

KOTAK GROUP SECURE SHIELD
POLICY WORDING
Preamble

This is a contract of insurance between You and Us which is subject to the receipt of the premium in full and the terms, conditions and exclusions of this Policy. This Policy has been issued on the basis of the Disclosure to Information Norm, including the information provided by You/ the Policyholder in respect of the Insured Persons in the Proposal Form. Please inform Us immediately of any change in the address, state of health or any other changes affecting You or any Insured Person.

PART I
1. DEFINITIONS

For the purposes of this Policy, the terms specified below shall have the meaning set forth wherever appearing/specified in this Policy or related Endorsements:

Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders. Further any references to statutory enactment include subsequent changes to the same.

Standard Definitions

Accident	means sudden, unforeseen and involuntary event caused by external, visible and violent means
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 a) Internal Congenital Anomaly Congenital anomaly which is not in the visible and accessible parts of the body. b) External Congenital Anomaly Congenital anomaly which is in the visible and accessible parts of the body.
Day care centre	means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under – i. has qualified nursing staff under its employment; ii. has qualified medical practitioner/s in charge; iii. has fully equipped operation theatre of its own where surgical procedures are carried out; iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel
Day Care Treatment	means medical treatment, and/or surgical procedure which is: i. undertaken under General or Local Anaesthesia in a Hospital/day care centre in less than 24 hrs because of technological advancement, and ii. which would have otherwise required hospitalization of more than 24 hours Treatment normally taken on an out-patient basis is not included in the scope of this definition.

Disclosure to information norm	The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
Migration	means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer
Portability	means the right accorded to an individual health insurance policyholder (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer
Pre-existing Disease	means any condition, ailment, injury or disease a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
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
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	means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven

Specific Definitions

Admission	means the Insured Person's admission to a Hospital as an inpatient for the purpose of medical treatment of an Injury and/or Illness
Bank	means a banking company that is registered in India to transact the business of banking in India or overseas
Claim	means a demand made by You for payment of any benefit under the Policy in respect of an Insured Person
Certificate of Insurance	means the certificate We issue to the Insured Person confirming the Insured Person's cover under the Policy
Credit Linked Policy	means a policy in which the policy period can be extended upto the underlying credit period not exceeding five years
Credit	means the sum of money lent at interest or otherwise to the Insured Person by any Bank/Financial Institution as identified by the Account Number specified in the Policy Schedule/ Certificate of Insurance.
EMI or EMI Amount	means and includes the equated amount of monthly payment required to repay the principal amount and Interest of the Credit taken by the Insured Person as set forth in the amortization chart referred to in the Credit agreement (or any amendments thereto) between the Bank/Financial Institution and the Insured Person.. through any of the recognized modes of communication
Policy	means these Policy wordings, the Policy Schedule/ Certificate of Insurance and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to You, what is excluded from the cover and the terms & conditions on which the Policy is issued to You.

Policy Period	means the period commencing from Policy start date and time as specified in Policy Schedule/ Certificate of Insurance and terminating at midnight on the Policy End Date as specified in Policy Schedule/ Certificate of Insurance
Policy Schedule	means the schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the 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.
Principal Outstanding	Means the principal amount of the Credit outstanding as on the date of occurrence of the event/ date of loss less the portion of principal component included in the EMLs payable but not paid from the date of the Credit agreement till the date of the Insured Event/s. For the purpose of avoidance of doubt, it is clarified that any EMLs 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
Public Authority	means any governmental/ quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, exact obedience, command, determine or judge
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
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
Sum Insured	means the amount specified in the Policy Schedule / Certificate of Insurance which is Our maximum, total and cumulative liability for any and all Claims arising under Section I or Section II during the Policy Period
You/Your/ Policyholder	Means the policyholder/ insured persons named in the Policy Schedule/ Certificate of Insurance
We/ Our/Us/ Insurance Company	means Kotak Mahindra General Insurance Company Limited

PART II

2. SCOPE OF COVER

The following Benefits are applicable under the Policy only if We have received the applicable premium due for that Benefit in full and the Policy Schedule/ Certificate of Insurance specifies that the Benefit is in force for the Insured Person.

The Benefits available under this Policy are described below.

Benefits under Section I and Section II will be payable subject to the terms, conditions and exclusions of this Policy and the availability of Sum Insured and basis of Sum Insured applicable and any sub-limits specified in respect of that Benefit and any limits applicable on the Insured

Person as specified in the Policy Schedule/ Certificate of Insurance.

Our total liability under this Policy for payment of any and all Claims in the aggregate arising under Section I and Section II during the Policy Period shall not exceed the Sum Insured specified in the Policy Schedule/ Certificate of Insurance.

2.1 SECTION I: CRITICAL ILLNESS BENEFIT

We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance to the Insured Person on the first diagnosis of any of the following Critical Illness during the Policy Period, provided that the signs or symptoms of below mentioned Critical Illness first commenced at least 90 days after the commencement of the first Policy Period of this Policy with Us and subsequent to completion of the Survival period

as mentioned in the Policy Schedule/ Certificate of Insurance and shall include:

- First diagnosis of the below-mentioned Illnesses more specifically described below
 1. Cancer of specified severity
 2. Kidney failure requiring regular dialysis;
 3. Multiple Sclerosis with persisting symptoms;
 4. Motor Neurone Disease with Permanent Symptoms
 5. Benign Brain Tumor
 6. Primary (Idiopathic) Pulmonary Hypertension
 7. End Stage Liver Failure
 8. Cardiomyopathy
 9. Alzheimer's Disease
 10. Parkinson's Disease
 11. End stage Lung Failure
 12. Apallic Syndrome
 13. Medullary Cystic Disease
 14. Systemic lupus erythematosus with Renal Involvement
 15. Aplastic Anaemia
 16. Bacterial meningitis
 17. Multiple system atrophy
 18. Progressive scleroderma
- Undergoing for the first time of the following surgical procedures, more specifically described below:
 19. Major Organ / Bone Marrow Transplant;
 20. Open heart replacement or repair of heart valves
 21. Open chest CABG
 22. Aorta Graft Surgery
 23. Pulmonary artery graft surgery
 24. Brain surgery
 25. Pneumonectomy
- Occurrence for the first time of the following medical events more specifically described below:
 26. Coma of Specified Severity
 27. Stroke resulting in permanent symptoms;
 28. Permanent Paralysis of Limbs;
 29. Myocardial Infarction (First Heart Attack- of specific severity.)
 30. Third Degree Burns
 31. Deafness
 32. Loss of Speech
 33. Blindness
 34. Major Head Trauma

The Critical Illnesses and the conditions applicable to the same are more particularly described below:

Standard Definitions

1) Cancer Of Specified Severity

I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

II. The following are excluded –

- i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2) Kidney Failure Requiring Regular Dialysis

I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular

renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

3) Multiple Sclerosis With Persisting Symptoms

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

- i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Neurological damage due to SLE is excluded.

4) Motor Neurone Disease With Permanent Symptoms

I. Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

5) Benign Brain Tumor

I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

- i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

III. The following conditions are **excluded**:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

6) Primary (Idiopathic) Pulmonary Hypertension

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:

- i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

7) End Stage Liver Failure

I. Permanent and irreversible failure of liver function that has resulted in all three of the following:

- i. Permanent jaundice; and
- ii. Ascites; and
- iii. Hepatic encephalopathy.

II. Liver failure secondary to drug or alcohol abuse is excluded.

8) End stage Lung Failure

I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); and
- iv. Dyspnea at rest.

9) Major Organ /Bone Marrow Transplant

I. The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

- i. Other stem-cell transplants
- ii. Where only islets of langerhans are transplanted

10) Open Heart Replacement Or Repair Of Heart Valves

I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

11) Open Chest CABG

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass

grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

II. The following are excluded:

- i. Angioplasty and/or any other intra-arterial procedures

12) Coma Of Specified Severity

I. 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:

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

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

13) Stroke Resulting In Permanent Symptoms

I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

II. The following are excluded:

- i. Transient ischemic attacks (TIA)
- ii. Traumatic injury of the brain
- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

14) Permanent Paralysis Of Limbs

I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical

practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

15) Myocardial Infarction (First Heart Attack Of Specific Severity)

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- ii. New characteristic electrocardiogram changes
- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:

- i. Other acute Coronary Syndromes
- ii. Any type of angina pectoris
- iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure

16) Third Degree Burns

I. 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.

17) Deafness

I. Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.

18) Loss Of Speech

I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the

vocal cords. 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.

19) Blindness

I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

II. The Blindness is evidenced by:

- i. corrected visual acuity being 3/60 or less in both eyes or ;
- ii. the field of vision being less than 10 degrees in both eyes.

III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

20) Major Head Trauma

I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

III. The Activities of Daily Living are:

- i. 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;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility: the ability to move indoors from room to room on level surfaces;
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding: the ability to feed oneself once food has been prepared and made available.

IV. The following are excluded:

- i. Spinal cord injury;

Specific Definitions

21) Cardiomyopathy

A diagnosis of cardiomyopathy by a Cardiologist. There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities for a minimum period of 30 days to at least Class 3 of the New York Heart Association classification's of functional capacity (heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain) and LVEF of 40% or less.

The following conditions are excluded:

- Cardiomyopathy caused due to alcohol or drug abuse.
- All other forms of heart disease, heart enlargement and myocarditis.
- Diabetes and Obesity related cardiomyopathy

22) Alzheimer's Disease

Clinically established diagnosis of Alzheimer's Disease (presenile dementia) resulting in a permanent inability to perform independently three or more activities of daily living – bathing, dressing/undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication – or resulting in need of supervision and permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months

Diagnosis of Alzheimer's disease (presenile dementia) before age 60 that has to be confirmed by a Neurologist.

23) Parkinson's Disease

The occurrence of Parkinson's Disease where there is an associated Neurological Deficit that results in Permanent Inability to perform independently atleast three of the activities of daily living as defined below

- i. Transfer: Getting in and out of bed without requiring external physical assistance
- ii. Mobility: The ability to move from one room to another without requiring any external physical assistance
- iii. Dressing: Putting on and taking of all necessary items of clothing without requiring any external physical assistance
- iv. Bathing/Washing: The ability to wash in the bath or shower (including getting in and out of the bath or shower) or wash by other means
- v. Eating: All tasks of getting food into the body once it has been prepared

Parkinson's disease caused due to drug and/or alcohol abuse is excluded

24) Apallic Syndrome

A persistent vegetative state in which patients with severe brain damage (universal necrosis of the brain cortex with the brainstem remaining intact), are in a state of partial arousal rather than true awareness. The Diagnosis must be confirmed by a Neurologist and condition must be documented for at least 30 days.

25) Medullary Cystic Disease

A progressive hereditary disease of the kidneys characterised by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic renal failure. The diagnosis must be supported by renal biopsy. Isolated or benign kidney cyst is excluded.

26) Systemic lupus erythematosus with Renal Involvement

A diagnosis of systemic lupus erythematosus by a Rheumatologist resulting in either of the following:

- Permanent neurological deficit with persisting clinical symptoms for a continuous period of 30 days; or
- The permanent impairment of kidney function tests supported by Glomerular Filtration Rate test (GFR) below 30 ml/min.

27) Aplastic Anaemia

A Chronic persistent bone marrow failure which results in total aplasia of the bone marrow and requires treatment with at least one of the following:

- a) Regular blood product transfusion
- b) Marrow stimulating agents
- c) Immunosuppressive agents
- d) Bone marrow transplantation

The diagnosis and suggested line of treatment must be confirmed by a Haematologist using relevant laboratory investigations including Bone Marrow Biopsy. Two out of the following three values should be present:

1. Absolute Neutrophil count of 500 per cubic millimetre or less;
2. Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
3. Platelet count of 20,000 per cubic millimetre or less.

28) Bacterial meningitis

Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit lasting for a minimum period of 30 days. It should result in a permanent inability to perform at least three of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons

29) Multiple system atrophy

A diagnosis of multiple system atrophy by a Neurologist. There must be evidence of permanent clinical impairment for a minimum period of 30 days of either:

- motor function with associated rigidity of movement; or

- The ability to coordinate muscle movement; or
- Bladder control and postural hypotension.

30) Progressive scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following conditions are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome.

31) Aorta Graft Surgery

The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches.

- (i) The following conditions are excluded:
 - a. Surgery performed using only minimally invasive or intra-arterial techniques.
 - b. Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures.

- (ii) The diagnosis to be evidenced by any two of the following:
 - a. Computerized tomography (CT) scan
 - b. Magnetic Resonance Imaging (MRI) scan
 - c. Echocardiography (an ultrasound of the heart)
 - d. Angiography (Injecting X ray dye)
 - e. Abdominal ultrasound

32) Pulmonary artery graft surgery

The undergoing of surgery requiring median sternotomy on the advice of a Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

33) Brain Surgery

The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed.

For the above definition, the following condition is excluded:

Burr Hole and brain surgery as a result of an accident.

34) Pneumonectomy

The undergoing of surgery on the advice of an appropriate Medical Specialist to remove an entire lung for disease or traumatic injury suffered by the life assured.

The following conditions are excluded:

- Removal of a lobe of the lungs (lobectomy)
- Lung resection or incision

2.2 PERMANENT EXCLUSIONS APPLICABLE TO SECTION I

We shall not be liable to make any payment under this Policy directly or indirectly for/ caused by/ based upon/ arising out of or howsoever attributable to any of the following:

- a) Any Pre-Existing Disease– Any Pre-Existing Disease will not be covered until a period of continuous coverage as mentioned in the Policy Schedule/ Certificate of Insurance has elapsed for the Insured Person, since the inception of this Policy with Us. On Renewal of the Policy if an increased Sum Insured is requested then the elapsed period for Pre-Existing Diseases shall be limited to the Sum Insured of the immediately completed Policy Period.
- b) Any insured event, as stated in this Section, occurred or suffered before the commencement of Period of Insurance or arising within first 90 days of the commencement of the Period of Insurance.
- c) Any external Congenital Anomaly;
- d) Any medical procedure or treatment, which is not Medically Necessary Treatment or not performed by a Medical Practitioner.
- e) Birth control procedures and hormone replacement therapy.
- f) Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery /complications/illness arising as a consequence thereof.

- g) Treatment by a family member and self-medication or any treatment that is not scientifically recognized.

2.3 SECTION II: PERSONAL ACCIDENT BENEFIT

- (a) We will pay the Sum Insured if the Insured Person dies or suffers Permanent Total Disablement solely and directly due to an Injury sustained an Accident which occurs during the Policy Period provided that the Insured Person's death/ Permanent Total Disablement occurs within 12 months of the Injury being sustained.

For the purposes of this Benefit, Permanent Total Disablement shall mean the total and irrecoverable loss of one of the following which as a direct consequence prevents the Insured Person from resuming his normal occupation or engaging in similar gainful employment:

- (i) Loss of sight of both eyes; or
- (ii) Actual loss by Physical Separation of both hands or both feet or one entire hand and one entire foot; or
- (iii) Loss of use of both hands or both feet or of one hand and one foot without Physical Separation;

- (b) Child Education Benefit: If We have admitted a Claim under Section II, We will pay the Child Education Benefit amount of 10% of Sum Insured under Section II (a) or upto Rs. 10 lacs whichever is lower, as specified in the Policy Schedule / Certificate of Insurance towards the education expenses of the Insured Person's child, provided that the Insured Person's child is less than 25 years of age on the date of the Accident. The payment under this benefit is over and above the Sum Insured of the opted Benefits under any other Benefit.

2.4 EXCLUSIONS APPLICABLE TO SECTION II

We shall not be liable to make any payment under this Policy directly or indirectly for/ caused by/ based upon/ arising out of or howsoever attributable to any of the following:

- (a) the Insured Person is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or

Scheduled Airlines or is engaging in aviation or ballooning, or whilst the Insured Person is mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airline anywhere in the world;

- (b) Insured Person is participating in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which the Insured Person is untrained, unless specifically covered under the policy;
- (c) any Illness to the Insured Person;
- (d) directly or indirectly caused by venereal disease;

2.5 SPECIFIC CONDITIONS APPLICABLE TO SECTION I AND SECTION II (a)

The cover under this Policy, for the specific Insured Person, shall terminate in the event of claim in respect of such Insured Person becoming admissible and accepted by the Company under this Section. In consequence thereof no benefit shall be payable under any other section of this Policy.

2.6 SECTION III: LOSS OF JOB BENEFIT (DUE TO ILLNESS/ ACCIDENT)

Benefits under Section III will be payable subject to the terms, conditions and exclusions of this Policy and the availability of the Loss of Job (Due to Illness/ Accident) Sum Insured specified in the Policy Schedule/ Certificate of Insurance.

Our total liability under this Policy for payment of any and all Claims in the aggregate arising under Section III during the Policy Period shall not exceed the Loss of Job (Due to Illness/ Accident) Sum Insured specified in the Policy Schedule / Certificate of Insurance.

If the Insured Person is terminated or temporarily suspended from employment by his/her employer in accordance with the employer's rules/regulations or in accordance with applicable Indian law or the directives of any Public Authority due to an illness or due to any injury sustained during an Accident during the Policy Period, We will pay the Insured Person the number of EMI as mentioned in the Policy Schedule / Certificate of Insurance EMI Amount(s) falling due in respect of the account number of the Credit (as stated in the Policy Schedule / Certificate of Insurance) after the commencement of the event giving rise to a Claim under Section III of the Policy till the reinstatement of employment with the same employer or new employer, subject to a maximum of Sum Insured mentioned in the Policy Schedule / Certificate of Insurance provided that:

- (a) If the EMI on the date of the Insured Person's termination or temporary suspension from employment is greater than the EMI payable under Loss of Job (Due to Illness/ Accident) Sum Insured specified in the Policy Schedule / Certificate of Insurance, then We shall be liable to pay the EMI or Pre EMI, on the Credit or the Sum Insured, whichever is lower, on the date of the event giving rise to a Claim under this section. Where the Sum Insured is lesser than the Credit amount, We shall pay the EMI in the same proportion as Sum Insured bears to the Credit amount.
- (b) The period of termination or temporary suspension from employment by the Insured Person's employer during the Policy Period is not less than 30 consecutive days.
- (c) The Insured Person is a salaried employee of the employer at the stage of termination, or temporary suspension.
- (d) Loss Of Job occurs within a period of 3 months (or as specified in Policy Schedule/ Certificate of Insurance) from the date Illness/ Injury.

2.7 EXCLUSIONS APPLICABLE TO SECTION III

We shall not be liable to make any payment under this Policy directly or indirectly for, caused by, based upon, arising out of or howsoever attributable to any of the following:

- (a) The Insured Person's termination or temporary suspension from employment is due to dishonesty or fraud or poor performance on the part of the Insured Person or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured Person by the employer.
- (b) The Insured Person being self-employed;
- (c) Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
- (d) Unemployment at the time of inception of the Policy Period or arising within first three months of inception of the Policy Period.
- (e) The Insured Person's termination or temporary suspension from employment within 90 days of the commencement of the Policy Period.
- (f) Any unemployment from a job under which no salary or any remuneration is provided to the Insured Person.
- (g) Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority.
- (h) Any unemployment due to resignation / retirement.
- (i) Any unemployment due to non-confirmation of employment after or during such period under which the Insured Person was under probation.

Note:

- a. Section I is a mandatory cover.**
- b. Section II and III are optional cover's, where Section III can only be selected by Salaried Person's opting for Credit linked policies.**
- c. Section I and Section II (a) shall always have same Sum Insured**

3. GENERAL EXCLUSIONS APPLICABLE TO THE POLICY:

We shall not be liable to make any payment under this Policy directly or indirectly for, caused by, based upon, arising out of or howsoever attributable to any of the following:

- a. Arising or resulting from the Insured Person committing any breach of the law with criminal intent.
- b. war, invasion, act of foreign enemy, hostilities (whether war be declared or

- not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all Heads of State and citizens of whatever nation and of all kinds and acts of terrorism.
- c. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.
- d. nuclear weapon materials.
- e. usage, consumption or abuse of substances intoxicants, hallucinogens, alcohol and/or drugs.
- f. self-destruction or self inflicted injury, attempted suicide or suicide.
- g. Any consequential or indirect loss or expenses arising out of or related to any event giving rise to a Claim under the Policy.
- h. while serving in any branch of the Military or Armed Forces of any country during war or warlike operations.
- i. any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. The Policy also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.

4. CLAIMS ADMINISTRATION

The fulfillment of the terms and conditions of this Policy (including payment of premium by the due dates mentioned in the Policy Schedule / Certificate of Insurance) insofar as they relate to anything to be done or complied with by You or any Insured Person, including complying with the following in relation to claims, shall be Conditions Precedent to admission of Our liability under this Policy:

- a. Claims shall be settled by Us, On the occurrence or discovery of any event that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed;
- b. The directions, advice and guidance of the treating Medical Practitioner shall be

strictly followed. We shall not be obliged to make any payments that are brought about or contributed to as a consequence of intentional/deliberate failure to follow such directions, advice or guidance;

- c. If requested by Us and at Our cost, We may conduct Medical examination by any Medical Practitioner for this purpose when and so often as We may reasonably require. Such medical examination will be carried out only in case of reimbursement claims with prior consent of the Insured Person;
- d. We/Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of such Claim;

5. CLAIMS PROCEDURE FOR CRITICAL ILLNESS CLAIMS

We shall be given written notice within 10 days of the Insured Person being first diagnosed with a Critical Illness and We shall be provided the following necessary information and documentation in respect of all Claims within 30 days of the Insured Person's diagnosis/surgery/treatment (as applicable):

Notification of Claim

The following necessary information should be provided while notifying Claim:

- a) Policy Number
 - b) Name of the Policyholder
 - c) Name of the Insured Person in whose relation the Claim is being lodged
 - d) Nature of illness/Accident
 - e) Name and address of the attending Medical Practitioner and Hospital (if Admission has taken place)
 - f) Date of Admission if applicable
 - g) Any other information, documentation as requested by Us
- a. Common list of documents for all Critical Illness:
- i. Certificate from the attending Medical Practitioner of the Insured Person confirming, inter alia,
 - Name of the Insured Person;
 - Name, date of occurrence and medical details confirming the event giving rise to the Claim.
 - Written confirmation from the treating Medical Practitioner that the event giving rise to the Claim does not relate to any Pre-

Existing Disease or any Illness or Injury which was diagnosed within the first 90 days of commencement of first Policy Period with Us.

- ii. Original Policy document;
- iii. Duly completed claim form;
- iv. Hospital Discharge Card photocopy
- v. Original Discharge Certificate/Death Summary/Card from the hospital/ Medical Practitioner;
- vi. Original investigation test reports, indoor case papers;
- vii. Photocopy Hospital Bills.
- viii. Pharmacy/Investigations Bills
- ix. Photo ID Proof of Insured/ nominee;
- x. Address Proof of Insured / nominee;
- xi. KYC documents and 2 recent coloured passport size photographs of Insured/ nominee;
- xii. Signed NEFT mandate along cancelled cheque copy of Insured/ nominee;
- xiii. In the cases where Critical Illness arises due to an Accident, First Information Report (FIR) copy if done or Medico Legal Certificate will also be required wherever conducted. We may call for any additional necessary documents/information as required based on the circumstances of the claim.
- xiv. Any other documents as may be required by Us.

If the Claim is not notified to Us within the time period specified above, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

- b. Additional Documentation Required for each of the Critical Illnesses

Please note that the following are illustrative lists and we may seek additional documentation based on the facts and circumstances of the Claim

(i) CANCER OF SPECIFIED SEVERITY

- i. Details of the treatment received by the Insured Person from the inception of the ailment.
- ii. Letter from treating consultant stating presenting complaints with

- duration and the past medical history.
- iii. Histopathology / Cytology / FNAC / Biopsy / Immuno-histochemistry reports.
- iv. X-Ray / CT scan / MRI scan / USG / Radioisotope / Bone scan Reports.
- v. Blood Tests.
- vi. Any other specific investigation done to support the diagnosis like the PAP Smear/ Mammography, etc.
- vii. Any other documents as may be required by Us.

(ii) KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Blood Tests- Renal Function Tests specifically: Serum Creatinine, Blood Urea Nitrogen, Serum Electrolytes done in the recent past (Not more than Two Week period from the date of intimation of Loss)
- iii. Dialysis Papers/Receipts done in recent past.
- iv. Renal scan
- v. Letter from the nephrologists stating the diagnosis of End Stage Kidney Failure.
- vi. Any other documents as may be required by Us.

(iii) MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. MRI / CT Scan Report.
- iii. Electro-myogram report
- iv. Biopsy / Cytology Report
- v. Specific Blood Tests: Creatinine Phosphokinase /Anti Nuclear Antibodies, C - reactive protein /Autoimmune work up
- vi. Any other relevant Blood investigations.
- vii. Confirmation from the Central/State Government Hospital about

- diagnosis of Multiple Sclerosis and the duration of the same.
- viii. Any other documents as may be required by Us.

(iv) MOTOR NEURONE DISEASE WITH PERMANENT SYMPTOMS

- Investigations Reports like Blood tests, EEG, Nerve Conduction test, etc
- i. MRI / CT scan Reports or any other Imaging technique Used during the diagnosis and treatment
- ii. Electro-myogram Report
- iii. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- iv. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Neurological deficit and the degree/current status
- v. Any other document as may be required by the company

(v) BENIGN BRAIN TUMOR

- i. Details of the treatment received by the Insured Person from the inception of the ailment.
- ii. Letter from treating consultant stating presenting complaints with duration and the past medical history.
- iii. Histopathology / Cytology / FNAC / Biopsy / Immuno-histochemistry reports.
- iv. X-Ray / CT scan / MRI scan / USG / Radioisotope / Bone scan Reports.
- v. Blood Tests.
- vi. Neurological examination report by Neurologist
- vii. Any other documents as may be required by Us.

(vi) PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION

- i. Consultation Paper stating the presenting complaints with duration,

- past medical history with duration, treatment and medication advised.
- ii. MRI / CT Scan Report.
- iii. Echocardiography report
- iv. Computed tomography (CT), magnetic resonance imaging (MRI), and lung scanning
- v. Pulmonary angiography
- vi. Any other documents as may be required by Us.

(vii) END STAGE LIVER FAILURE

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Ultrasound scan of liver
- iii. CT and/or MRI scan of the liver
- iv. X-ray and Liver function test
- v. Biopsy / FNAC (where applicable)
- vi. *Any other documents as may be required by Us.*

(viii) MAJOR ORGAN /BONE MARROW TRANSPLANT

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Scan / Histopathology / Cytology / FNAC / Biopsy report suggesting irreversible & non-compensatory changes of the particular organ. 8 Bone Marrow Biopsy Reports (Specifically In Case of Bone Marrow Transplant)
- iii. Letter from a specialist Doctor confirming the need of transplantation (Organs Specified are: Heart, lung, Liver, pancreas, kidney, bone marrow)
- iv. Any other documents as may be required by Us.

(ix) OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

- i. Investigations Reports
- ii. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- iii. X-ray and 2D-Echocardiography Report.
- iv. Letter from the Cardiologist / Cardiothoracic Surgeon suggesting

- valve replacement with the type of valve to be used.
- v. Any other documents as may be required by Us.

(x) OPEN CHEST CABG

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. ECG at the time of detection of Coronary Artery Disease and Subsequent ECG's
- iii. Stress test/ Tread Mill Test
- iv. Letter from treating consultant suggesting Coronary Angiography and CABG
- v. Coronary Angiography report / CT Angiography Report
- vi. Cardiac Enzymes Tests: Troponin T/Troponin I, CPK / CPK-MB, SGOT / SGPT,
- vii. LDH / Electrolytes
- viii. X-ray / 2D-Echocardiography Report
- ix. Thallium Scan Report
- x. Any other documents as may be required by Us.

(xi) AORTA GRAFT SURGERY

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. ECG at the time of detection of Coronary Artery Disease and Subsequent ECG's
- iii. Stress test/ Tread Mill Test
- iv. Letter from treating consultant suggesting Coronary Angiography and CABG
- v. Coronary Angiography report (Injecting X ray dye) / CT Scan/MRI
- vi. Cardiac Enzymes Tests: Troponin T/Troponin I, CPK / CPK-MB, SGOT / SGPT,
- vii. LDH / Electrolytes
- viii. X-ray / 2D-Echocardiography Report
- ix. Abdominal Ultrasound
- x. Thallium Scan Report
- xi. Bio-markers for Aortic dissection
- xii. Any other documents as may be required by Us.

(xii) COMA OF SPECIFIED SEVERITY

- i. MRI / CT scan Reports or any other Imaging technique Used during the diagnosis and treatment
- ii. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Glasgow coma scale grading.
- iii. Indoor case papers and / or ICU case papers indicating the history, signs, symptoms, line of treatment and daily charts like TPR, etc
- iv. FIR / MLC / Panchnama for accident induced coma
- v. Any other document as may be required by the company

(xiii) STROKE RESULTING IN PERMANENT SYMPTOMS

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Neurological deficit.
- iii. MRI / CT scan/ 2D Echocardiography Reports or any other Imaging technique Used during the diagnosis and treatment of the Stroke
- iv. Blood tests (Lipid profile/Random Blood Sugar / Prothrombin Time/APTT/ Bleeding Time/ Clotting Time/Homocystiene levels)
- v. Any other documents as may be required by Us.

(xiv) PERMANENT PARALYSIS OF LIMBS

- i. MRI / CT scan Reports or any other Imaging technique Used during the diagnosis and treatment of the Stroke
- ii. Electro-myogram Report
- iii. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- iv. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the

Neurological deficit and the degree/current status and duration of the Paralysis.

- v. Any other document as may be required by the company

(xv) MYOCARDIAL INFARCTION (FIRST HEART ATTACK - OF SPECIFIC SEVERITY)

- i. Casualty Medical Officers/Emergency room papers with all details of Presenting Complaints and the Medical Examination by the attending physician.
- ii. Subsequent Consultation Papers with the treating Medical Practitioner and the treatment received
- iii. ECG on admission and subsequent ECG's
- iv. Stress test/ Tread Mill Test
- v. Cardiac Enzymes Tests: Troponin T/Troponin I, CPK / CPK-MB, SGOT / SGPT, LDH / Electrolytes
- vi. X-ray / 2D-Echocardiography Report
- vii. Thallium Scan Report
- viii. Any other documents as may be required by Us.

(xvi) THIRD DEGREE BURNS

- i. Certificate from the treating specialist Doctor indicating the classification / degree of burns
- ii. Following medico-legal documents if Done
 - (i) FIR
 - (ii) Panchanama
 - (iii) Inquest Panchanama
 - (iv) Police Final Report/Charge Sheet (Based on FIR)
- iii. Any other documents as may be required by Us.

(xvii) DEAFNESS

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Pure tone testing report
- iii. Audiometry report
- iv. Confirmation of Diagnosis by ENT specialist along with duration
- v. All treatment papers and medical investigation test reports
- vi. Any other documents as may be required by Us.

(xviii) LOSS OF SPEECH

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Confirmation of Diagnosis by ENT specialist along with cause and duration
- iii. All treatment papers and medical investigation test reports
- iv. Any other documents as may be required by Us.

(xix) Cardiomyopathy:

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Medical reports: Xray, echo, cardiac catheterization, myocardial biopsy, stress test, ECG, CAG, blood test wherever applicable
- iii. Clinical examination by doctor which suggest cardiomyopathy.
- iv. Treating doctor must specify the exact diagnosis as Cardiomyopathy along with its exact cause.
- v. Any other documents as may be required by us.

(xx) Alzheimer disease:

- i. Consultation Paper stating the presenting complaints with duration,

- past medical history with duration, treatment and medication advised.
- ii. Clinical examination finding of inability to perform normal daily.
- iii. Medical reports: CT SCAN, PET scan brain, MRI.
- iv. Neurologist prescription certifying the disease.
- v. Any other documents as may be required by us

(xxi) Parkinsons Disease:

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Neurologist prescription certifying the disease
- iii. Medical Report: PET, SPECT SCAN.
- iv. Any other documents as may be required by us.

(xxii) End stage Lung Failure:

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Medical reports: Forced expiratory volume (FEV1 test), Arterial Blood gas analysis, x-ray, blood test wherever applicable.
- iii. Chest physician's prescription certifying the disease.
- iv. Any other documents as may be required by us.

(xxiii) Apallic Syndrome:

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Medical reports: MRI, CT scan, PET scan, blood gas analysis, thyroid, CBC, Liver function test(LFT)
- iii. Neurologist prescription certifying the disease.
- iv. Any other documents as may be required by Us.

(xxiv) Medullary Cystic Disease:

- i. Consultation Paper stating the presenting complaints with duration,

- past medical history with duration, treatment and medication advised.
- ii. Medical reports: Creatinine, uric acid, renal biopsy, USG Kidney
- iii. Urologist prescription certifying the diagnosis as Medullary Cystic disease.
- iv. Any other documents as may be required by us.

(xxv) Systemic lupus erythematosus:

- i. as may be required Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Medical reports: Anti-nuclear antibody test(ANA),anti-extractable nuclear antigen(anti-ENA),immunofluorescence(IF),Anti phospholipid antibody, CBC, Liver function test(LFT),Kidney function test(KFT),Glomerular function test(GFR)
- iii. Rheumatologist prescription certifying the disease.
- iv. Any other documents by Us.

(xxvi) Aplastic Anemia:

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Medical reports: CBC, Renal Function Test, Electrolytes, LFT, Thyroid test, it B12, Folic acid, Bone marrow biopsy.
- iii. Hematologist's prescription stating the diagnosis of Aplastic Anemia.
- iv. Any other documents as may be required by Us.

(xxvii) Bacterial meningitis:

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Medical reports: CBC C-Reactive Protein, electrolytes, Blood culture,

- Cerebrospinal fluid culture, CT scan, MRI Brain,
- iii. Clinical examination finding of inability to perform normal daily activity.
- iv. Neurologist prescription certifying the disease.
- v. Any other documents as may be required by Us.

(xxviii) Multiple system atrophy:

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Clinical findings suggestive of multiple system atrophy.
- iii. Medical reports: MRI, CT scan, blood test and test confirming the diagnosis.
- iv. Consulting physician's prescription stating the disease.
- v. Any other documents as may be required by Us.

(xxix) Progressive scleroderma:

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Blood Test: CBC, Liver Function Test, Kidney Function Test, Anti-Nuclear Antibody, Anti-Sci-70(anti-topoisomerase), Anti U3, Anti -RNA polymerase wherever applicable.
- iii. Consulting physician's prescription stating the disease.
- iv. Any other documents as may be required by us.

(xxx) Pulmonary artery graft surgery:

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Medical report: CT scan, perfusion scan, Echo, Right heart catheterization, pulmonary angiogram.
- iii. Consulting physician's prescription stating the disease.
- iv. Any other documents as may be required by us.

(xxxix) Brain surgery:

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Medical reports: CT scan and MRI Brain, Cerebrospinal fluid examination, Electroencephalogram(EEG),CT Angiogram, MRA(Magnetic resonance angiogram),cerebral angiogram to confirm the exact diagnosis.
- iii. Neurologist prescription certifying the disease.
- iv. Any other documents as may be required by Us.

(xxxixii) Pneumonectomy:

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Medical report: Xray, CT scan chest, Bronchoscopy for lung tumor.
- iii. Letter from the chest physician stating the exact cause of lung disease leading to Pneumonectomy.
- iv. Any other documents as may be required by Us.

(xxxixiii) Blindness:

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Medical Report: Visual acuity test, field of vision test
- iii. Ophthalmologist prescription certifying the diagnosis with exact cause.
- iv. Any other documents as may be required by Us.

(xxxixiv) Major head Trauma:

- i. Letter from treating doctor stating the exact cause of injury leading to head injury, presenting complaints of the patient with the duration, impact of injury on patients normal daily life.
- ii. Medical report: MRI, CT brain
- iii. Any other documents as may be required by Us.

Payment terms under Benefit I: Critical Illness:

On payment of a Claim under Benefit I, the cover will cease in respect for that Insured Person.

6. CLAIMS PROCEDURE FOR PERSONAL ACCIDENT CLAIMS

- a. We shall be given written notice within 10 days of ANY Injury sustained by the Insured Person which will give rise or is likely to give rise to a Claim under the Policy.

Notification of Claim:

The following necessary information should be provided while notifying claim:

- a) Policy Number
 - b) Name of the Policyholder
 - c) Name of the Insured Person in whose relation the Claim is being lodged
 - d) Nature of Accident
 - e) Name and address of the attending Medical Practitioner and Hospital (if Admission has taken place)
 - f) Date of Admission if applicable
 - g) Any other information, documentation as requested by Us
- b. We shall be provided with the following necessary information and documentation in respect of all Claims within 30 days of the Insured Person's Injury due to Accident:
 - i. Personal Accident – Death
 - a) Duly completed claim form
 - b) First Information Report (FIR) (if done)
 - c) Panchanama (if done)
 - d) Inquest Panchanama (if done)
 - e) Police Final Report/Charge Sheet (Based on FIR) (if done)
 - f) Post Mortem Report having remark for Forensic Science Laboratory Report (FSLR) or Chemical Analyses (CA) Report, the reports are must (if conducted)
 - g) Death Certificate issued by the Municipal authority
 - h) Cause of death certificate issued by the hospital
 - i) Original Policy Document
 - j) Age proof of Insured Person: Election ID Card / PAN Card/ School

- Leaving Certificate / Copy of passport
 - k) Medical Practitioner's Report
 - l) Certificate, if applicable, from the Bank/Financial Institution stating the amortization schedule, the EMI Amount, Principal Outstanding, etc. (if applicable)
 - m) Any other supporting documents as required by Us
 - n) Railway Accident Claims Tribunal award (In case of Rail Accident) (If awarded)
 - o) Any other document as required by Us to investigate the Claim or Our obligation to make payment for it
- ii. Permanent Total Disability
- a) Claim form
 - b) First Information Report (FIR) (if done)
 - c) Panchanama (if done)
 - d) Disability Certificate from civil surgeon or from designated govt./competent authority
 - e) Hospitalization reports
 - f) Hospitalization discharge card
 - p) Railway Accident Claims Tribunal award (In case of Rail Accident) (If awarded)
 - g) Police Final Report/Charge Sheet (Based on FIR) (if done)
 - h) Investigation report (if done)
 - i) Original Policy document.
 - j) Age proof of Insured Person: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport
 - k) Any other document as required by Us to investigate the Claim or Our obligation to make payment for it
- iii. Child Education Benefit
- a) Documents for Personal Accident Death / Permanent Total Disability as applicable
 - b) Proof to establish relationship – Passport/Education certificate establishing proof of relationship of child with parents/Birth Certificate or Adoption Papers (if adopted).
 - c) Photo Identity Proof of Child
 - d) Age proof of Child
 - e) Certificate from Educational Institution describing course details

If the Claim is not notified to Us within the time period specified above, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

Payment terms under Benefit II: Personal Accident

On payment of a Claim under Benefit II (a): Death or Permanent Total Disablement, the cover will cease in respect of that Insured Person.

7. CLAIMS PROCEDURE FOR LOSS OF JOB (DUE TO ILLNESS/ ACCIDENT) CLAIMS

We shall be given written notice along with the following information and documentation within 30 days of the date of the Insured Person's termination or temporary suspension from employment due to illness/ accident:

Notification of claim:

The following necessary information should be provided while notifying the claim:

- a) Policy Number
- b) Name of the Policyholder
- c) Name of the Insured Person in whose relation the Claim is being lodged
- d) Cause of loss of job
- e) Any other information, documentation as requested by Us
- f) Duly completed claim form.
- g) Original Policy document.
- h) Certificate, if applicable, from the Bank/Financial Institution stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.
- i) Certificate from the employer of the Insured Person confirming the termination or temporary suspension from employment furnishing the date of termination or temporary suspension from employment with the reasons for the same. In case of temporary suspension the period of suspension and the reasons for the same should also be mentioned in such certificate.
- j) Appointment letter.
- k) Last 3 Months Salary Slip.
- l) Form 16 for the last year.
- m) Contact details of employer-phone no. mobile no., email ID, contact person in HR/Admin/Personnel dept.

- n) VISA proof and Passport copy in case of Insured Person is not resident in India.
- o) Age proof of Insured Person: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport.
- p) Certificate / Copy of passport.
- q) Any other document as required by Us to investigate the Claim or Our obligation to make payment for it.

Note (applicable for all claims):

- a) We must be provided with any documentation and information We may request to establish the circumstances of the Claim, its quantum or Our liability for it including, Our Claim form duly completed and all reports, including but not limited to death certificate, disability certificate, medical reports, case histories, investigation reports, treatment papers and discharge summaries.
- b) If the Claim is not notified to Us within these specified timeframes, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control
- c) The Insured Person additionally hereby consents to:
 - i. The disclosure to Us of documentation and information that may be held by medical professionals and other insurers.
 - ii. The Insurer may conduct Medical examination by any Medical Practitioner for this purpose when and so often as We may reasonably require. Such medical examination will be carried out only in case of reimbursement claims with prior consent of the Insured Person

8. CLAIM INVESTIGATION, SETTLEMENT & REPUDIATION

- (a) We may investigate claims at Our own discretion to determine the validity of a claim. This investigation will be conducted within 15 days of the date of assigning the claim for investigation and not later than 6 months from the date of receipt of claim intimation. All costs of investigation will be borne by Us and all investigations will be carried out

by those individuals/entities that are authorised by Us in writing.

- (b) We will not be liable for any Claims which are incurred from the due date of installment till the date and time of restoration of the Policy.
- (c) We shall settle or repudiate a Claim within 30 days of the receipt of the last necessary information and documentation set out in Clause above. In case of suspected frauds, the last "necessary" documents will include the receipt of the investigation report from Our representatives.
- (d) Payment for Claims will be made to You. In the unfortunate event of Your death, We will pay the Nominee named in the Policy Schedule / Certificate of Insurance.
- (e) All Claims will be payable in India and in Indian rupees.
- (f) In case of delay in payment, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us.
- (g) Due to non-disclosure of any material change in the policy, We will not be liable for any Claims which are incurred.
- (h) On the occurrence or discovery of any Event that may give rise to a Claim under this Policy, We shall be given the intimation within 10 days on our toll free number 1: 1800 266 4545 or may write an e-mail at care@kotak.com

In the event of claims, please send the relevant documents to:

Kotak Mahindra General Insurance Company Ltd.

8th Floor, Zone IV, Kotak Infinity, Bldg. 21, Infinity IT Park, Off WEH, Gen. AK Vaidya Marg, Dindoshi, Malad (E), Mumbai – 400097. India.

PART III General Terms and Conditions

1. Disclosure of Information

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a Claim being fraudulent or any fraudulent means or devices being used by You/Insured Person or any one acting on Your/Insured Person's behalf to obtain any benefit under this Policy.

2. Observance of terms and conditions

The due observance and fulfilment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by You, shall be a condition precedent to any of Our liability to make any payment under this Policy.

3. Material Change

Material information to be disclosed to Us includes every matter that You are aware of or could reasonably be expected to know that relates to questions in the Proposal Form and which is relevant to Us in order to accept the risk and the terms of acceptance of the risk.

4. No constructive Notice

Any knowledge or information of any circumstances or condition in Your connection in possession of any of Our personnel and not specifically informed to Us by You shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

5. Terms and condition of the Policy

The terms and conditions contained herein and in Part II of the Policy shall be deemed to form part of the Policy and shall be read as if they are specifically incorporated herein.

6. Electronic Transactions

You agree to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees

and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

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 Insured. 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 Insured.

7. Multiple Policies

- a. If two or more policies are taken by an Insured during a period from one or more insurers, the contribution shall not be applicable where the cover/ benefit offered:
 - o Is fixed in nature;
 - o Does not have any relation to the treatment costs;
- b. In case of multiple policies which provide fixed benefits, on the occurrence of the Insured event in accordance with the terms and conditions of the policies, each insurer shall make the claim payments independent of payments received under other similar policies.
- c. If two or more policies are taken by an insured during a period from one more insurers to indemnify treatment costs, the policyholder shall have the right to require a settlement of his/her claim in terms of any of his/her policies.
 - o In all such cases the insurer who has issued the chosen policy 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.

- o Policyholder having multiple policies shall also have the right to prefer claims from other policy/ policies for the amount disallowed under the earlier chosen policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall settle the claim subject to the terms and conditions of the other policy / policies so chosen.
- d. If the amount to be claimed exceeds the Sum Insured under a single policy after considering the deductible or co-pays, the policy holder shall have the right to choose insurers from whom he/she wants to claim balance amount.
- e. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

8. Cause of Action/ Currency for payments

No Claims shall be payable under this Policy unless the cause of action arises in India, unless otherwise specifically provided in Policy. All Claims shall be payable in India and shall be in Indian Rupees only.

9. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed by both You and Us to be adjudicated or interpreted in accordance with Indian law and only competent Courts of India shall have the exclusive jurisdiction to try all or any matters arising hereunder. The matter shall be determined or adjudicated in accordance with the law and practice of such Court.

10. Underwriting

We may underwrite a proposal based on proposal form/application form declarations or Medical Examination conducted by Us. Medical tests will be facilitated by us and conducted at Our network of diagnostic centres. The validity of such tests will be up to 30 days. We will inform You about the status of the proposal depending upon the Underwriting decision.

There shall be no Loading on Renewals on Individual Claims Experience Basis.

11. Free Look Period

The free look period shall be applicable at the inception of the policy and:

- a. The insured will be allowed a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable
- b. If the insured has not made any claim during the free look period, the insured shall be entitled to-
 - A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
 - Where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
 - Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

12. Cancellation

- a. For Policyholder's initiated cancellation, the Company would compute refund amount as pro-rata (for the unexpired duration) premium. This would further be deducted by 25% of computed refundable premium.

This is provided no claim has been made under the Policy.

- b. No refund of premium is applicable when policy is cancelled by the Insurer on grounds of misrepresentation, fraud, nondisclosure or non-cooperation of the Insured

13. Grace Period and Renewal

- a. **Renewal notice for policies not issued on Auto Renewal Basis:**

- A health insurance Policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-

- cooperation by the insured, provided the Policy is not withdrawn.
- The Policy will automatically terminate at the end of the Policy Period and must be renewed within the Grace Period of at least 30 days or as informed by Insurer from time to time. The provisions of Section 64VB of the Insurance Act 1938 shall be applicable. All policies Renewed within the Grace Period shall be eligible for continuity of cover.
- If We have discontinued or withdrawn this product/plan You will have the option to renewal under the nearest substitute Policy being issued by Us, provided however benefits payable shall be subject to the terms contained in such other policy which has been approved by IRDAI
- You shall make a full disclosure to Us in writing of any material change in the health condition of any Insured Person at the time of seeking Renewal of this Policy, irrespective of any claim arising or made. The terms and condition of the existing policy will not be altered.
- We may, revise the Renewal premium payable under the Policy or the terms of cover, provided that all such changes are approved by IRDAI and in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premium will not alter based on individual claims experience. We will intimate You of any such changes at least 90 days prior to date of such revision or modification.

b. Renewal notice for policies issued on Auto Renewal Basis:

- The Company shall automatically renew the Policy annually for the period it has been issued for. However on expiry of the Policy after completing its entire auto renewal period the Company shall not deduct any renewal premium nor give notice that such renewal premium is due.
- Every renewal premium (which shall be paid and accepted in respect of

this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured Person that may result to enhance the risk of the Company under the guarantee hereby given.

- No renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorised official of the Company. Any change in the risk will be intimated to the Company by the Insured Person. Nothing herein or otherwise shall affect the Company's right to impose any additional terms and conditions on renewal or restrict any renewal terms as to premium or otherwise.
- The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Company on or before the date of expiry of the Policy and in no case later than Grace Period of 30 days from the expiry of the Policy

14. 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: IRDAI/HLT/REG/CIR/003/01/2020

15. Role of Group Administrator/ Policyholder

- a. The Policy holder should provide the complete list of members to Us at the time of policy issuance and renewal. Further intimation should be provided to

Us on the entry and exit of the members at periodic intervals. Insurance will cease once the member leaves the group except when it is agreed in advance to continue the benefit even if the member leaves the group.

- b. In case of employer-employee policies, the employer may issue confirmation of insurance protection to the individual employees with clear reference to the Group Insurance policy and the benefits secured thereby.
- c. In case of such policies, claims of the individual employees may be processed through the employer
- d. In case of non-employer-employee policies, We shall generally issue the Certificate of Insurance. However, We may provide the facility to the Group Administrator to issue the Certificate of Insurance to the members.
- e. In case of such policies, the Group Administrator may facilitate the claims process for the members however the payment will be made only to the beneficiary which is the Insured Person

16. Communication & Notices

Any communication, notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to:

In Your case, at Your last known address per Our records in respect of this Policy.

In Our case, at Our address specified in the Policy Schedule/ Certificate of Insurance.

No insurance agent, broker or any other person is authorised to receive any notice on Our behalf.

17. Customer Service

If at any time You require any clarification or assistance, You may contact Our offices at the address specified in the Policy Schedule/ Certificate of Insurance, during normal business hours or contact Our call centre.

18. Instalment Facility

If You have opted for payment of premium on an instalment basis of monthly / quarterly / half yearly, as specified in the Schedule, the following conditions shall apply (notwithstanding any terms contained elsewhere in the Policy):

- a. In case of any admissible claim in a Policy year:
 - If the claim amount is equivalent or higher than the balance of the instalment premiums payable in that Policy Year, would be recoverable from the admissible claim amount payable in respect of the Insured Person.
 - If the claim amount is lesser than the balance premium payable, then no claim would be payable till the applicable premium is recovered.
- b. Premiums on policies may be accepted in instalment provided that the instalments covering a particular period shall be received within 15 days from the date of commencement of the period.
- c. In case the instalment premium is not received within the grace period, the Policy will get cancelled with applicable refund of premium, if any.

19. For Reducing Sum Insured Covers (applicable only for credit linked Policy)

Notwithstanding anything contrary stated in the Policy, the Sum Insured under the Policy on the date of the occurrence of the event covered under Sections I & II for the purpose of calculation of claim shall be the least of the following:

- a. The Principle Outstanding in the books of the Bank/Financial Institution as on the date of occurrence of the Insured Event; or
- b. The Principle Outstanding as per the amortization schedule prepared by Bank/Financial Institution. In the event the Sum Insured as appearing against Section I & II of the Schedule I of the Policy is less than the total of the actual Credit disbursed upto the date of the occurrence of the Insured Event, then the Amortization schedule shall be calculated as if the actual Credit disbursed was equivalent to the Sum Insured. ; or
- c. The Sum Insured as appearing against Section I & II of the Policy Schedule/ Certificate of Insurance.

20. Survival Period

Notwithstanding anything to the contrary stated herein, We shall not be liable to make any payment arising out of any claim under Section I for any Insured if the Insured does not survive a period of atleast 30 days after the date of occurrence event

21. Assignment Clause

An assignment of this policy of insurance, wholly or in part, whether with or without consideration, may be made only by an endorsement upon the policy itself or by a separate instrument, signed in either case by the by the assignor and attested by at least one witness, specifically setting forth the fact of transfer or assignment and the reasons thereof, the antecedents of the assignee and the terms on which the assignment is made. Such assignment shall be operative as against the Company effective from the date the Company receives a written notice of the assignment/request and endorses the same on the Policy.

The Company may, accept the assignment, or decline to act upon any endorsement, where it has sufficient reason to believe that such transfer or assignment is not bona fide or is not in the interest of the policyholder or in public interest or is for the purpose of trading of insurance policy. However, by recording the assignment the Company does not express any opinion upon the validity nor accepts any responsibility on the assignment.

22. Grievances

For resolution of any query or grievance, insured may contact the respective branch office of the Company or may call at 18002664545 or may write an e- mail at care@kotak.com.

For senior citizens, please contact the respective branch office of the Company or call at 18002664545 or may write an e- mail at seniorcitizen@kotak.com.

In case the insured is not satisfied with the response of the office, insured may contact the Grievance Officer of the Company at grievanceofficer@kotak.com. In the event of unsatisfactory response from the Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. The details of the Insurance Ombudsman is available at website:

www.kotakgeneral.com

The updated details of Insurance Ombudsman offices are also available on the website of Council for Insurance Ombudsmen:

www.cioins.co.in/ombudsman

The details of the Insurance Ombudsman is available at Annexure I

23. Automatic change in Coverage under the policy

The coverage for the Insured Person(s) shall automatically terminate in the case of any Insured Person's demise during the policy period/year:

Termination of cover takes place on account of death of the insured person and pro-rata refund of premium of deceased insured person is processed for the unexpired policy period, provided no claim has been made. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other insured persons may also apply to renew the policy. In case, the other insured person is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application.

**Annexure I
Details of Insurance Ombudsman**

Office Details	Jurisdiction of Office Union Territory, District
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, Dadra & Nagar Haveli, Daman and Diu.
Bengaluru: Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
Bhopal: Office of the Insurance Ombudsman, 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.
Bhubneshwar: Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
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, Sonapat 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, Sonapat & 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 - 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, Andaman & Nicobar Islands.
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, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
Mumbai: Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 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 and 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).