any of the recognized modes of communication.
- 1.45. OPD Treatment** is one in which the Insured visits a clinic/ Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or In-patient.
- 1.46. Policy** means these Policy terms and conditions and Annexures thereto, the Proposal Form, Policy Schedule and Optional Cover (if applicable) which

form part of the Policy and shall be read together.

- 1.47. Policy Schedule** means the certificate attached to and forming part of this Policy.
- 1.48. Policyholder (also referred as You)** means the person named in the Policy Schedule as the Policyholder.
- 1.49. Policy Period** means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date as specified in the Policy Schedule.
- 1.50. Policy Period End Date** means the date on which the Policy expires, as specified in the Policy Schedule.
- 1.51. Policy Period Start Date** means the date on which the Policy commences, as specified in the Policy Schedule.
- 1.52. Policy Year** means a period of 12 consecutive months commencing from the Policy Period Start Date or any anniversary thereof.
- 1.53. Post-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the Hospital provided that:
- i. Such Medical Expenses are for the same condition for which the Insured Person's Hospitalization was required and
 - ii. The inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company
- 1.54. Pre-existing Disease (PED)** 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.
- 1.55. Pre-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that :
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - ii. The In-patient Hospitalization claim for such Hospitalization is

admissible by the Company.

- 1.56. **Qualified Nurse (not applicable for Overseas Travel Insurance)** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- 1.57. **Reasonable and Customary Charges(not applicable for Overseas Travel Insurance)** 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.
- 1.58. **Rehabilitation** means assisting an Insured Person who, following a Medical Condition, requires assistance in physical, vocational, independent living and educational pursuits to restore him to the position in which he was in, prior to such medical condition occurring.
- 1.59. **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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
- 1.60. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include associated Medical Expenses.
- 1.61. **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.
- 1.62. **Subrogation (Applicable to other than Health Policies and health sections of Travel and PA policies)** shall mean the right of the insurer to assume the rights of the Insured Person to recover expenses paid out under the Policy that may be recovered from any other source.
- 1.63. **Sum Insured** means the amount specified in the Policy Schedule, for which premium is paid by the Policyholder.
- 1.64. **Surgery/Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering or prolongation of life, performed in a Hospital or a Day Care Centre by a Medical Practitioner.

1.65. Unproven/ Experimental Treatment means a treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

1.66. Primary Insured Person means the person named as the policyholder in the Policy Schedule who is also covered under the Policy and responsible for paying premiums.

The following definitions are redefined which supersedes those respective definitions mentioned above, for Benefits and Optional Covers effective out of India:

1.67. Medical Practitioner means a person who holds a valid registration issued by the Medical Council/Statutory Regulatory Authority for Medical Education in that Country and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

1.68. Qualified Nurse means a person who holds a valid registration issued by the Nursing Council/ Statutory Regulatory Authority for Medical Education in that Country and thereby entitled to render Nursing Care within the scope and jurisdiction of license.

1.69. Unproven/ Experimental Treatment means a treatment including drug experimental therapy which is not based on established medical practice, is treatment experimental or unproven.

2. Coverage Details

If the Insured Person suffers an Injury during the Policy Period, while the Policy is in force, which results in an Insured Event within twelve calendar months from the Injury, the Company will pay to the Policyholder (or the Nominee or his legal heir), the amount specified against the Benefit / Optional Cover as specified in the Policy Schedule subject always to the terms and conditions of the Policy, and the availability of the Sum Insured / respective Coverage Amount, as applicable.

General Conditions applicable to all Benefits / Optional Covers –

- (i) There are 14 Benefits and 11 Optional Covers in the Product; any Benefit / Optional Cover will be applicable and available only if it is specifically mentioned in the Policy Schedule.
- (ii) The Company will provide coverage under the Benefits 1, 2, 3, 4, 5, 7, 9, 11 & 13 and Optional Covers 2, 3, 5, 6, 7, 9 10 & 11 to any Insured Event arising worldwide provided no coverage is available in listed civilian nations (as per

Annexure – III). Refer Annexure II for further details on scope of cover.

- (iii) In case any Claim is admissible under Benefit 1, coverage under the Policy for that Insured Person shall immediately and automatically terminate. However, other Insured Person shall continue to be covered under this Policy.
- (iv) If Optional Cover 1 is opted for, then Optional Cover 4 and / or Optional Cover 6 cannot be opted. Similarly, if either Optional Cover 4 or Optional Cover 6 is opted for, then Optional Cover 1 ‘Accidental Hospitalization’ cannot be opted. Similarly, either of Optional Cover 7 or Optional Cover 10 can be opted but not both.

Benefits

2.1. Benefit 1: Accidental Death

- (a) If the Insured Person suffers an Injury during the Policy Period, which directly results in the Insured Person’s death within 12 months from the date of Accident (including date of Accident), the Company will pay the Sum Insured as specified in the Policy Schedule against this Benefit.

2.2. Benefit 2: Permanent Total Disablement (PTD)

- (a) If the Insured Person suffers an Injury during the Policy Period, which directly results in the Insured Person’s Permanent Total Disablement within 12 months from the date of Accident (including date of Accident), the Company will pay the amount as specified in the ‘PTD Table’ below:

S. No.	Insured Events	Amount payable = % of the Sum Insured specified in the Policy Schedule against Benefit 2
I	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 the total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one entire foot	100%

II	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%
III	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%
IV	Total and irrecoverable loss of use of a hand or a foot without physical separation	50%
V	Paraplegia or Quadriplegia or Hemiplegia	100%

Note: For the purpose of Sr. No. I to IV above, 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.

- (b) 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.

2.3. Benefit 3: Permanent Partial Disablement (PPD)

- (a) If the Insured Person suffers an Injury during the Policy Period, which directly results in the Insured Person’s Permanent Partial Disablement within 12 months from the date of Accident (including date of Accident), the Company will pay the amount as specified in the ‘PPD Table’ below:

Sr. No.	Insured Events	Amount payable = % of the Sum Insured specified in the Policy Schedule against Benefit 3
I	Total and irrecoverable loss of hearing in: -	
	(a) Both ears	75%
	(b) One ear	20%
II	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 toes for each toe	1%
III	Loss of four fingers and thumb of one hand	40%
IV	Loss of four fingers of one hand	35%
V	Loss of thumb	
	(a) both phalanges	25%
	(b) one phalanx	10%
VI	Loss of index finger	
	(a) three phalanges	10%
	b. two phalanges	8%
	c. one phalanx	4%

VII	Loss of middle finger	
	(a) three phalanges	6%
	(b) two phalanges	4%
	(c) One phalanx	2%
VIII	Loss of ring finger	
	(a) three phalanges	5%
	(b) two phalanges	3%
	(c) One phalanx	2%
IX	Loss of little finger	
	(a) three phalanges	4%
	(b) two phalanges	3%
	(c) One phalanx	2%
X	Loss of metacarpus	
	(a) first or second	3%
	(b) third, fourth or fifth	2%
XI	Permanent partial disablement not otherwise provided for under Sr. No. I to X inclusive	Percentage of the Sum Insured will be determined in accordance with the medical assessment carried out by the Medical Practitioner provided that the percentage under

		Insured Event Sr. No. XI shall not exceed 50% of the Sum Insured
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Note: For the purpose of Insured Events II to X, loss means either actual physical separation or total and irrecoverable loss only.

2.4. Benefit 4: Fractures

- (a) If the Insured Person suffers an Injury during the Policy Period, which directly results in any of the fractures as specified below, the Company will pay the amount as specified in the 'Fractures Table' below:

Sr. No.	Description of Fracture	Amount payable = % of the Sum Insured specified in the Policy Schedule against this Benefit
I	Hip or Pelvis (excluding thigh or coccyx): Multiple fractures – at least one Compound Fracture and one Complete Fracture	100%
II	Hip or Pelvis (excluding thigh or coccyx) - All other Compound Fractures	50%
III	Thigh or Heel: Multiple fractures – at least one Compound Fracture and one Complete Fracture	100%
IV	Thigh or Heel: Multiple fractures – at least one Complete Fracture	50%
V	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%

VI	Lower leg, skull, clavicle, ankle, elbows, upper or lower arm (including wrist but excluding Colles-type fractures) : All other Compound Fractures	30%
VII	Colles type fracture of the lower arm – If Compound Fracture	100%
VII	Colles type fracture of the lower arm – If Complete Fracture	50%

- (b) It is further agreed that:
- (i) If an Injury results in more than one of the ‘Description of Fractures’ above, then the Company’s maximum liability shall not exceed the Sum Insured.
 - (ii) The Company 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) For the purpose of this Benefit only:
- (i) Complete Fracture means a fracture where the bone is completely broken across and no connection is left between the pieces.
 - (ii) Compound Fracture means a fracture where the bone breaks the skin and is exposed.
 - (iii) Hairline Fracture means a mere crack in the bone.
 - (iv) 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.

2.5. Benefit 5: Child Education

- (a) If a Claim for any Insured Event under Benefit 1 or Benefit 2 of the Policy has been admitted, then in addition to any amount payable under that Benefit, the Company will pay the amount specified in the Policy Schedule against this Benefit, for the education of the Insured Person’s child.

- (b) Provided that valid document establishing the Age of child and relationship between the child and the Insured Person is submitted.
- (c) For the purpose of this Benefit, “Child” means a child (natural or legally adopted), who is :
 - (i) Financially dependent on the Policyholder;
 - (ii) Does not have his independent sources of income; and
 - (iii) Has not attained 25 years of Age.

2.6. Benefit 6: Major Diagnostic Tests

- (a) If a Claim for any Insured Event under Benefit 1 or Benefit 2 or Benefit 3 of the Policy has been admitted, then the Company will indemnify the actual expenses incurred or an amount specified in the Policy Schedule against this Benefit, whichever is lower, for carrying out any major diagnostic tests, including but not limited to CT Scan or MRI and provided that:
 - (i) Such diagnostic tests are undertaken on the written Medical Advice of a Medical Practitioner; and
 - (ii) Such diagnostic tests are conducted within 3 months from the date of Accident (including date of Accident).

2.7. Benefit 7: Disappearance

- (a) The Company shall admit its liability under Benefit 1 ‘Accidental Death’, if the Insured Person’s body cannot be located within a period of consecutive 365 Days after a forced landing, stranding, sinking or wrecking of a Common Carrier wherein the Insured Person was 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 Person has died as a result of an Injury.
- (b) The Company will only pay, when the Policyholder/Insured Person/Legal heir provides a legally binding indemnity bond or any other document as required by the Company which guarantees, that the amount the Company pays will be repaid to the Company, if it is later found that the Insured Person survived such an Accident / Injury for which the Company had paid the Claim.

2.8. Benefit 8: Mobility Cover

- (a) The Company will indemnify the Policyholder for the actual amount

incurred or the amount specified in the Policy Schedule against this Benefit, whichever is lower, towards the Reasonable and Customary Charges necessarily incurred by the Policyholder, for procuring Medically Necessary prosthetic devices (artificial devices replacing body parts, including artificial legs, arms or eyes), orthopaedic 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 fulfils the Insured Person's basic medical needs, consequent to an Injury for which a Claim is payable under Benefit 2 and provided that such devices or equipment are procured on the written Medical Advice of a treating Medical Practitioner.

- (b) For the purpose of this Benefit only "Durable Medical Equipment or Devices" should satisfy at least the following conditions:
- (i) Procurement amount must not exceed the reasonable purchase price of the durable medical equipment.
 - (ii) 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 Benefit.

2.9. Benefit 9: Burns

- (a) If the Insured Person suffers an Injury during the Policy Period, which directly results in any of the following second or third degree burn injuries, the Company will pay the Policyholder up to the Sum Insured as specified in the 'Burns Table' below:

Sr. No.	Description of Extent of Burn Injury	Amount payable = % of the Sum Insured specified in the Policy Schedule against this Benefit
I	Third degree burns of 30% or more of the total body surface area	100%
II	Second degree burns of 30% or more of the total body surface area	50%
III	Third degree burns of 20% or more, but less than 30% of the total body surface area	80%

IV	Second degree burns of 20% or more, but less than 30% of the total body surface area	40%
V	Third degree burns of 10% or more, but less than 20% of the total body surface area	40%
VI	Second degree burns of 10% or more, but less than 20% of the total body surface area	20%
VII	Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
VII	Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

- (b) If an Injury results in more than one of the ‘Descriptions of Extent of Burn Injury’ above, then the Company’s maximum liability shall not exceed the Sum Insured.

2.10. Benefit 10: Domestic Road Ambulance

- (a) 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, the Company will indemnify up to the amount as specified against this Benefit in the Policy Schedule, in addition to any amount payable under that Benefit/ Optional Cover, for the reasonable expenses necessarily incurred on availing Ambulance services offered by a Hospital or by an Ambulance service provider for the Insured Person’s necessary transportation to the nearest Hospital in case of an Emergency provided that the necessity of the Ambulance transportation is certified by the treating Medical Practitioner.

2.11. Benefit 11: Nursing Care

- (a) The Company will pay the Policyholder for the expenses incurred, up to the amount specified in the Policy Schedule for each day subject to a maximum of 15 days post discharge from Hospital for the medical services of a Qualified Nurse at the Insured Person’s residence and relate directly to any Injury resulting in a Claim which is payable

under Benefit 2 or Benefit 3 and provided that :

- (i) Such Qualified Nurse is hired with the purpose of providing care and convenience to the Insured Person to facilitate his activities of daily living;
- (ii) Such Qualified Nurse is hired within one week from the Insured Person's discharge from the Hospital; and
- (iii) The engagement of such Qualified Nurse is certified as necessary by a Medical Practitioner

2.12. Benefit 12: Reconstructive Surgery

- (a) If a Claim for any event under Benefit 2 or Benefit 3 of the Policy has been admitted, then in addition to any amount payable under that Benefit, the Company will indemnify the Policyholder up to the amount specified in the Policy Schedule against this Benefit, towards the Medical Expenses incurred on the reconstructive surgery at that Hospital, provided that :
 - (i) The reconstructive surgery is carried out on the written Medical Advice of a Medical Practitioner; and
 - (ii) The reconstructive surgery is carried out within 30 days from the date of Accident (including date of Accident); and
 - (iii) The reconstructive surgery is required to restore the natural function or appearance.

2.13. Benefit 13: Repatriation of Mortal Remains

- (a) If a Claim for any event under Benefit 1 of the Policy has been admitted, then in addition to any amount payable under that Benefit, the Company will pay the Policyholder the amount specified in the Policy Schedule against this Benefit, 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 the Company's records or as per the request of the Insured Person's family.
- (b) Any Claim under this Benefit shall be payable if the death of the Insured Person occurs outside his city of residence.

2.14. Benefit 14: Loyalty Benefit

For each continuous and completed Policy Year, on subsequent renewal, the Company will enhance the Coverage amount of Benefit 1, Benefit 2 and Benefit 3 of last Policy Year, by flat 5% of the Sum Insured, on a cumulative

basis, as a Loyalty Bonus. The Benefit offering is subject to the conditions specified below:

- (i) The accrued Loyalty Bonus available in the renewed Policy at any point of time shall not exceed 50% of the Sum Insured (pertaining to Benefit 1, Benefit 2 and Benefit 3).
- (ii) The Loyalty Bonus which is accrued will only be available to those Insured Persons who were insured in a particular Policy Year and continue to be insured in the subsequent Policy Year as well.
- (iii) The entire Loyalty Bonus will be forfeited if the Policy is not continued/ renewed on or before Policy Period End Date or the expiry of the Grace Period whichever is later.
- (iv) If Sum Insured under the Policy is increased (or decreased) at the time of renewal, then the applicable Loyalty Bonus shall also be increased (or decreased) in proportion to the Sum Insured, on the subsequent renewal.
- (v) A credit for accrued Loyalty Bonus would be provided regardless of Claim history in the previous Policy Year(s).

Optional Covers

The Policy provides the following Optional Covers which can be opted either at the inception of the Policy or at the time of renewal. The Policy Schedule will specify the Optional Covers that are in force for the Insured Persons.

2.15. Optional Cover 1: Accidental Hospitalization

This Optional Cover provides coverage for the following three sub-benefits:

2.15.1. Hospitalization Expenses:

If an Insured Person suffers an Injury during the Policy Period that requires:

- (a) **In-patient Care** - the In-Patient Hospitalization of the Insured Person, then the Company will indemnify up to the amount specified against this Optional Cover in the Policy Schedule, for the Medical Expenses incurred on such Hospitalization, provided that the Medically Necessary Hospitalization was on the written advice of a Medical Practitioner.
- (b) **Day Care Treatment** - the Insured Person to undergo Day Care Treatment at a Day Care Centre or Hospital, then the Company will indemnify up to the amount specified against

this Optional Cover in the Policy Schedule, for the Medical Expenses incurred on that Day Care Treatment, provided that the treatment was Medically Necessary and was taken on the written advice of a Medical Practitioner.

Note: The list of Day Care Treatments is attached as Annexure-I.

2.15.2.Daily Allowance

The Company will pay the amount specified against this Optional Cover in the Policy Schedule for each continuous and completed period of 24 hours of Medically Necessary Hospitalization of the Insured Person, provided that:

- (i) The Hospitalization is only for In-patient Care; and
- (ii) The Company will be liable to make payment under this Optional Cover for maximum 5 days per Accidental Hospitalization.
- (iii) The Company will not be liable to make payment under this Optional Cover for first 2 consecutive days of Hospitalization.

2.15.3.Compassionate Visit:

The Company will indemnify the reasonable expenses up to the amount specified in the Policy Schedule, incurred by the Insured Person or any of his immediate family members, for the cost of an economy class air ticket or equivalent, from the city of normal residence of such family member to the place of Hospitalization of the Insured Person directly consequent to an Injury, provided that

- i. The Hospitalization is on the written advice of a Medical Practitioner; and
- ii. The Insured Person's admission to Hospital is within three days from the occurrence of the Injury; and
- iii. The Company's liability under this Optional Cover shall commence only after the period of Hospitalization exceeds minimum 5 consecutive days of Hospitalization; and
- iv. The Family Member's travel is within the period of such admission in the Hospital but before discharge from Hospital.
- v. For the purpose of this Benefit only, the term "Family Member" means the Insured Person's spouse, children, parents, and parents-in-law.

2.16. Optional Cover 2: Permanent Total Disablement Improvement

- (i) Notwithstanding anything contrary to the coverage terms and conditions stated under Clause 2.2 (Benefit 2 ‘Permanent Total Disablement’), the Company agrees to pay the amount as specified against this Optional Cover in the Policy Schedule and as per the ‘PTD Table’ stated under Clause 2.2, in case the Insured Person suffers an Injury during the Policy Period, which directly results in the Insured Person’s Permanent Total Disablement within 12 months from the date of Accident (including date of Accident).
- (ii) The Coverage amount applicable under this Optional Cover will be in addition to the amount payable under Benefit 2 ‘Permanent Total Disablement’.
- (iii) Claim pay-out under this Optional Cover triggers only when claim pay-out is triggered under Benefit 2.

2.17. Optional Cover 3: Permanent Partial Disablement Improvement

- (i) Notwithstanding anything contrary to the coverage terms and conditions stated under Clause 2.3 (Benefit 3 ‘Permanent Partial Disablement’), the Company agrees to pay the amount as specified against this Optional Cover in the Policy Schedule and as per the ‘PPD Table’ stated under Clause 2.3, in case the Insured Person suffers an Injury during the Policy Period, which directly results in the Insured Person’s Permanent Partial Disablement within 12 months from the date of Accident (including date of Accident).
- (ii) The Coverage amount applicable under this Optional Cover will be in addition to the amount payable under Benefit 3 ‘Permanent Partial Disablement’.
- (iii) Claim pay-out under this Optional Cover triggers only when claim pay-out is triggered under Benefit 3.

2.18. Optional Cover 4: Accidental Hospitalization Expenses

If an Insured Person suffers an Injury during the Policy Period that requires:

- (i) **In-patient Care** - the In-Patient Hospitalization of Insured Person, then the Company will indemnify up to the amount specified against this Optional Cover in the Policy Schedule, for the Medical Expenses incurred on Hospitalization, provided that the Medically Necessary Hospitalization was on the written advice of a Medical Practitioner.
- (ii) **Day Care Treatment** - the Insured Person to undergo Day Care

Treatment at a Day Care Centre or Hospital, then the Company will indemnify up to the amount specified against this Optional Cover in the Policy Schedule, for the Medical Expenses incurred on such Day Care Treatment, provided that the Medically Necessary treatment was taken on the written advice of a Medical Practitioner (The list of Day Care Treatments is attached as Annexure-I).

- (iii) The amount assessed by the Company on each admitted Claim for the Insured Person under this Optional Cover shall be reduced by a Deductible amount as specified in the Policy Schedule. The Company shall be liable to make payment under the Policy for any Claim in respect of the Insured Person only when the Deductible on that Claim is exhausted.

2.19. Optional Cover 5: Convalescence Benefit

The Company will pay the amount specified against this Optional Cover in the Policy Schedule, if the Insured Person undergoes Medically Necessary Hospitalization, due to an Injury which is suffered during the Policy Period, for a certain minimum defined number of days (as specified in the Policy Schedule) for each Claim provided that:

- (i) The amount assessed by the Company on each admitted Claim for the Insured Person under this Optional Cover shall be reduced by a Deductible on number of days as specified in the Policy Schedule. The Company shall be liable to make payment under the Policy for any Claim in respect of the Insured Person only when the Deductible on that Claim is exhausted.
- (ii) 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 specified in the Policy Schedule.

2.20. Optional Cover 6: Accidental Hospitalization Daily Allowance

If an Insured Person undergoes Medically Necessary In-Patient Hospitalization, due to an Injury which is suffered during the Policy Period, the Company will pay the amount specified against this Optional Cover in the Policy Schedule, for each continuous and completed period of 24 hours of such Hospitalization of the Insured Person, provided that:

- (i) The amount assessed by the Company on each admitted Claim for the Insured Person under this Optional Cover shall be reduced by a Deductible on number of days as specified in the Policy Schedule. The Company shall be liable to make payment under the Policy for any Claim in respect of the Insured Person only when the Deductible

on that Claim is exhausted.

- (ii) The Company shall not be liable to make payment under this Optional Cover for more than a maximum defined number of days (as specified in the Policy Schedule) in a Policy Year.

2.21. Optional Cover 7: Temporary Total Disablement (TTD)

- a. 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 the amount specified in the Policy Schedule against this Optional Cover, for each continuous and completed week of the Insured Person's Temporary Total Disablement, provided that:
 - (i) For a single claim, maximum duration till which this Optional Cover 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.
 - (ii) For the purpose of this Optional Cover only, Temporary Total Disablement means the temporary and total inability of an Insured Person to engage in any occupation or any gainful employment while that Insured Person 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.
 - (iii) The Company will not pay any amount in excess of the Insured Person's base weekly income and this will specifically exclude overtime, bonuses, tips, commissions, special compensation or any compensation of similar nature.
 - (iv) The Company's liability to make payment under this Optional Cover shall commence only upon completion of the period of Deductible on number of weeks, as specified in the Policy Schedule.

2.22. Optional Cover 8: Accidental OPD Cover

If an Insured Person suffers an Injury during the Policy Period, that requires the Insured Person to take an OPD treatment, then the Company will indemnify the Insured Person, for the Medical Expenses incurred up to the amount specified against this Optional Cover in the Policy Schedule, subject

to the following conditions:

- (i) A maximum of 4 consultations (or diagnostics) will be admissible for the same 'Injury causing event'.
- (ii) The amount assessed by the Company on each admitted Claim for the Insured Person under this Optional Cover shall be reduced by a Deductible amount as specified in the Policy Schedule . The Company shall be liable to make payment under the Policy for any Claim in respect of the Insured Person only when the Deductible on that Claim is exhausted.
- (iii) After the applicable Deductible, a specified Co-payment (as mentioned in the Policy Schedule) shall be applicable to each and every Claim made.
- (iv) Re-imburement towards claims incurred in a Policy year can be claimed only twice during that Policy Year.
- (v) Clause 3 (b) (ix) under Permanent Exclusions, is superseded to the extent covered under this Optional Cover.

2.23. Optional Cover 9: Common Carrier Mishap Cover

If the Insured Person suffers an Injury 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, the Company will pay additional 100% of the Sum Insured of Benefit 1 (or Benefit 2, if applicable).

In case of an Insured Event, where only 50% of Sum Insured is payable, the Company will pay an additional 50% of Sum Insured under this Optional Cover

2.24. Optional Cover 10: Temporary Total Disablement Plus

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 as specified in the Policy Schedule against this Optional Cover, subject to deductible, for each continuous and completed week or proportionate in case of part of a week of the Insured Person's Temporary Total Disablement, provided that:

- (i) Such period of disability commences within the Policy Period mentioned in the Policy Schedule after the date of the Accident.
- (ii) For a single claim, maximum duration till which this Optional Cover 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.
- (iii) For the purpose of this Optional Cover only, Temporary Total Disablement means the temporary and total inability of an Insured Person to engage in any occupation or any gainful employment while that Insured Person 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.

2.25. Optional Cover 11: Protection Benefit

Notwithstanding anything to the contrary in the Policy, if this Optional Cover is opted, then Policyholder is entitled for discount on the premium and in case the Primary Insured Person suffers an Injury during the Policy Period, which directly results in the Primary Insured Person's death within 12 months from the date of Accident (including date of Accident) then the Company shall pay the applicable Sum Insured in equated periodic instalment to nominee/beneficiary over a period as specified in the Policy Schedule, subject to the following conditions:

- a) This Cover shall be applicable only if the Claim is admissible under the Benefit 2.1 'Accidental Death'
- b) Once this Cover is opted, then the Insured Person cannot opt out from the same as well as the instalment period chosen shall remain unchanged.
- c) Once this Cover is opted, the nominee/beneficiary cannot request for a lump-sum payment or modify the opted periodic instalment amount or payment term at the time of claim.
- d) Under this benefit the nominee/ beneficiary shall be Insured Person's spouse and/ or child as specified in the Policy Schedule. During the Policy Period the Primary Insured Person may change the nominee/ beneficiary provided the new nominee/ beneficiary meets the eligibility criteria of this Benefit (spouse and/or child).

3. Permanent Exclusions

(a) Exclusions applicable to all the Benefits and Optional Covers:

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:

- (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;
- (ii) Any pre-existing injury or disability;
- (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;
- (iv) The Insured Person flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;
- (v) Any intentional self-inflicted injury, suicide or attempted suicide, sexually transmitted conditions, mental or nervous conditions, insanity, disorder or depression;
- (vi) Influence of drugs , alcohols or other intoxications or hallucinogens;
- (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 detainments of all kinds; Insured event occurring in a civilian nation (Please refer to Annexure III for list of Civilian nations);
- (viii) Participation in actual or attempted felony, riots, civil commotion or criminal misdemeanour;
- (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.

(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 IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
- (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.
- (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.

- (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.
- (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.
- (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.
- (vii) All expenses related to donor screening, treatment, including surgery to remove organs from the donor, in case of transplant surgery.
- (viii) Alternative Treatment.
- (ix) OPD treatment.
- (x) Treatment received outside India.
- (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.
- (xii) Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
- (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.

- (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.
- (xv) Any Hospitalization primarily for investigation and / or diagnosis purpose.
- (xvi) Treatment taken in Black Listed Hospitals (as per Annexure V) except in case of emergency Hospitalization.

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.

4. Portability

The Policyholder and / or Insured Person can apply to the Company for a health insurance policy only in case the proposed Insured Person is covered without any break under any individual health insurance policy from any Indian non-life insurance company or Health Insurance Company registered with the IRDAI or any group health insurance policy from the Company.

*** Note:** Portability provisions will apply even if the Insured Person migrates to any other health insurance policy.

5. Claim Intimation, Assessment and Management

Upon the occurrence of any event or Injury that may give rise to a Claim under this Policy, then as a condition precedent to Company's liability under the Policy, the Policyholder or Insured Person (or the Nominee or legal heir, in case the Insured Person is deceased) shall undertake all the following, in addition to any specific requirements specified within the Benefit / Optional Cover under which the Claim is made:

5.1. Claims Intimation

- (i) 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, either at the Company's call center or in writing.

- (ii) If the Insured Person is to undergo planned Hospitalization, the Policyholder or Insured Person shall give written intimation to the Company of the proposed Hospitalization at least 48 hours prior to the planned date of admission to Hospital.
- (iii) It is agreed and understood that the following details are to be provided to the Company at the time of intimation of Claim:
 - I Policy Number;
 - II Name of the Policyholder;
 - III Name of the Insured Person in respect of whom the Claim is being made;
 - IV Nature of Injury;
 - V Name and address of the attending Medical Practitioner and Hospital;
 - VI Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization;
 - VII Any other information, documentation or details requested by the Company.

5.2. Claim Procedure

- i. Any 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.
- ii. It is agreed and understood that in all cases where intimation of a Claim has been provided under this provision, all the information and documentation specified under Clause 5.3 below, shall be submitted (at the Insured Person's expense) to the Company 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.
- iii. The Company shall give an acknowledgement of received documents.

5.3. Documents to be submitted for registration of Claim

- (a) The following information and documents shall be submitted along with a completed and signed claim form to the Company at the earliest and in any event within 30 days of occurrence of the event 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
Incident Proof	FIR, Panchnama, Final Police Report, State Electricity Board Report, Factory Inspection Report, Forensic Report, Valid Passenger Ticket /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/Certificate stating the cause of death
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.

Note: Any one of the above documents under each category needs to be provided.

- (b) Indicative list of documents Required for processing of Claim under Policy

Sr. No.	Document Name
1	Age Proof of The Insured Person's child

2	Boarding Pass (in case of Air travel)
3	Certificate from Bank for outstanding amount of loan
4	Certificate from treating doctor
5	Certificate of settlement of Claim from Insurer, if claimed under other Policy.
6	Claim form duly filled & signed by Insured Person / Legal heir / Nominee
7	Death certificate (in original copy)
8	Description of the case for need of house/ Vehicle modification
9	Diatomic test atoms of water in stomach and water of reservoir, if applicable
10	Disability certificate - Medical Officer/Civil Surgeon of Civil hospital /Govt. Hospital of the District / Units concerned, (certificate) stating extent disablement
11	Discharged Summary, if applicable (Certified Copy)
12	Discharged Summary (Original Copy)
13	Doctor's Certificate confirming the injury and advising confinement to bed/ unfit to work for specified number of days
14	In RTA cases-Driving license, if applicable
15	Dying Declaration in case of death due to burns injury, wherever applicable
16	Electrocution case - SEB (State Electricity Board) Panchnama, whenever applicable
17	Employer certificate mentioning the cause and nature of accident resulting in Death
18	Employer certificate mentioning the cause and nature of accident resulting in the disablement and period of leave granted to the employees

19	F.I.R. and Panchnama wherever applicable (original or certified copies)
20	F.I.R. or accident Death report or Inquest Panchnama (in original or certified copies)
21	Factory inspector report if accident occurred in the organization
22	Fitness certificate
23	Forensic report , whenever applicable
24	FSL report , whenever applicable
25	Hospital indoor Treatment Papers including Discharge Summary & Medical bills
26	Indemnity Bond
27	Investigation /test reports & Payment Receipts there of
28	Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the type and percentage of disability
29	Invoice and payment Receipts of Equipments used for mobility
30	Invoice/ estimate of expenses incurred and Receipts for house/ vehicle modification
31	Leave certificate from the employer
32	Letter from the employer stating the reason for loss of Job
33	Mechanical report of the vehicle which met with an accident, if applicable
34	Medical bills with prescriptions (Original copy)
35	Medical Practitioner's certificate confirming the Injury and advising rest/ unfit to work for specified number of days
36	Original receipts of expenses incurred for funeral expenses
37	Original receipts of expenses incurred for repatriation of remains

38	Original Ticket
39	Photo ID from school/college/institute
40	Photo of injured showing the disability
41	Police Final Report
42	Post Mortem Report (certified copies), if conducted
43	Proof of Admission in school/ college
44	RACT, MACT documents as applicable
45	Receipt of Education fees paid
46	Receipt of Payment of ambulance service
47	Salary Certificate/Slips/ Form 16/ITR/P&L statement, if applicable
48	Spot Panchnama (certified copies) if applicable
49	Treating doctor's certificate confirming degree of burns
50	Any other document as required by Us

Indicative list of applicable documents to be submitted for a Claim under respective Benefits / Optional Covers:

Sr.No.	Document Name
Accidental Death (Benefit 1 & Optional Cover 11)	4,6,7,9,11,14,16,17,20,21,23,24,25,27,28,33,34,41,42,44,47,48
Permanent Total Disablement (Benefit 2 & Optional Cover 2)	4,6,10,11,14,16,18,19,21,22,25,27,28,33,34,35,40,41,44,47,48
Permanent Partial Disablement (Benefit 3 & Optional Cover 3)	4,6,10,11,14,16,18,19,21,22,25,27,28,33,34,35,40,41,44,47,48
Fractures (Benefit 4)	4,6,11,14,25,27,28,34
Child Education (Benefit 5)	1,6,39,43,45
Major Diagnostic Tests (Benefit 6)	4,6,11,12,27,28,34

Disappearance (Benefit 7)	6,26
Mobility cover (Benefit 8)	6,29
Burns (Benefit 9)	4,6,11,15,27,34,48,49
Domestic Road Ambulance (Benefit 10)	6,46
Nursing Care (Benefit 11)	4,6,27,28,34
Reconstructive surgery (Benefit 12)	4,6,10,11,14,19,22,25,27,28,34,41, 44
Repatriation of Mortal Remains (Benefit 13)	6,37
Accidental Hospitalization (Optional Covers 1, 4, 5, 6)	4,5,6,11,12,14,16,19,22,25,27,28,33,34,41,44
Temporary Total Disablement (Optional Cover 7,10)	1,4,5,6,10,11,14,16,18,19,21,22,25,27,28,31,33,34,35,41,44,47, 50
Accidental OPD Cover (Optional Cover 8)	1,4,5,6,11,14,15,19,27,28,34,49,50
Common Carrier Mishap Cover (Optional Cover 9)	2, 4, 7/10, 38, 41, 42

(c) General Notes to Claim Intimation and Documentation:

- i. The Company reserves the right to seek additional documents depending upon the cause of Claim or the Benefit / Optional Cover under which the Claim is made.
- ii. The company will only accept bills/invoices/medical treatment related documents which are made in the Insured Person's name.
- iii. Only in the event that original numbered bills/ receipts, prescriptions, reports or other documents have already been given to any other insurance company, the company will accept properly verified photocopies of such documents attested by such other insurance company along with an original certificate of the extent of payment received from

such insurance company.

- iv. However, 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.

5.4. Policyholder's Or Insured Person's Or Claimant's Duty At The Time Of Claim

It is agreed and understood that as a condition precedent for a Claim to be considered under this Policy:

- a. All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
- b. Intimation 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 5 of the Policy, under which the Claim is being made.
- c. The Insured Person will, at the request of the Company, submit himself/ herself for a medical examination by the Company's nominated Medical Practitioner as often as the Company considers reasonable and necessary. The cost of such examination will be borne by the Company.
- d. The Company's Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and hospitalization records and to investigate the facts and examine the Insured Person.
- e. The Company shall be provided with complete documentation and information which the Company has requested to establish its liability for the Claim, its circumstances and its quantum.

5.5. Claim Assessment And Payment Terms

- a. All admissible Claims under this Policy shall be assessed by the company. The Claim amount assessed would be deducted from the Sum Insured / Coverage amount of respective Benefit or Optional Cover.
- b. The Company shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person during the Policy period, once the applicable Sum Insured / Coverage amount under respective Benefit or Optional Cover for that Insured Person is

exhausted.

- c. All payments under this Policy shall be made in Indian Rupees and within India.
- d. In the event of death of the Policyholder, the Company will pay the nominee (as named in the Policy schedule) and in case of no nominee at its discretion to the legal heirs of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.
- e. On payment of renewal premium, the Insured Person shall give written notice to the company of any disease, physical defect or infirmity or change in occupation or profession, with respect to the Insured Person.
- f. If the Insured Person suffers a relapse within 45 days from the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim.
- g. 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 Insured Person an offer of settlement of Claim and upon acceptance of such offer by the Insured Person 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. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.
- h. The Claim shall be paid only for the Policy Period in which the Insured event which gives rise to a Claim under this Policy occurs.

6. General Terms and Conditions

6.1. Disclosure to Information Norm

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.

Note:

- a. “Material facts” for the purpose of this clause policy shall mean all relevant information sought by the Company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.
- b. In continuation to the above clause the Company may also adjust the scope of cover and / or the premium paid or payable /reject the claim, accordingly.

6.2. 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 the Policyholder or any Insured Person, shall be condition precedent to the Company’s liability under the Policy.

6.3. Material Change

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. (Service Request Form for Change in Occupation / Nature of Job is attached as Annexure-IV)

6.4. Records to be maintained

The Policyholder and Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require under this Policy at any time during the Policy Period or Policy period or until final adjustment (if any) and resolution of all Claims under this Policy.

6.5. No constructive Notice

Any knowledge or information of any circumstance or condition in relation to the Policyholder or Insured Person which is in possession of the Company other than that information expressly disclosed in the Proposal Form or otherwise in writing to the Company, shall not be held to be binding or prejudicially affect the Company.

6.6. Complete Discharge

Any payment to the policyholder, Insured Person or his/ her nominees or his/ her legal representative or Assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim

6.7. Free Look Period

- a. The Policyholder may, within 30 days from the receipt of the Policy document, return the Policy stating reasons for his objection, if the Policyholder disagrees with any Policy terms and conditions.
- b. If no Claim has been made under the Policy, the Company will refund the premium received after deducting proportionate risk premium for the period on cover, and stamp duty charges. If only part of the risk has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period. All rights under the Policy will immediately stand extinguished on the free look cancellation of the Policy.
- c. Provision for Free look period is not applicable and available at the time of renewal of the Policy.

6.8. Multiple Policies

- (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. Further, policyholder shall have the right to choose the companies from whom he/she wants to claim the balance amount. Insured shall only be indemnified the hospitalization costs in accordance with terms & conditions of chosen Policy
- (c) This clause shall not apply to any Benefit offered on a fixed benefit basis.

6.9. Policy Disputes

Any and all disputes or differences under or in relation to the validity, construction, interpretation and effect to this Policy shall be determined by the Indian Courts and in accordance with Indian law.

6.10. Renewal Terms

- a. This Policy will automatically terminate on the Policy Period End Date. All renewal applications and requisite premium shall be given to the company on or before the Policy Period End Date provided the policy is in force and in any event before the expiry of the Grace Period. The Policyholder shall give the company 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 the company along with the renewal application, it shall be deemed that there is no material change to the risk.

For the purpose of this provision, Grace Period means a period of 30 days immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits. Coverage is not available for the period for which premium is not received by the Company and the Company shall not be liable for any Claims incurred during such period. This Clause is applicable at Person level.

- b. Renewal shall be offered lifelong. The company will ordinarily not refuse to renew the Policy except on grounds of fraud, moral hazard or misrepresentation or non-disclosure or non-co-operation by the Insured.
- c. The Company may revise the renewal premium payable under the Policy provided that revisions to the renewal premium are in accordance with the IRDAI rules and regulations as applicable from time to time. Change in rates will be applicable from the date of approval by the Authority and shall be applied only prospectively thereafter for new policies and at the date of renewal for renewals.
- d. 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.
- e. No loading based on individual claim experience shall be applicable on renewal premium payable.
- f. Sum Insured can be increased / decreased only at the time of renewal.

However, increase in Sum Insured may require further Underwriting.

- g. If Claim has been made under Benefit 1, 2 or 3 and 100% of the Sum Insured has been exhausted then the policy would not be renewed for that Insured Person.

6.11. Cancellation / Termination

- a. The Company may at any time, cancel this Policy on grounds as specified in Clause 6.1 and the Company shall have no liability to make payment of any claims and the premium paid shall be forfeited to the Company and no refund of premium shall be effected by the company, by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to the Policyholder or Insured Person at his last known address.
- b. The Policyholder may cancel this policy by giving 7 days written notice and in such an event, the Company shall refund proportionate premium for unexpired Policy Period.
- c. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the Policy
- d. In case of demise of the Policyholder,
 - (i) Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policy holder and the Company shall refund proportionate premium for unexpired Policy Period.
 - (ii) Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period or next premium due whichever is earlier. If the other Insured Persons wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of a policyholder provided that:
 - I. Written notice in this regard is given to the Company before the Policy Period End Date; and
 - II. A person over Age 18 who satisfies the Company's criteria to become a Policyholder.

Note:

The Company's liability in respect of an Insured Person shall cease upon

making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of such an Insured Person and the benefit in respect of that Insured Person shall forthwith terminate.

6.12. 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 the Policyholder proves to the Company's satisfaction that the delay in reporting of the Claim was for reasons beyond his control.

6.13. Communication

- a) Any communication meant for the Company must be in writing and be delivered to its address shown in the Policy Schedule . Any communication meant for the Policyholder will be sent by the Company to his last known address or the address as shown in the Policy Schedule.
- b) All notifications and declarations for the Company must be in writing and sent to the address specified in the Policy Schedule. Agents are not authorized to receive notices and declarations on the Company's 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.

6.14. 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 the Company, which approval shall be evidenced by a written endorsement signed and stamped by the Company.

- 6.15.** Out of all the details of the various benefits provided in the Policy Terms and Conditions, only the details pertaining to benefits chosen by policyholder as per Policy Schedule shall be considered relevant.

6.16. Electronic Transactions

The Policyholder and Insured Person agrees to adhere to and comply with all such terms and conditions as the Company 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 centers, 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 the Company, for and in respect of the Policy or its terms, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. Any terms and conditions related to electronic transactions shall be within the approved Policy Terms and Conditions.

6.17. Obligation in respect to minor

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

6.18. Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/ Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy

6.19. Grievances

In case of any grievance the Insured Person may contact the Company through

Website/link: <https://www.careinsurance.com/customer-grievance-redressal.html>

Mobile App: Care Health- Customer App

Toll free (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 VI.

Annexure I - List of Day Care Surgeries

1.	Cardiology Related:
1.	Coronary Angiography
2.	Critical Care Related:
2.	Insert Non - Tunnel CV Cath
3.	Insert Picc Cath (Peripherally Inserted Central Catheter)
4.	Replace Picc Cath (Peripherally Inserted Central Catheter)
5.	Insertion Catheter, Intra Anterior
6.	Insertion of Portacath
3.	Dental Related:
7.	Splinting of Avulsed Teeth
8.	Suturing Lacerated Lip
9.	Suturing Oral Mucosa
10.	Oral Biopsy in Case of Abnormal Tissue Presentation
11.	FNAC
12.	Smear From Oral Cavity
4.	Ent Related:
13.	Myringotomy With Grommet Insertion
14.	Tympanoplasty (Closure of an Eardrum Perforation/ Reconstruction of the Auditory Ossicles)
15.	Removal of a Tympanic Drain
16.	Keratoses Removal Under GA
17.	Operations on the Turbinates (Nasal Concha)

18.	Tympanoplasty (Closure of an Eardrum Perforation/ Reconstruction of the Auditory Ossicles)
19.	Removal of Keratosis Obturans
20.	Stapedotomy to Treat Various Lesions in Middle Ear
21.	Revision of a Stapedectomy
22.	Other Operations on the Auditory Ossicles
23.	Myringoplasty (Post-aural/ Endaural Approach as Well as Simple Type - I Tympanoplasty)
24.	Fenestration of the Inner Ear
25.	Revision of a Fenestration of the Inner Ear
26.	Palatoplasty
27.	Transoral Incision and Drainage of a Pharyngeal Abscess
28.	Tonsillectomy Without Adenoidectomy
29.	Tonsillectomy With Adenoidectomy
30.	Excision and Destruction of a Lingual Tonsil
31.	Revision of a Tympanoplasty
32.	Other Microsurgical Operations on the Middle Ear
33.	Incision of the Mastoid Process and Middle Ear
34.	Mastoidectomy
35.	Reconstruction of the Middle Ear
36.	Other Excisions of the Middle and Inner Ear
37.	Incision (opening) and Destruction (elimination) of The Inner Ear
38.	Other Operations on the Middle and Inner Ear

39.	Excision and Destruction of Diseased Tissue of the Nose
40.	Other Operations on the Nose
41.	Nasal Sinus Aspiration
42.	Foreign Body Removal From Nose
43.	Other Operations on the Tonsils and Adenoids
44.	Adenoidectomy
45.	Labyrinthectomy for Severe Vertigo
46.	Stapedectomy Under Ga
47.	Stapedectomy Under La
48.	Tympanoplasty (type Iv)
49.	Endolymphatic Sac Surgery for Meniere's Disease
50.	Turbineectomy
51.	Endoscopic Stapedectomy
52.	Incision and Drainage of Perichondritis
53.	Septoplasty
54.	Vestibular Nerve Section
55.	Thyroplasty Type I
56.	Pseudocyst of the Pinna - Excision
57.	Incision and Drainage - Haematoma Auricle
58.	Tympanoplasty (type Ii)
59.	Reduction of Fracture of Nasal Bone
60.	Thyroplasty Type Ii
61.	Tracheostomy

62.	Excision of Angioma Septum
63.	Turbinoplasty
64.	Incision & Drainage of Retro Pharyngeal Abscess
65.	Uvulo Palato Pharyngo Plasty
66.	Adenoidectomy With Grommet Insertion
67.	Adenoidectomy Without Grommet Insertion
68.	Vocal Cord Lateralisation Procedure
69.	Incision & Drainage of Para Pharyngeal Abscess
70.	Tracheoplasty
5.	Gastroenterology Related:
71.	Cholecystectomy and Choledcho-jejunostomy/ Duodenostomy/gastrostomy/ Exploration Common Bile Duct
72.	Esophagoscopy, Gastroscopy, Duodenoscopy With Polypectomy/ Removal of Foreign Body/diathermy of Bleeding Lesions
73.	Pancreatic Pseudocyst Eus & Drainage
74.	Rf Ablation for Barrett's Oesophagus
75.	Ercp and Papillotomy
76.	Esophagoscope and Sclerosant Injection
77.	Eus + Submucosal Resection
78.	Construction of Gastrostomy Tube
79.	Eus + Aspiration Pancreatic Cyst
80.	Small Bowel Endoscopy (therapeutic)
81.	Colonoscopy ,lesion Removal

82.	Ercp
83.	Colonscopy Stenting of Stricture
84.	Percutaneous Endoscopic Gastrostomy
85.	Eus and Pancreatic Pseudo Cyst Drainage
86.	Ercp and Choledochoscopy
87.	Proctosigmoidoscopy Volvulus Detorsion
88.	Ercp and Sphincterotomy
89.	Esophageal Stent Placement
90.	Ercp + Placement of Biliary Stents
91.	Sigmoidoscopy W / Stent
92.	Eus + Coeliac Node Biopsy
93.	Ugi Scopy and Injection of Adrenaline, Sclerosants Bleeding Ulcers
6.	General Surgery Related:
94.	Incision of a Pilonidal Sinus / Abscess
95.	Fissure In Ano Sphincterotomy
96.	Surgical Treatment of a Varicocele and a Hydrocele of The Spermatic Cord
97.	Orchidopexy
98.	Abdominal Exploration In Cryptorchidism
99.	Surgical Treatment of Anal Fistulas
100.	Division of the Anal Sphincter (sphincterotomy)
101.	Epididymectomy
102.	Incision of the Breast Abscess

103.	Operations on the Nipple
104.	Excision of Single Breast Lump
105.	Incision and Excision of Tissue In the Perianal Region
106.	Surgical Treatment of Hemorrhoids
107.	Other Operations on the Anus
108.	Ultrasound Guided Aspirations
109.	Sclerotherapy, Etc.
110.	Laparotomy for Grading Lymphoma With Splenectomy/ Liver/ Lymph Node Biopsy
111.	Therapeutic Laparoscopy With Laser
112.	Appendicectomy With/without Drainage
113.	Infected Keloid Excision
114.	Axillary Lymphadenectomy
115.	Wound Debridement and Cover
116.	Abscess-decompression
117.	Cervical Lymphadenectomy
118.	Infected Sebaceous Cyst
119.	Inguinal Lymphadenectomy
120.	Incision and Drainage of Abscess
121.	Suturing of Lacerations
122.	Scalp Suturing
123.	Infected Lipoma Excision
124.	Maximal Anal Dilatation
125.	Piles

126.	A)injection Sclerotherapy
127.	B)piles Banding
128.	Liver Abscess- Catheter Drainage
129.	Fissure In Ano- Fissurectomy
130.	Fibroadenoma Breast Excision
131.	Oesophageal Varices Sclerotherapy
132.	Ercp - Pancreatic Duct Stone Removal
133.	Perianal Abscess I&d
134.	Perianal Hematoma Evacuation
135.	Ugi Scopy and Polypectomy Oesophagus
136.	Breast Abscess I& D
137.	Feeding Gastrostomy
138.	Oesophagoscopy and Biopsy of Growth Oesophagus
139.	Ercp - Bile Duct Stone Removal
140.	Ileostomy Closure
141.	Colonoscopy
142.	Polypectomy Colon
143.	Splenic Abscesses Laparoscopic Drainage
144.	Ugi Scopy and Polypectomy Stomach
145.	Rigid Oesophagoscopy for Fb Removal
146.	Feeding Jejunostomy
147.	Colostomy
148.	Ileostomy

149.	Colostomy Closure
150.	Submandibular Salivary Duct Stone Removal
151.	Pneumatic Reduction of Intussusception
152.	Varicose Veins Legs - Injection Sclerotherapy
153.	Rigid Oesophagoscopy for Plummer Vinson Syndrome
154.	Pancreatic Pseudocysts Endoscopic Drainage
155.	Zadek's Nail Bed Excision
156.	Subcutaneous Mastectomy
157.	Excision of Ranula Under Ga
158.	Rigid Oesophagoscopy for Dilation of Benign Strictures
159.	Eversion of Sac
160.	Unilateral
161.	Iilateral
162.	Lord's Plication
163.	Jaboulay's Procedure
164.	Scrotoplasty
165.	Circumcision for Trauma
166.	Meatoplasty
167.	Intersphincteric Abscess Incision and Drainage
168.	Psoas Abscess Incision and Drainage
169.	Thyroid Abscess Incision and Drainage
170.	Tips Procedure for Portal Hypertension
171.	Esophageal Growth Stent

172.	Pair Procedure of Hydatid Cyst Liver
173.	Tru Cut Liver Biopsy
174.	Photodynamic Therapy Or Esophageal Tumour and Lung Tumour
175.	Excision of Cervical Rib
176.	Laparoscopic Reduction of Intussusception
177.	Microdocheotomy Breast
178.	Surgery for Fracture Penis
179.	Sentinel Node Biopsy
180.	Parastomal Hernia
181.	Revision Colostomy
182.	Prolapsed Colostomy- Correction
183.	Testicular Biopsy
184.	Laparoscopic Cardiomyotomy(hellers)
185.	Sentinel Node Biopsy Malignant Melanoma
186.	Laparoscopic Pyloromyotomy(ramstedt)
7.	Gynecology Related:
187.	Operations on Bartholin's Glands (cyst)
188.	Incision of the Ovary
189.	Insufflations of the Fallopian Tubes
190.	Other Operations on the Fallopian Tube
191.	Dilatation of the Cervical Canal
192.	Conisation of the Uterine Cervix
193.	Therapeutic Curettage With Colposcopy / Biopsy /

	Diathermy/ Cryosurgery
194.	Laser Therapy of Cervix for Various Lesions of Uterus
195.	Other Operations on the Uterine Cervix
196.	Incision of the Uterus (hysterectomy)
197.	Local Excision and Destruction of Diseased Tissue of the Vagina and the Pouch of Douglas
198.	Incision of Vagina
199.	Incision of Vulva
200.	Culdotomy
201.	Salpingo-oophorectomy Via Laparotomy
202.	Endoscopic Polypectomy
203.	Hysteroscopic Removal of Myoma
204.	D&c
205.	Hysteroscopic Resection of Septum
206.	Thermal Cauterisation of Cervix
207.	Mirena Insertion
208.	Hysteroscopic Adhesiolysis
209.	Leep
210.	Cryocauterisation of Cervix
211.	Polypectomy Endometrium
212.	Hysteroscopic Resection of Fibroid
213.	Lletz
214.	Conization
215.	Polypectomy Cervix

216.	Hysteroscopic Resection of Endometrial Polyp
217.	Vulval Wart Excision
218.	Laparoscopic Paraovarian Cyst Excision
219.	Uterine Artery Embolization
220.	Laparoscopic Cystectomy
221.	Hymenectomy(imperforate Hymen)
222.	Endometrial Ablation
223.	Vaginal Wall Cyst Excision
224.	Vulval Cyst Excision
225.	Laparoscopic Paratubal Cyst Excision
226.	Repair of Vagina (Vaginal Atresia)
227.	Hysteroscopy, Removal of Myoma
228.	Turbt
229.	Ureterocoele Repair - Congenital Internal
230.	Vaginal Mesh for Pop
231.	Laparoscopic Myomectomy
232.	Surgery for Sui
233.	Repair Recto- Vagina Fistula
234.	Pelvic Floor Repair(Excluding Fistula Repair)
235.	Urs + Ll
236.	Laparoscopic Oophorectomy
237.	Normal Vaginal Delivery and Variants
8.	Neurology Related:

238.	Facial Nerve Physiotherapy
239.	Nerve Biopsy
240.	Muscle Biopsy
241.	Epidural Steroid Injection
242.	Glycerol Rhizotomy
243.	Spinal Cord Stimulation
244.	Motor Cortex Stimulation
245.	Stereotactic Radiosurgery
246.	Percutaneous Cordotomy
247.	Intrathecal Baclofen Therapy
248.	Entrapment Neuropathy Release
249.	Diagnostic Cerebral Angiography
250.	Vp Shunt
251.	Ventriculoatrial Shunt
9.	Oncology Related:
252.	Radiotherapy for Cancer
253.	Cancer Chemotherapy
254.	Iv Push Chemotherapy
255.	Hbi-hemibody Radiotherapy
256.	Infusional Targeted Therapy
257.	Srt-stereotactic Arc Therapy
258.	Sc Administration of Growth Factors
259.	Continuous Infusional Chemotherapy

260.	Infusional Chemotherapy
261.	Ccrt-concurrent Chemo + Rt
262.	2d Radiotherapy
263.	3d Conformal Radiotherapy
264.	Igrt- Image Guided Radiotherapy
265.	Imrt- Step & Shoot
266.	Infusional Bisphosphonates
267.	Imrt- Dmlc
268.	Rotational Arc Therapy
269.	Tele Gamma Therapy
270.	Fsrt-fractionated Srt
271.	Vmat-volumetric Modulated Arc Therapy
272.	Sbrt-stereotactic Body Radiotherapy
273.	Helical Tomotherapy
274.	Srs-stereotactic Radiosurgery
275.	X-knife Srs
276.	Gammaknife Srs
277.	Tbi- Total Body Radiotherapy
278.	Intraluminal Brachytherapy
279.	Electron Therapy
280.	Tset-total Electron Skin Therapy
281.	Extracorporeal Irradiation of Blood Products
282.	Telecobalt Therapy

283.	Telecesium Therapy
284.	External Mould Brachytherapy
285.	Interstitial Brachytherapy
286.	Intracavity Brachytherapy
287.	3d Brachytherapy
288.	Implant Brachytherapy
289.	Intravesical Brachytherapy
290.	Adjuvant Radiotherapy
291.	Afterloading Catheter Brachytherapy
292.	Conditioning Radiotherapy for Bmt
293.	Extracorporeal Irradiation to The Homologous Bone Grafts
294.	Radical Chemotherapy
295.	Neoadjuvant Radiotherapy
296.	Ldr Brachytherapy
297.	Palliative Radiotherapy
298.	Radical Radiotherapy
299.	Palliative Chemotherapy
300.	Template Brachytherapy
301.	Neoadjuvant Chemotherapy
302.	Adjuvant Chemotherapy
303.	Induction Chemotherapy
304.	Consolidation Chemotherapy
305.	Maintenance Chemotherapy

306.	Hdr Brachytherapy
10.	Operations on the Salivary Glands & Salivary Ducts:
307.	Incision and Lancing of a Salivary Gland and a Salivary Duct
308.	Excision of Diseased Tissue of a Salivary Gland and a Salivary Duct
309.	Resection of a Salivary Gland
310.	Reconstruction of a Salivary Gland and a Salivary Duct
311.	Other Operations on the Salivary Glands and Salivary Ducts
11.	Operations on the Skin & Subcutaneous Tissues:
312.	Other Incisions of the Skin and Subcutaneous Tissues
313.	Surgical Wound Toilet (wound Debridement) and Removal of Diseased Tissue of the Skin and Subcutaneous Tissues
314.	Local Excision of Diseased Tissue of the Skin and Subcutaneous Tissues
315.	Other Excisions of the Skin and Subcutaneous Tissues
316.	Simple Restoration of Surface Continuity of the Skin and Subcutaneous Tissues
317.	Free Skin Transplantation, Donor Site
318.	Free Skin Transplantation, Recipient Site
319.	Revision of Skin Plasty
320.	Other Restoration and Reconstruction of the Skin and Subcutaneous Tissues.
321.	Chemosurgery to the Skin.
322.	Destruction of Diseased Tissue In the Skin and Subcutaneous Tissues

323.	Reconstruction of Deformity/ Defect In Nail Bed
324.	Excision of Bursitis
325.	Tennis Elbow Release
12.	Operations on the Tongue:
326.	Incision, Excision and Destruction of Diseased Tissue of the Tongue
327.	Partial Glossectomy
328.	Glossectomy
329.	Reconstruction of the Tongue
330.	Other Operations on the Tongue
13.	Ophthalmology Related:
331.	Surgery for Cataract
332.	Incision of Tear Glands
333.	Other Operations on the Tear Ducts
334.	Incision of Diseased Eyelids
335.	Excision and Destruction of Diseased Tissue of The Eyelid
336.	Operations on the Canthus and Epicanthus
337.	Corrective Surgery for Entropion and Ectropion
338.	Corrective Surgery for Blepharoptosis
339.	Removal of a Foreign Body From the Conjunctiva
340.	Removal of a Foreign Body From the Cornea
341.	Incision of the Cornea
342.	Operations for Pterygium

343.	Other Operations on the Cornea
344.	Removal of a Foreign Body From the Lens of the Eye
345.	Removal of a Foreign Body From the Posterior Chamber of the Eye
346.	Removal of a Foreign Body From the Orbit and Eyeball
347.	Correction of Eyelid Ptosis By Levator Palpebrae Superioris Resection (bilateral)
348.	Correction of Eyelid Ptosis By Fascia Lata Graft (bilateral)
349.	Diathermy/cryotherapy to Treat Retinal Tear
350.	Anterior Chamber Paracentesis / Cyclodiathermy / Cyclocryotherapy / Goniectomy / Trabeculotomy and Filtering and Allied Operations to Treat Glaucoma
351.	Enucleation of Eye Without Implant
352.	Dacryocystorhinostomy for Various Lesions of Lacrimal Gland
353.	Laser Photocoagulation to Treat Retinal Tear
354.	Biopsy of Tear Gland
355.	Treatment of Retinal Lesion
14.	Orthopedics Related:
356.	Surgery for Meniscus Tear
357.	Incision on Bone, Septic and Aseptic
358.	Closed Reduction on Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
359.	Suture and Other Operations on Tendons and Tendon Sheath

360.	Reduction of Dislocation Under Ga
361.	Arthroscopic Knee Aspiration
362.	Surgery for Ligament Tear
363.	Surgery for Hemoarthrosis/ Pyoarthrosis
364.	Removal of Fracture Pins/nails
365.	Removal of Metal Wire
366.	Closed Reduction on Fracture, Luxation
367.	Reduction of Dislocation Under Ga
368.	Epiphyseolysis With Osteosynthesis
369.	Excision of Various Lesions In Coccyx
370.	Arthroscopic Repair of Acl Tear Knee
371.	Closed Reduction of Minor Fractures
372.	Arthroscopic Repair of Pcl Tear Knee
373.	Tendon Shortening
374.	Arthroscopic Meniscectomy - Knee
375.	Treatment of Clavicle Dislocation
376.	Haemarthrosis Knee- Lavage
377.	Abscess Knee Joint Drainage
378.	Carpal Tunnel Release
379.	Closed Reduction of Minor Dislocation
380.	Repair of Knee Cap Tendon
381.	Orif With K Wire Fixation- Small Bones
382.	Release of Midfoot Joint

383.	Orif With Plating- Small Long Bones
384.	Implant Removal Minor
385.	K Wire Removal
386.	Pop Application
387.	Closed Reduction and External Fixation
388.	Arthrotomy Hip Joint
389.	Syme's Amputation
390.	Arthroplasty
391.	Partial Removal of Rib
392.	Treatment of Sesamoid Bone Fracture
393.	Shoulder Arthroscopy / Surgery
394.	Elbow Arthroscopy
395.	Amputation of Metacarpal Bone
396.	Release of Thumb Contracture
397.	Incision of Foot Fascia
398.	Calcaneum Spur Hydrocort Injection
399.	Ganglion Wrist Hyalase Injection
400.	Partial Removal of Metatarsal
401.	Repair / Graft of Foot Tendon
402.	Revision/removal of Knee Cap
403.	Amputation Follow-up Surgery
404.	Exploration of Ankle Joint
405.	Remove/graft Leg Bone Lesion

406.	Repair/graft Achilles Tendon
407.	Remove of Tissue Expander
408.	Biopsy Elbow Joint Lining
409.	Removal of Wrist Prosthesis
410.	Biopsy Finger Joint Lining
411.	Tendon Lengthening
412.	Treatment of Shoulder Dislocation
413.	Lengthening of Hand Tendon
414.	Removal of Elbow Bursa
415.	Fixation of Knee Joint
416.	Treatment of Foot Dislocation
417.	Surgery of Bunion
418.	Intra Articular Steroid Injection
419.	Tendon Transfer Procedure
420.	Removal of Knee Cap Bursa
421.	Treatment of Fracture of Ulna
422.	Treatment of Scapula Fracture
423.	Removal of Tumor of Arm/ Elbow Under Ra/ga
424.	Repair of Ruptured Tendon
425.	Decompress Forearm Space
426.	Revision of Neck Muscle (torticollis Release)
427.	Lengthening of Thigh Tendons
428.	Treatment Fracture of Radius & Ulna

429.	Repair of Knee Joint
15.	Other Operations on the Mouth & Face:
430.	External Incision and Drainage In the Region of the Outh, Jaw and Face
431.	Incision of the Hard and Soft Palate
432.	Excision and Destruction of Diseased Hard and Soft Palate
433.	Incision, Excision and Destruction In the Mouth
434.	Other Operations In the Mouth
16.	Pediatric Surgery Related:
435.	Excision of Fistula-in-ano
436.	Excision Juvenile Polyps Rectum
437.	Vaginoplasty
438.	Dilatation of Accidental Caustic Stricture Oesophageal
439.	Presacral Teratomas Excision
440.	Removal of Vesical Stone
441.	Excision Sigmoid Polyp
442.	Sternomastoid Tenotomy
443.	Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
444.	Excision of Soft Tissue Rhabdomyosarcoma
445.	Mediastinal Lymph Node Biopsy
446.	High Orchiectomy for Testis Tumours
447.	Excision of Cervical Teratoma

448.	Rectal-myomectomy
449.	Rectal Prolapse (delorme's Procedure)
450.	Detorsion of Torsion Testis
451.	Eua + Biopsy Multiple Fistula In Ano
452.	Cystic Hygroma - Injection Treatment
17.	Plastic Surgery Related:
453.	Construction Skin Pedicle Flap
454.	Gluteal Pressure Ulcer-excision
455.	Muscle-skin Graft, Leg
456.	Removal of Bone for Graft
457.	Muscle-skin Graft Duct Fistula
458.	Removal Cartilage Graft
459.	Myocutaneous Flap
460.	Fibro Myocutaneous Flap
461.	Breast Reconstruction Surgery After Mastectomy
462.	Sling Operation for Facial Palsy
463.	Split Skin Grafting Under Ra
464.	Wolfe Skin Graft
465.	Plastic Surgery to the Floor of the Mouth Under Ga
18.	Thoracic Surgery Related:
466.	Thoracoscopy and Lung Biopsy
467.	Excision of Cervical Sympathetic Chain Thoracoscopic
468.	Laser Ablation of Barrett's Oesophagus

469.	Pleurodesis
470.	Thoracoscopy and Pleural Biopsy
471.	Ebus + Biopsy
472.	Thoracoscopy Ligation Thoracic Duct
473.	Thoracoscopy Assisted Empyema Drainage
19.	Urology Related:
474.	Haemodialysis
475.	Lithotripsy/nephrolithotomy for Renal Calculus
476.	Excision of Renal Cyst
477.	Drainage of Pyonephrosis/ Perinephric Abscess
478.	Incision of the Prostate
479.	Transurethral Excision and Destruction of Prostate Tissue
480.	Transurethral and Percutaneous Destruction of Prostate Tissue
481.	Open Surgical Excision and Destruction of Prostate Tissue
482.	Radical Prostatovesiculectomy
483.	Other Excision and Destruction of Prostate Tissue
484.	Operations on the Seminal Vesicles
485.	Incision and Excision of Periprostatic Tissue
486.	Other Operations on the Prostate
487.	Incision of the Scrotum and Tunica Vaginalis Testis
488.	Operation on a Testicular Hydrocele
489.	Excision and Destruction of Diseased Scrotal Tissue

490.	Other Operations on the Scrotum and Tunica Vaginalis Testis
491.	Incision of the Testes
492.	Excision and Destruction of Diseased Tissue of the Testes
493.	Unilateral Orchiectomy
494.	Bilateral Orchiectomy
495.	Surgical Repositioning of an Abdominal Testis
496.	Reconstruction of the Testis
497.	Implantation, Exchange and Removal of a Testicular Prosthesis
498.	Other Operations on the Testis
499.	Excision In the Area of the Epididymis
500.	Operations on the Foreskin
501.	Local Excision and Destruction of Diseased Tissue of the Penis
502.	Amputation of the Penis
503.	Other Operations on the Penis
504.	Cystoscopic Removal of Stones
505.	Catheterisation of Bladder
506.	Lithotripsy
507.	Biopsy of temporal Artery for Various Lesions
508.	External Arterio-venous Shunt
509.	Av Fistula - Wrist
510.	Ursl With Stenting

511.	Ursl With Lithotripsy
512.	Cystoscopic Litholapaxy
513.	Eswl
514.	Bladder Neck Incision
515.	Cystoscopy & Biopsy
516.	Cystoscopy and Removal of Polyp
517.	Suprapubic Cystostomy
518.	Percutaneous Nephrostomy
519.	Cystoscopy and "sling"procedure.
520.	Tuna- Prostate
521.	Excision of Urethral Diverticulum
522.	Removal of Urethral Stone
523.	Excision of Urethral Prolapse
524.	Mega-ureter Reconstruction
525.	Kidney Renoscopy and Biopsy
526.	Ureter Endoscopy and Treatment
527.	Vesico Ureteric Reflux Correction
528.	Surgery for Pelvi Ureteric Junction Obstruction
529.	Anderson Hynes Operation
530.	Kidney Endoscopy and Biopsy
531.	Paraphimosis Surgery
532.	Injury Prepuce- Circumcision
533.	Frenular Tear Repair

534.	Meatotomy for Meatal Stenosis
535.	Surgery for Fournier's Gangrene Scrotum
536.	Surgery Filarial Scrotum
537.	Surgery for Watering Can Perineum
538.	Repair of Penile Torsion
539.	Drainage of Prostate Abscess
540.	Orchiectomy
541.	Cystoscopy and Removal of FB

Note: This List Is Not Exhaustive, Only Illustrative. Due to Technological Advancement Any Treatment Considered By the Indian Medical Council as Day Care Surgery / Procedure, Such Treatments Would Also Be Considered for Day Care Surgeries / Procedures.

Hence It Is Requested to Verify Company's Website for Detailed List of Updated Day Care Surgeries / Procedures for Easy Understanding Purposes.

Annexure II - To the Policy Terms and Conditions (Explanation to the Benefits)

S. No.	Benefit Reference Number	Benefit Description	Basis of Offering	Part of Main Sum Insured or Outside Sum Insured	Scope of Cover	Precondition - Admissibility of Claim under Benefit
1	Benefit 1	Accidental Death	Benefit	Part of Main Sum Insured	Worldwide	Not Applicable
2	Benefit 2	Permanent Total Disablement	Benefit	Part of Main Sum Insured	Worldwide	Not Applicable
3	Benefit 3	Permanent Partial Disablement	Benefit	Part of Main Sum Insured	Worldwide	Not Applicable
4	Benefit 4	Fractures	Benefit	Part of Main Sum Insured	Worldwide	Not Applicable
5	Benefit 5	Child Education	Benefit	Addition to Main Sum Insured	Worldwide	Benefit 1 or Benefit 2
6	Benefit 6	Major Diagnostics Tests	Indemnity	Addition to Main Sum Insured	India	Benefit 1 or Benefit 2 or Benefit 3
7	Benefit 7	Disappearance	Benefit	Part of Main Sum Insured	Worldwide	In lieu of Benefit 1
8	Benefit 8	Mobility cover	Benefit	Addition to Main Sum Insured	India	Benefit 2
9	Benefit 9	Burns	Benefit	Part of Main Sum Insured	Worldwide	Benefit 2

10	Benefit 10	Domestic Road Ambulance	Indemnity	Addition to Main Sum Insured	India	Not Applicable
11	Benefit 11	Nursing Care	Benefit	Addition to Main Sum Insured	Worldwide	Benefit 2 or Benefit 3
12	Benefit 12	Reconstructive Surgery	Indemnity	Addition to Main Sum Insured	India	Benefit 2 or Benefit 3
13	Benefit 13	Repatriation of Mortal Remains	Benefit	Addition to Main Sum Insured	Worldwide	Benefit 1
14	Benefit 14	Loyalty Benefit	Benefit	Part of Main Sum Insured	Not Applicable	Not Applicable
Optional Cover 1: Accidental Hospitalization		a) Hospitalization Expenses b) Daily Allowance c) Compassionate visit	Indemnity Benefit Indemnity	Addition to Main Sum Insured	India	Not Applicable Not Applicable Not Applicable
Optional Cover 2		Permanent Total Disablement Improvement	Benefit Sum Insured	Addition to Main	Worldwide	Benefit 2
Optional Cover 3		Permanent Partial Disablement Improvement	Benefit Sum Insured	Addition to Main	Worldwide	Benefit 3
Optional Cover 4		Accidental Hospitalization Expenses	Indemnity	Addition to Main Sum Insured	India	Not Applicable

Optional Cover 5	Convalescence Benefit	Benefit	Addition to Main Sum Insured	Worldwide	Not Applicable
Optional Cover 6	Accidental Hospitalization Daily Allowance	Benefit	Addition to Main Sum Insured	Worldwide	Not Applicable
Optional Cover 7	Temporary Total Disablement	Benefit	Addition to Main Sum Insured	Worldwide	Not Applicable
Optional Cover 8	Accidental OPD Cover	Indemnity	Part of Main Sum Insured	Worldwide	Not Applicable
Optional Cover 9	Common Carrier Mishap Cover	Benefit	Addition to Main Sum Insured	Worldwide	Benefit 1 or Benefit 2
Optional Cover 10	Temporary Total Disablement Plus	Benefit	Part of Main Sum Insured	Worldwide	Not Applicable
Optional Cover 11	Protection Benefit	Benefit	Part of Main Sum Insured	Worldwide	Benefit 1

Notes to the above table:

1. 'Main Sum Insured' is the Sum Insured chosen by the Proposer, under the base plan; Any Claim paid for Benefits which form part of 'Main Sum Insured' shall reduce the Sum Insured for that Policy Year and only the balance shall be available for all the future claims for that Policy Year.
2. In the Table above, Scope of Cover under 'Worldwide' does not include listed civilian nations. For updated list of such excluded nations, please visit company's website.

Annexure III - List of Civilian Nations

Africa		Bissou	41. Republic of Sierra Leone
1. Algeria	22. Republic of Guinea-Bissau		42. Sudan
2. Republic of Angola	23. Mauritania		43. Uganda
3. Republic of Benin	24. Kenya		44. Zambia
4. Botswana	25. Lesotho		45. Somalia
5. Burkina Faso	26. Morocco		46. Swaziland
6. Burundi	27. Swaziland		47. Tanzania
7. Cameroon	28. Liberia		48. Togolese Republic
8. Central African Republic	29. Great Socialist People's Libyan Arab Jamahiriya		49. Tunisian Republic
9. Chad			50. Republic of Uganda
10. Congo	30. Republic of Madagascar		51. Western Sahara
11. Republic of Cote d'Ivoire	31. Republic of Malawi	Asia	
12. Republic of Sao Tome and Principe	32. Republic of Mali	52. Afghanistan	
13. Djibouti	33. Islamic Republic of Mauritania	53. North Korea	
14. Republic of Equatorial Guinea	34. Mozambique	54. Pakistan	
15. Eritrea	35. Namibia	55. Timor-Leste	
16. Ethiopia	36. Nigeria	56. Kyrgyzstan	
17. Gabon	37. Republic of Cape Verde	57. Kazakhstan	
18. Gambia	38. Madagascar	58. Mongolia	
19. Ghana	39. Rwanda	59. Tajikistan	
20. Great Socialist People's Libyan Arab Jamahiriya	40. Senegal	60. Uzbekistan	
21. Guinea/Guinea-		61. Turkmenistan	
		Caribbean	
		62. Haiti	
		63. Montserrat Central America	

64. El Salvador	75. Iran	84. Colombia
65. Honduras	76. Israel	85. Guyana
66. Nicaragua	77. Lebanon	86. Ecuador
Europe	78. Turkey	87. Paraguay
67. Armenia	79. Yemen	88. Peru
68. Georgia	80. Syria	89. Bolivia
69. Moldova	Oceanic	90. Suriname
70. Ukraine	81. Papua New Guinea	91. Venezuela
Middle East	82. Solomon Islands	
71. Egypt	South America	
72. Azerbaijan	83. Venezuela	
73. Iran		
74. Iraq		

Note: For an updated list of Civilian Nations, please visit the Company's Website.

For Change in Occupation / Nature of Job
(Refer Clause 6.3 of Policy Terms and Conditions)

1. To be filled in by Policyholder in CAPITAL LETTERS only.
2. If there is insufficient space, please provide further details on a separate sheet. All attached documents form part of this service request.
3. This form has to be filled in and submitted to the company whenever the nature of job / occupation of any insured covered under the Policy changes subsequent to the issuance of the Policy.

Mr. ☐ Ms. ☐ M/S. ☐ Policy No :

Name :
(First Name) (Middle Name) (Last Name)

[illegible]

I hereby declare, on my behalf and on behalf of all persons insured, that the above statement(s), answer(s) and / or particular(s) given by me are true and complete in all respects to the best of my knowledge and that I am authorized to provide / request for updation of the details on behalf of Insured Persons.

Note: The Company shall update its record with respect to the information provided above. Subsequently, the Company may review the risk involved and may alter the coverage and / or premium payable accordingly.

Annexure V –List of Hospitals where Claim will not be admitted

Hospital Name	Address
Nulife Hospital And Maternity Centre	1616 Outram Lines,Kingsway Camp,Guru Teg Bahadur Nagar , New Delhi , Delhi
Taneja Hospital	F-15,Vikas Marg, Preet Vihar , New Delhi , Delhi
Shri Komal Hospital & Dr.Saxena's Nursing Home	Opp. Radhika Cinema,Circular Road , Rewari , Haryana
Sona Devi Memorial Hospital & Trauma Centre	Sohna Road, Badshahpur , Gurgaon , Haryana
Amar Hospital	Sector-70,S.A.S.Nagar, Mohali, Sector 70 , Mohali , Punjab
Brij Medical Centre	K K 54, Kavi Nagar , Ghaziabad , Uttar Pradesh
Famliy Medicare	A-55,Sector 61, Rajat Vihar Sector 62 , Noida , Uttar Pradesh
Jeevan Jyoti Hospital	162,Lowther Road, Bai Ka Bagh , Allahabad , Uttar Pradesh
City Hospital & Trauma Centre	C-1,Cinder Dump Complex,Opposite Krishna Cinema Hall,Kanpur Road, Alambagh , Lucknow , Uttar Pradesh
Dayal Maternity & Nursing Home	No.953/23,D.C.F.Chowk, DLF Colony , Rohtak , Haryana
Metas Adventist Hospital	No.24, Ring-Road,Athwalines, Surat , Surat , Gujarat
Surgicare Medical Centre	Sai Dwar Oberoi Complex,S.A.B.T.V.Lane Road,Lokhandwala,Near Laxmi Industrial Estate, Andheri , Mumbai , Maharashtra
Paramount General Hospital & I.C.C.U.	Laxmi Commercial Premises,Andheri Kurla Road , Andheri , Mumbai , Maharashtra
Gokul Hospital	Thakur Complex , Kandivali East , Mumbai , Maharashtra
Shree Sai Hospital	Gokul Nagri I,Thankur Complex,Western Express Highway, Kandivali East , Mumbai , Maharashtra

Hospital Name	Address
Shreedevi Hospital	Akash Arcade,Bhanu Nagar,Near Bhanu Sagar Theatre,Dr.Deepak Shetty Road, Kalyan D.C. , Thane , Maharashtra
Saykhedkar Hospital And Research Centre Pvt. Ltd.	Trimurthy Chowk,Kamatwada Road,Cidco Colony , Nashik , Maharashtra
Arpan Hospital And Research Centre	No.151/2,Imli Bazar,Near Rajwada, Imli Bazar , Indore , Madhya Pradesh
Ramkrishna Care Hospital	Aurobindo Enclave,Pachpedhi Naka,Dhamtri Road,National Highway No 43, Raipur , Chhattisgarh
Gupta Multispeciality Hospital	B-20, Vivek Vihar , New Delhi , Delhi
R.K.Hospital	3C/59,BP,Near Metro Cinema, New Industrial Township 1 , Faridabad , Haryana
Prakash Hospital	D -12,12A,12B,Noida, Sector 33 , Noida , Uttar Pradesh
Aryan Hospital Pvt. Ltd.	Old Railway Road,Near New Colony, New Colony , Gurgaon , Haryana
Medilink Hospital Research Centre Pvt. Ltd.	Near Shyamal Char Rasta,132, Ring Road, Satellite , Ahmedabad , Gujarat
Mohit Hospital	Khoya B-Wing,Near National Park,Borivali(E), Kandivali West , Mumbai , Maharashtra
Scope Hospital	628,Niti Khand-I, Indirapuram , Ghaziabad , Uttar Pradesh
Agarwal Medical Centre	E-234,- , Greater Kailash 1 , New Delhi , Delhi
Oxygen Hospital	Bhiwani Stand, Durga Bhawan , Rohtak , Haryana
Prayag Hospital & Research Centre Pvt. Ltd.	J-206 A/1, Sector 41 , Noida , Uttar Pradesh
Palwal Hospital	Old G.T. Road,Near New Sohna Mod, Palwal , Haryana
B.K.S. Hospital	No.18,1st Cross,Gandhi Nagar, Adyar , Bellary , Karnataka

Hospital Name	Address
East West Medical Centre	No.711,Sector 14, Sector 14 , Gurgaon , Haryana
Jagtap Hospital	Anand Nagar,Sinhgood Road , Anandnagar , Pune , Maharashtra
Dr. Malwankar's Romeen Nursing Home	Ganesh Marg,Tagore Nagar , Vikhroli East , Mumbai , Maharashtra
Noble Medical Centre	SVP Road, Borivali West , Mumbai , Maharashtra
Rama Hospital	Sonepat Road,Bahalgarh, Sonipat , Haryana
S.B.Nursing Home & ICU	Lake Bloom 16,17,18 Opposite Solaris Estate, L.T.Gate No.6,Tunga Gaon, Saki-Vihar Road, Powai , Mumbai , Maharashtra
Saraswati Hospital	Divya Smruti Building, 1st Floor, Opp Toyota Showroom, Malad Link Road, Malad West , Mumbai , Maharashtra
Shakuntla Hospital	3-B Tashkant Marg,Near St. Joseph Collage, Allahabad , Uttar Pradesh
Mahaveer Hospital & Trauma Centre	76-E,Station Road, Panki , Kanpur , Uttar Pradesh
Eashwar Lakshmi Hospital	Plot No. 9,Near Sub Registrar Office, Gandhi Nagar , Hyderabad , Andhra Pradesh
Amrapali Hospital	Plot No. NH-34,P-2,Omega -1, Greater Noida , Noida , Uttar Pradesh
Hardik Hospital	29c,Budh Bazar, Vikas Nagar , New Delhi , Delhi
Jabalpur Hospital & Research Centre Pvt Ltd	Russel Crossing,Naptier Town, Jabalpur , Madhya Pradesh
Panvel Hospital	Plot No. 260A,Uran Naka, Old Panvel , Navi Mumbai , Maharashtra
Santosh Hospital	L-629/631,Hapur Road, Shastri Nagar , Meerut , Uttar Pradesh

Hospital Name	Address
Sona Medical Centre	5/58,Near Police Station, Vikas Nagar , Lucknow , Uttar Pradesh
City Super Speciality Hospital	Near Mohan Petrol Pump,Gohana Road, Rohtak , Haryana
Navjeevan Hospital & Maternity Centre	753/21,Madanpuri Road, Near Pataudi Chowk , Gurgaon , Haryana
Abhishek Hospital	C-12,New Azad Nagar, Kanpur , Kanpur , Uttar Pradesh
Raj Nursing Home	23-A, Park Road , Allahabad , Uttar Pradesh
Saras Healthcare Pvt Ltd.	K-112, SEC-12 ,Pratap Vihar , Ghaziabad , Uttar Pradesh
Getwell Soon Multispeciality Institute Pvt Ltd	S-19, Shalimar Garden Extn. , Near Dayanand Park, Sahibabad , Ghaziabad , Uttar Pradesh
Shivalik Medical Centre Pvt Ltd	A-93, Sector 34 , Noida , Uttar Pradesh
Aakanksha Hospital	126, Aaradhnanagar Soc,B/H. Bhulkabhavan School, Aanand-Mahal Rd. , Adajan , Surat , Gujarat
Abhinav Hospital	Harsh Apartment,Nr Jamna Nagar Bus Stop, Goddod Road , Surat , Gujarat
Adhar Ortho Hospital	Dawer Chambers,Nr. Sub Jail, Ring Road , Surat , Gujarat
Aris Care Hospital	Aris Care Hospital
Arzoo Hospital	Opp. L.B. Cinema, Bhatar Rd. , Surat , Gujarat
Auc Hospital	B-44, Gujarat Housing Board, Pandeshara , Surat , Gujarat
Dharamjivan General Hospital & Trauma Centre	Karmayogi - 1, Plot No. 20/21, Near Piyush Point, Pandesara , Surat , Gujarat

Hospital Name	Address
Dr. Santosh Basotia Hospital	Bhatar Road , Bhatar Road , Surat , Gujarat
God Father Hosp.	344, Nandvan Soc., B/H. Matrushakti Soc. , Puna Gam , Surat , Gujarat
Govind-Prabha Arogya Sankool	Opp. Ratna-Sagar Vidhyalaya,Kaji Medan, Gopipura , Surat , Gujarat
Hari Milan Hospital	L H Road , Surat , Gujarat
Jaldhi Ano-Rectal Hospital	103, Payal Apt., Nxt To Rander Zone Office, Tadwadi , Surat , Gujarat
Jeevan Path Gen. Hospital	2Nd. Fl., Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan , Surat , Gujarat
Kalrav Children Hospital	Yashkamal Complex, Nr. Jivan Jyot, Udhna , Surat , Gujarat
Kanchan General Surgical Hospital	Plot No. 380, Ishwarnagar Soc, Bhamroli-Bhatar, Pandesara , Surat , Gujarat
Krishnavati General Hospital	Bamroli Road , Surat , Gujarat
Niramayam Hosptial & Prasutigruah	Shraddha Raw House, Near Natures Park , Surat , Gujarat
Patna Hospital	25, Ashapuri Soc - 2, Bamroli Road, Surat , Gujarat
Poshia Children Hospital	Harekrishan Shoping Complex 1St Floor, Varachha Road , Surat , Gujarat
R.D Janseva Hospital	120 Feet Bamroli Road, Pandesara , Surat , Gujarat
Radha Hospital & Maternity Home	239/240 Bhagunagar Society, Opp Hans Society, L H Road, Varachha Road, Surat , Gujarat
Santosh Hospital	L H Road , Varachha , Surat , Gujarat

Hospital Name	Address
Sparsh Multy Specality Hospital & Trauma Care Center	G.I.D.C Road, Nr Udhana Citizan Co-Op.Bank , Surat , Gujarat

Notes:

1. For an updated list of Hospitals, please visit the Company's website.
2. Only in case of a medical emergency, Claims would be payable if admitted in the above Hospitals on a reimbursement basis.

Annexure VI - Office of the Ombudsman

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, Ist 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
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, Maharajgang, 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,	Bihar, Jharkhand

	Baily Road, Patna Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	
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, Kanoor, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, 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: CHIPAIP25046V042425

IRDAI Registration Number - 148

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WhatsApp - **8860402452**



Care Health - Customer App:
<https://careinsurance.app.link/3QB1xwRrNPb>



SELF HELP

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



Submit Your Queries/Requests:
www.careinsurance.com/contact-us.html