MAGMA
General Insurance Limited

TRUTH MUST BE TOLD

ONEPROTECT
POLICY WORDINGS

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Preamble

Magma General Insurance Limited ("the Company"), having received a Proposal and the premium from the Proposer for the insured members in the group named in the Schedule referred to herein below, and the said Proposal and Declaration together with any statement, report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by the Company and the Proposer as the basis of this contract do, by this Policy agree, in consideration of and subject to the due receipt of the subsequent premiums, as set out in the Schedule with all its Parts, and further, subject to the terms and conditions contained in this Policy, as set out in the Schedule with all its Parts that on proof to the satisfaction of the Company of the compensation having become payable to the title of the said person or persons claiming payment or upon the happening of an event upon which one or more benefits become payable under this Policy, the Sum Insured/ appropriate benefit will be paid by the Company.

This Policy document contains the details of the Sections, including the optional covers, that are available to You (as mentioned in Your Policy schedule)

Section 1. Definitions

The terms defined below have the meaning ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural, references to male include female and references to any statutory enactment include subsequent changes, replacements or amendments to the same:

Standard Definitions:

Accident: An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

An **AYUSH Hospital:** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

a. Central or State Government AYUSH Hospital or

b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/ Central Council for Homeopathy; or

c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with the following criterion:

   i) Having at least 5 in-patient beds;

   ii) Having qualified AYUSH Medical Practitioner in charge round the clock;

   iii) Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

   iv) Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

AYUSH Day Care Centre: means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/ para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion:

i. Having qualified registered AYUSH Medical Practitioner(s) in charge;

ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

iii. Mainitaining daily records of patient and making them accessible to the insurance company's authorized representative.

Any One Illness: Any one illness means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

Cashless facility: 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.

Condition Precedent: Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Congenital Anomaly means a condition 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.

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

Deductible means 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.

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

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

Emergency Care: Emergency care 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.

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 ininstalments during the policy period.

Hospital: A hospital means any institution established for *in-patient care* and *day care treatment* of illness and / or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under 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.

Only for the purposes of any claim or treatment permitted to be made or taken outside India in accordance with relevant section (Treatment outside India), Hospital (outside India) means an institution (including nursing homes) established outside India for indoor medical care and treatment of Illness and/or Injuries which has been registered and licensed as such with the appropriate local or other authorities in the relevant area, wherever applicable, and is under the constant supervision of a medical practitioner. The term Hospital shall not include a clinic, rest home, or convalescent home for the addicted, detoxification centre, sanatorium, and old age home.

Hospitalization: Hospitalization 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.

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

(a) **Acute condition** - 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** - A 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

Injury: Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

Inpatient Care: Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

Intensive Care Unit: Intensive care unit 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.

ICU Charges: ICU (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.

Maternity expenses: Maternity expenses means:

a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);

b) expenses towards lawful medical termination of pregnancy during the policy period.

Migration means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.

Medical Advice: Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

Medical Expenses: 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.

Medical Practitioner: Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy setup by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of licence.

Medically Necessary Treatment: Medically necessary treatment 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.

Network Provider: Network Provider means hospitals enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

Newborn Baby: Newborn baby means baby born during the Policy Period and is aged up to 90 days.

Non-Network Provider: Non-Network means any hospital, day care centre or other provider that is not part of the network.

Notification of Claim: Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

OPD treatment: OPD treatment means the 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.

Portability means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

Pre-Existing Disease: Pre-Existing Disease means any condition, ailment, injury or disease:

a) 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

b) 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.

Qualified Nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

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

Renewal: Renewal means 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.

Subrogation: Subrogation means 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.

Surgery or Surgical Procedure: Surgery or 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 and prolongation of life, performed in a hospital or day care centre by a *medical practitioner*.

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

Break in policy means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.

Complaint or Grievance means written expression (includes communication in the form of electronic mail or voice based electronic scripts) of dissatisfaction by a complainant with respect to solicitation or sale or purchase of an insurance policy or related services by insurer and /or by distribution channel.

Explanation: An inquiry or service request would not fall within the definit ion of the "complaint" or "grievance".

Complainant means a policyholder or prospect or nominee or assignee or any beneficiary of an insurance policy who has filed a complaint or grievance against an insurer and / or distribution channel.

Mis-selling includes sale or solicitation of policies by the insurer or through distribution channels, directly or indirectly by

a. exercising undue influence, use of dominant position or otherwise, or

b. making a false or misleading statement or misrepresenting the facts or benefits, or

c. concealing or omitting facts, features, benefits, exclusions with respect to products, or

d. not taking reasonable care to ensure suitability of the policy to the prospects/policyholders.

Proposal form means a form to be filled in by the prospect in physical or electronic form, for furnishing the information including material information, if any, as required by the insurer in respect of a risk, in order to enable the insurer to take

informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages terms and conditions of the cover to be granted.

Prospectus means a document either in physical or electronic format issued by the insurer to sell or promote the insurance product.

1.2 Specific Definitions:

Act of God: Perils means and includes lightening, storm, tempest, flood, inundation, subsidence, landslide, earthquake, cyclone, tsunami, volcano, and other similar calamities.

Actively at Work: Refers to an employee who is actually at work on his/her eligibility date and performing each and every duty of his/her present occupation on a customary and fulltime basis. An employee shall also be deemed actively at work if he/she is on annual leave and is not absent from work due to long term illness, irrecoverable condition etc. If an employee is not actively at work on his/her cover start date, he/she will not be covered.

Activities of Daily Living: Applies to a member (who is eligible for cover under this policy) and who is aged at least five 5 years old who cannot perform the following activities:

- Dressing: The ability to put on, take off, secure, and unfasten all garments and as appropriate, any braces, artificial limbs, or other surgical appliances;
- Feeding: The ability to feed one's self once food has been prepared and made available;
- Mobility: The ability to move indoors from room to room on level surfaces;
- Toileting: The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Transferring: The ability to move from a bed to an upright chair or wheelchair and vice versa;
- Washing: The ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.

Acquired Immune Deficiency Syndrome: means Acquired Immune Deficiency Syndrome, a condition characterised by a combination of signs and symptoms, caused by Human Immunodeficiency Virus, which attacks and weakens the body's immune system making the HIV-positive person susceptible to life threatening conditions or other conditions, as may be specified from time to time, Provided however if this definition is changed/modified by way of amendment to Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017 or through new legislation, then this definition shall be read with modified/changed definition/new legislation.

Age or Aged: means age as on last birthday.

Adventure Sports: Adventure Sports means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained in such sport or activity or not. Such sport/activity includes without limitation stunt activities of any kind, Land Windsurfing, Zorbing, Sand Boarding, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/obstacle riding, bobsleighing/using skeletons, bouldering, boxing, canyoning, cavin/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 labour, 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 riding, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling any typeand any sporting activity based on bodily contact or which is hazardous or potentially dangerous.

Ambulance: Ambulance means a vehicle/ carrier operated by a licenced/authorised service provider and equipped for the transport and paramedical Treatment of the person requiring medical attention.

Annexure: Annexure means a document attached as a part to this Policy and marked as Annexure.

Annual Renewal Date: Annual Renewal Date means the anniversary of the Inception date each year or any other date which We agree with you in writing.

Area of Cover: Area of Cover means the geographic coverage area as defined under the Policy and as particularly specified for the Insured Person in the Policy Schedule/ Certificate of Insurance.

Assistance Service Provider (ASP): means a Third-Party Administrator or any organization or institution appointed by the Company, as an independent contractor, for providing services to the Insured Person for an Insured Event covered under this Policy. ASP shall also include any Medical Practitioners empanelled by the ASP for seeking Medical Advice or opinion. Payment would be done to the service providers / Healthcare Service aggregators / Health care service providers.

Assignments Clause: (applicable if assignment is opted by the insured)

It is hereby declared and agreed that: -

1. From the policy start date, the sum of money not exceeding the Sum Insured as mentioned in the policy schedule payable by the company to the Insured and all rights, title, benefits, and interest of the Insured under this policy stand assigned in the favor of the Bank / Financial institution as informed by you to the company.
2. Upon any sum of money becoming payable under this policy the same shall be paid by the company to the "bank / financial institution' directly without any notice to the Insured / Insured members but not exceeding the principal outstanding. In the event of any sum of money payable under this policy exceeding the principal outstanding, the company shall pay such some to Insured Member / Nominee / Legal Heir.

3. The receipt of sum of money in the manner aforesaid by the Bank / Financial institution and the Insured shall completely discharge the company from all liability under the policy and shall be binding on the Insured and his legal heirs.

Benefit: Benefit means any benefit under the Policy, as opted and available for the Insured Person and specified in the list of benefits in the Policy Schedule/ Certificate of Insurance.

Beneficiary: In case of death of the Insured Beneficiary, the Beneficiary means, unless stipulated otherwise by the Insured Beneficiary, the surviving Spouse or immediate blood relative of the Insured Beneficiary, mentally capable and not divorced, followed by the children recognized or adopted followed by the Insured Beneficiary's legal heirs. For all other benefits, the Beneficiary means the Insured Beneficiary himself unless stipulated otherwise.

Catastrophe: Catastrophe means an unexpected natural or man-made event, such as an earthquake, tsunami, flood, civil unrest, mass bandh or riot which causes widespread loss, damage, or disruption in travel schedules.

Civil War: means armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups. Civil War also includes armed rebellion, revolution, sedition, insurrection, Coup, and the consequences of Martial law.

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 Member as covered under the Policy.

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.

Company / Insurer: Company / Insurer means Magma General Insurance Limited.

Compensation: means Sum Insured or percentage of the Sum Insured, as appropriate.

Common Carrier: Common Carrier means any civilian scheduled Rail, or scheduled aircraft operating under a valid license in the respective jurisdiction for the transportation of authorised passengers.

Confirmation: means Confirmation of Availability of Insurance issued by the Company to the insured confirming that the Insured is entitled to insurance coverage under this Policy.

Contribution: Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured Person to share the cost of an indemnity claim on a ratable proportion of the Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis. This clause shall not apply to any Benefit offered on fixed benefit basis.

Cosmetic Surgery: Cosmetic Surgery means Surgery or Medical Treatment that modifies, improves, restores, or maintains normal appearance of a physical feature, irregularity, or defect.

Commencement Date: means the commencement date of the Policy as specified in the Policy Schedule.

Daily Cash Benefit: means the per day Sum Insured unit opted under relevant sections and as specified in the Policy Schedule or Certificate of Insurance.

Dependent: Dependent means the member's spouse/ partner or child or parent or in-laws or any relation who has been enrolled in the Policy.

Dependent Child: Dependent Child refers to a child (natural or legally adopted), who is under Age 25 years, either in full-time education or residing at the same residence as the member at the commencement of any treatment and is financially dependent on the member. For the purpose of coverage under this Policy, the Age limit for a Dependent child shall be 25 years, however with respect to coverage under specific sections separate Age limits shall be defined under each Benefit.

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

Dislocation: A dislocation is a separation of two bones where they meet at a joint. Joints are areas where two bones come together. A dislocated joint is a joint where the bones are no longer in their normal positions.

Eligibility: Eligibility means the provisions of the Policy that state the requirements to be complied with.

Emergency: Emergency shall mean a serious medical condition or symptom resulting from Injury or sickness which arises suddenly and unexpectedly and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long-term impairment of the Insured Person's health, until stabilisation at which time this medical condition or symptom is not considered an Emergency anymore.

Emergency Care: Emergency Care 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.

Emergency Hospitalization: Emergency Hospitalization means admission of the Insured Person in a Hospital as an in-patient for a minimum period of 24 consecutive hours for an Illness contracted or Injury sustained by an Insured Person in an Accident, which occurs suddenly and unexpectedly, and requires immediate medical care to prevent death or serious long-term impairment of the Insured Person's health, as prescribed by a Medical Practitioner.

Exclusions: Exclusions mean specified coverage, hazards, services, conditions, and the like that are not provided for (covered) under a particular health insurance contract.

Expiry Date: Expiry Date means the date on which this Policy expires as specified in the Policy Schedule.

EMI or EMI Amount means and includes the amount of periodic payment required to repay the principal amount of Loan and Interest by the Insured as set forth in the amortization chart referred to in the loan agreement (or any amendments thereto) between the Bank/Financial Institution

and the Insured prior to the date of occurrence of the Insured Event under this Policy**.** For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the Insured prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.

Family Floater Policy: means a policy named as a Family Floater Policy in the Policy Schedule in terms of which, two or more persons of a family are named in the Policy Schedule as Insured Persons.

Financial Institution: shall have the same meaning assigned to the term under section 45 I of the Reserve Bank of India Act, 1934 and shall include a Non-Banking Financial Company as defined under section 45 I of the Reserve Bank of India Act, 1934.

Foreign War: means armed opposition, whether declared or not between two countries.

Foreign Enemy: Foreign Enemy means any group of individuals, entity, or country, who intend to cause Injury, or commission an act dangerous to human life or property in the location where the Insured Person is travelling to, by the use of hostile force or violence. Fracture: Fracture means a break in continuity of the bone which is evidenced by an X-ray and certified by the attending Medical Practitioner.

Hazard: Such insurance as is afforded to an Insured Person to which this Hazard applies, shall apply only to Injury sustained by such Insured Person 24 Hours a Day, 7 Days a week anywhere in the world. Such insurance includes such Injury sustained while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from any civilian aircraft having a current and valid Airworthiness Certificate, and piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft. This Hazard shall not apply while such Insured Person is riding in any civilian aircraft other than as expressly described herein, unless previously consented to in writing by Us.

HIV: means Human Immunodeficiency Virus.

HIV-affected person: means an individual who is HIV-positive or whose partner (with whom such individual normally resides) is HIV-positive or has lost a partner (with whom such individual resided) due to AIDS.

Individual Policy: means a policy named as an Individual Policy in the Policy Schedule in terms of which only one person is named in the Policy Schedule as the Insured Person.

Indemnity/Indemnify: means compensating the Policy Holder/Insured Member 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.

IRDAI: means the Insurance Regulatory and Development Authority of India.

Insured Person/You/Your/Yours means the person(s) named in the Policy Schedule who are covered under this Policy and in respect of whom the appropriate premium has been received. Insured means the Individual(s) whose name(s) are specifically appearing as such in Policy schedule or Certificate of Insurance of this Policy. For the purpose of avoidance of doubt, it is clarified that the heirs, executors, administrators, successors, or legal representatives of the Insured may present a claim on behalf of the Insured to the Company.

Loan: means the sum of money lent at interest or otherwise to the Insured by any Bank/Financial Institution as identified by the Loan Account Number referred to in Policy schedule or Certificate of Insurance.

Life Threatening Condition: Life Threatening Condition means a medical condition suffered by the Insured Person which has the following characteristics:

i. Markedly unstable vital parameters (blood pressure, pulse, temperature, and respiratory rate).
ii. Acute impairment of one or more vital organ systems (involving brain, heart, lungs, Liver, Kidneys, and pancreas) including ectopic pregnancy.
iii. Critical care being provided, which involves high complexity decision making to assess, manipulate and support vital system function(s) to treat single or multiple vital organ failure(s) and requires interpretation of multiple physiological parameters and application of advanced technology.
iv. Critical care being provided in critical care area such as coronary care unit, intensive care unit, respiratory care unit, or the emergency department.

Limb: means an arm at or above the wrist or a leg at or above the ankle.

Loss of Limbs: The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

Loss of Speech: a) Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal chords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose & Throat (ENT) specialist. b) All psychiatric related causes are excluded.

Medical practitioner for mental illnesses: means a medical practitioner possessing a post-graduate degree or diploma in psychiatry awarded by an university recognised by the University Grants Commission established under the University Grants Commission Act, 1956, or awarded or recognised by the National Board of Examinations and included in the First Schedule to the Indian Medical Council Act, 1956, or recognised by the Medical Council of India, constituted under the Indian Medical Council Act, 1956, and includes, in relation to any State, any medical officer who having regard to his knowledge and experience in psychiatry, has been declared by the Government of that State to be a psychiatrist for the purposes of this Act;

Nominee means the person(s) nominated by the Insured to receive the insurance benefits under this Policy payable on

the death of the Insured. For the purpose of avoidance of doubt it is clarified that if the Insured is a minor, his guardian shall appoint the Nominee.

Non-Network: Non-Network Provider means any hospital, day care centre or other provider that is not part of the network.

Neurological Deficit: means Symptoms of dysfunction in the nervous system that is present on clinical examination and expected to last throughout the insured person's life. Symptoms that are covered include numbness, increased sensitivity, paralysis, localized weakness.

OPD treatment: OPD treatment means the 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.

Operation: Operation means any procedure described as an operation in the schedule of Surgical Procedures.

Out-Patient: Out-Patient means a patient who undergoes OPD treatment.

Occupation: Your occupation as shown in the Policy Schedule/Certificate of Insurance.

Policy Holder/Proposer/Group Administered/Group Policy Holder or "Insured": is the Organization or Legal Entity which has taken the Policy on behalf of all Insured Beneficiaries.

Physiotherapist: refers to a person who is licensed to practice as a physiotherapist where the treatment is to take place and is recognized as a physiotherapist.

Preferred Provider: means the Hospital empanelled by the Company or TPA and enlisted on the Preferred Provider Network List, specified in the Policy Schedule (and as updated by the Company from time to time). An updated list of 'Preferred Provider Network' may be obtained from the Company's website or the call centre.

Proposal and Declaration Form: means any initial or subsequent declaration made by the Insured Beneficiary/ Insured Beneficiary and is deemed to be attached and which forms a part of this Policy.

Permanent: means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement and certified to that effect by a competent and qualified Physician appointed by Us.

Permanent Total Disablement: means disablement, as the result of a **Bodily Injury**, which is confirmed as total, continuous, and permanent by a physician or panel of physicians.

Physical Separation: means as regards the hand actual separation at or above the wrists, and as regards the foot means actual separation at or above the ankle.

Public Authority: means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, exact obedience, and command, determine or judge.

Principal Outstanding: means the principal amount of the Loan outstanding as on the date of occurrence of Insured Event less the portion of principal component included in the EMIs payable but not paid from the date of the loan agreement till the date of the Insured Event/s. For the purpose of avoidance of doubt, it is clarified that any EMIs that are overdue and unpaid to the Bank prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.

Professional Sports: means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood.

Policy: means the Policy booklet, the Schedule, any Extension and applicable endorsements under the Policy. The Policy contains details of the extent of cover available to the Insured, the exclusions under the cover and the terms and conditions of the issue of the Policy.

Policy Inception Date: means the Policy Start Date of the first Policy with Us, as specified in the Policy Schedule, and renewed with Us continuously thereafter.

Policy Start Date: means the start date of the Policy as specified in the Policy Schedule.

Policy Expiry Date: means the date on which the Policy expires as specified in the Policy Schedule.

Policy Period: means the period commencing from Policy start date and time as specified in the Schedule or Certificate of Insurance and terminating at midnight on the Policy end date as specified in the Schedule or Certificate of Insurance to this Policy.

Policyholder: means the person named in the Policy Schedule as the policyholder and who has concluded this Policy with Us. **Policyholder** means the entity or person named as such in the Schedule or Certificate of Insurance.

Policy Schedule: Policy Schedule means Schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the available Sum Insured under a Benefit or a set of Benefits, the Policy Period and the Sub-limits to which Benefits under the Policy are subject to, including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.

Policy Year: Policy Year means a period of 12 consecutive months within the Policy Period commencing from the Inception Date or any subsequent Policy anniversary.

Port: Port means a scheduled point of departure or arrival of a Common Carrier in which an Insured Person is booked to travel.

Premium: Premium shall have to be paid in Indian Rupees and made in favour of Magma General Insurance Limited.

Prescription: Refers to named drugs (excluding supplements, vitamins, and traditional medicine) and dressings as prescribed by a medical practitioner for the treatment of a medical condition covered by your member's plan. For avoidance of doubt, prescription will not include vitamins nor supplements nor over the counter medication even if they are prescribed by a medical practitioner.

Preventive Care: means any kind of treatment taken as a pro-active care measure without actual requirement or symptoms of a disease or illness.

Product Benefits Table: means the Product Benefits Table issued by Us and accompanying the sales literatures, including the prospectus of this product.

Professional Sportsman: means a sports person whose annual income from sports or its allied services is in excess of 50%.

Rehabilitation: includes treatment aimed at restoring health or mobility, or to allow a person to live an independent life, such as after a stroke.

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

Renewal: Renewal means 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.

Senior Citizen: means any person who has completed sixty or more years of age as on the date of commencement or renewal of the policy.

Sum Insured means, in respect of each Benefit, the sum shown in the Schedule against that Benefit and such sum represents Our maximum liability for each Insured Person for any and all claims made during the Policy Period under that Benefit, provided that Our maximum liability for each Insured Person for any and all claims made during the Policy Period for any and all Benefits shall be limited to the Accidental Death Sum Insured unless expressly stated to the contrary.

Spouse: means an Insured Person's husband or wife who is recognized as such by the laws of the jurisdiction in which they reside.

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 and is flown by authorized licensed pilot.

Strike: Strike means stoppage of work announced, organized and sanctioned by a labour union, inclusive of work slowdowns, lockouts and sickouts, which interferes with the normal departure and arrival of a Common Carrier.

Specialist: Specialist is a Medical Practitioner who:

- Has received advanced specialist training - Practices a particular branch of medicine or surgery
- Holds or has held a consultant appointment in a Hospital or an appointment which We accepts as being of equivalent status.
- A physiotherapist who is registered or licensed as such under the laws of the country, state or other regulated area in which the treatment is provided is only a specialist for the purpose of physiotherapy as described in the list of Benefits.

Sub Limit: Sub Limit defines limitation on the amount of coverage available to cover a specific type of claim. A sublimit is part of, rather than in addition to, the limit that would otherwise apply to the admissible claim amount.

Surgical appliance and/or Medical Appliance: An artificial limb, prosthesis or device which is required for the purpose of or in connection with surgery

- An artificial device or prosthesis which is a necessary part of the treatment immediately following Surgery for as long as required by medical necessity.
- A prosthesis or appliance which is medically necessary and is part of the recuperation process on a short-term basis.

Tuition Expenses: Actual Expenses related to Tuition fees of (exclusive of room and board) charged by the institution for enrollment during that year.

TPA or Third Party Administrator means a company registered with the Authority, and engaged by an insurer, for a fee, by whatever name called and as may be mentioned in the agreement, for providing health services.

Terrorism: means activities against persons, organizations or property of any nature:

1) that involve the following or preparation for the following:
   a) use or threat of force or violence; or
   b) commission or threat of a dangerous act; or
   c) commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and
2) when one or both of the following applies:
   a) the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
   b) It appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

Treatment: Treatment means any relevant treatment controlled or administered by a Medical Practitioner to cure or substantially relieve Illness within the scope of the Policy.

Third Degree Burns: There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

War means war, whether declared or not or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

We/Our/Us means Magma General Insurance Limited.

You/Your/Policyholder: You/Your/Policyholder - the person named in the Policy Schedule/ Certificate Of Insurance who has concluded this Policy with Us.

Section 2. Benefits

Standard Covers

If an Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in the Insured Person's death or disablement which is of the nature specified below within 365 days of the Accident, then We shall pay the corresponding benefits specified below to You, the Insured Person or the Nominee, as the case may be.

1) Accidental Death (AD)

If during the period of insurance an insured person sustains bodily injury which directly and independently of all other causes results in death within twelve (12) months of the date of loss, then the company agrees to pay to the Insured person's beneficiary or legal representative the compensation stated in the schedule, including escalation benefits if any.

Disappearance We will pay the benefit for Loss of Life occurring within policy period if Insured person's body cannot be located within 365 Days after the forced landing, stranding, sinking or wrecking of a conveyance in which the insured person is a passenger or as a result of any Acts of God, in which case it shall be deemed, subject to all other terms and provisions of the Policy, that the insured person shall have suffered loss of life within the meaning of the Policy.

Accidental Death (Common Carrier)

Accident that occurs during the Policy Period and such Injury solely and directly results in the death of the Insured Person within 365 days from the date of the Accident, where such Death occurs while the Insured Person is a fare paying passenger on a common carrier, we will pay additional 100% of opted Accidental Death Sum Insured Or Rs 10 Crore whichever is lower specified in the Policy Schedule. Once a claim has been accepted and paid under this Benefit then this Policy will automatically terminate in respect of that Insured Person.

2) Permanent total Disablement (PTD)

We will pay the sum insured including escalation benefit as shown in the policy schedule if injury to you results in you suffering Permanent Total Disability. The injury must occur within the policy period as mentioned in the policy schedule and the functional loss should be within 365 days from the date of accident which caused the injury. This clause is however not applicable for immediate severance cases. We will pay provided such disability has continued for a period of 365 days and is total, continuous and permanent at the end of this period, the sum less any other amount paid or payable under Permanent Partial Disability sections of this policy, if the said coverage is offered under this policy as the result of the same accident If the Insured Person suffers more than one below mentioned loss as a result of the same accident, our liability shall be restricted to the sum insured mentioned on the policy schedule. For the purpose of this cover, Permanent Total Disability shall mean either of the following:

- Loss of sight of both eyes
- Physical Separation of or the loss of ability to use both hands or both feet
- Physical Separation of or the loss of ability to use one hand and one foot
- Loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot.

3) Permanent Partial Disablement (PPD)

When as the result of Injury occurring during the policy period and commencing within 365 Days from the date of the Accident, You suffer a Permanent Partial Disability, We will pay, provided such disability has continued for a period of 12 consecutive months and is continuous and Permanent, at the end of this period, a percentage of the Sum Insured shown in the Policy Schedule if Injury to You results in one of the losses shown in the Scale below less any other amount paid or payable under the Permanent Total Disability section of this Policy as the result of the same Accident.

When more than one form of disability results from one Accident, we add the percentages from each together. However, we will not pay more than 100% of the Sum Insured shown in the Policy Schedule. If claim is payable for loss or loss of use of a whole member of the body, a claim for parts of that member cannot also be made.

Nature of PPD	Benefit as percentage of AD SI
Loss of an arm above elbow joint	75%
Loss of an arm beneath the elbow joint	65%
Loss of a hand at the wrist	40%
Loss of four fingers and thumb of one hand	30%
Loss of four fingers	20%
Loss of Thumb	10%
Loss of Index Finger only	10%
Loss of middle finger only	5%
Loss of ring finger only	5%
Loss of little finger only	4%
Loss of leg above mid- thigh	50%
Loss of leg upto mid thigh	50%
Loss of a leg above mid calf	40%
Loss of a foot at the ankle	30%
Loss of all Toes	25%
Loss of Great Toe only	5%

Nature of PPD	Benefit as percentage of AD SI
Other than great Toe, if more than one toe lost, each	1%
Loss of an eye	50%
Loss of hearing of one ear	25%
Loss of hearing of both ears	50%
Loss of sense of smell	5%
Loss of sense of Taste	5%

Upon payment of sum insured under the benefits 1-3 in the table below, the cover for that insured member would terminate and there shall be no further liability under the policy.

Accidental Hospitalization Expenses (Medex)

If any Insured Person suffers an Accident during the Policy Period that requires Insured Person's Hospitalization as an inpatient in a hospital as defined in the policy, then we will in addition reimburse the Medical Expenses incurred for the in-patient treatment upto the accidental hospitalization limit according to the plan opted in the policy schedule subject to the following conditions.

i. The period of hospitalization shall exceed 24 consecutive hours.
ii. Any Hospitalization arising out of an existing disability prior to the first inception of this Policy is excluded.
iii. Treatment in India.
iv. Expenses incurred during the period of admission only are payable.

The limits for accidental Hospitalization are capped at 20% of the AD SI or Rs. 5 Lakhs or actual whichever is lower. Non-payable items as mentioned in the Annexure shall not be payable.

Ambulance Cost

If we have accepted any claim under this policy under below sections: -

Accidental Death

Permanent Total Disability (PTD)

Permanent Partial Disability (PPD)

Accidental Hospitalization Expenses (Medex)

Temporary Total Disability

we will also reimburse for expenses incurred for transfer of the Insured Person by road from the site of accident to the nearest hospital or from one hospital to another hospital in a registered ambulance. The amount payable will be lower of Rs. 25,000 or actual expenses incurred according to the plan opted. The limit of Rs. 25,000 is an annual limit per insured member.

Funeral Benefits and Repatriation of Remains

If we have accepted a claim under Accidental Death benefit, then we will in addition pay fixed amount towards funeral expenses including transporting the mortal remains of the Insured Person from the place of the Accident or the Hospital to his residence. The amount payable will be lower of 1% of sum Insured, or Rs. 50,000 according to the plan opted.

Hospital Daily Cash (Accident Only)

If any Insured Person suffers an Accident during the Policy Period that requires the Insured Person's Hospitalization as an inpatient, then we will in addition pay a per day benefit amount which is equivalent to 0.5% of the Sum Insured or Rs. 10,000 whichever is lower for the period of Hospitalization and subject to maximum of 30 days per Policy Period according to the plan opted. This benefit would trigger only when we have admitted the claim under Accidental Hospitalization Expenses (Medex) benefit.

Cost of Crutches / Wheelchair

If we have accepted a claim under Permanent Total Disability or Permanent Partial Disability, then we will in addition pay the amount towards cost of crutches/wheelchair necessitated due to disability. The amount payable would lower of 5% of Sum Insured or Rs. 1,00,000 or actual expenses incurred according to the plan opted.

Cost of Artificial Limbs

If we have accepted a claim under, Permanent Total Disability or Permanent Partial Disability, then we will in addition reimburse the amount towards cost of artificial limbs necessitated due to disability. The amount payable would lower of 10% of Sum Insured or Rs. 1,00,000 or actual expenses incurred according to the plan opted.

Optional Benefits

The Policy provides the following optional covers. The Policy Schedule will specify the Optional Covers that are in force for the Insured Person. All covers available under optional benefits are in addition to the Standard Covers opted under the respective Plan. Wherever a claim qualifies under more than one benefit we will pay for all such eligible covers opted and in force at the time of such claim under the Policy.

Coma Benefit

If during the period of insurance an insured person sustains bodily injury which directly and independently of all other causes results him being in a Comatose State causing permanent neurological deficit within 30 days from the date of injury, then we will pay 10% of the Accidental Death Sum Insured upto Rs. 5 lacs whichever is lesser for the benefit subject to the following conditions:

The state of unconsciousness should correspond to a Glasgow Coma Scale (GCS) score of 3 (No Motor Response, No Verbal Response & No Eye Opening)

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

a. no response to external stimuli continuously for at least 96 hours;
b. life support measures are necessary to sustain life; and
c. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

Special Exclusions to Benefit

a) Actual or alleged dowry harassment.

b) Actual or attempted self immolation.

c) Coma resulting directly from alcohol or drug abuse is excluded.

Burns

If the Insured Person suffers from Burns due to an Injury solely and directly due to an Accident that occurs during the Policy Period, we will pay the amount specified in the table below to the Insured Person subject to the following:

- The Burns are not self-inflicted by the Insured Person in any way; and
- A Medical Practitioner has confirmed the diagnosis of the burn and the percentage of surface area in writing.

For the purpose of this benefit, Burns means any burns suffered by the Insured Person as specifically defined in the table below.

Table of Benefits Burns	Benefit as percentage of AD SI
Head	
Third degree burns of 8% or more of the total head surface area	100%
Second degree burns of 8% or more of the total head surface area	50%
Third degree burns of 5% or more, but less than 8% of the total head surface area	80%
Second degree burns of 5% or more, but less than 8% of the total head surface area	40%
Third degree burns of 2% or more, but less than 5% of the total head surface area	60%
Second degree burns of 2% or more, but less than 5% of the total head surface area	30%
Rest of the Body	
Third degree burns of 20% or more of the total body surface area	100%
Second degree burns of 20% or more of the total body surface area	50%
Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
Third degree burns of 10% or more, but less than 15% of the total body surface area	60%
Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

Where a claim for 100% Sum Insured has been paid under this coverage under this benefit shall lapse and the policy will continue for the balance period for the other covers, however no further renewals will be permitted.

Broken Bones Benefit

If the Insured Person suffers from Broken Bones due to an Injury solely and directly due to an Accident that occurs during the Policy Period, We will pay a percentage of the Sum Insured as specified in the table below.

For the purpose of this benefit, Broken Bones means the breakage of such bones of the Insured Person evidenced by a Fracture and are specifically defined in the table below excluding any form of hair line fracture.

Table of Benefits Broken Bones	Benefit as percentage of AD SI
Injury to vertebral body resulting in spinal cord damage	100%
Pelvis	100%
Skull 30% (excluding nose and teeth)	30%
Chest (all ribs and breast bone)	50%
Chest (2 or more ribs)	15%
Shoulder (collar bone and shoulder blade)	30%
Arm	25% or Rs. 5 Lacs whichever is lower
Leg	25% or Rs. 5 Lacs whichever is lower
Vertebra - vertebral arch (excluding coccyx)	30% or Rs. 5 Lacs whichever is lower
Wrist (collies or similar fractures)	10% or Rs. 5 Lacs whichever is lower
Ankle (Potts or similar fracture)	10% or Rs. 5 Lacs whichever is lower
Coccyx	5% or Rs. 1 Lacs whichever is lower
Hand	3% or Rs. 1 Lac whichever is lower
Finger	3% or Rs. 1 Lac whichever is lower
Foot	3% or Rs. 1 Lac whichever is lower
Toe	3% or Rs. 1 Lac whichever is lower
Nasal bone	3% or Rs. 1 Lac whichever is lower

For the Purpose of this benefit;

- Pelvis means all pelvic bones which shall be treated as one bone. The sacrum will be considered as part of the vertebral column.
- Skull means all skull and facial bones (excluding nasal bones and teeth) which shall be treated as one bone.
- Any Fracture caused as a result of Sickness or disease (including malignancy), or due to osteoporosis will not be payable under this benefit.
- If an Insured Person suffers a fracture not mentioned in the table above, then We will assess the fracture with Our medical advisors and determine the amount of payment to be made.
- Our maximum liability under this benefit is limited to the opted Sum Insured, irrespective of the number of fractures that the Insured Person suffers caused by the same Accident. Where a claim for 100% Sum Insured has been paid under this coverage under this benefit shall lapse and the policy will continue for the balance period for the other covers, however no further renewals will be permitted.
- If a claim in respect of any fracture of a whole bone also encompasses some or all of its parts, Our liability to make payment will be limited to the whole bone only and not any of its parts.

Temporary Total Disability

If the Insured Person suffers an Injury solely and directly due to an Accident occurring during the Policy Period that disables the Insured Person from engaging in any employment on a temporary basis, then We shall pay the weekly amount as specified in the Schedule for the duration that the temporary total disablement continues. The cover is intended for Salaried Persons.

Conditions

a) The temporary total disablement is certified by a treating doctor.

b) We will pay an amount equal to 1% of the Accidental Sum Insured or Rs. 50,000 per week whichever is lower for the duration of the Temporary Total Disablement.

c) We shall not be liable to make payment under this benefit for more than a total of 104 weeks in respect of any one Injury calculated from the date of commencement of the Temporary Total Disablement, subject always to the availability of the Sum Insured.

d) This Benefit shall not be paid in excess of the Insured Person's Actual base weekly salary at the time of accident excluding overtime, bonuses, tips, commissions, or any other compensation.

e) This Benefit is payable provided that if the Insured Person is disabled for a part of the week, then only a proportionate part of the weekly benefit shall be payable.

f) This Benefit shall be payable at the completion of the duration of temporary total disablement. In case the temporary total disablement continues for a period of more than 30 days then We shall make payment of the amount due at the end of every calendar month provided the person continues to suffer from the temporary total disablement at the end of such period.

g) This cover shall not be Renewed after the Insured Person has attained 70 years of Age.

Accidental Hospitalization Expenses (Medex) - Global On availing this option, We will pay Medical Expenses under Accidental Hospitalization Expenses (Medex) section, incurred anywhere in world as mentioned in policy schedule.

Accident Insurance Renewal Premium

In the event, Claim for Insured Policy Holder becomes admissible under Accidental Death Cover, We will pay the amount equivalent to the immediately next Renewal premium of the Coverage for all other Insured Person covered in the same policy as mentioned in the Policy Schedule. The Benefit will be payable irrespective of whether Policy is renewed or not.

Chauffeur Benefit

If Insured Person sustains Injury during the Policy Period which results in Temporary Total Disablement, We will indemnify the Insured Person towards daily cost of hire of a transportation or hire a driver to maintain the mobility of Insured Person. The limit for this benefit is capped at 1% of the Sum Insured or Rs. 5,000/-, per day whichever is lower upto maximum 10 days.

Parental Care Benefit

We will pay the Sum Insured towards parental care of Dependent Parents, in the event of Claim admissible under Accidental Death Cover.

Conditions applicable to Parental Care Benefit

1) This Coverage is applicable only to living Dependent Parents

2) The limit for this coverage is 10% of the Sum Insured or maximum Rs. 10 lac per policy per parent for max. 2 parents whichever is lower.

3) The Coverage for this Optional cover terminates on admissibility of Claim equal to the Sum Insured.

Special Exclusions to Benefit

a) Any benefits which an Insured Person is eligible to receive under the Workmen's Compensation Act 1923 or any similar enactment.

b) Any expenses incurred in excess of the amount that would have usually been incurred had the Insured Person not been insured under this Policy.

c) Any modifications or alterations not compliant with the applicable law.

Purchase of Blood

If we have accepted a claim under Accidental Death, Permanent Total Disability (PTD), Permanent Partial Disability (PPD) & Temporary Total Disability, then we will in addition reimburse the actual expenses incurred in purchasing blood through a Hospital or lawful blood bank for the purpose of

the Insured Person's medical or surgical treatment provided that such treatment is necessitated by the Accident. The limit for this coverage is Actuals or max Rs. 5,000 whichever is lower per event.

Family Transportation

If we have accepted a claim under Accidental Death or Permanent Total Disability (PTD), then we will in addition reimburse the actual expenses incurred in transporting one Immediate Family Member to the Hospital where the Insured Person is admitted following an Accident. The limit for this coverage is Actuals or max Rs. 50,000 whichever is lower.

Note: In this Benefit, Immediate Family Member means the Insured Person's legal spouse, children, parents, parents-inlaw, legal guardian, ward, step child or adopted child.

Modification of Residence/Vehicle

If We have accepted a claim under Permanent Total Disability (PTD), then We will in addition reimburse the reasonable expenses incurred to modify the Insured Person's residential accommodation and/or vehicle as long as the modifications have been carried out in India and certified by a Doctor to be necessary and directly required as a result of the Accident for which we accepted the claim. The limit for this coverage is Actuals or max Rs. 2,50,000/- whichever is lower.

Adventure Sports – Accidental Death

If the Insured Person suffers an Injury solely and directly due to an Accident which occurs during the Policy Period whilst engaged in a sports activity carried out in a non- professional capacity & in accordance with the guidelines, codes of good practice and recommendations laid down by a governing body or authority in respect of that sport, and such Injury results in Death as per Accidental Death section, then We shall pay the Accidental Death Sum Insured in respect of that Insured Person.

Conditions

a) If We have admitted a claim in accordance with this Benefit, then cover under Accidental Death section shall be terminated and shall not be Renewed under this Policy.

b) Permanent Exclusion 'Participation in Adventure Sports' shall not be applicable in respect of this Benefit.

Adventure Sports – Accidental Death (AD) & Permanent Total Disability (PTD)

If the Insured Person suffers an Injury solely and directly due to an Accident which occurs during the Policy Period whilst engaged in a sports activity carried out in a non- professional capacity & accordance with the guidelines, codes of good practice and recommendations laid down by a governing body or authority in respect of that sport, and such Injury results in Death and / or Permanent Total Disability (PTD), then We shall pay the Accidental Death Sum Insured or percentage of the Sum Insured shown in the Permanent Total Disability (PTD) table above in case of an Permanent Total Disablement in respect of that Insured Person.

Conditions

a) If We have admitted a claim in accordance with this Benefit, then cover under Accidental Death (AD) and / or Permanent Total Disability (PTD) section shall be terminated and shall not be Renewed under this Policy.

b) Permanent Exclusion 'Participation in Adventure Sports' shall not be applicable in respect of this Benefit.

Only one optional benefit is to be selected between Adventure Sports – Accidental Death and Adventure Sports – Accidental Death & Permanent Total Disability (PTD) is to be selected.

Emergency Air Ambulance Charges

If we have accepted any claim under this policy under below sections

Accidental Death (AD)

Permanent Total Disability (PTD)

Permanent Partial Disability (PPD)

Accidental Hospitalization Expenses (Medex)

Temporary Total Disability (TTD)

We will also reimburse for expenses incurred for transfer of the Insured Person by an air ambulance from the site of accident to the nearest hospital or from one hospital to another hospital. The amount payable will be lower of Rs. 5,00,000 or actual expenses incurred. The limit of Rs. 5,00,000 is an annual limit per insured member.

Transportation of Imported Medicine

If We have accepted a claim under below benefits

Accidental Death (AD)

Permanent Total Disability (PTD)

Permanent Partial Disability (PPD)

Temporary Total Disability (TTD)

then We will in addition reimburse the actual expenses incurred on freight charges for importing medicines to India, provided that:

a) Such medicines, formulations or their alternatives are not available in India, and

b) Such medicines are necessary for the medical or surgical treatment of the Insured Person in a Hospital following the Accident.

c) Such medicines shall not include any drugs under clinical trial or medicines, formulations or molecules of unproven efficacy.

d) The amount payable will be lower of Rs.20,000 or actual expenses incurred.

Marriage Fund for Children

If We have accepted a claim under Accidental Death or Permanent Total Disability (PTD), then We will in addition pay the Sum Insured towards the marriage expenses for unmarried Dependent Children of the Insured Person above 18 Years, provided that Our maximum liability under this Benefit for all Dependent Children, irrespective of the number of Dependent Children shall be limited to the benefit Sum Insured.

Convalescence Benefit

We will pay a lump sum amount Rs. 50,000 if inpatient hospitalisation for accidental injuries exceeds 30 days; Rs. 1,00,000 if inpatient hospitalisation for accidental injuries exceeds 45 days & Rs. 2,00,000 if inpatient hospitalisation for accidental injuries exceeds 60 days as specified in Schedule towards convalescence only once per Insured per Policy year.

Loss of Income

If the Insured Person suffers an Injury solely and directly due to an Accident occurring during the Policy Period that disables the Insured Person from engaging in any occupation on a temporary basis and hence loss of income, then We shall pay the weekly amount as specified in the Schedule for the duration that the temporary total disablement continues. The cover is intended for self-employed Insured Persons.

Conditions

a) The temporary total disablement is certified by a treating doctor.

b) We will pay an amount equal to 0.5% of the Accidental Sum Insured or Rs. 20,000 per week whichever is lower for the duration of the Temporary Total Disablement.

c) We shall not be liable to make payment under this benefit for more than a total of 52 weeks in respect of any one Injury calculated from the date of commencement of the Temporary Total Disablement, subject always to the availability of the Sum Insured.

d) This Benefit shall not be paid in excess of the Insured Person's base weekly income at the time of accident where an average weekly income for past 24 months starting just before the accident is considered.

e) This Benefit is payable provided that if the Insured Person is disabled for a part of the week, then only a proportionate part of the weekly benefit shall be payable.

f) This Benefit shall be payable at the completion of the duration of temporary total disablement. In case the temporary total disablement continues for a period of more than 30 days then We shall make payment of the amount due at the end of every calendar month provided the person continues to suffer from the temporary total disablement at the end of such period.

g) This cover shall not be Renewed after the Insured Person has attained 70 years of Age.

Loan Secure

If we have accepted a claim under Accidental Death benefit or Permanent total Disablement, then we will in addition pay the amount of loan outstanding as on the date of accident subject to a maximum of 25% of Accidental Death sum insured subject to the following conditions.

i. The outstanding loan amount would not include any arrears, penalties or penal interest.

ii. The loan has to be in the name of the insured and from a bank or a housing finance company licensed by the appropriate authority.

iii. Loans from Credit Societies, Money lenders or similar unorganized lending institutions are excluded.

iv. If the member has more than one loan outstanding, the cumulative amount of all the loans together would be considered.

v. In an event if the loan is transferred from one financer to another then the insured must inform us in written with new Loan Sanction Letter, also in case of loan foreclose during the Policy period no premium refund shall be provided.

vi. The cover for the Insured Person under this Section shall terminate immediately in the event of admissible claim and settlement of Benefit under this cover.

vii. The cover can be opted by earning self and / or spouse.

viii. Claim will be payable only to the nominee or to any financial institution if assignment is provided.

Widowhood Cover

If an Insured Person's Spouse suffers an Accident during the Policy Period and this is the sole and direct cause of the Spouse's death within 365 days, then We will pay the Sum Insured.

Special Exclusions:-

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

a) Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).

b) Medical or surgical treatment except as necessary solely and directly as a result of an Accident.

c) Hernia.

d) Actual or alleged dowry harassment.

e) Actual or attempted self immolation.

Child Education Benefit

If we have accepted a claim under Accidental Death Section, then we will in addition pay a fixed sum towards child tuition expenses for four consecutive years according to the plan opted in the policy schedule. The benefit is payable for each child for maximum of 2 child who has not reached the age of 25 years and is enrolled as a full-time student in an educational institution recognized by the Government of India the amount payable per child per year for four consecutive years will be lower of

- Actual Fees
- 10% of sum Insured
- Rs. 10,00,000

Enhanced Temporary Total Disability

If the Insured Person suffers an Injury solely and directly due to an Accident occurring during the Policy Period that disables the Insured Person from engaging in any employment on a temporary basis, then We shall pay the weekly amount as specified in the Schedule for the duration that the temporary total disablement continues. The cover is intended for Salaried Persons.

Conditions

a) The temporary total disablement is certified by a treating doctor.

b) We will pay an amount equal to 1% of the Accidental Sum Insured or Rs.1,00,000 per week whichever is lower for the duration of the Temporary Total Disablement.

c) We shall not be liable to make payment under this benefit for more than a total of 104 weeks in

respect of any one Injury calculated from the date of commencement of the Temporary Total Disablement, subject always to the availability of the Sum Insured.

d) This Benefit shall not be paid in excess of the Insured Person's Actual base weekly salary at the time of accident excluding overtime, bonuses, tips, commissions, or any other compensation.

e) This Benefit is payable provided that if the Insured Person is disabled for a part of the week, then only a proportionate part of the weekly benefit shall be payable.

f) This Benefit shall be payable at the completion of the duration of temporary total disablement. In case the temporary total disablement continues for a period of more than 30 days then We shall make payment of the amount due at the end of every calendar month provided the person continues to suffer from the temporary total disablement at the end of such period.

g) This cover shall not be Renewed after the Insured Person has attained 70 years of Age.

Enhanced Loss of Income

If the Insured Person suffers an Injury solely and directly due to an Accident occurring during the Policy Period that disables the Insured Person from engaging in any occupation on a temporary basis and hence loss of income, then We shall pay the weekly amount as specified in the Schedule for the duration that the temporary total disablement continues. The cover is intended for self-employed Insured Persons.

Conditions

a) The temporary total disablement is certified by a treating doctor.

b) We will pay an amount equal to 0.5% of the Accidental Sum Insured or Rs. 50,000 per week whichever is lower for the duration of the Temporary Total Disablement

c) We shall not be liable to make payment under this benefit for more than a total of 52 weeks in respect of any one Injury calculated from the date of commencement of the Temporary Total Disablement, subject always to the availability of the Sum Insured.

d) This Benefit shall not be paid in excess of the Insured Person's actual base weekly income at the time of accident where an average weekly income for past 24 months starting just before the accident is considered.

e) This Benefit is payable provided that if the Insured Person is disabled for a part of the week, then only a proportionate part of the weekly benefit shall be payable.

f) This Benefit shall be payable at the completion of the duration of temporary total disablement. In case the temporary total disablement continues for a period of more than 30 days then We shall make payment of the amount due at the end of every calendar month provided the person continues to suffer from the temporary total disablement at the end of such period.

g) This cover shall not be Renewed after the Insured Person has attained 70 years of Age.

Note:- An Insured person is eligible for either Temporary Total Disability Cover, Enhanced Temporary Total Disability, Loss of Income and Enhanced Loss of Income as per the mode of income declared.

Section 3. Exclusions

Specific Exclusions

- Injury or treatment related to addictive conditions and disorders resulting from any kind of substance abuse or misuse including alcohol abuse or misuse.
- Participation in Adventure Sports.
- Insured person committing any breach of law with criminal intent or participation in any riots, civil commotion, or felony.
- Any intentional self-injury, suicide or attempted suicide, insanity, or stress.
- Congenital Anomaly whether Internal Congenital Anomaly or External Congenital Anomaly, congenital internal or external diseases, defects or in consequence thereof.
- Bacterial infections (except pyogenic infection which occurs through a cut or wound due to Accident).
- Condition resulting due to any disease or infection unless arising directly and solely due to accident.
- Any change of profession after inception of policy which results in increase in risk, unless declared by insured person and accepted & endorsed by Us.
- Any change of profession after Inception Date which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Policy Schedule.
- Medical or Surgical Procedure except as necessarily required, solely and directly as a result of an Accident.
- Any sexually transmitted disease.
- Related to or traceable to Pregnancy or childbirth.
- Whilst mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any scheduled airlines in the world or in any aircraft whether privately owned or chartered or operated by scheduled airlines.
- Insured person operating or learning to operate any aircraft or performing duties as member of crew on any aircraft or scheduled airlines or any airline personnel.
- War or war like operations, Civil War, invasion, act of foreign enemies, revolution, insurrection, mutiny, terrorism, military or usurped power, seizure, capture, arrest, restraint, or detainment, confiscation, or nationalisation or requisition by or under the order of any government or public authority.
- Any act of Nuclear, Chemical, Biological Terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

- Radioactive, chemical, nuclear contamination, or ionizing radiation.
- Any insured person's participation or involvement in any branch of naval, air force or military operations or any paramilitary forces.
- Any payment in case of more than one claim under the Policy during any one Policy Period by which Our maximum liability in that period would exceed the Sum Insured. This would not apply to payments made under the Optional Covers.
- Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's family.
- Any expenses (other than as mentioned therein) specified in List of Non-Medical Expenses as set out in Annexure.
- Existing diseases disclosed by the Insured Person (in line with Chapter IV, Guidelines on standardization of Exclusions in Health Insurance Contracts, 2019), provided the same is applied at the underwriting and consented by You/ Insured Person.

Section 4 - General Terms & Clauses

A. Standard General Terms & Clauses

- **Disclosure of Information**

  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.

- **Condition Precedent to Admission of Liability**

  The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

- **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 a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

- **Multiple Policies (Applicable to Indemnity Benefits on the Policy)**

  1. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/ her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
  2. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
  3. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.
  4. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

- **Fraud**

  If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

  Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

  For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/ any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

  a) The suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
  b) The active concealment of a fact by the insured person having knowledge or belief of the fact;
  c) Any other act fitted to deceive; and
  d) Any such act or omission as the law specially declares to be fraudulent.

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

- **Cancellation (other than Free Look cancellation)**

  (i) The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Insurer shall

  a. Refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.
  b. Refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

The Company may cancel the policy at any time on grounds of established fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation.

- **Migration**

  The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

  For Detailed Guidelines on migration, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

- **Withdrawal of Policy**

  i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

  ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

- **Moratorium Period**

  After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

- **Premium Payment in instalments**

  If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/ Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

  i. 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.

  ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.

  iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.

  iv. No interest will be charged If the instalment premium is not paid on due date.

  v. In case of instalment premium due not received within the grace period, the policy will get cancelled.

  vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.

  vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

- **Possibility of Revision of Terms of the Policy including the Premium Rates**

  The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

- **Free Look Period**

  The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

  The insured shall be allowed a free look provision of thirty days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable.

  If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

  i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges; or

  ii. where the risk has already commenced and the option of return of the Policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

- **Redressal of Grievance**

  In case of any grievance, the insured person including senior citizen may contact the Company through

  Website: www.magmainsurance.com

  Toll free: 1800 266 3202

  E –mail: gro@magmainsurance.com

  Fax: 91 033 4401 7471

  Courier: Any of Our branch offices or corporate office during business hours

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:

Magma General Insurance Limited
Equinox Business Park, Tower 3,
2nd Floor, Unit no. 1A and 1B, LBS Marg,
Kurla West, Mumbai, Maharashtra 400070.
E mail id : gro@magmainsurance.com

For updated details of grievance officer, kindly refer the link https://www.magmainsurance.com/grievance-redressal.

If Insured Person is not satisfied with the redressal of grievance through above methods, insured person may may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules, 2017. Detailed process along with list of Ombudsman offices are available at council of Insurance Ombudsman https://www.cioins.co.in/. The contact details of the Insurance Ombudsman offices have been provided as Annexure

Grievance may also be lodged at IRDAI Integrated Grievance management System: https://bimabharosa.irdai.gov.in

- **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.

- **Claim Settlement (provision for Penal interest)**

  i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

  ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

  iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

  iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

  v. We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.

  vi. We will only make payment to or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In the event of the death of an Insured Person, We will make payment to the Nominee (as named in the Schedule) or assignee as the case may be. In absence of nominee or assignee and You are deceased, We will make payment to the Your legal heir, executor or appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.

  vii. All payments made shall be subject to an applicable Deductible (if any) for such payment.

  viii. Payments under this Policy shall only be made in Indian Rupees irrespective of the location of accident which has given rise to the claim.

  ix. The assignment o of benefits of the policy shall be subject to applicable law. Applicable for if Loan Secure benefit is opted.

  x. We shall on admission of a claim make the payment of the loan outstanding amount to the Bank/Financial Institution where the Insured Person has authorized Us for the same.

  xi. We will only make payment to Insured Person, Nominee or the Bank/Financial Institution, as applicable, under this Policy. Receipt of payment by Insured Person, Nominee or Bank/Financial Institution shall be considered as a complete discharge of Our liability against the respective/ any claim under this Policy.

  (Explanation: "Bank Rate" means Bank rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due.)

- **Portability**

  The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the

family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

- **Renewal of Policy**

A health insurance policy shall be renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Insured.

a) The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

b) An Insurer shall not deny the renewal on the ground that the policyholder had made a claim (s) in the preceding policy years.

c) Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.

d) At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits with Break in Policy. Coverage is not available during the grace period.

e) An Insurer shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured.

B Specific Terms and Clauses

- **Alteration to the Policy**

This Policy constitutes the complete contract of insurance. Subject to the provisions of applicable law, no change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement signed and stamped by Us. No one except Us can change or vary this Policy.

- **No Constructive Notice**

Any knowledge or information of any circumstances or condition in relation to the Policyholder/Insured Person which is in Our possession and not specifically informed by the Policyholder/ Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

- **Limitation of Liability**

If a claim is rejected or partially settled and is not the subject of any pending suit or other proceeding or arbitration, as the case may be, within twelve months from the date of such rejection or settlement the claim shall be deemed to have been abandoned and Our liability shall be extinguished and shall not be recoverable thereafter.

- **Records to be maintained**

The Policyholder or the Insured Person, as the case may be shall keep an accurate record containing all relevant and accurate medical records like in-patient records, Discharge summary, medical certificates, medical prescriptions, diagnostic reports and reports confirming the need for treatment (if any) and shall allow Us or our representative(s) to inspect such records. The Policyholder or the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Period or until final adjustment (if any) and resolution of all claims under this Policy.

- **Geographical Scope**

This Policy applies to events or occurrences taking place anywhere in the world unless limited by Us in a through an endorsement or if mentioned in the cover description. The benefit towards Modification of Residence/ Vehicle expenses shall be payable only upon modification performed in India.

- **Policy Disputes**

Any and all disputes or differences under or in relation to this Policy herein shall be determined by Indian law and shall be subject to the jurisdiction of the Indian Courts.

- **Material Change**

It is a Condition Precedent to the Our liability under the Policy that the Policyholder (s) / Insured (s) shall immediately notify Us in writing of any material change in the risk on account of change in the nature of occupation or business at his/her own expense. We may, in Our discretion, adjust the scope of cover and/ or the premium payable, accordingly. The Policyholder (s) /You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement, or reinstatement of the Policy. The Policy terms and conditions shall not be altered.

- **Communications & Notices**

Any communication or notice or instruction under this Policy shall be in writing and will be sent to:

a) To Us, at the address as specified in Policy Schedule

b) The Policyholder's Insured (s), at the address as specified in Policy Schedule.

c) No insurance agents, brokers, other person, or entity is authorized to receive any notice on behalf of Us unless explicitly stated in writing by Us.

d) 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.

- **Assignment**

An Insured Person may assign the Benefits or any specific Benefit(s) under the Policy by giving written notice of the assignment and the terms and conditions of the

assignment to Us. We will record the assignment in accordance with Section 38 of the Insurance Act 1938.

- **Electronic Transactions**

  The Policyholder agrees to comply with all the terms and conditions of electronic transactions as We shall prescribe from time to time, and confirms that all transactions effected facilities for conducting remote transactions such as the internet, World Wide Web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, in respect of this Policy and claim related details, shall constitute legally binding when done in compliance with Our terms for such facilities.

  Sales through such electronic transactions shall ensure that all conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to the Policyholder. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent will be subsequently validated / confirmed by the Policyholder.

- **Special Provisions**

  Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

- **Premium**

  The premium for each Policy will be determined based on the available information and applicable discounts and loadings will be applied. Payment of premiums will be available in single mode or instalment options of monthly/ quarterly/ half yearly as agreed with the Policyholder.

- **Consideration**

  The Policy is issued subject to payment of premium in advance. No payment shall be valid unless made under Our official receipt. The cover shall not be valid prior to the date and time of receipt/realisation of premium. Non- receipt/realisation of premium makes the Policy Schedule/Certificate of Insurance void-ab-initio.

- **Reasonable Care**

  The Insured shall take all reasonable steps to prevent a claim from arising under this Policy.

- **Entire Contract**

  This Policy, together with the Proposal Form, as well as any forms, riders and endorsements and papers hereto, constitutes the entire contract of insurance. Policy Schedule/Certificate of Insurance read with this Master Policy shall be complete contract for the Insured Beneficiary.

  No change in this Policy shall be valid until approved by Our authorized officer and such approval is endorsed hereon. No agent has authority to change this Policy or to waive any of the provisions of this Policy.

- **Default in EMI**

  Any monthly payments that are overdue and unpaid by the Insured prior to the occurrence of the Insured Event will not be considered for the purpose of calculating Principal outstanding under the Policy and shall be deemed as paid by the Insured.

- **Loadings and Underwriting**

  Acceptance with Risk Loading: For health hazards with a higher morbidity risk as compared to the general population with similar demography. The maximum loading applied will not exceed 100% for individual health issue/medical / disability condition or occupational hazard and 150% on an individual**.**

  These loadings are applied from the Policy Inception Date including subsequent Renewal(s) with Us or on the receipt of a request for increase in Sum Insured (for which the loading shall be applied on the increased Sum Insured).

  We will inform the Policyholder about the applicable risk loading through post/courier/email/phone. The Policyholder shall revert to Us with his/her written consent and additional premium (if any), within 15 days of the issuance of such counter offer. In case, the Policyholder neither accepts the counter offer nor reverts to Us within 15 days, We shall cancel his/her application and refund the premium paid within the next 15 days.

  No loading shall be applied at the time of Renewal on the basis of individual claim experience.

  Loading for Instalment Option: If You want to opt for premium payment in instalments following loading shall be applicable. Tenure discount shall not be applicable if instalment option is chosen.

Instalment Option	Factor to be applicable on premium for one year tenure Policy	Factor to be applicable on premium for two year tenure Policy	Factor to be applicable on premium for three year tenure Policy
Monthly	1.05/12	1.05/24	1.05/36
Quarterly	1.04/12	1.04/24	1.04/36
Half Yearly	1.03/12	1.03/24	1.03/36

C Other Terms and Clauses

Provided that due adherence/observance and fulfilment of the terms and conditions of this Policy (conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by Policyholder and / or any Insured Person be a Condition Precedent to admission of Our liability under this Policy.

On the occurrence of an Injury that may give rise to a claim under this Policy, then as a Condition Precedent

to Our liability under the Policy, the following procedure shall be complied with:

Intimation of Claim: If any injury is suffered or any condition happens which may give rise to Claim under this Policy, Insured person or any one acting on his behalf shall notify Us immediately.

- The claim can be intimated to the Call Centre on 1800 309 3037
- Request to provide the policy details while intimating your claim.
- The date, time and cause of Incidence must be provided at the time of claim intimation.
- Request to intimate the claims as far as possible through our Call Centre and for better controls.

Submission of claim: The claim form along with the attending Medical Practitioner's certificate duly filled and signed in all respects with the following claim documents will be submitted to Us not later than 30 days from the date of discharge from the Hospital.

Payment of Claim

- No liability will be admitted, if the claim is fraudulent or supported by fraudulent means.
- The Insured Person or any person acting on behalf of the Insured Person, as the case may be, must provide at his/her expense, all the information asked by Us in relation to the claim and he/she must provide all reasonable cooperation and assistance to Us as may be required.
- If required, the Insured Person or any person acting on behalf of the Insured Person, as the case may be, must give consent to obtain medical reports from the Medical Practitioner at Our expense.
- If requested by Us, the Insured Person must agree to be examined by a Medical Practitioner of Our choice and at Our expense.
- All claims under this Policy shall be payable in Indian Currency.
- Claims under this Policy shall be settled or rejected, as the case may be, within 30 days of the receipt of the last necessary document.
- All claims are to be notified to Us within the timeline set out above. Where the delay in intimation is proved to be genuine and for reasons beyond the control of the Insured Person or nominee specified in the Policy Schedule or the claimant, We may condone such delay and process the claim. Please note that the waiver of the time limit for notice of claim and submission of claim is at Our discretion

  Upon acceptance of an offer of settlement by the Insured Person or the claimant, as the case may be, the payment of the amount shall be made within 7 days from the date of acceptance. In case of delay in payment, We shall be liable to pay interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us.

- **Claim Documents**

  The claims documents as specified in below sections for various covers must be provided to Us within 30 days of occurrence of the event giving rise to a claim under the Policy at Your own/ Insured Person's expenses Where there is a delay in intimation of claim and/or submission of claim documents is proved to be genuine and for reasons beyond the control of the claimant, We may condone such delay and process the claim. We reserve the right to decline such requests for claim process where there is no merit behind such delay. Please refer Annexure for claim documents.

  Address for claim documents submission:

  Magma General Insurance Limited
  Unit No. 63, 6th floor,
  Der Deutsche Parkz,
  Near Nahur Railway Station,
  Bhandup, Mumbai – 400078

- **Payment of Claim**

  No liability under the Policy will be admitted, if the claim is fraudulent or supported by fraudulent means.

  The Insured Person or any person acting on behalf of the Insured Person, as the case may be, must provide at his/her expense, all the information asked by Us in relation to the claim and he/she must provide all reasonable cooperation and assistance to Us as may be required.

  If required, the Insured Person or any person acting on behalf of the Insured Person, as the case may be, must give consent to obtain medical reports from the Medical Practitioner at Our expenses

  If requested by Us, the Insured Person must agree to be examined by a Medical Practitioner of Our choice and at Our expense.

  All claims under this Policy shall be payable in Indian Currency.

Annexure I

The contact details of the **Insurance Ombudsman** offices are as below:-

Office of the Ombudsman	Contact Details	Jurisdiction
AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat and Union Territories of 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, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh and Chattisgarh.
BHABUNESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461/2596455 Email:bimalokpal.bhubaneswar@cioins.co.in	Odisha.
CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 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. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
ERNAKULAM	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim and Union Territories of Andaman and Nicobar Islands.

Office of the Ombudsman	Contact Details	Jurisdiction
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, 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 (W), Mumbai - 400 054. Tel.: 022 - 69038821/23/24/25/26/27/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region. (Excluding Navi Mumbai & Thane).
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane. (Excluding Mumbai Metropolitan Region).

Annexure

List I – Item for which coverage in not available in the policy

Sl. No.	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT

Sl. No.	Item
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

List II – Items that are to be subsumed into Room Charges

Sl. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III – Items that are to be subsumed into Procedure Charges

Sl. No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON

Sl. No.	Item
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

Sl. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

Claim Documents

Benefit	List of Claim Documents
Accident Death	• Claim form • Death Certificate • Investigation reports along with original bills • FIR Copy, Postmortem Copy • ID proof of Insured and Nominee • PAN card/ Form 60, CKYC form and Address proof of Nominee • Cancel Cheque copy with Name printed • Medical records, information and evidence from a hospital or medical practitioner or otherwise required by us shall be provided by you at your expense. (May be required in some cases) • Any other documents as requested by our claims team
Accident Death (Common Carrier)	• Claim form • Death Certificate • Investigation reports along with original bills • FIR Copy, Postmortem Copy • ID proof of Insured and Nominee • Copy of Ticket / Boarding Pass on common carrier • PAN card/ Form 60, CKYC form and Address proof of Nominee • Cancel Cheque copy with Name printed • Medical records, information and evidence from a hospital or medical practitioner or otherwise required by us shall be provided by you at your expense. (May be required in some cases) • Any other documents as requested by our claims team
Permanent Total Disability (PTD)	• Claim form duly filled and signed • Pan Card copy/Aadhar card copy of Injured as well as Insured • Medical Certificate issued by treating doctor confirming disability • Photographs of showing injury. • Original Copy of Discharge Summary with all medical papers with X-rays Film • NEFT Details (cancel cheque copy) • All medical bills in original along with payment proofs. If the medical expenses are borne by Insured, please provide necessary proofs such as cash vouchers, ledger sheet, etc. • FIR COPY if any • In case of any claim payout, ID & Address proof is required for KYC purpose • Any other additional document while processing the claim

Benefit	List of Claim Documents
Ambulance Cost	> Ambulance Bills > Any other documents required at the time of claim
Accidental Hospitalization Expenses (Medex)	• Claim form • Discharge Summary • Hospital Bill and Payment reciepts, Medical bills and Investigation reports and bills. • FIR Copy • ID proof of Insured and Nominee • PAN card/ Form 60, CKYC form and Address proof of Nominee • NEFT details • Any other documents as requested by our claims team
Child Education	Bills of Education fees paid Any other documents required at the time of claim
Funeral Benefits and Repatriation of remains	NA
Hospital Daily Cash	a. Copy of Discharge summary b. Duly filled claim form c. Copy of Hospital bill Breakup d. Copy of photo ID and address proof (Govt. ID Proof) e. Cancel cheque copy with name of policyholder printed f. Copy of KYC documents if claim amount is more than 1 Lac
Cost of crutches/Wheelchairs	Bills towards purchase of Crutches/wheel chair Any other documents required at the time of claim
Cost of Artificial limbs	Bills towards purchase of Artificial Limbs Any other documents required at the time of claim
Add Ons	
Coma Benefit	• Claim form • Discharge Summary • Medical Certificate from treating doctor stating the Comatose state as per Glassgow Coma Scale • FIR Copy • ID proof of Insured and Nominee • PAN card/ Form 60, CKYC form and Address proof of Nominee • NEFT details • Any other documents as requested by our claims team
Burns	• Claim form • Discharge Summary • Medical Certificate from treating doctor confirming the of Burns along with Percentage of surface area involved • FIR Copy • ID proof of Insured and Nominee • PAN card/ Form 60, CKYC form and Address proof of Nominee • NEFT details • Any other documents as requested by our claims team
Broken Bones	• Claim form • Discharge Summary • FIR Copy • ID proof of Insured and Nominee • PAN card/Form 60, CKYC form and Address proof of Nominee • NEFT details • Any other documents as requested by our claims team
Temporary Total Disability and Enhanced Temporary Total Disability	• Claim form • Discharge Summary • Medical Certificate from treating doctor confirming temporary total disablement • FIR Copy • ID proof of Insured and Nominee • PAN card/ Form 60, CKYC form and Address proof of Nominee • NEFT details • Any other documents as requested by our claims team

Benefit	List of Claim Documents
Accidental Hospitalization Expenses (Global)	• Claim form • Discharge Summary • Hospital Bill and Payment reciepts, Medical bills and Investigation reports and bills. • FIR Copy • ID proof of Insured and Nominee • PAN card/ Form 60, CKYC form and Address proof of Nominee • NEFT details • Any other documents as requested by our claims team
Accident Insurance Renewal Premium	Premium Paid Reciept towards Accident Insurance Renewal Premium Any other documents required at the time of claim
Chauffeur Benefit	Bills against hire of transportation or hire of driver Any other documents required at the time of claim
Parental Care Benefit	NA
Purchase of Blood	Bills against Blood purchased from a Hospital or lawful blood bank Any other documents required at the time of claim
Family Transportation	Transportation bill of Immediate Family member Any other documents required at the time of claim
Modification of Residence/Vehicle	Bills related to expenses incurred for modification of residential accommodation/Vehicle Any other documents required at the time of claim
Adventure Sports – Accidental Death	Same as Accidental Death
Adventure Sports - Accidental Death & Permanent Total Disability (PTD)	Same as Accidental Death and PTD
Emergency Air Ambulance Charges	Air Ambulance Bills Any other documents required at the time of claim
Loan Secure	Loan account Statement in respect of Loan account number or New Loan Account Letter in case of loan transfer Any other documents required at the time of claim
Transportation of Imported Medicine	Expenses bills incurred on freight charges for importing medicines to India Any other documents required at the time of claim
Marriage fund for Children	In addition to Accidental and Permanent Total Disability documents. Any other documents required at the time of claim
Convalescence Benefit	NA
Loss of Income and Enhanced Loss of Income	• Claim form • Discharge Summary • Medical Certificate from treating doctor confirming temporary total disablement • FIR Copy • ID proof of Insured and Nominee • PAN card, Last 2 Years IT Return, Passbook / Bank Statements, Income Statements CKYC form and Address proof of Nominee • NEFT details • Any other documents as requested by our claims team
Widowhood Benefit	NA

Benefit Construct

	Secure	Support Plus	Shield
Sum Insured	2.5L, 5L, 10L, 15L, 20L, 25L, 30L, 40L, 50L, 75L, 1 Cr. onwards multiples of 25L until 10Crs	2.5L,5L, 10L, 15L, 20L, 25L, 30L, 40L, 50L, 75L, 1 Cr. onwards multiples of 25L until 10Crs	2.5L,5L, 10L, 15L, 20L, 25L, 30L, 40L, 50L, 75L, 1 Cr. onwards multiples of 25L until 10Crs
Accidental Death	100% of Sum Insured	100% of Sum Insured	100% of Sum Insured
Accidental Death (Common Carrier)	200% of Sum Insured or Rs. 10 Crs whichever is lower	200% of Sum Insured or Rs. 10 Crs whichever is lower	200% of Sum Insured or Rs. 10 Crs whichever is lower
Permanent Total Disability (PTD)	100% of Sum Insured	100% of Sum Insured	100% of Sum Insured
Permanent Partial Disability (PPD)	% Specified in the policy document	% Specified in the policy document	% Specified in the policy document
Ambulance Cost	Upto Rs 25,000 or actuals whichever is lower	Upto Rs 25,000 or actuals whichever is lower	Upto Rs 25,000 or actuals whichever is lower

	Secure	Support Plus	Shield
Accidental Hospitalization Expenses (Medex)	NA	Upto 20% of Sum Insured or Rs 5Lakh or actual whichever is lower	Upto 20% of the Sum Insured or Rs 5Lakh or actual whichever is lower
Funeral Benefits and Repatriation of remains	NA	NA	1% of Sum Insured subject to maximum Rs 50,000
Hospital Daily Cash (Accident Only)	NA	NA	0.5% of the Sum Insured or max Rs 10000 per day whichever is lower subject to maximum upto 30 days
Cost of crutches/Wheelchairs	NA	NA	5% of Sum Insured or actual expenses incurred subject to maximum 1Lakh
Cost of Artificial limbs	NA	NA	10% of Sum Insured or actual expenses incurred subject to maximum 1Lakh
Optional Covers			
Coma Benefit	10% of the Sum Insured upto Rs 5lakh whichever is lower	10% of the Sum Insured upto Rs 5lakh whichever is lower	10% of the Sum Insured upto Rs 5lakh whichever is lower
Burns	% specified in the policy document subject to maximum Rs 10 Lakh	% specified in the policy document subject to maximum Rs 10 Lakh	% specified in the policy document subject to maximum Rs 10 Lakh
Broken Bones	% specified in the policy document subject to maximum Rs 10 Lakh	% specified in the policy document subject to maximum Rs 10 Lakh	% specified in the policy document subject to maximum Rs 10 Lakh
Temporary Total Disability	1% of Sum Insured or Rs 50,000 per week or actuals whichever is lower upto 104 weeks	1% of Sum Insured or Rs 50,000 per week or actuals whichever is lower upto 104 weeks	1% of Sum Insured or Rs 50,000 per week or actuals whichever is lower upto 104 weeks
Accidental Hospitalization Expenses (Global)	Upto 30% of Sum Insured or Rs 10Lakh or actual whichever is lower	Upto 30% of Sum Insured or Rs 10Lakh or actual whichever is lower	Upto 30% of Sum Insured or Rs 10Lakh or actual whichever is lower
Accident Insurance Renewal Premium	Renewal premium payable for other dependants covered under this policy if claim under Accidental Death is accepted; For Sum Insured Rs 5Lakh	Renewal premium payable for other dependants covered under this policy if claim under Accidental Death is accepted; For Sum Insured Rs 5Lakh	Renewal premium payable for other dependants covered under this policy if claim under Accidental Death is accepted; For Sum Insured Rs 5Lakh
Chauffeur Benefit	Upto 1% of Sum Insured or Rs5,000 per day whichever is lower upto 10 days	Upto 1% of Sum Insured or Rs5,000 per day whichever is lower upto 10 days	Upto 1% of Sum Insured or Rs5,000 per day whichever is lower upto 10 days
Parental Care Benefit	10% of Sum Insured or maximum Rs10 Lakh per policy for maximum 2 parents whichever is lower	10% of Sum Insured or maximum Rs10 Lakh per policy for maximum 2 parents whichever is lower	10% of Sum Insured ormaximum Rs10 Lakh per policy for maximum 2 parents whichever is lower
Purchase of Blood	Actuals or maximum Rs 5,000 whichever is lower	Actuals or maximum Rs 5,000 whichever is lower	Actuals or maximum Rs 5,000 whichever is lower
Family Transportation	Actuals or maximum Rs 50,000 whichever is lower	Actuals or maximum Rs 50,000 whichever is lower	Actuals or maximum Rs 50,000 whichever is lower
Modification of Residence/ Vehicle	Actuals or maximum Rs 2.5 Lakh whichever is lower	Actuals or maximum Rs 2.5 Lakh whichever is lower	Actuals or maximum Rs 2.5 Lakh whichever is lower
Adventure Sports – Accidental Death	100% Sum Insured	100% Sum Insured	100% Sum Insured
Adventure Sports - Accidental Death & Permanent Total Disability (PTD)	100% Sum Insured - Risk AD & PTD	100% Sum Insured - Risk AD & PTD	100% Sum Insured - Risk AD & PTD
Emergency Air Ambulance Charges	Actuals or maximum Rs 5 Lakh whichever is lower	Actuals or maximum Rs 5 Lakh whichever is lower	Actuals or maximum Rs 5 Lakh whichever is lower
Loan Secure	Up to 25% Sum Insured for outstanding loans (Additional Sum Insured) - Risk AD and PTD	Up to 25% Sum Insured for outstanding loans (Additional Sum Insured) - Risk AD and PTD	Up to 25% Sum Insured for outstanding loans (Additional Sum Insured) - Risk AD and PTD

	Secure	Support Plus	Shield
Transportation of Imported Medicine	Actuals or maximum Rs. 20,000 whichever is lower	Actuals or maximum Rs. 20,000 whichever is lower	Actuals or maximum Rs. 20,000 whichever is lower
Marriage fund for Children	10% of the Sum Insured subject to maximum Rs10 Lakh per policy whichever is lower.	10% of the Sum Insured subject to maximum Rs10 Lakh per policy whichever is lower	10% of the Sum Insured subject to maximum Rs10 Lakh per policy whichever is lower
Convalescence Benefit	Lumpsum payment of Rs.50,000 if inpatient hospitalisation for accidental injuries exceeds 30 days; Rs1Lakh for 45 days & Rs2Lakh for 60 days	Lumpsum payment of Rs.50,000 if inpatient hospitalisation for accidental injuries exceeds 30 days; Rs1Lakh for 45 days & Rs2Lakh for 60 days	Lumpsum payment of Rs.50,000 if inpatient hospitalisation for accidental injuries exceeds 30 days; Rs1Lakh for 45 days & Rs2Lakh for 60 days
Loss of Income	0.5% of Sum Insured or maximum Rs20,000 or actuals per week whichever is lower maximum upto 52 weeks	0.5% of Sum Insured or maximum Rs20,000 or actuals per week whichever is lower maximum upto 52 weeks	0.5% of Sum Insured or maximum Rs 20,000 per week whichever is lower maximum upto 52 weeks
Widowhood Benefit	10% of Sum Insured maximum Rs10Lakh per policy whichever is lower	10% of Sum Insured maximum Rs10Lakh per policy whichever is lower	10% of Sum Insured maximum Rs10Lakh per policy whichever is lower
Child Education	10% Sum Insured or actuals maximum Rs10Lakh per policy year for 4 consecutive Years for maximum 2 children.	10% Sum Insured or actuals maximum Rs10Lakh per policy year for 4 consecutive Years for maximum 2 children.	10% Sum Insured or actuals maximum Rs10Lakh per policy year for 4 consecutive Years for maximum 2 children.
Enhanced Temporary Total Disability	1% of Sum Insured or Rs 1,00,000 per week or actuals whichever is lower upto 104 weeks	1% of Sum Insured or Rs 1,00,000 per week or actuals whichever is lower upto 104 weeks	1% of Sum Insured or Rs 1,00,000 per week or actuals whichever is lower upto 104 weeks
Enhanced Loss of Income	0.5% of Sum Insured or maximum upto Rs 50,000 or actuals per week whichever is lower maximum upto 52 weeks	0.5% of Sum Insured or maximum upto Rs 50,000 or actuals per week whichever is lower maximum upto 52 weeks	0.5% of Sum Insured or maximum upto Rs 50,000 per week whichever is lower maximum upto 52 weeks