HDFC ERGO Secure 4in1

Policy Wordings

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No. 146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059.

UIN: HDFC ERGO Secure 4in1 - HDFHLIP25040V042425.

my: Optima Secure

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Preamble

This Policy is a contract of insurance issued by **HDFC ERGO General Insurance Company Limited** (hereinafter called the 'Company') to the proposer mentioned in the Policy Schedule (hereinafter called the 'Policyholder') to cover the person(s) named in the Policy Schedule (hereinafter called the 'Insured Person(s)'). The Policy is based on the statements and declaration provided by the Policyholder in the Proposal Form as well as in any welcome or other tele-verification calls with the Company's authorized person and is subject to receipt of the requisite premium.

Operating Clause

If during the Policy Period the Insured Person is required to be Hospitalized for treatment of an Illness or Injury at a Hospital/ Day Care Centre or given treatment at Home, following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify Medical Expenses necessarily incurred towards the Covers in force under the Policy, as specified in the Policy Schedule.

Provided further that, any amount payable under the Policy shall be subject to the terms of coverage (including Aggregate Deductible, Sub-limits), exclusions, conditions and definitions contained herein. The maximum, total and cumulative liability of the Company under any and all such claims during each Policy Year shall be the Sum Insured (Individual or Floater), including optional covers and other add on covers in force under the Policy, and Cumulative Bonus (if any) specified in the Policy Schedule.

SECTION A. DEFINITIONS

1.1. Standard Definitions

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

Def. 1. **Accident means** a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Def. 2. **Any one illness means** continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

Def. 3. **AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- **a.** Central or State Government AYUSH Hospital; or
- **b.** Teaching hospital attached to AYUSH College recognized by the Central Government /Central Council of Indian Medicine/Central Council for Homeopathy; or
- **c.** AYUSH Hospital, standalone or co-located within-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
  - **i.** Having at least 5 in-patient beds;

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

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

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

Def. 4. **AYUSH Day Care Centre means** and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion:

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

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

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

Def. 5. **Cashless facility means** a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.

Def. 6. **Condition Precedent means** a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Def. 7. **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.

Def. 8. **Co-Payment means** a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

Def. 9. **Cumulative Bonus means** any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

Def. 10. **Day Care Centre means** any institution established for day care treatment of illness and / or injuries or a medical set -up with a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion asunder:

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.

Def. 11. Day Care Treatment means those 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 hours because of technological advancement, and

ii) which would have otherwise required hospitalization of more than 24 hours,

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

Def. 12. Deductible means a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured. The deductible is separate from any Aggregate Deductible that may be in-force and applicable under the Policy, as specified in the Policy Schedule.

Def. 13. Dental Treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

Def. 14. Disclosure of information norm means the policy shall be void and all premium paid hereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Def. 15. Domiciliary Hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

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

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

Def. 16. Emergency Care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

Def. 17. Grace Period means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period. (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received).

Def. 18. **Hospital means** any institution established for in-patient care and day care treatment of Illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act 2010 or under the enactments specified under the Schedule of Section 56(1) of the said act or complies with all minimum criteria as under:

i) has qualified nursing staff under its employment round the clock;

ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;

iii) has qualified medical practitioner(s) in charge round the clock;

iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;

v) maintains daily records of patients and make these accessible to the insurance company's authorized personnel;

Def. 19. **Hospitalization means** admission in a Hospital for a minimum period of 24consecutive 'In-patient Care' hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

Def. 20. **Illness means** a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

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

(b) Chronic condition –A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

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

2. it needs ongoing or long-term control or relief of symptoms

3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it

4. it continues indefinitely

5. it recurs or is likely to recur

Def. 21. **Injury means** accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

Def. 22. **Inpatient Care means** treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

Def. 23. **Intensive Care Unit means** an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require

life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Def. 24. **ICU (Intensive Care Unit) Charges means** the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges

Def. 25. **Medical Advice means** any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

Def. 26. **Medical Expenses means** those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Def. 27. **Medical Practitioner means** a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.Medical Practitioner who is sharing the same residence as the Insured Person and is a Family Member of the Insured Person are not considered as Medical Practitioner under the scope of this Policy.

Medical Practitioner (Definition applicable for the treatment taken **outside** India) means a licensed medical practitioner acting within the scope of his license and who holds a degree of a recognized institution and is registered by the Authorized Medical Council of the respective country.

Def. 28. **Medically Necessary Treatment means** any treatment, test, medication, or stay in hospital or part of stay in hospital which:

i) is required for the medical management of the illness or injury suffered by the insured;

ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;

iii) must have been prescribed by a medical practitioner;

iv) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Def. 29. **Migration means** a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.

Def. 30. **Network Provider means** hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

Def. 31. **Non-Network Provider means** any hospital, day care centre or other provider that is not part of the network.

Def. 32. **Notification of Claim means** the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

Def. 33. **OPD Treatment means** the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care patient or in-patient**.**

Def. 34. **Portability means** a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

Def. 35. **Pre-Existing Disease** means any condition, ailment, injury or disease:

a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or

b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

Def. 36. **Pre-hospitalization Medical Expenses means** Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and

ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

Def. 37. **Post-hospitalization Medical Expenses means** Medical Expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:

i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and

ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

Def. 38. **Qualified Nurse means** a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

Def. 39. **Reasonable and Customary Charges means** the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/ injury involved.

Def. 40. **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.

Def. 41. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

Def. 42. **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.

Def. 43. **Unproven/Experimental Treatment means** the treatment including drug experimental therapy which is based on established medical practice in India, is a treatment experimental or unproven.

1.2. Specific Definitions

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

Def. 1. **Adventurous/Hazardous Sports means** any sport or activity involving physical exertion and skill in which an Insured Person participates or competes for entertainment or as part of his profession whether he / she is trained or not.

Def. 2. **Age means** completed years on last birthday as on Commencement Date.

Def. 3. **Aggregate Deductible** refers to a cost-sharing agreement between the Insurer and the Insured. The Insured agrees to bear a self-opted amount known as 'Aggregate Deductible' once during each Policy Year post which the Insurer's liability under the Policy shall commence for that Policy Year. The Aggregate Deductible does not reduce the Sum Insured.

Def. 4. **Ambulance means** a motor vehicle operated by a licenced/authorised service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.

Def. 5. **Associated Medical Expenses means** Consultation fees, charges on Operation theatre, surgical appliances & nursing, and expenses on Anesthesia, blood, oxygen incurred during Hospitalization of the Insured Person which vary based on the room category occupied by the insured person whilst undergoing treatment in some of the hospitals. If Policy Holder chooses a higher room category above the eligibility defined in Policy Schedule, then proportionate deduction will apply on the **Associated Medical Expenses** in addition to the difference in room rent. Such associated medical expenses do not include Cost of pharmacy and consumables, Cost of implants and medical devices and Cost of diagnostics. Proportionate deduction shall not be applicable to 'ICU charges'.

Def. 6. **AYUSH Treatment** refers to the medical and/or hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

Def. 7. **Bank Rate means** the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year, which shall be applied depending on the year in which a claim is due.

Def. 8. **Base / Basic Sum Insured means** the limit opted at the time of inception or modified at the time of renewal whichever is later. It forms a part of the Sum insured for a given Policy Year. It is on per Policy Year basis. In case of Individual Policies Base Sum Insured shall be on per Insured Person basis. In case of Family Floater policies, a common Base Sum Insured shall be available on a floating basis amongst all the Insured Persons.

Def. 9. **Break in policy means** the period of gap that occurs at the end of the existing policy term/instalment premium due date, when the premium due for renewal on a given policy or instalment premium due is not paid on or before the premium renewal date or grace period.

Def. 10. **Biological Attack** or **Weapons means** the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

Def. 11. **Chemical attack** or **weapons means** the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.

Def. 12. **Commencement Date means** the date of commencement of insurance coverage under the Policy as specified in the Policy Schedule**.**

Def. 13. **Family Members means** any one or more of the following family members of the Insured Person:

i. Legally wedded spouse.

ii. Parents and parents-in-law.

iii. Dependent Children (i.e. natural or legally adopted) between the Age 90 days to Age 25 years. If the child above 18 years of Age is financially independent, he or she shall be ineligible for coverage under this Policy in the subsequent renewals.

Def. 14. **Home means** the Insured Person's place of permanent residence as specified in the Policy Schedule.

Def. 15. **Insured Person means** persons named in the Policy Schedule who are insured under the Policy and in respect of whom the applicable premium has been received in full.

Def. 16. **Life threatening situation** shall mean a serious medical condition or symptom resulting from Injury or Illness which is not Pre-Existing Disease, which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person's health, until stabilisation at which time this medical condition or symptom is not considered an Emergency anymore.

Def. 17. **Material Facts means** all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

Def. 18. **Non-instalment Premium Payment** refers to payment of premium for the entire policy period made in advance as a single premium.

Def. 19. **Policy means** these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof, as amended from time to time, and shall be read together. The Policy contains details of the extent of cover available to the Insured Person, applicable exclusions and the terms & conditions applicable under the Policy.

Def. 20. **Policy Period means** the period between the Commencement Date and either the Expiry Date specified in the Policy Schedule or the date of cancellation of this Policy, whichever is earlier.

Def. 21. **Policyholder means** person who has proposed the Policy and in whose name the Policy is issued.

Def. 22. **Policy Schedule means** the Policy Schedule attached to and forming part of this Policy specifying the details of the Insured Persons, the Sum Insured, the Policy Period and the Sub-limits to which benefits under the Policy are subject to, including any annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.

Def. 23. **Policy Year means** a period of twelve months beginning from the Commencement Date and ending on the last day of such twelve-month period. For the purpose of subsequent years, Policy Year shall mean a period of twelve months commencing from the end of the previous Policy Year and lapsing on the last day of such twelve-month period, till the Expiry Date, as specified in the Policy Schedule.

Def. 24. **Preventive Health Check-up means** a package of medical test(s) undertaken for general assessment of health status, excluding any diagnostic or investigative medical tests for evaluation of Illness or a disease.

Def. 25. **E-Opinion for Critical Illness means** a procedure where by upon request of the Insured Person, an independent Medical Practitioner reviews and opines on the treating Medical Practitioner's recommendation as to care and treatment of the Insured Person by reviewing Insured Person's medical status and history. Such an opinion shall not be deemed to substitute the Insured Person's physical visit or consultation to an independent Medical Practitioner.

Def. 26. **Shared Accommodation OR Shared Room** category means a room in a Hospital with double occupancy having shared washroom. This room does not include kitchen / dining area.

Def. 27. **Single Private Room means** an air-conditioned room in a Hospital where a single patient is accommodated and which has an attached toilet (lavatory and bath). Such room type shall be the most economical of all accommodations available as a single AC room in that Hospital

Def. 28. **Sub-limit means** a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit. The Sub-limit as applicable under the Policy is specified in the Policy Schedule against the relevant Cover in force under the Policy.

Def. 29. **Sum Insured means** the aggregate limit of indemnity consisting of the Base Sum Insured, Cumulative Bonus, Plus Benefit, Secure Benefit and Automatic Restore Benefit (provided that these covers are in force for the Insured Person). Sum Insured represents the maximum, total and cumulative liability of the Company for any and all claims made under the Policy, in respect of that Insured Person (on Individual basis) or all Insured Persons (on Floater basis) during the Policy Year.

Def. 30. **Waiting Period means** a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the Waiting Period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.

SECTION B. BENEFITS

1. Base Coverage

The Covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy and up to the Sub-limits mentioned in the Policy Schedule. Cumulative Bonus shall be available only if the Cover is specified to be applicable in the Policy Schedule.

Claims made in respect of any of these Covers will affect the eligibility for the additional Covers set out in Section B-2 and Section B-3 below.

1.1. Hospitalization Expenses

The Company shall indemnify Medical Expenses necessarily incurred by the Insured Person for Hospitalization of the Insured Person during the Policy Year due to Illness or Injury, up to the Sum Insured specified in the Policy Schedule for:

a. Room Rent, boarding, nursing expenses as provided by the Hospital / Nursing Home. Room rent limit shall be 'At Actuals' unless otherwise specified in the Policy Schedule.

b. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses. ICU limit (including ICCU) for bed charges shall be 'At Actuals' unless otherwise specified in the Policy Schedule.

c. Surgeon, anaesthetist, Medical Practitioner, consultants, specialist Fees during Hospitalization forming part of Hospital bill.

d. Investigative treatments and diagnostic procedures directly related to Hospitalization.

e. Medicines and drugs prescribed in writing by Medical Practitioner.

f. Intravenous fluids, blood transfusion, surgical appliances, allowable consumables and/or enteral feedings. Operation theatre charges.

g. The cost of prosthetics and other devices or equipment, if implanted internally during Surgery.

1.1.1. Other Expenses

i. Expenses incurred on road Ambulance if the Insured Person is required to be transferred to the nearest Hospital for Emergency Care or from one Hospital to another Hospital or from Hospital to Home (within same city) following Hospitalization.

ii. In patient Care Dental Treatment, necessitated due to disease or Injury

iii. Plastic Surgery, necessitated due to Injury

iv. All Day Care Treatments.

Note

i. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment.

ii. The Hospitalization must be for Medically Necessary Treatment, and prescribed in writing by Medical Practitioner.

iii. Proportionate deduction on Room Rent: In case the Insured Person is admitted in a room that exceeds the category/limit stipulated in the Policy Schedule, the reimbursement/payment of Room Rent charges including all Associated Medical Expenses incurred at Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent charges. This condition is not applicable in respect of Hospitals where differential billing for Associated Medical Expenses is not followed based on Room Rent. In case the Insured Person is admitted in an ICU / ICCU room that exceeds the category/limit stipulated in the Policy Schedule then Proportionate deduction as stated above shall only apply on ICU / ICCU room charges for the days Insured Person was admitted in ICU / ICCU. Proportionate deduction will not apply for Associated Medical expenses incurred during the days Insured Person was admitted in ICU / ICCU.

1.2. Home Health Care

The Company shall indemnify the Medical Expenses incurred by the Insured Person on availing treatment at Home during the Policy Year, if prescribed in writing by the treating Medical Practitioner, provided that:

a. The treatment in normal course would require In-patient Care at a Hospital, and be admissible under Section B-1.1 (Hospitalization Expenses).

b. The treatment is pre-authorized by the Company as per procedure given under Claims Procedure - Section E-1.

c. Records of the treatment administered, duly signed by the treating Medical Practitioner, are maintained for each day of the Home treatment.

This Cover is not available on reimbursement basis.

1.3. Domiciliary Hospitalization

The Company shall indemnify the Medical Expenses incurred during the Policy Year on Domiciliary Hospitalization of the Insured Person prescribed in writing by treating Medical Practitioner, provided that:

a. the condition of the Insured Person is such that he/she could not be removed/admitted to a Hospital.

or,

b. the Medically Necessary Treatment is taken at Home on account of non-availability of room in a Hospital.

1.4. AYUSH Treatment

The Company shall indemnify the Medical Expenses incurred by the Insured Person only for Inpatient Care under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the Sub-limit specified against this Cover in the Policy Schedule, in any AYUSH Hospital.

1.5. Pre-Hospitalization Expenses

The Company shall indemnify the Pre-Hospitalization Medical Expenses incurred by the Insured

Person only if the same is related to an admissible Hospitalization under Section B-1.1 (Hospitalization Expenses).

Such expenses shall be indemnified if the same were incurred upto 60 days unless otherwise specified in the Policy Schedule, immediately prior to the date of admission.

1.6. Post-Hospitalization Expenses

The Company shall indemnify the Post-Hospitalization Medical Expenses incurred by the Insured Person only if the same is related to an admissible Hospitalization under Section B-1.1 (Hospitalization Expenses). Such expenses shall be indemnified if the same were incurred upto 180 days unless otherwise specified in the Policy Schedule, immediately post the date of discharge from the Hospital.

1.7. Organ Donor Expenses

The Company shall indemnify the Medical Expenses covered under Section B-1.1(Hospitalization Expenses) which are incurred by the Insured Person during the Policy Year towards the organ donor's Hospitalization for harvesting of the donated organ where an Insured Person is the recipient, subject to the following conditions:

a. The organ donor is any person whose organ has been made available in accordance and in compliance with The Transplantation of Human Organ (amendment) Act, 2011, Transplantation of Human Organs and Tissues Rules, 2014 and other applicable laws and/or regulations.

b. Recipient Insured Person's claim under Section B-1.1 (Hospitalization Expenses) is admissible under the Policy.

c. Expenses listed below are excluded from this Cover:

i. The organ donor's Pre-Hospitalization Expenses and Post-Hospitalization Expenses.

ii. Expenses related to organ transportation or preservation.

iii. Any other Medical Expenses or Hospitalization consequent to the organ harvesting.

1.8. Cumulative Bonus (CB) [Applicable to 'Optima Suraksha', 'Optima Lite' and 'Optima Select' plans]

On Renewal of this Policy with the Company without a break, a sum equal to 10% (unless otherwise specified in the policy schedule) of the Base Sum Insured of the expiring Policy shall be provided as CB irrespective of any claims and shall be available under the Renewed Policy subject to the following conditions:

Notes:

a. In case where the Policy is on individual basis as specified in the Policy Schedule, the CB shall be added and available individually to the Insured Person.

b. In case where the Policy is on floater basis, the CB shall be added and available to the family on floater basis.

c. CB shall be available only if the Policy is renewed/ premium paid within the Grace Period.

d. If the Insured Persons in the expiring policy are covered on an individual basis as specified in the Policy Schedule and there is an accumulated CB for such Insured Persons under the expiring policy, and such expiring policy has been Renewed on a floater policy basis as specified in the Policy Schedule then the CB to be carried forward for credit in such Renewed Policy shall be the lowest one that is applicable among all the Insured Persons.

e. In case of floater policies where the Insured Persons Renew their expiring policy by splitting the Sum Insured in to two or more floater policies/individual policies or in cases where the Policy is split due to the child attaining the Age of 25 years, the CB of the expiring policy shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each Renewed Policy

f. If the Sum Insured has been reduced at the time of Renewal, the applicable CB shall be reduced in the same proportion to the Sum Insured in current Policy.

g. If the Sum Insured under the Policy has been increased at the time of Renewal, the CB shall be calculated on the Sum Insured of the last completed Policy Year.

h. If the Policy Period is of two/three years, any CB that has accrued for the first/second Policy Year shall be credited post completion of each Policy Year.

i. New Insured Person added to the Policy during subsequent Renewals will be eligible for CB as per their Renewal terms.

j. CB shall be available only if the Cover is specified to be applicable in the Policy Schedule.

k. CB percentage and maximum accrual limit applicable shall be as specified in the Policy Schedule.

2. Optional Covers

The Covers listed below are optional covers. An optional cover is applicable to an Insured Person only if it is specified in the Policy Schedule to be in force for that Insured Person, and such optional cover will be available in accordance with the procedures set out in this Policy and up to the Sub-limits mentioned in the Policy Schedule.

Note: Please refer to 'Annexure C' for details pertaining to optional covers available with your plan opted

Key to read 'Annexure C'

a. **'Covered'** means that particular benefit is an inbuilt feature in that particular plan and the premium of such benefits are included in the premium of the respective Plan.

b. **'Not Covered'** means that particular benefit is NOT available either as an inbuilt feature or as an optional feature in that particular plan

c. **'Optional'** means that particular benefit is NOT an inbuilt feature BUT can be opted by the Proposer/Policyholder either at inception or at renewal.

2.1. Emergency Air Ambulance

The Company shall indemnify expenses incurred by the Insured Person during the Policy Year towards Ambulance transportation in an airplane or helicopter for Emergency Care which requires immediate and rapid Ambulance transportation that ground transportation cannot provide from the site of first occurrence of the Illness or Accident to the nearest Hospital. The claim is subject to a maximum of Sum Insured as specified in the Policy Schedule against this Cover, and subject to the following conditions:

a. The air Ambulance transportation is advised in writing by a Medical Practitioner.

b. Medically Necessary Treatment is not available at the location where the Insured Person is situated at the time of emergency.

c. The air Ambulance provider is a registered entity in India (except Section B-2.9 (Global Health Cover (Emergency Treatments Only)) and Section B-2.10 (Global Health Cover (Emergency and Planned Treatments Only)).

d. The Insured Person is in India and the treatment is taken in India only (except Section B-2.9 (Global Health Cover (Emergency Treatments Only)) and Section B-2.10 (Global Health Cover (Emergency and Planned Treatments Only)).

e. No return transportation to the Insured Person's Home or elsewhere by the air Ambulance will be covered under this Cover.

f. A claim for the same Hospitalization is admissible under Section B-1.1 (Hospitalization Expenses) OR Section B-2.9 (Global Health Cover (Emergency Treatments Only)) OR Section B-2.10 (Global Health Cover (Emergency and Planned Treatments Only)).

g. The amount specified in the Policy schedule against this benefit denotes the Company's maximum liability in respect to the benefit and shall not reduce the Sum Insured of the policy.

2.2. Daily Cash for Shared Room

The Company shall pay a daily cash amount as specified in Policy Schedule for each continuous and completed 24 hours of Hospitalization during the Policy Year if the Insured Person is Hospitalised in shared accommodation in a Network Provider Hospital and such Hospitalization exceeds 48 consecutive hours.

Specific Conditions:

a. The Cover is not available for the time spent by the Insured Person in an Intensive Care Unit (ICU).

b. We shall NOT pay any claim under this benefit until the hospitalization claim is admissible under section B-1.1 (Hospitalization Expenses).

c. The amount specified in the Policy schedule against this benefit denotes the Company's maximum liability in respect to the benefit and shall not reduce the Sum Insured of the policy.

2.3. Protect Benefit

The Company shall indemnify the Insured Person for the Non-Medical Expenses listed under

Annexure B to this Policy incurred in relation to a claim admissible under Section B-1 (Base Coverage) during the Policy Year.

Exclusion (k) of Section C.2 – Specific Exclusions shall not apply to this Cover.

In plans where in Protect Benefit is available as an optional cover, this benefit can be opted only at inception or at renewals and once opted the same can be opted out at renewals only.

2.4. Plus Benefit

On Renewal of this Policy with the Company without a break, a sum equal to 50% of the Base Sum Insured under the expiring Policy will be added to the Sum Insured available under the Renewed Policy subject to the following conditions:

a. The applicable Plus Benefit under this Cover can only be accumulated up to 100% of Base Sum Insured, and will be applicable only to the Insured Person covered under the expiring Policy and who continues to remain insured on Renewal.

b. The applicable Plus Benefit shall be applied annually only on completion of each Policy Year, and once added, the accumulated amount will be carried forward to the subsequent Policy Year, subject to there being no Break in Policy.

c. This Cover will be applied irrespective of number of claims made under the expiring Policy.

d. This applicable Plus Benefit under this Cover can be utilized only for claims admissible under Section B-1 (Base Coverage) and Section B-2.3 (Protect Benefit) of the Policy.

Notes:

i. In case where the Policy is issued on an individual basis, the Plus Benefit shall be added and available individually to the Insured Person. In case where the Policy is on floater basis, the Plus Benefit shall be added and available to all Family Members on a floater basis.

ii. Plus Benefit shall be available only if the Policy is renewed and due premium is received within the Grace Period.

iii. If the Insured Persons in the expiring policy are covered on an individual basis as specified in the Policy Schedule and there is an accumulated Plus Benefit for such Insured Persons under the expiring policy, and such expiring policy has been Renewed on a floater policy basis as specified in the Policy Schedule then the Plus Benefit to be carried forward for credit in such Renewed Policy shall be the lowest one that is applicable among all the Insured Persons.

iv. In case of floater policies where Insured Persons Renew their expiring policy by splitting the Sum Insured in to two or more floater policies/individual policies or in cases where the Policy is split due to the child attaining the Age of 25 years, the Plus Benefit of the expiring policy shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each Renewed Policy

v. If the Sum Insured has been reduced at the time of Renewal, the applicable Plus Benefit shall be reduced in the same proportion to the Sum Insured in current Policy.

vi. If the Sum Insured under the Policy has been increased at the time of Renewal, the Plus Benefit shall be calculated on the Sum Insured of the last completed Policy Year.

vii. If the Policy Period is of two or three years, the Plus Benefit shall be credited post completion of each Policy Year, and will be available for any claims made in the subsequent Policy Year.

viii. New Insured Person added to the Policy during subsequent Renewals will be eligible for the Plus Benefit as per their Renewal terms.

ix. In plans where in Plus Benefit is available as an optional cover, this benefit can be opted only at inception or at renewals and once opted the same can be opted out only at renewals. Upon opting for this benefit, any accrued CB amount shall be carried forward to the renewed Policy and thereafter CB benefit shall cease to exist.

2.5. Secure Benefit

An additional amount as specified in the Policy Schedule will be available to the Insured Person as Sum Insured for all claims admissible under Section B (Base Coverage) and Section B-2.3 (Protect Benefit) during the Policy Year, subject to the following conditions:

a. This Secure Benefit shall be applied only once during each Policy Year and any unutilized amount, in whole or in part, will not be carried forward to the subsequent Policy Year.

b. The Secure Benefit can be utilized for any number of claims admissible under the Policy during the Policy Year.

c. The Secure Benefit will be applicable only after exhaustion of Base Sum Insured.

d. In case of family floater policy, the Secure Benefit will be available on floater basis for all Insured Persons covered under the Policy and will operate in accordance with the above conditions.

2.6. Automatic Restore Benefit

The company shall instantly add 100% of the Base Sum Insured under this benefit in the event of an admissible claim during the Policy Year due to which Sum Insured was partially or completely exhausted.

Specific Conditions applicable to Automatic Restore Benefit

i. Automatic Restore Benefit shall be applied only once during the Policy Year unless specified otherwise in the Policy Schedule. In case 'Unlimited Times' is specified against this benefit in the Policy Schedule it shall mean that this benefit shall trigger every time an admissible claim is paid during the Policy Year.

ii. The amount restored under this benefit can only be used to pay subsequent claims that arise during the remainder of the Policy Year.

iii. The amount restored under this benefit can only be used to pay claims that are admissible under Base Coverage (Section B.1.) and Protect Benefit (Section B.2.3) only.

iv. A single claim in the Policy Year shall never exceed the cumulative addition of

a. Base Sum Insured,

b. Cumulative Bonus (if applicable and remaining during the Policy Year),

c. Plus Benefit (if applicable and remaining during the Policy Year) AND

d. Secure Benefit (if applicable and remaining during the Policy Year).

v. The restored Sum Insured can be used by the Insured Person who has already claimed during the Policy Year and also by any other Insured person under the Policy.

vi. The restored Sum Insured can be used even for the same illness for which an admissible claim has been paid during the Policy Year and also for any other Illness covered under the Policy.

vii. The restored Sum Insured if not utilized shall not be carried forward to subsequent Policy Years.

viii. In case of a family floater policy, the Automatic Restore Benefit will be available on floater basis for all Insured Persons covered under the Policy and will operate in accordance with the above conditions.

2.7. Aggregate Deductible

The Insured Person shall bear an amount equal to the Aggregate Deductible specified on Policy Schedule once in a Policy Year post which coverage shall commence under this policy for that Policy Year.

The Aggregate deductible limit can be exhausted by providing any invoices and relevant proof of one or more hospitalizations of the Insured person undertaken during the Policy Year. However, such treatments must be admissible as per terms and conditions of this policy. Coverage under the policy shall be provided post assessment of the above.

This Cover shall be subject to the following conditions:

a. This Cover is applicable on annual aggregate basis and can be opted only at inception of the Policy or at subsequent Renewals. Aggregate Deductible can be increased at the time of Renewal.

b. In case of Individual Policy, the entire amount of Aggregate Deductible must first be exhausted on per Insured Person basis, once in a Policy Year, before the Company pays for claims of that Insured Person in that Policy Year.

c. In case of family floater Policy, the entire amount of Aggregate Deductible must first be exhausted by any one or more of the Insured Persons once in a Policy Year before the Company pays for claims of any Family Member covered under the Policy in that Policy Year.

d. The Aggregate Deductible is not applicable to Sections B-2.8 (E-Opinion for Critical Illness), Section B-3 (Preventive Health Check Up), Sections B-2.9 (Global Health Cover (Emergency Treatments Only)), Section B-2.10 (Global Health Cover (Emergency and Planned Treatments Only)) and Section B-2.11 (Overseas Travel Secure). Hence, coverage under Section B-2.8 (E-opinion for Critical Illness), Section B-3 (Preventive Health Check Up), Section B-2.9 (Global Health Cover (Emergency Treatments Only)), Section B-2.10 (Global Health Cover (Emergency and Planned Treatments Only)) and Section B-2.11 (Overseas Travel Secure) can be availed irrespective of whether the chosen Aggregate Deductible limit is breached or not, during the Policy Year.

e. Preventive Health Check-up benefit will not be available under the policy if Aggregate Deductible of INR 5 Lakhs is in force.

f. Preventive Health Check-up benefit, Secure Benefit, Cumulative Bonus / Plus Benefit, Automatic Restore Benefit, Daily Cash for Shared Room and Unlimited Restore (Add-on) benefits will not be available under the policy if Aggregate Deductible of INR 10 Lakhs or more is in force.

2.7.1 Waiver of Aggregate Deductible

The Insured Person will have the option to either reduce or waive the applicable aggregate deductible only once in the lifetime of the Policy and at Renewal, subject to underwriting and only if all the below mentioned conditions are fulfilled:

a. Age of eldest Insured Person should be less than 50 years at the time of purchasing this Policy (with aggregate deductible)

b. Only after completion of 5 continuous Policy Years with Us in this Policy (with aggregate deductible) and the age of eldest Insured Person covered in the Policy should be less than 61 years at the time of availing this option.

c. Continuity benefits of waiting period accrued as per expiring Policy Year (with aggregate deductible) shall be offered even after availing this option.

d. This option shall apply to all Insured Person(s) once selected, without any individual selection.

e. Post availing 'Waiver of Aggregate Deductible' option, premium will be charged as per the modification made.

f. In the event that an Aggregate Deductible is reduced OR is completely waived, at renewal, the Insured Persons shall be eligible for the benefits applicable as per the plan / Aggregate Deductible / Sum Insured applicable in the forthcoming Policy Years post renewal.

2.8. E-Opinion for Critical Illness

The company shall provide E-opinion facility to the Insured Person for a Critical Illness listed below. The E-opinion shall be from a Medical Practitioner within our network

Specific Conditions applicable to E-Opinion for Critical Illness:

a. Benefit under this cover shall be subject to the eligible geography of the Network Provider. The Insured Person may contact the Company or refer to its website for details on eligible Network Provider(s).

b. In case of Individual policies, this benefit can be availed by the Insured Person only once in a Policy Year

c. In case of Family Floater and Multi-individual policies, This benefit shall be available for once in the Policy year for each Insured Person under the policy.

d. The Insured Person is free to choose whether or not to obtain the E-Opinion for Critical Illness, and if obtained, it is the Insured Person's sole and absolute discretion to follow the suggestion for any advice related to his/her health. It is understood and agreed that any information and documentation provided to the Company for the purpose of seeking the E-Opinion for Critical Illness shall be shared with the Network Providers.

e. Availing this benefit shall not have any impact on the Sum Insured.

Disclaimer –E-Opinion for Critical Illness Services are being offered by Network Providers through its portal/mail/App or any other electronic form to the Policyholders/Insured Person. In no event shall the Company be liable for any direct, indirect, punitive, incidental, special, or consequential damages or any other damages whatsoever caused to the Policyholders/Insured Person while receiving the services from Network Providers or arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Network Provider or treating Medical Practitioner.

Major Medical Illness			
1	Cancer of specified severity	27	Aplastic Anaemia
2	Open Chest CABG	28	Bacterial Meningitis
3	Kidney failure requiring regular dialysis	29	Cardiomyopathy
4	Myocardial Infarction (First Heart Attack of specified severity)	30	Other serious coronary artery disease
5	Open Heart Replacement or Repair of Heart Valves	31	Creutzfeldt-Jakob Disease (CJD)
6	Major Organ/Bone Marrow Transplantation	32	Encephalitis
7	Multiple Sclerosis with persisting symptoms	33	End Stage Lung Failure
8	Permanent Paralysis of Limbs	34	Fulminant Hepatitis
9	Stroke resulting in permanent symptoms	35	Eisenmenger's Syndrome
10	Benign Brain Tumour	36	Major Head Trauma
11	Coma of specified severity	37	Chronic Adrenal Insufficiency (Addison's Disease)
12	Parkinson’s Disease	38	Progressive Scleroderma
13	Alzheimer's Disease	39	Progressive Supranuclear Palsy
14	Surgery of Aorta	40	Blindness
15	End Stage Liver Failure	41	Chronic Relapsing Pancreatitis
16	Deafness	42	Elephantiasis
17	Loss of Speech	43	Brain Surgery
18	Third Degree Burns	44	HIV due to blood transfusion and occupationally acquired HIV
19	Medullary Cystic Disease	45	Terminal Illness
20	Motor Neurone Disease with permanent symptoms	46	Myelofibrosis
21	Muscular Dystrophy	47	Pheochromocytoma
22	Infective Endocarditis	48	Crohn's Disease
23	Primary (Idiopathic) Pulmonary Hypertension	49	Severe Rheumatoid Arthritis
24	Dissecting Aortic Aneurysm	50	Severe Ulcerative Colitis
25	Systemic Lupus Erythematous with Lupus Nephritis	51	Angioplasty
26	Apallic Syndrome		

2.9. Global Health Cover (Emergency Treatments Only)

On availing this cover, the below mentioned benefits shall be extended for Emergency Medical Expenses which are diagnosed and incurred outside India :

B-1.1	Hospitalization Expenses
B-1.4	AYUSH Treatment
B-1.7	Organ Donor Expenses
B-2.1	Emergency Air Ambulance
B-2.3	Protect Benefit
B-2.4	Plus Benefit
B-2.8	E Opinion for Critical Illness

A. Global Health Cover (Emergency Treatments Only) is applicable subject to following terms and conditions

i. Our maximum liability in a Policy Year for claims under this cover shall not exceed the Base Sum Insured and Plus Benefit (if available).

ii. Section B-2.7 (Aggregate Deductible) will not be applicable for any claim under this cover. However, a Per Claim Deductible of Rs. 10,000 will apply separately for each and every claim (except Section B-2.8 'E Opinion for Critical Illness') under this cover.

iii. Claims shall normally be payable on Reimbursement basis only. Cashless facility may be arranged on case to case basis.

iv. The treatment should be taken in a registered Hospital, as per law, rules and/ or regulations applicable to the country, where the treatment is taken.

v. The payment of any Claim under this Benefit will be based on the rate of exchange as on the date of payment to the Hospital published by Reserve Bank of India (RBI) and shall be used for conversion of Foreign Currency into Indian Rupees for payment of Claims. If on the Insured Person's Date of Discharge, if RBI rates are not published, the exchange rate next published by RBI shall be considered for conversion.

vi. We would not be liable to pay any claim wherein the medical treatment taken outside India has not commenced within the first 45 days of a trip.

Note: Each trip shall be deemed to start within the Policy Period and from the date Insured Person finally boards the flight (scheduled aircraft operated under a valid license for the transportation of fare paying passengers under a valid ticket) to leave from India.

vii. There is no separate Sum Insured for this optional cover and any claim triggered under this benefit shall reduce the Sum Insured of the opted plan.

B. Specific Exclusions applicable to Global Health Cover (Emergency Treatments Only)

i. Any Planned treatments

ii. In case we have paid a Hospitalization claim under this benefit, Pre-hospitalization Medical Expenses and/or Post-hospitalization Medical Expenses related to the claim whether incurred overseas or within India are not payable under this Policy.

iii. Treatment or part of treatment for any condition which is not Life threatening in nature and can be safely postponed till the Insured Person returns to India.

iv. Medical treatment taken outside India if that is the sole reason or one of the reasons for the journey.

v. Any treatment of orthopedic diseases or conditions except for fractures, dislocations and / or Injuries suffered during the Policy Period.

vi. Oncological (Cancer) diseases

vii. The Company may not be liable to make any payment under this Policy, wherein the Government of India has laid down territorial restriction.

2.10. Global Health Cover (Emergency & Planned Treatments)

On availing this cover, the below mentioned benefits shall be extended for both planned and Emergency Medical Expenses outside India:

B-1.1	Hospitalization Expenses
B-1.4	AYUSH Treatment
B-1.5	Pre-Hospitalization cover
B-1.6	Post-Hospitalization cover
B-1.7	Organ Donor Expenses
B-2.1	Emergency Air Ambulance
B-2.3	Protect Benefit
B-2.4	Plus Benefit
B-2.8	E Opinion for Critical Illness

Global Health Cover (Emergency & Planned Treatments) is applicable subject to following terms and conditions

i. Our maximum liability in a Policy Year for claims under this cover shall not exceed the Base Sum Insured and Plus Benefit (if available).

ii. Section B-2.7 (Aggregate Deductible) will not be applicable for any claim under this cover. However, a Per Claim Deductible of Rs. 10,000 will apply separately for each and every claim (except Section B-2.8 'E Opinion for Critical Illness') under this cover.

iii. Claims shall normally be payable on Reimbursement basis only. Cashless facility may be arranged on case to case basis.

iv. The treatment should be taken in a registered Hospital, as per law, rules and/ or regulations applicable to the country, where the treatment is taken.

v. The payment of any Claim under this Benefit will be based on the rate of exchange as on the date of payment to the Hospital published by Reserve Bank of India (RBI) and shall be used for conversion of Foreign Currency into Indian Rupees for payment of Claims. If on the Insured Person's Date of Discharge, if RBI rates are not published, the exchange rate next published by RBI shall be considered for conversion.

vi. The Company may not be liable to make any payment under this Policy, wherein the Government of India has laid down territorial restriction.

vii. There is no separate Sum Insured for this optional cover and any claim triggered under this benefit shall reduce the Sum Insured of the opted plan.

viii. Pre-hospitalization Medical Expenses and/or Post-hospitalization Medical Expenses incurred and paid overseas shall be indemnified only if the concerned hospitalization was undertaken overseas and claim for such hospitalization was admissible under 'Global Health Cover (Emergency & Planned Treatments)'.

ix. In case we have accepted an overseas hospitalization claim under 'Global Health Cover (Emergency & Planned Treatments)' then

i) Pre-hospitalization Medical Expenses and/or Post-hospitalization Medical Expenses concerning such hospitalization shall be paid only if the same have been incurred and paid overseas (as per details in invoice/supporting documents).

ii) Any Pre-hospitalization Medical Expenses and/or Post-hospitalization Medical Expense emanating from an overseas hospitalization claim but incurred in India shall not be payable under the policy.

x. In case customer has initiated Migration or Portability, all waiting periods shall apply afresh only for planned hospitalization claims admissible under 'Global Health Cover (Emergency & Planned Treatments)'. Such waiting periods shall commence from the date 'Global Health Cover (Emergency & Planned Treatments) has come into force. In case of forced migration initiated by the company, this clause shall not apply.

2.11. Overseas Travel Secure

i) This optional cover can only be opted along with Optima Secure Global Plan or Optima Secure Global Plus Plan on payment of additional premium.

ii) Claim under this benefit shall be payable upto Sum Insured and is admissible only if both the below conditions are fulfilled:

a. The overseas treating Medical Practitioner has advised a minimum hospitalization of 5 consecutive days and has also advised the requirement of an accompanying person during treatment.

b. We have accepted a claim under

- Section 2.9 Global Health Cover (Emergency Treatments Only) OR
- Section 2.10 Global Health Cover (Emergency & Planned Treatments)

iii) There is no separate Sum Insured for this optional cover and any claim triggered under this benefit shall reduce the Sum Insured of the opted plan.

iv) We will indemnify the following expenses incurred overseas:

1. Travel Expenses

a. We will indemnify actual expenses incurred on air tickets (most basic economy

class airfare in a common carrier) for the Hospitalized Insured Person and any one accompanying person to attend to the Insured Person's medical treatment overseas.

i. For Emergency hospitalization cases, we shall indemnify for the following travel expenses

- For the accompanying person, two way expense incurred on air tickets from his City of Residence OR India to the airport nearest to the site of hospitalization shall be provided.
- For the Hospitalized Insured Person, we shall only indemnify air expenses incurred to transport him from the airport nearest to the site of Hospitalization to India.

ii. For planned hospitalization cases, we shall indemnify for the following travel expenses

- For the accompanying person, two way expense incurred on air tickets from his City of Residence OR India to the airport nearest to the site of hospitalization shall be provided.
- For the Hospitalized Insured Person, we shall indemnify two way expense incurred on air tickets from India to the airport nearest to the site of hospitalization shall be provided.

iii. In case the accompanying person was already present in that city at the time of such hospitalization, we shall only indemnify air expenses incurred to transport him from the airport nearest to the site of Hospitalization to his City of Residence OR India.

b. Any kind of other transportation expenses except the expense on airfare is not payable under this optional cover

Note – For Insured Person, City of Residence shall be considered as declared in the Proposal Form and mentioned in the Policy Schedule. Whereas, for accompanying person, City of Residence shall be considered as mentioned in the legal document issued by the Government of that particular country.

2. Accommodation Expenses

a. We will also indemnify the cost of accommodation, at a place near to the site of Hospitalization, for the accompanying person, to attend to the Insured Person's medical treatment overseas.

b. Cost of accommodation overseas shall be indemnified upto Rs. 15,000 per day, only for the days wherein the Insured person was hospitalized overseas; maximum upto 30 days in a Policy Year.

c. Any other kind of supplementary expenses such as meals, laundry, transport are not payable under this cover.

2.12 PED waiting period modification

On availing this option, Pre-existing Disease Waiting Period shall stand modified and will be as stipulated in the Policy Schedule. All other terms and Conditions of the Policy shall remain unaltered. This optional cover is allowed to be opted at channel level only and only at the time of policy inception. Policyholders will therefore not be able to opt for the same. This option once selected cannot be opted out in the lifetime of the Policy.

Below mentioned are the options available under this cover

1. Modification of PED waiting period from 36 months (as specified under Section C.1.a – Pre-Existing Diseases**)** to 24 months (2 years)
2. Modification of PED waiting period from 36 months (as specified under Section C.1.a – Pre-Existing Diseases**)** to 12 months (1 year)

2.13 Modification of Room Rent

On availing this option, Room Rent category shall stand modified and will be as stipulated in the Policy Schedule. Policyholders may re-configure their selection only at the time of renewals subject to Underwriting. All other terms and conditions pertaining to coverage of Room Rent and ICU / ICCU expenses specified in Section B.1.1. – Hospitalization Expenses and Section B.1.1.1. – Other Expenses shall remain unaltered.

Below mentioned are the options available under this cover

1. Modification of Room category coverage from At Actuals (as specified under Section B.1.1. – Hospitalization Expenses) to upto 1% of base sum insured per day AND Modification of ICU / ICCU expenses coverage from At Actuals (as specified under Section B.1.1. – Hospitalization Expenses) to upto 2% of base sum insured per day
   i. This option is inbuilt in Optima Lite plan where in Room rent expenses shall be covered upto 1% of base sum insured per day and ICU / ICCU expenses shall be covered 2% of base sum insured per day. The same shall also be clearly specified in Policy Schedule against Room Rent and ICU covers under Hospitalization Expenses section.
   ii. This option shall not be available with any other plan of my:Optima Secure product except Optima Lite plan.
2. Modification of Room category coverage from At Actuals (as specified under Section B.1.1. – Hospitalization Expenses) to upto Single Private room
   i. This option is inbuilt in Optima Select plan where in Room rent expenses shall be covered upto Single Private room and ICU / ICCU expenses shall be covered at Actuals. The same shall also be clearly specified in Policy Schedule against Room Rent and ICU covers under Hospitalization Expenses section.
   ii. This option shall not be available with any other plan of my:Optima Secure product except Optima Select plan.
3. Modification of Room category coverage from Single Private room (default in Optima Select plan) to At Actuals

i. This option can be selected only by customers of Optima Select plan. By selecting this Room rent expenses shall be covered at Actuals and ICU / ICCU expenses shall also be covered at Actuals. The same shall also be clearly specified in Policy Schedule against Room Rent and ICU covers under Hospitalization Expenses section.

ii. This option shall not be available with any other plan of my:Optima Secure product except Optima Select plan.

4. Modification of Room category coverage from Single Private room (default in Optima Select plan) to Shared room

i. This option can be selected only by customers of Optima Select plan. By selecting this Room rent expenses shall be covered upto Shared room category. However, ICU / ICCU expenses shall be covered at Actuals. The same shall also be clearly specified in Policy Schedule against Room Rent and ICU covers under Hospitalization Expenses section.

This option shall not be available with any other plan of my:Optima Secure product except Optima Select plan.

2.14 Modification of Pre-Hospitalization expenses - Days

On availing this option, the days upto which Pre-hospitalization medical expenses shall stand modified and will be as stipulated against Pre-Hospitalization section in the Policy Schedule. All other terms and conditions pertaining to coverage of Pre-Hospitalization expenses (Section B.1.5. – Pre-Hospitalization Expenses) shall remain unaltered.

Below mentioned is the option available under this cover

1. Modification of Pre-Hospitalization expenses days from 60 days (as specified under Section B.1.5. – Pre-Hospitalization Expenses) to 30 days

i. This option is inbuilt in Optima Lite plan where in Pre-hospitalization medical expenses shall be indemnified only if the same were incurred upto 30 days immediately prior to the date of admission. The same shall also be clearly specified in Policy Schedule against Pre-Hospitalization expenses cover.

ii. This option shall not be available with any other plan of my:Optima Secure product except Optima Lite plan.

2.15 Modification of Post-Hospitalization expenses - Days

On availing this option, the days upto which Post-hospitalization expenses shall stand modified and will be as stipulated against Post Hospitalization section in the Policy Schedule. All other terms and conditions pertaining to coverage of Post-Hospitalization expenses (Section B.1.6. – Post-Hospitalization Expenses) shall remain unaltered.

Below mentioned is the option available under this cover

1. Modification of Post-Hospitalization expenses days from 180 days (as specified under Section B.1.6. – Post-Hospitalization Expenses) to 60 days

i. This option is inbuilt in Optima Lite plan where in Post-hospitalization medical expenses shall be indemnified only if the same were incurred upto 60 days immediately post the

date of discharge from the Hospital. The same shall also be clearly specified in Policy Schedule against Post-Hospitalization expenses cover.

ii. This option shall not be available with any other plan of my:Optima Secure product except Optima Lite plan.

2.16 Modification of Cumulative Bonus

On availing this option, the percentage of cumulative bonus provided shall stand modified and will be as stipulated against Cumulative Bonus section in the Policy Schedule. All other terms and conditions pertaining to Cumulative Bonus (Section B.1.8. – Cumulative Bonus) shall remain unaltered.

Below mentioned is the option available under this cover

1. Modification of Cumulative bonus from 10% of Base Sum Insured upto 100% (as specified under Section B.1.8. – Cumulative Bonus) to 25% of Base Sum Insured upto 100%

i. This option is inbuilt in Optima Select plan where in a Cumulative Bonus of 25% of Base Sum Insured upto 100% shall be provided under the plan. The same shall also be clearly specified in Policy Schedule against Cumulative Bonus section.

This option shall not be available with any other plan of my:Optima Secure product except Optima Select plan.

3. Renewal Benefit - Preventive Health Check-up

On completion of each Policy Year where-in this benefit was in force, the Company will indemnify the cost of a Preventive Health Check-up for the Insured Persons who were insured during the previous Policy Year, up to the amounts specified in this Cover below.

i. This benefit is available every Policy Year post completion of the first Policy Year irrespective of the policy tenure opted.The tests must be taken only in the Policy Year where-in the Insured Person is eligible for this benefit.

ii. This benefit does NOT carry forward if it is not claimed during the applicable Policy Year and shall not be provided if the Policy is not Renewed further.

iii. The amount specified in the Policy schedule against this benefit denotes the Company's maximum liability in respect to the benefit and shall not reduce the Sum Insured of the policy.

iv. This cover shall be applicable only if the same is stipulated on the Policy Schedule to be in force

v. In plans where in Preventive Health Check-Up benefit is available as an optional cover, this benefit can be opted only at inception or at renewals and once opted the same can be opted out at renewals only.

vi. Preventive Health Check-Up amount that Insured Person is eligible for shall be as per Base Sum Insured of expiring Policy Year.

For Individual Policies, the below mentioned limits are applicable for each Insured Person per Policy Year.

Base Sum Insured under the Policy	5 & 7.5 Lacs	10 Lacs	15 Lacs	20, 25, 50 & 75 Lakhs	100 & 200 Lacs
Limit of Cover	Rs. 1,500	Rs. 2,000	Rs. 4,000	Rs. 5,000	Rs. 8,000

For Family Floater Policies, the below mentioned limits are applicable cumulatively for all Insured Persons per Policy Year.

Base Sum Insured under the Policy	5 & 7.5 Lacs	10 Lacs	15 Lacs	20, 25, 50 & 75 Lakhs	100 & 200 Lacs
Limit of Cover	Rs. 2,500	Rs. 5,000	Rs. 8,000	Rs. 10,000	Rs. 15,000

SECTION C. WAITING PERIOD AND EXCLUSIONS

The Company shall not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy:

1. Waiting Periods

All the Waiting Periods and exclusions listed below shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

a. Pre-Existing Diseases: Code – Excl01

i. Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 36 months (Unless specified otherwise in the Policy Schedule) of continuous coverage after the date of inception of the first policy with insurer.

ii. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

iii. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

iv. Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

b. Specified Disease/Procedure waiting period: Code – Excl02

i. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Policy with us. This exclusion shall not be applicable for claims arising due to an Accident.

ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of Sum Insured increase.

iii. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.

iv. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.

v. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

vi. List of specific diseases/procedures is provided below:

Illnesses

	Non infective Arthritis	**Pilonidal sinus**
Diseases of gall bladder including cholecystitis	calculus diseases of Urogenital system e.g.Kidney stone,Urinary Bladder Stone	Benign tumors, cysts, nodules, polyps including breast lumps
Pancreatitis	Ulcer and erosion of stomach and duodenum	Polycystic ovarian diseases
All forms of Cirrhosis	Gastro Esophageal Reflux Disorder (GERD)	Sinusitis, Rhinitis
Perineal Abscesses	Perianal Abscesses	Skin tumors
Cataract and other disorders of lens and Retina	Fissure/fistula in anus, Haemorrhoids including Gout and rheumatism	Tonsillitis
Osteoarthritis and osteoporosis	Fibroids (fibromyoma)	Benign Hyperplasia of Prostate

Surgical Procedures

Adenoidectomy, tonsillectomy	**Tympanoplasty, Mastoidectomy**	**Hernia**
Dilatation and curettage (D&C)	Nasal concha resection	Surgery for prolapsed inter vertebral disc
Myomectomy for fibroids	Surgery of Genito urinary system unless necessitated by Malignancy	Surgery for varicose veins and varicose ulcers
Surgery on prostate	Cholecystectomy	Surgery for Perianal Abscesses
Hydrocele/Rectocele	Joint replacement surgeries	Surgery for Nasal septum deviation
Ligament, Tendon and Meniscal tear	Hysterectomy	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries
Endometriosis	Prolapsed Uterus	Rectal Prolapse
Varicocele	Retinal detachment	Glaucoma
Nasal polypectomy		

c. 30-day waiting period: Code – Excl03

i. Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

ii. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.

iii. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

2. Standard Exclusions

a. Investigation & Evaluation: Code Excl04

i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

b. Rest Cure, rehabilitation and respite care: Code – Excl05:

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

c. Obesity/Weight control: Code – Excl06:

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

i. Surgery to be conducted is upon the advice of the Doctor

ii. The surgery/Procedure conducted should be supported by clinical protocols

iii. The member has to be 18 years of age or older and

iv. Body Mass Index (BMI)

A. greater than or equal to 40 or

B. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

1) Obesity-related cardiomyopathy

2) Coronary heart disease

3) Severe sleep apnoea

4) Uncontrolled type2 diabetes

d. **Change-of-Gender treatments: Code – Excl07:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

e. **Cosmetic or plastic Surgery: Code – Excl08**: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

f. **Hazardous or Adventure Sports: Code – Excl09**: Expenses related to any treatment necessitated due to participation as a professional in Hazardous or Adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

g. **Breach of Law: Code – Excl10**: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

h. **Excluded Providers: Code – Excl11**: Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the Policyholders are not admissible. However, in case of Life Threatening Situations **or** following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

i. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code – Excl12**

j. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **Code – Excl13**

k. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or Day Care procedure. **Code – Excl14**

l. **Refractive Error: Code – Excl15**: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

m. **Unproven Treatments: Code – Excl16:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

n. **Sterility and Infertility: Code – Excl17**: Expenses related to sterility and infertility. This includes:

- **i.** Any type of contraception, sterilization
- **ii.** Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

iii. Gestational Surrogacy

iv. Reversal of sterilization.

o. Maternity: Code – Excl18:

i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy Period.

3. Specific Exclusions:

In addition to the foregoing general exclusions, the Company shall not be liable to make any payment under this Policy caused by or arising out of or attributable to any of the following:

a. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, Nuclear, Chemical or Biological attack or weapons, radiation of any kind.

b. Aggregate Deductible - Claims/claim amount falling within Aggregate Deductible limit if opted and in force, as specified in the Policy Schedule.

c. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide.

d. Any Insured Person's participation or involvement in naval, military or air force operation.

e. Investigative treatment for sleep-apnoea, general debility or exhaustion ("run-down condition").

f. Congenital external diseases, defects or anomalies.

g. Stem cell harvesting.

h. Investigative treatments for analysis and adjustments of spinal sub luxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.

i. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).

j. Vaccination including inoculation and immunisations (except post animal bite treatment).

k. Non-Medical expenses such as food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical Expenses is attached as ANNEXURE B and also available at www.hdfcergo.com.

l. Treatment taken on outpatient basis.

m. The provision or fitting of hearing aids, spectacles or contact lenses.

n. Any treatment and associated expenses for alopecia, baldness including cortico steroids and

topical immuno therapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, optometric therapy.

o. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively), prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident.

p. Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. Drugs or treatments which are not supported by a prescription.

q. Any permanent exclusion applied on any medical or physical condition or treatment of an Insured Person as specifically mentioned in the Policy Schedule and as specifically accepted by Policyholder/Insured Person. Such exclusions shall be applied for the condition(s) or treatment(s) that otherwise would have resulted in rejection of insurance coverage under this Policy to such Insured Person as per Company's Underwriting Policy.

SECTION D. GENERAL TERMS AND CLAUSES

1. Standard General Terms & Clauses

1.1. Disclosure of Information

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

1.2. Condition Precedent to Admission of Liability

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

1.3. Claim Settlement (provision for Penal Interest)

a. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.

b. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder from the date of receipt of intimation to the date of payment of claim at a rate 2% above the bank rate.

1.4. Complete Discharge

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

1.5. Multiple Policies

a. In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to

require a settlement of his/her claim in terms of any of his/her policies. In all such cases the Insurer chosen by the Insured Person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.

b. Insured Person having multiple policies shall also have the right to prefer claims under this Policy for the amounts disallowed under any other policy / policies even if the Sum Insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this Policy.

c. If the amount to be claimed exceeds the Sum Insured under a single Policy, the Insured Person shall have the right to choose Insurer from whom he/she wants to claim the balance amount.

d. Where the Insured Person has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen Policy.

1.6. Moratorium Period

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

1.7. Fraud

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

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

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

a. the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;

b. the active concealment of a fact by the Insured Person having knowledge or belief of the fact;

c. any other act fitted to deceive; and

d. any such act or omission as the law specially declares to be fraudulent.

The Company shall not repudiate the claim and / or forfeit the Policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the mis-statement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the Insurer.

1.8. Free look Period

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

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

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

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

b. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or

c. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

1.9. Renewal of Policy:

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to conditions stated under Moratorium clause of this schedule.

a) Renewal of a health insurance policy shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy like critical illness policies.

b) The company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.

c) No loading shall apply on renewals based on individual claims experience

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

e) Renewal premium due can be paid prior to the due date as per norms set out by the Company.

1.10. Portability

The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

1.11. 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 policyatleast30 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.

1.12. Cancellation

a. The Policyholder may cancel this Policy by giving 7 days' written notice and in such an event, the Company shall refund to the Insured a pro-rata premium for the unexpired Policy Period.

   Note : For Policies where premium is paid by instalment : In case of admissible claim under the Policy, future instalment for the current Policy Year will be adjusted in the claim amount and no refund of any premium will be applicable during the Policy Year.

b. The Company may cancel the Policy at any time on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of established fraud or non-disclosure or misrepresentation.

c. Refund of Policy premium in case of death of Insured Person/s: Policy premium shall be refunded proportionately for the deceased Insured Person, for the unexpired Policy Period in case of death of any Insured Person/s

d. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where any claim has been admitted or any benefit has been availed by the Insured Person under the Policy.

1.13. Premium Payment in Instalments

If the Insured Person has opted for payment of Premium on an instalment basis i.e. Yearly, Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy):

a. Grace Period as mentioned in the table below would be given to pay the instalment

premium due for the Policy

Options	Instalment Premium Option	Grace Period applicable
Option 1	Multi-Year / Yearly	30 days
Option 2	Half Yearly	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 Days

b. If premium is paid in instalments then coverage will be available during the grace period also. (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received).

c. The Insured Person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated Grace Period

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

e. In case of instalment premium due not received within the Grace Period, the Policy will get cancelled

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

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

1.14. Possibility of Revision of terms of the Policy including the Premium Rates

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

1.15. Withdrawal of Policy

a. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the policy.

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

1.16. Nomination

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

1.17. Redressal of Grievance

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

First Point of Contact	Call us at 022 6158 2020 / 022 6234 6234/www.hdfcergo.com
Level 1	For lack of a response or if the response provided does not meet your expectation, you can: 1. Write to The Complaints & Grievance Cell (C&G Cell) HDFC ERGO General Insurance Company Limited, D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra 2. You can also write an email to grievance@hdfcergo.com 3. Call on 18002677444 (operational Monday - Saturday 9AM to 6PM)
Level 2	If you're not satisfied with the resolution or if no response was received within 15 days, you can: 1. Write to the Chief Grievance Officer HDFC ERGO General Insurance Company Limited, D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra 2. You can also write an email to cgo@hdfcergo.com
Level 3	In case grievance is not resolved at the above escalation levels, you can also lodge an online complaint through the website of Council for Insurance Ombudsmen (CIO) www.cioins.co.in

Dedicated Helpline For	Email ID	Contact Number
Senior Citizen	seniorcitizen@hdfcergo.com	022 6158 2026
Women	-	022 6158 2055

You may also refer the Grievance Redressal Escalation matrix on our website https://www.hdfcergo.com/customer-voice/grievances

If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Grievance may also be lodged at IRDAI Integrated Grievance Management System -https://bimabharosa.irdai.gov.in

Specific General Terms and Clauses

1.18. Non-Disclosure or Misrepresentation of Pre-Existing Disease

The Company may, notwithstanding and without prejudice to its rights under the standard general terms and clauses above, also exercise any of the below listed options for the purpose of continuing the health insurance coverage in case of non-disclosure or misrepresentation of Pre-Existing Diseases, subject to prior consent from Policyholder:

a. Permanently exclude the disease/condition and continue with the Policy.

b. Incorporate additional Waiting Period of not exceeding 3 years for the said undisclosed disease or condition from the date the non-disclosed condition was detected and continue with the Policy

c. Levy underwriting loading from the first Policy Year of issuance of Policy or Renewal, whichever is later.

1.19. Utilization of Sum Insured

The sequence of utilization of Sum Insured in this Policy will be as follows, subject to the covers being in force and amount utilized under each of the below sections during the Policy Year;

a. Aggregate Deductible

b. Base Sum Insured.

c. Cumulative Bonus/Plus Benefit

d. Secure Benefit

e. Automatic Restore Benefit

A single claim in the Policy Year shall never exceed the cumulative addition of

a. Base Sum Insured,

b. Cumulative Bonus (if applicable and remaining during the Policy Year),

c. Plus Benefit (if applicable and remaining during the Policy Year) AND

d. Secure Benefit (if applicable and remaining during the Policy Year).

1.20. Geography

This Policy provides coverage throughout the territory of India, except under Section B-2.8 (E-Opinion for Critical Illness), Section B-2.9 Global Health Cover (Emergency Treatments Only), Section B-2.10 Global Health Cover (Emergency & Planned Treatments), B-2.11 Overseas Travel Secure and as may be specified in the Schedule of Coverage in the Policy Schedule.

1.21. Loadings

a. The Company may apply loading on the premium, specific Waiting Period or permanent exclusions, based on the declarations made in the Proposal Form and the health status, habits and lifestyle, past medical records, and the results of the pre-Policy medical examination of the persons proposed to be insured under the Policy.

b. The maximum medical underwriting loading shall not exceed 100% for each condition and a total of 150% for each Insured Person.

c. Loadings shall be applied from Commencement Date including subsequent Renewal(s), and on increased Sum Insured.

d. Proposer shall be informed about the proposed loading with premium, specific Waiting Period or permanent exclusion (if any) through a counter offer letter and Policy will be issued only on specific acceptance within 15 days of the receipt of such counter offer letter. In case the Company does not receive any response to the counter offer letter from the proposer within 15 days, the application shall be cancelled and any premium received shall be refunded within 7 days.

1.22. Endorsements

This Policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the Company. Any change or modification that the Company makes will be evidenced by a written endorsement signed and stamped by the Company.

1.23. Communication & Notice

Policy and any communication related to the Policy shall be sent to through electronic modes or to the address of the following:

a. The Policyholder's, at the address/ e-mail address specified in the Policy Schedule.

b. To the Company, at the address specified in the Policy Schedule.

c. Insurance agents, brokers, other person or entity is/are not authorised to receive any notice on the behalf of the Company, unless stated in writing by the Company.

1.24. Premium Tier

The premium payable under the Policy will be computed basis the city of residence provided by the Insured Person in the Proposal Form. Classification of cities would be as under:

a. Tier 1: Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara.

b. Tier 2: Rest of India.

No co-payment shall apply if Insured Person from Tier 2 avails a treatment in Tier 1.

1.25. Instalment Premium payment through Auto Debit/ECS Facility

a. If premium payment is opted for by instalments through auto debit/ECS facility, a separate authorization form shall be submitted by Insured Person specifying the frequency chosen for premium to be debited.

b. Where there is a change either in the terms and conditions of the coverage or Policy or in the premium rate, the ECS authorization shall be obtained afresh.

c. The Insured Person has the option to withdraw from the ECS mode at least fifteen days prior to the due date of instalment premium payable.

d. No additional charges will be levied or recovered in any manner from the benefits payable towards cancellation of the ECS mode.

1.26. Dispute Resolution Clause

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

SECTION E. OTHER TERMS AND CLAUSES

1. Claims Procedure

1.1. Notification of a Claim

Notice with full particulars shall be sent to the Company as under:

a. Within 24 hours from the date of emergency Hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.

b. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization or decision to avail treatment under Section B-1.2 (Home Health Care).

1.2. Procedure for Cashless Claims In India

a. Treatment may be taken in a Network Provider and is subject to pre authorization by the Company.

b. Cashless request form is available with the Network Provider.

c. The Network Provider shall obtain the relevant information from the Insured Person / Policyholder and send a Cashless Facility request to the Company for authorization.

d. The Company upon getting cashless request form and related medical information from the Insured Person/ Network Provider shall issue pre-authorization letter to the Network Provider after verification.

e. At the time of discharge, the Insured Person shall verify and sign the discharge papers along with final bill, pay for non-medical and inadmissible expenses.

f. The Company reserves the right to deny pre-authorization in case the Insured Person is unable to provide the relevant medical details.

g. In case of denial of cashless access, the Insured Person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company for reimbursement.

1.3. Procedure for Cashless Claims Outside India

a. You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website

b. Treatment may be taken in a Network Provider and is subject to pre-authorization by the Company. Process for obtaining Pre-Authorization is mentioned below:

i. We shall send Release of Information form to the Insured Person for signature and consent.

ii. After receiving the signed Release of Information form, We will retrieve hospitalization documents along with invoices

iii. If these details are not provided in full or are insufficient for us to consider the request, We will request additional information or documentation

iv. On receipt of the complete documents We may

- issue the guarantee of payment specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable

or

- reject the request for pre-authorization specifying reasons for the rejection

1.4. Procedure for Cashless Claims in case of Home Health Care (Section B-1.2)

On receipt of duly filled pre authorization form with other sufficient details to assess a cashless request, the Company will inform the Home Healthcare service provider or Network Provider, who will share the care plan and treatment cost estimation with the Company. On receipt of the complete documents the Company may:

a. issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable, or

b. reject the request for pre-authorization specifying reasons for the rejection.

1.5. Conditions for obtaining Cashless Facility within India

a. Cashless facility can be availed only at Company's Network Provider. The complete list of Network Providers and empanelled service providers is available on Company's website and can also be obtained by contacting the Company.

b. The Company reserves the right to modify, add or restrict any Network Provider for Cashless facility at its sole discretion. The same shall be duly updated on the Company's website. The Insured Person shall check the updated list of Network Providers before applying for cashless claim.

c. Pre-authorization issued by the Company shall be valid for 15 days from the date of issuance (or expiry of the Policy, whichever is earlier).

d. The Company shall make payment for the Cashless facility to the authorized amount, directly to the Network Provider.

1.6. Procedure for Reimbursement Claims

For reimbursement of claims, the Insured Person shall submit the necessary documents to the Company within the prescribed time limit as specified hereunder.

Type of Claim	Prescribed Time limit
Reimbursement of Hospitalization, Day Care Treatment or Pre-Hospitalization Expenses	Within 30 days of date of discharge from Hospital.
Reimbursement of Post-Hospitalization Expenses	Within 15 days from completion of post Hospitalization treatment.

1.7. List of documents required for a Claim

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

a. Duly Completed claim form,

b. Photo ID and Age Proof,

c. Copy of the Hospital's Registration Certificate/Hospital Registration number in case of Hospitalization in any non-Network Provider of the Company or certificate from Hospital authorities providing facilities available including number of beds,

d. Discharge Card / Day Care Summary / Transfer Summary,

e. Final Hospital bill with all original deposit and final payment receipt and refund receipt(s), if advance amount refunded,

f. Invoice with payment receipt and implant stickers for all implants used during Surgeries e.g. lens sticker and invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery,

g. All previous consultation papers indicating history and treatment details for current Illness and advice for current Hospitalization,

h. All diagnostic reports (including imaging and laboratory) along with prescription by Medical Practitioner and invoice / bill with receipt from diagnostic centre,

i. All medicine / pharmacy bills along with prescription by Medical Practitioner,

j. MLC / FIR Copy – in Accident cases only,

k. History of alcohol consumption or any intoxication certified by first treating doctor in case of Accident cases,

l. Copy of Death Summary and copy of Death Certificate (in death claims only),

m. Copy of indoor case papers with nursing sheet detailing medical history of the Insured Person, treatment details, and patient's progress (to be submitted wherever required by the Company).

n. Invoice for vaccination and payment receipt,

o. Original invoices for the expenses incurred towards ambulance facility along with details of loss in the Company's prescribed format,

p. KYC documents (in all claims above Rs. 1 lakh) of the Policyholder as per AML guidelines,

q. Duly filled NEFT form with cancelled blank cheque (with IFSC code, A/C number, and name mentioned on cheque leaf),

r. Legal heir/succession certificate, wherever applicable,

s. Additional documents for claims outside India of Insured Person and Accompanying Person (as applicable) –

i. Passport copy with entry and exit stamps

ii. Flight Tickets and Boarding Pass, if applicable

iii. Accommodation Invoices, if applicable

iv. Written advice from the overseas treating Medical Practitioner for requirement of an accompanying person during treatment.

t. Any other relevant document required by Company for assessment of the claim.

Note:

i. The Company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.

ii. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company.

iii. If requested by the Company, at the Company's cost, the Insured Person must submit to medical examination by Medical Practitioner appointed by the Company as often as it is considered reasonable and necessary and Company's representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment, and to investigate the circumstances pertaining to the claim.

iv. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.

2. Contact Us

	Within India	Outside India
Claim Intimation:	Customer Service No. 022-62346234 / 0120-62346234 Email: healthclaims@hdfcergo.com Reimbursement Claim Intimation: Visit www.hdfcergo.com - > Help - > Claim Registration	Global Contact No : +800 08250825 (accessible from locations outside India only) Landline no (Chargeable) : 0120-4507250 Emailtravelclaims@hdfcergo.com
Claim document submission at address:	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1 5th Floor, C - 25, Sector 62 Noida – 0120 398 8360	HDFC ERGO General Insurance Co Ltd 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri East, Mumbai-400059, Ph-022 66383600

Annexure A

Contact details of Offices 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 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, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL **Office of the Insurance Ombudsman,** 1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh.
BHUBANESWAR **Office of the Insurance Ombudsman,** 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha.
CHANDIGARH **Office Of The Insurance Ombudsman,** Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.
CHENNAI **Office of the Insurance Ombudsman,** Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018.	Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry).

Office Details	Jurisdiction of Office Union Territory, District)
Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	
DELHI **Office of the Insurance Ombudsman,** 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
GUWAHATI **Office of the Insurance Ombudsman,** Jeevan Nivesh, 5th Floor, Near Pan Bazar , S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD **Office of the Insurance Ombudsman,** 6-2-46, 1st floor, "Moin Court", Lane Opp.Hyundai Showroom , A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 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.
KOCHI **Office of the Insurance Ombudsman,** 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 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, 7th Floor, 4, C.R. Avenue,	West Bengal, Sikkim, Andaman & Nicobar Islands.

Office Details	Jurisdiction of Office Union Territory, District)
Kolkata - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	
LUCKNOW **Office of the Insurance Ombudsman,** 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI **Office of the Insurance Ombudsman,** 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	List of wards under Mumbai Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N, S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.
NOIDA **Office of the Insurance Ombudsman,** Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA **Office of the Insurance Ombudsman,** 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE **Office of the Insurance Ombudsman,** Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region
THANE **Office of the Insurance Ombudsman,**	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai,

Office Details	Jurisdiction of Office Union Territory, District)
2nd Floor,Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West)- 400604 Tel.: 022-20812868/69 Email: bimalokpal.thane@cioins.co.in	M/East, M/West, N, S and T."

Annexure B- Items for which Coverage is not available in the Policy (Non-Medical Expenses)

S. NO.	ITEM	S. NO.	ITEM
1	BABY FOOD	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE HOSPITAL)
2	BABY UTILITIES CHARGES	36	SPACER
3	BEAUTY SERVICES	37	SPIROMETRE
4	BELTS/ BRACES	38	NEBULIZER KIT
5	BUDS	39	STEAM INHALER
6	COLD PACK/HOT PACK	40	ARMSLING
7	CARRY BAGS	41	THERMOMETER
8	EMAIL / INTERNET CHARGES	42	CERVICAL COLLAR
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	43	SPLINT
10	LEGGINGS	44	DIABETIC FOOT WEAR
11	LAUNDRY CHARGES	45	KNEE BRACES (LONG/ SHORT/ HINGED)
12	MINERAL WATER	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
13	SANITARY PAD	47	LUMBO SACRAL BELT
14	TELEPHONE CHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
15	GUEST SERVICES	49	AMBULANCE COLLAR
16	CREPE BANDAGE	50	AMBULANCE EQUIPMENT
17	DIAPER OF ANY TYPE	51	ABDOMINAL BINDER
18	EYELET COLLAR	52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
19	SLINGS	53	SUGAR FREE TABLETS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	55	ECG ELECTRODES
22	TELEVISION CHARGES	56	GLOVES
23	SURCHARGES	57	NEBULISATION KIT
24	ATTENDANT CHARGES	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHO KIT, RECOVERY

			KIT, ETC.]
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	59	KIDNEY TRAY
26	BIRTH CERTIFICATE	60	MASK
27	CERTIFICATE CHARGES	61	OUNCE GLASS
28	COURIER CHARGES	62	OXYGEN MASK
29	CONVEYANCE CHARGES	63	PELVIC TRACTION BELT
30	MEDICAL CERTIFICATE	64	PAN CAN
31	MEDICAL RECORDS	65	TROLLY COVER
32	PHOTOCOPIES CHARGES	66	UROMETER, URINE JUG
33	MORTUARY CHARGES	67	AMBULANCE
34	WALKING AIDS CHARGES	68	VASOFIX SAFETY

Annexure C - Plan Chart:

Schedule of Benefits

Section	Plans	Optima Suraksha	Optima Secure	Optima Super Secure	Optima Secure Global	Optima Secure Global Plus	Optima Select	Optima Lite
All figures in ₹	Base Sum Insured per Insured Person per Policy Year (in Lakh)	5/10/15/20/25/50 Lakhs	5/10/15/20/25/50/ 100/200 Lakhs	10/15/20/25/50 /100/200 Lakhs	100/200Lakhs	25/50/75/100/ 200 Lakhs	5/7.5/10/15/20/ 25 Lakhs	5/7.5 Lakhs
	^Geography	**India only**	**India only**	**India only**	**Worldwide including India**	**Worldwide including India**	**India only**	**India only**
1.1	Hospitalization Expenses	Covered	Covered	Covered	Covered	Covered	Covered	Covered
1.1.a	Room Rent	At Actuals	At Actuals	At Actuals	At Actuals	At Actuals	Upto Single Private room	Upto 1% of base sum insured per day
1.1.b	ICU	At Actuals	At Actuals	At Actuals	At Actuals	At Actuals	At Actuals	Upto 2% of base sum insured per day
1.1.1. i.	Road Ambulance	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1.1.1. ii.	Dental Treatment	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1.1.1. iii.	Plastic surgery	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1.1.1. iv.	Day Care Treatment	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1.2	Home Healthcare	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured (India only)	Covered upto sum insured (India only)	Covered upto sum insured	Covered upto sum insured
1.3	Domiciliary Hospitalization	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured (India only)	Covered upto sum insured (India only)	Covered upto sum insured	Covered upto sum insured
1.4	AYUSH Treatment	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1.5	Pre-Hospitalization	60 days	60 days	60 days	60 days (India only)	60 days	60 days	30 days
1.6	Post-Hospitalization	180 days	180 days	180 days	180 days (India only)	180 days	180 days	60 days
1.7	Organ Donor Expenses	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured

Section	Plans	Optima Suraksha	Optima Secure	Optima Super Secure	Optima Secure Global	Optima Secure Global Plus	Optima Select	Optima Lite
1.8	Cumulative Bonus	10% of the Base Sum Insured maximum upto 100% post completion of each policy year irrespective of claims.	Not Covered	Not Covered	Not Covered	Not Covered	25% of the Base Sum Insured maximum upto 100% post completion of each policy year irrespective of claims	10% of the Base Sum Insured maximum upto 100% post completion of each policy year irrespective of claims
2.1	Emergency Air Ambulance	Covered Up to 500,000	Covered Up to 500,000	Covered Up to 500,000	Covered Up to 500,000	Covered Up to 500,000	Not Covered	Covered Up to 500,000
2.2	Daily Cash for choosing Shared Accommodation	800 per day max up to 4800	800 per day max upto 4800	1000 per day max up to 6000	800 per day max upto 4800 (India only)	800 per day max upto 4800 (India only)	Not Covered	800 per day max upto 4800
2.3	Protect Benefit	Not Covered	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Optional	Optional
2.4	Plus Benefit	Not Covered	Bonus of 50% of the Base Sum Insured, maximum upto 100%.	Bonus of 50% of the Base Sum Insured, maximum upto 100%.	Bonus of 50% of the Base Sum Insured, maximum upto 100%.	Bonus of 50% of the Base Sum Insured, maximum upto 100%.	Optional (Bonus of 50% of the Base Sum Insured, maximum upto 100%)	Optional (Bonus of 50% of the Base Sum Insured, maximum upto 100%)
2.5	Secure Benefit	Not Covered	Equal to 100% of Base sum insured	Equal to 200% of Base sum insured	Equal to 100% of Base sum insured (India only)	Equal to 100% of Base sum insured (India only)	Not Covered	Not Covered
2.6	Automatic Restore Benefit	Equal to 100% of Base sum insured	Equal to 100% of Base sum insured	Equal to 100% of Base sum insured	Equal to 100% of Base sum insured (India only)	Equal to 100% of Base sum insured (India only)	Unlimited times	Unlimited times
2.7	Aggregate Deductible# (Optional)	10K/25K/ 50K /1L /2L /3L /5L /10L /20L /25L	10K/25K/ 50K /1L /2L /3L /5L /10L /20L /25L	10K/25K/ 50K /1L /2L /3L /5L /10L /20L /25L	10K/25K/ 50K /1L /2L /3L /5L /10L /20L /25L (India only)	10K/25K/ 50K /1L /2L /3L /5L /10L /20L /25L (India only)	10K/25K/ 50K /1L /2L /3L /5L /10L	10K/ 25K/ 50K
2.8	E-Opinion for Critical Illness	In India	In India	Global	Global	Global	Not Covered	In India
2.9	Global Health Cover (Emergency Treatments Only)	Not Covered	Not Covered	Not Covered	Covered (Outside India only)	Not Covered	Not Covered	Not Covered
2.10	Global Health Cover (Emergency & Planned Treatments)	Not Covered	Not Covered	Not Covered	Not Covered	Covered (Outside India only)	Not Covered	Not Covered
2.11	Overseas Travel Secure (Optional)	Not Covered	Not Covered	Not Covered	Covered upto sum insured (Outside India only)	Covered upto sum insured (Outside India only)	Not Covered	Not Covered
2.12	PED wait period modification (Optional)	1 year / 2 year	1 year / 2 year	1 year / 2 year	1 year / 2 year	1 year / 2 year	1 year / 2 year	1 year / 2 year
2.13	Modification of Room Rent (Optional)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	At Actuals OR Shared room	Not Covered
3	Preventive Health Check-up (India only) [This is an optional cover under Optima Select plan and an inbuilt cover in all other plans]							
	Sum Insured	**5 Lakhs**	**7.5 Lakhs**	**10 Lakhs**	**15 Lakhs**	**20 & 25 Lakhs**	**50 & 75 Lakhs**	**100 & 200 Lakhs**
	Individual Policy**	1,500	1,500	2,000	4,000	5,000	5,000	8,000
	Floater Policy**	2,500	2,500	5,000	8,000	10,000	10,000	15,000

Key to read above table

a. **'Covered'** means that particular benefit is an inbuilt feature in that particular plan- and the premium of such benefits are included in the premium of the respective Plan.

b. **'Not Covered'** means that particular benefit is NOT available either as an inbuilt feature or as an optional feature in that particular plan

c. **'Optional'** means that particular benefit is NOT an inbuilt feature BUT can be opted by the

Proposer/Policyholder either at inception or at renewal. However, 'PED wait period modification' optional cover is allowed to be opted at channel level only. Individual customer will not be able to opt for the same.

Notes:

a. Preventive Health Check-up benefit will not be available under the policy if Aggregate Deductible of INR 5 Lakhs is in force.

b. Preventive Health Check-up, Secure Benefit, Cumulative Bonus / Plus Benefit, Automatic Restore Benefit, Daily Cash for Shared Room and Unlimited Restore (Add-on) benefits will not be available under the policy if Aggregate Deductible of INR 10 Lakhs or more is in force.

c. **For Individual policy sum insured and limits mentioned in the table are applicable on per Insured Person per Policy Year basis and for Family Floater policy sum insured and limits apply on per policy per Policy Year basis

d. ^Claims shall be payable as per geography mentioned in the above table unless explicitly stated otherwise in a specific cover.

e. # Aggregate Deductible if opted, shall apply only for claims arising in India. However, a Per Claim Deductible of Rs. 10,000 will apply separately for each and every claim arising out of India in Global plans

f. 5L / 10L Deductible can only be opted with Sum Insured >= 25 L

g. 20L / 25L Deductible can only be opted with Sum Insured >= 50 L

h. Kindly read this document in conjunction with your Policy Schedule for in-depth clarity

Add on – Covers:

'my: Optima Secure' offers following Add on Covers:

1. my: health Critical Illness Add On: Provides comprehensive coverage by offering a Lumpsum payout on diagnosis of any of the listed 51 critical Illnesses. Sum Insured options range from Rs. 100,000 to Rs. 500,00,000 in multiples of Rs. 100,000

2. my: health Hospital Cash Benefit Add On: Per day hospital cash benefit for each continuous and completed 24 hours of hospitalization. Per day Sum Insured options of Rs. 500/ 1000/ 1500 / 2000/ 2500 / 3000 / 5000/ 7500/ 10,000 are available.

3. Individual Personal Accident Rider: Provides Lumpsum pay out in case of Accidental Death, Permanent Total Disablement and Permanent Partial Disablement. Sum Insured shall be 5 (five) times the Sum Insured of Base Plan up to a maximum of Rs. 1 Crore

4. Unlimited Restore (Add on): Provides unlimited restoration in a Policy Year.

5. Optima Wellbeing (Add on) : Covers expenses for various outpatient benefits.

6. ABCD Chronic Care: Covers hospitalization expenses for Asthma, Blood pressure, Cholesterol and Diabetes just after 30 days of waiting period.

7. Limitless: Specified number of claims of infinite value shall be payable in the lifetime of the

policy. For claims made in India only.

8. Parenthood: Covers Maternity Expenses, Embryo freezing costs and IVF treatments post waiting period of 2 years.

Notes:

For in depth details on terms and conditions applicable to add-ons, Kindly refer to the Prospectus & Policy wording documents of the respective add-on available under downloads section on our website.

Coverage and Sum Insured offered under the add-on's are subject to declaration in proposal forms and internal underwriting guidelines.

my:health Koti Suraksha

Policy Wordings

HDFC ERGO General Insurance Company Limited

Policy Wording

my: health Koti Suraksha

Table of Contents

SECTION A. DEFINITIONS

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

I. Standard Definition applicable to Policy

Def. 1. **Accident** or **Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Def. 2. **Any one illness** means continuous period of Illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken

Def. 3. **AYUSH HOSPITAL** means an AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

a. Central or State Government AYUSH Hospital; or

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

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

i. Having at least 5 in-patient beds;

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

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

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

Def. 4. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health center which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion:

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

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

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

Def. 5. **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the Network Provider by the insurer to the extent pre-authorization is approved.

Def. 6. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon

Def. 7. **Congenital Anomaly** means a condition(s) 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

Def. 8. **Co-Payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A **Co-**Payment does not reduce the Sum Insured

Def. 9. **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the Insurer without an associated increase in premium.

Def. 10. **Day care Centre** means any institution established for Day Care Treatment of Illness and / or injuries or a medical set -up with a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum 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

Def. 11. **Day Care Treatment/ Procedures** means those 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 hours because of technological advancement, and

ii. which would have otherwise required Hospitalization of more than 24 hours,

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

Def. 12. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of Hospital cash policies, which will apply before any benefits are payable by the insurer. A Deductible does not reduce the sum insured.

Def. 13. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery

Def. 14. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Def. 15. **Domiciliary Hospitalization** means medical treatment for an Illness/disease/Injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:

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

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

Def. 16. **Emergency Care** means management for an Illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the insured person's health.

Def. 17. **Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received).

Def. 18. **Hospital** means any institution established for In-patient Care and Day Care Treatment of Illness and/or injuries and which has been registered as a Hospital with the local authorities under the clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
- has qualified nursing staff under its employment round the clock,
- has qualified Medical Practitioner(s) in charge round the clock,
- has a fully equipped operation theatre of its own where surgical procedures are carried out,
- maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

Def. 19. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

Def. 20. **Illness/Illnesses** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment

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

(b) Chronic condition - A chronic condition is defined as a disease, Illness, or Injury that has one or more of the following characteristics:

1. it needs on-going or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs on-going or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

Def. 21. Injury means Accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

Def. 22. Intensive Care Unit means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Def. 23. ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensive charges

Def. 24. In-patient Care means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

Def. 25. Maternity Expenses means

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean section incurred during Hospitalization).

b. Expenses towards lawful medical termination of pregnancy during the policy Period.

Def. 26. Medical Advice means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

Def. 27. Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or Medical practitioners in the same locality would have charged for the same medical treatment.

Def. 28. **Medically Necessary treatment** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which

- Is required for the medical management of the Illness or Injury suffered by the Insured Person;
- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
- Must have been prescribed by a Medical Practitioner.
- Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Def. 29. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. Medical Practitioner who is sharing the same residence with the Insured person`s and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.

Medical Practitioner (Definition applicable for the treatment taken outside India)

Means a licensed medical practitioner acting within the scope of his license and who holds a degree of a recognized institution and is registered by the Authorized Medical Council of the respective country.

Def. 30. **Newborn Baby** means baby born during the Policy Period and is Aged up to 90 days

Def. 31. **Network Provider** means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a Cashless facility.

Def. 32. **Non Network** means any Hospital, Day Care Centre or other provider that is not part of the Network

Def. 33. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication

Def. 34. **OPD Treatment** -OPD treatment means the one in which the Insured visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient**.**

Def. 35. **Pre-existing disease** means any condition, ailment, injury or disease:

i. that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or

ii. for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

Def. 36. **Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

Def. 37. **Pre-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days preceding the Hospitalization of the Insured Person, provided that:

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and

ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

Def. 38. **Post-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days immediately after the insured person is discharged from the Hospital provided that:

i. Such Medical Expenses are for the same condition for which the insured person's Hospitalization was required, and

ii. The inpatient Hospitalization claim for such Hospitalization is admissible by the insurance company.

Def. 39. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India

Def. 40. **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

Def. 41. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated Medical Expenses

Def. 42. **Reasonable** and **Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services ,taking into account the nature of Illness/ Injury involved.

Def. 43. **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.

Def. 44. **Unproven/Experimental Treatment** is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.

II. Specific Definition

Def. 1. **Adventurous/Hazardous Sports means** any sport or activity involving physical exertion and skill in which an Insured Person participates or competes for entertainment or as part of his Profession whether he / she is trained or not.

Def. 2. **Age** or **Aged** means completed years as at the Policy Commencement Date.

Def. 3. **Alternative treatment** means forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Siddha, Homeopathy, Yoga & Naturopathy in the Indian context.

Def. 4. **Aggregate Deductible:** Aggregate deductible is a cost-sharing requirement under a health insurance policy that provides that the Company will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the Company. An Aggregate deductible does not reduce the Sum Insured. The deductible is applicable in aggregate towards hospitalization expenses incurred which are admissible under this Policy (and not excluded) during the policy year by insured person (individual Sum Insured policy) or insured family (in case of floater sum insured policy).

Def. 5. **Associated Medical Expenses** means consultation fees, charges on Operation theatre, surgical appliances & nursing, and expenses on Anaesthesia, blood, oxygen incurred during Hospitalization of the Insured Person

Def. 6. **AYUSH Treatment** refers to the medical and/or hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

Def. 7. **Base Sum Insured** means the sum shown in the Policy Schedule which represents Our maximum liability for respective Cover during the life time of the Policy.

Def. 8. **Bank Rate** means the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

Def. 9. **Break in Policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.

Def. 10. **Biological attack** or **weapons** the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

Def. 11. **Catastrophic Event** means and includes Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood, Inundation and Earthquake

Def. 12. **Chemical attack** or **weapons** means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.

Def. 13. **Commencement Date** means the commencement date of the Policy as specified in the Policy Schedule.

Def. 14. **Coma/Comatose State** means 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.
- **iv.** The condition has to be confirmed by a specialist medical practitioner.
- **v.** Coma resulting directly from alcohol or drug abuse is excluded.

Def. 15. **Common Carrier** means any land, sea or air conveyance operated under a licence issued by a governmental authority having jurisdiction, for the transportation of fare paying passengers and which has fixed, established routes only.

Def. 16. **Dependent Child/Children** means living dependent child or children of Insured Person up to age of 25 years as on date of Injury, including legally adopted and step- children.

Def. 17. **Dependents** means only the family members listed below:

a) Your legally married spouse as long as she continues to be married to You

b) Your children Aged between 91 days and 25 years if they are unmarried, still financially dependent on You and have not established their own independent households;

c) Your natural parents or parents that have legally adopted You, and Your parent in laws

Def. 18. **Dependent Parents** means Your natural parents, parents that have legally adopted you or Your parents in law.

Def. 19. **Family Floater** means a Policy described as such in the Policy Schedule where under You and Your Dependents (Spouse, dependent children, dependent parents/parents in laws) named in the Policy Schedule are insured under this Policy as at the Commencement Date on floater Sum Insured basis.

Def. 20. **Insured Person** means You and the persons named in the Policy Schedule who are insured under the Policy.

Def. 21. **Immediate Family** mean an Insured Person's Spouse; children; children-in-law, siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian, ward, step or adopted children; step-parents; aunts, uncles; nieces, and nephews.

Def. 22. **Life threatening situation** shall mean a serious medical condition or symptom resulting from Injury or Illness which is not pre-existing disease, which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person's health, until stabilisation at which time this medical condition or symptom is not considered an Emergency anymore.

Def. 23. **Material Facts** means all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

Def. 24. **Medical Consultation** is a procedure where a Medical Practitioner reviews an Insured Person's medical history, medically examines the Insured Person and makes recommendations as to care and treatment.

Def. 25. **Mental Illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence;

Def. 26. **Mental Health Establishment** means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental Illness, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where persons with mental Illness are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general Hospital or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person; but does not include a family residential place where a person with mental Illness resides with his relatives or friends;

Def. 27. **Mental Health Nurse** means a person with a diploma or degree in general nursing or diploma or degree in psychiatric nursing recognised by the Nursing Council of India established under the Nursing Council of India Act, 1947 and registered as such with the relevant nursing council in the State

Def. 28. **Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.

Def. 29. **HDFC ERGO Mobile App** is proprietary App of HDFC ERGO General Insurance Company. With my: this App you can:

- Access Your Policy Details
  - Manage Your policy, download Your policy schedule and access to Your e-card will always be at Your fingertips, 24 x 7.
- Policy Endorsement made easy
  - By submitting a request to us through HDFC ERGO Mobile App, you can make any modifications in Your policy, for e.g. change in spelling of the name, contact number etc.
- Effortless Claims Management
  - Now you can submit Your claims from the app for faster processing and track the status at Your fingertips. You can also intimate a claim using the app. You can also view Network hospitals in Your area with directions.
- Stay Active – Short Walks, Big Benefits
  - The App tracks Your steps, fitness session and lets you earn incentive on renewal discount on Your policy.

Def. 30. **Non-Medical Expenses –** Are expenses other than those defined as Medical Expenses and which are listed on our website www.hdfcergo.com

Def. 31. **Nuclear attack means** the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.

Def. 32. **Permanent Total Disablement means** that the **Insured Person** is totally disabled from undertaking all the material duties of his/her usual occupation for which the **Insured Person** is reasonably fitted by training, education or experience for a continuous period of 365 days and, at the expiration of the 365 days period, it is reasonably certain that such disability will persist throughout the Insured Person's lifetime.

Def. 33. **Preventive Health Check-up -** Preventive Health Check-up means a package of medical test(s) undertaken for general assessment of health status, it does not include any diagnostic or investigative medical tests for evaluation of illness or a disease.

Def. 34. **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), and the Policy Schedule (as the same may be amended from time to time).

Def. 35. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Policy Schedule

Def. 36. **Policy Holder** means Person who has proposed the Policy and in whose name the Policy is issued

Def. 37. **Policy Schedule** means 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 (Schedule of coverage), including any Annexure and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.

Def. 38. **Policy Year** means a period of twelve months beginning from the date of commencement of the policy period and ending on the last day of such twelve-month period. For the purpose of subsequent years, policy year shall mean a period of twelve months commencing from the end of the previous policy year and lapsing on the last day of such twelve-month period, till the policy period, as mentioned in the schedule

Def. 39. **Second Medical Opinion** means a procedure where by upon request of Insured Person, an independent Medical Practitioner reviews and opines on treating Medical Practitioner's recommendation as to care and treatment of Insured Person by reviewing Insured Person's medical status and history

Def. 40. **Sum Insured** means the sum shown in the Policy Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Year, and in relation to a Family Floater represents Our maximum liability for any and all claims made by You and all of Your Dependents during the Policy Year

Def. 41. **Sub-limit** means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit

Def. 42. **Time Deductible** means a cost sharing requirement under a health insurance Policy that provides that the Insurer will not be liable for a specified number of days, which will apply before any benefits are payable by the insurer. A Time Deductible does not reduce the Sum Insured

Def. 43. **Temporary Total Disablement** means disablement which temporarily and entirely prevents an Insured Person from engaging in or giving attention to the Insured Person's usual occupation for a continuous period mentioned in the Schedule of Coverage on the Policy Schedule.

Def. 44. Temporary Partial Disablement means disablement which temporarily and partially prevents an Insured Person from engaging in or giving attention to the Insured Person's usual occupation.

Def. 45. We/Our/Us/Insurer/Company means the HDFC ERGO General Insurance Company Limited

Def. 46. You/Your means the Insured Person named in the Policy Schedule who is insured under the Policy

III. Definition: Major Illnesses – applicable to optional cover 4 under Section 1

i. Standard Definitions

1. Cancer of specified severity

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.The following are excluded:

i. All tumors which are histological 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 histological classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

v. All Thyroid cancers histological classified as T1N0M0 (TNM Classification) or below;

vi. Chronic lymphocytic leukemia less than RAI stage 3

vii. Non-invasive papillary cancer of the bladder histological described as TaN0M0 or of a lesser classification,

viii. All Gastro-Intestinal Stromal Tumorshistological 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

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

3. Major Organ/Bone Marrow Transplant

The actual undergoing of a transplant of:

a. One of the following human organs: lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ,

b. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

i. Other stem-cell transplants

ii. Where only islets of langerhans are transplanted

4. Multiple Sclerosis with persisting symptoms

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

a. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and

b. 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.

5. Myocardial Infarction (First Heart Attack of specified 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:

a. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)

b. New characteristic electrocardiogram changes

c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:

a. Other acute Coronary Syndromes

b. Any type of angina pectoris

c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

6. 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:

Angioplasty and/or any other intra-arterial procedures

7. Open Heart Replacement or Repair of Heart Valves

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 echo cardiography 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.

8. Permanent Paralysis of Limbs

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.

9. 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 embolization from an extra cranial 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:

a. Transient ischemic attacks (TIA)

b. Traumatic injury of the brain

c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

SECTION B. BENEFITS, EXCLUSIONS & CLAIMS PROCEDURE

Section 1 – Health

Preamble

We will provide Insurance coverage to the Insured Person(s) under this Policy up to Sum Insured including Cumulative Bonus as applicable and subject to waiting periods, limits, Procedure sub-limits, Co-payment,Deductible, Aggregate Deductible as specified on the Schedule of Coverage in the Policy Schedule.The Policy is based on statements, disclosures, declarations made in the Proposal form and Medical reports.

Certain words used in the Coverage description have specific meanings which are mentioned in Definitions and which impacts the Coverage. All such words, are mentioned in Bold to enable You to identify that the particular word has a specific meaning for which You need to refer Section – A, Definitions.

Section 1.A. Benefits

I. Hospitalization Expenses

We will pay under below listed Covers on Medically Necessary Hospitalization of an Insured Person due to Illness or Injury sustained or contracted during the Policy Period and subject to terms and conditions as listed below.

1. **Medical Expenses**

   i. Room Rent and boarding charges

   ii. Intensive Care Unit charges

   iii. Consultation fees & Nursing charges

   iv. Anesthxesia, blood, oxygen, operation theatre charges, surgical appliances charges

   v. Medicines, drugs and consumables

   vi. Diagnostic procedures conducted with in same hospital where Insured Person is admitted

   vii. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

   a. Special Conditions;

   The Claims under Cover 1.Medical Expenses are subject to terms and conditions given below.

   i. Room Rent & Proportionate deduction: Insured Person is eligible for Room Rent category of up to Single Standard AC Room. In case of admission to a room exceeding the aforesaid category, the reimbursement/payment of Room Rent charges including all Associated Medical Expenses incurred at Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent charges. This condition is not applicable in respect of Hospitals where differential billing for Associated Medical Expenses is not followed based on Room Rent.

   ii. Procedure Sub-limits: The Claim under Cover 1. Medical Expenses is subject to Sub-limits for Illnesses as mentioned below. The maximum amount payable under the Policy for all coverage put together under Section 1.A - I. Hospitalization Expenses shall be subject to maximum amount as mentioned in the Table I below.

Table I

Procedure	Sub-Limits (Rs)
Cataract per eye	75,000
Surgeries forBenign - Tumors / Cysts / Nodule / Polyp	75,000
Stone in Urinary System	75,000
Hernia Related	75,000
Appendisectomy	75,000
Hysterectomy	75,000
Fissures / Piles / Fistulas	75,000
Cellulites / Abscess	75,000

iii. Mental Illness

The Coverage for Mental illness is applicable if done in Mental Health Establishment and is subject to the provisions contained in the Mental Health Care Act, 2017, as amended from time to time and other applicable laws and Regulations

2. Home Healthcare

Insured Person can avail Hospitalization at Home under Home Healthcare for Medically Necessary Treatment of Illnesses , if prescribed by treating Medical Practitioner. We will pay Medical Expenses incurred as admissible under A(I)(1) for treatment of such Illness where availed.

This Cover can be availed through Cashless Facility only as procedure given under Claims Procedure – Section 1.A - VI .

3. Domiciliary Hospitalization

We will pay the Medical Expenses incurred on Domiciliary Hospitalization of the Insured Person prescribed by treating Medical Practitioner provided that:

i. the condition of the Insured Person is such that he/she could not be removed to a Hospital

or

ii. the Medical Necessary Treatment is taken at Home on account of non-availability of room in Hospital

4. Pre-Hospitalization cover

We will pay for the Pre- Hospitalization Medical Expenses incurred during the 60 days immediately before Hospitalization of an Insured Person, provided that such Medical Expenses are incurred for the same Illness/Injury for which subsequent Hospitalization was required and Claim under Section 1.A1 , 1.A2, 1.A3or 1.A6 is admissible under the Policy.

5. Post-Hospitalization cover

We will pay for the Post Hospitalization Medical Expenses incurred upto180 days from the date Insured Person is discharged from Hospital provided that such costs are incurred in respect of the same Illness/Injury for which the earlier Hospitalization was required and Claim under Section 1.A.1, 1.A.2, 1.A.3 or 1.A.6 is admissible under the Policy

6. Day Care Procedures

We will pay for the Medical Expenses under Section 1.A.I.1 on Hospitalization of Insured Person in Hospital or Day Care Centre for Day Care Treatment.

7. Road Ambulance

For each admissible Claim under Section 1.A.I.1 and A.I.6, We will pay for expenses incurred on Road Ambulance Services if Insured Person is required;

i. to be transferred to the nearest Hospital following an emergency (namely a sudden,

urgent, unexpected occurrence or event, bodily alteration or occasion requiring immediate medical attention)

ii. or from one Hospital to another Hospital

iii. or from Hospital to Home (within same City) following Hospitalization

8. Organ Donor Expenses

We will pay Medical Expenses covered under Section 1.A.I.1 towards organ donor's Hospitalization for harvesting of the donated organ where an Insured Person is the recipient subject to condition that;

i. The organ donor is any person whose organ has been made available in accordance and in compliance with The Transplantation of Human Organ (amendment) Act, 2011, Transplantation of Human Organs and Tissues Rules, 2014 and other applicable Laws and/or Regulations.

ii. Hospitalization Claim under Section 1.A.1 is admissible under the Policy for the Insured Person

iii. The Organ Donor's Pre-Hospitalization and Post-Hospitalization expenses are excluded under the Policy

iv. Any other Medical Expenses or Hospitalization consequent to the harvesting is excluded under the Policy

9. Alternative Treatments

We will indemnify the Medical Expenses covered under Section 1.A.I.1 only on In-patient care of Insured Person in an AYUSH Hospital upto the limits specified in the policy schedule only for the below mentioned Alternative Treatments prescribed by Medical Practitioner

- Ayurvedic
- Unani
- Siddha
- Homeopathy
- Yoga & Naturopathy

II. Value added Services under Section 1– Health

i. Health Coach

Insured Person will have access to Health Coaching services in areas given below :

- Disease management
- Activity and fitness
- Nutrition
- Weight management
- Psychological counselling
- Depression counselling

These services will be available through Our HDFC ERGO Mobile App as a chat service or as

a call back facility.

ii. Wellness services

- Discounts: on OPD, Pharmaceuticals, pharmacy, diagnostic centres
- Customer Engagement: Monthly newsletters, Diet consultation, health tips
- Specialized programs: stress management, Pregnancy Care, Work life balance management.

III. my:health Active

1. Preventive Health Check-Up

Insured Person will be entitled for below list of tests after completion of each Policy Year/Renewal at our Network Provider;

- Chest X Ray
- 2D echo/ Stress test
- PSA for Males
- PAP smear for Females
- Medical Examination Report
- Complete Blood Count Urine R
- Fasting Blood Sugar
- Serum Creatinine
- Lipid Profile
- Electro Cardio Gram

Other terms and Conditions applicable to this Benefit

- This benefit will not be carried forward if not utilized within 60 days of end of Policy Year or Renewal.
- The test reports received under this benefit will not be utilized for re-underwriting the coverage of Insured Person

Procedure for availing this benefit

i. You will be intimated to undergo the health check-up at our Network Provider, through Our HDFC ERGO Mobile App.

ii. Test reports from our Network Provider will be made available to You on Our HDFC ERGO Mobile App

iii. You have the option to avail this benefit at our Network Provider through Phone/Email or other modes of communication as available from time to time.

2. Fitness discount @ Renewal

Insured Person can avail discount on Renewal Premium by accumulating Healthy Weeks as per table given below. One Healthy Week can be accumulated by;

- Recording minimum 50,000 steps in a week subject to maximum 15,000 steps per day, tracked through Your wearable device linked to Our HDFC ERGO Mobile App and Your Policy number

OR

- burning total of 900 calories up to maximum of 300 calories in one exercise session per day, tracked Your wearable device linked to Our HDFC ERGO Mobile App and Your Policy number
- Fitness discount @ Renewal is applicable for Adult Insured Persons only. Any Person covered as Child Dependent, irrespective of the Age is excluded.

Healthy Weeks Discounts

No. of Healthy Weeks Accumulated during the Policy Year	Discount on Renewal Premium
1-4	0.50%
5-8	1.00%
9-12	2.00%
13-16	3.00%
17-26	6.00%
27-36	7.50%
Above 36	10.00%

Maximum discount offered each Policy Year on account of Healthy Weeks will be 10% subject to Insured Person meeting the criteria as mentioned in above. Steps to accumulate Healthy Weeks

1. The HDFC ERGO Mobile App must be downloaded on the mobile.
2. You can start accumulating Healthy Weeks by tracking physical activity through the wearable device linked to Our HDFC ERGO Mobile App and Your Policy number

We encourage and recognize all types of exercise/fitness activities by making use of wearable devices to track and record the activities Insured Person engages in.

Application of Fitness discount @ Renewal

- **Annual Policy**: Discount amount accrued based on Number of accumulated Healthy Weeks during the expiring Policy Year will be applied on the Renewal Premium for expiring Policy Sum Insured and for Insured Person(s) covered under expiring Policy
- **Multi Year Policy**
  - Fitness discount earned on yearly basis will be accumulated till Policy End date.
  - On Renewal of the Policy, total discount amount accrued each Policy Year will be applied on Renewal Premium of subsequent year and for Insured Person(s) covered under expiring Policy.
  - The maximum discount offered each Policy Year will be 10% subject to maximum 20% for two Year Policy and 30% for three Years Policy.
- For Policies covering more than one Insured Person, Healthy Weeks for each Insured

Person will be tracked and accrued. Such discount will be applicable on individual Renewal Premium for both Individual and Floater Sum Insured basis Policies.

- Premium will be discounted to the extent applicable to coverage corresponding to expiring Policy.
- In case of Increase in Sum Insured at Renewal, discount amount will be applied on the premium corresponding to the Sum Insured of the expiring Policy.
- Fitness discount @ Renewal will be applied only on Renewal of Policy with Us and only if accrued.

3. Health Incentives

This Program encourages Insured Persons to maintain good health and avail incentives as listed below.

Under this Program, Insured Person having Pre-Existing Diseases or Obesity (BMI above 30) as listed under table A below, will be eligible for reduction in Medical Underwriting Loading applied on first inception of the Policy with Us provided that;

i. Insured Person shall undergo medical tests and/or BMI check-up as listed below minimum 3 months prior to expiry of Policy Year (For Multiyear Policies) or before Renewal (For Annual Policies).

ii. Medical test shall be done at your own cost through our Network Provider on Our HDFC ERGO Mobile App.

iii. If the test parameters are within normal limits, We will apply 50% discount on the Medical Underwriting loading applied for corresponding Pre-Existing Disease or Obesity as applicable on Renewal of the Policy with Us.

iv. If the test parameters at subsequent Renewal are not within normal limits or Medical test reports are not submitted in accordance with i and ii above, the discount amount applied on Medical Underwriting loading will be zero

Table A

Pre-existing Diseases	Test
Diabetes	HbA1c
Hypertension	Blood Pressure reading
Hyperlipidemia	Total Cholesterol
Cardiovascular Diseases	ECG
Hypothyroidism	Thyroid function tests
Obesity	BMI

Application of Health Incentive

- **Annual Policy**: Discount amount accrued during the expiring Policy year will be applied on the Renewal Premium corresponding to expiring Policy Sum Insured and for Insured Person covered under the expiring Policy

- **Multi Year Policy**
  - Discount amount earned on yearly basis will be accumulated till Policy End date.
  - On Renewal of the Policy, total discount amount accrued each year will be applied on Renewal Premium of subsequent year and for Insured Person covered under the expiring Policy
- For Policies covering more than one Insured Person, tests shall be done for each Insured Person basis which such reduction in loading where ever applicable will be applied on individual Renewal Premium for both Individual and Floater Sum Insured basis Policies.
- Medical Underwriting loading will be discounted only on Renewal of Policy with Us and only for Insured Person covered under such expiring Policy
- Discount on Medical Underwriting loading under this cover is applicable only on next Renewal and cannot be utilized if Policy not renewed with us.

4. Cumulitive Bonus

On Renewal of this Policy with the Company without a break, a sum equal to 50% of the Base Sum Insured of the expiring Policy shall be provided as Cumulative Bonus irrespective of any claims and shall be available under the Renewed Policy subject to the following conditions:

i. Cumulative Bonus can be accumulated upto 100% of Basic Sum Insured.

ii. Cumulative Bonus applied will be applicable only to Insured Person(s) covered under the expiring Policy and who continue to remain insured on Renewal.

In policies with a 2/3 year Policy Period, the application of above guidelines of Cumulative Bonus shall be post completion of each policy year.

This benefit is not applicable if Optional Cover 2, Aggregate Deductible is opted under Section 1 of the Policy

IV. Optional Covers under Section 1

Insuring Clause

In consideration of payment of additional Premium or reduction in the Premium as applicable, it is hereby declared and agreed that We will pay/restrict the expenses under below listed Covers subject to waiting periods, limits, Procedure sub-limits, Co-payment Deductible and Aggregate Deductible as specified on the Schedule of Coverage in the Policy Schedule.

Subject to otherwise all other terms, conditions, exclusions and waiting periods applicable to the Policy.

These Covers are optional and applicable only if opted for and upto the Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule.

1. Non-Medical Expenses cover

We will pay for Non-Medical Expenses up to the limit mentioned in Schedule of Coverage in the Policy Schedule for claims admissible under Section 1.I

In view of this Cover, Exclusion (xxx) of V. What is not covered shall stand covered up to the extent mentioned above.

2. Aggregate deductible

On availing this option, the Insured Person shall bear an amount equal to the Aggregate Deductible specified in the Schedule of Coverage on Policy Schedule for all admissible claim amounts assessed by Us in respect of all claims made by Insured Person in a Policy Year. The liability of the Company to pay the admissible Claim under that Policy Year will commence only once Aggregate Deductible has been exhausted.

Special Conditions applicable to this Cover

i. This Cover can be opted only at first inception of the Policy and is not available at Renewal

ii. Once the Aggregate Deductible option is availed by the Insured Person, it cannot be opted out of at subsequent Renewal.

3. Emergency Medical Expenses

On availing this option, We will pay Medical Expenses under Section 1 on Medically Necessary Hospitalization of an Insured Person outside India due to life threatning situation, up to limits specified in the Schedule of Coverage on Policy Schedule, provided that :

i. The treatment is Medically Necessary and has been certified as life threatening Situation by a Medical Practitioner, where such treatment cannot be postponed until the Insured Person has returned to India.

ii. The Medical Expenses payable shall be limited to coverage under 1.I - 1, 5, 6 and 9 only and subject to waiting period and exclusions mentioned under V. What is not covered.

4. Overseas Treatment

On availing this Option, We will pay the Medical Expenses incurred outside India under Sections and covers mentioned below for Major illnesses, whose diagnosis first commence/occurs after the applicable waiting period from commencement of the first Policy with Us.

Coverage under Section:

I. Hospitalization Expenses		**III. Optional Covers**	
1	Medical Expenses	1	Non-Medical Expenses cover
4	Pre-Hospitalization cover	8	Medical Evacuation
5	Post-Hospitalization cover		
6	Day Care Procedures		
7	Road Ambulance		
8	Organ Donor Expenses		
9	Alternative Treatments		

5. Waiver of Disease Capping

On availing this option, Procedure Sub-Limits listed under Section 1.A.I.1.a – Medical Expenses, shall stand deleted under the Policy.

6. Waiver of Room Rent Capping

On availing this option, the limits specified with respect to Room Rent/Boarding charges under Section 1.A.I.1.a.i – Medical Expenses shall stand deleted under the Policy.

7. Waiting period Modification Option

On availing this option, Waiting Periods listed under Section 1.A.V.I.i shall stand modified as mentioned in Schedule of Coverage on the Policy Schedule.

All other terms and Conditions of the Policy shall remain unaltered.

8. Medical Evacuation

We will pay for Air Ambulance transportation in an airplane or helicopter for Emergency Care which requires immediate and rapid ambulance transportation as prescribed by a Medical Practitioner, from the site of first occurrence of the Illness/Accident to the nearest Hospital that ground transportation cannot provide. Claim would be reimbursed up to the actual expenses subject to a maximum of Sum Insured as specified on the Schedule of Coverage in the Policy Schedule.

Specific Exclusion

We will not pay for return transportation to the Insured Person's home by air ambulance

9. Sum Insured Rebound

We will add to the Sum Insured, an amount equivalent to the Claim amount paid under Basic Sum Insured, subject to maximum of Basic Sum Insured, on subsequent Hospitalization of the Insured Person during Policy Years subject to;

i. Total Sum Insured added under this cover will not exceed the Basic Sum Insured in a Policy Year

ii. Total of Basic Sum Inured under Hospitalization Cover, Cumulative Bonus earned and Sum Insured Rebound will be available to all Insured Persons for all claims under Section 1 during the current Policy Year and subject to the condition that a single claim in a Policy Year cannot exceed the sum of Basic Sum Insured and the Cumulative Bonus earned.

iii. In case of treatment for Chemotherapy and Dialysis, Sum Insured Rebound will be applicable only once in lifetime of Policy

iv. This cover will be applicable annually for policies with term more than one year.

v. Any unutilized amount of Sum Insured Rebound cannot be carried over to next Policy Year or Renewal Policy

vi. Sum Insured Rebound can be utilized for Claims under Section 1.I only.

vii. This Cover is not applicable if Optional Cover 2,Aggregate Deductible is opted under Section 1 of the Policy

Illustration 1

Time	Claim no.	Sum Insured available	Cumulative Bonus available	Admissible Claim amount	SI Rebound Available	Total SI Rebound till date	Payable amount
3 months	1	3,00,000	30,000	2,50,000	0	0	2,50,000
5 months		50,000	30,000	1,40,000	0	0	80,000
9 months	2	0	0	2,50,000	3,00,000	3,00,000	2,50,000
11 months	3	0	0	70,000	50,000	3,00,000	50,000

Illustration 2

Time	Claim no.	Sum Insured available	Cumulative Bonus Available	Admissible Claim amount	SI Rebound Available	Total SI Rebound till date	Payable amount
3 months	1	3,00,000	30,000	2,50,000	0	0	2,50,000
6 months	2	50,000	30,000	1,40,000	2,50,000	2,50,000	1,40,000
9 months	3	0	0	2,50,000	=250,000-60,000+50,000 =240,000	3,00,000	2,40,000
11 months	4	0	0	70,000	0	3,00,000	0

10. Waiver of Co-Payment

On availing this option, applicable Co-Payment stands waived under the Policy.

11. Cumulative Bonus – Booster

On availing this cover, Cumulative Bonus percentage mentioned under Section 1.A.III.4 – Cumulative Bonus will stand modified as mentioned in Schedule of Coverage on the Policy Schedule subject to;

i. Once the Cumulative Bonus- Booster benefit is availed by the Insured Person, it cannot be opted out at subsequent Renewal.

ii. All other terms and Conditions of Section 1.A.III.4. Cumulative Bonus shall remain unaltered.

Section 1.B. Exclusions & Waiting Period

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

I. Standard Waiting Periods

Claims under the Policy are covered subject to Co-payment &waiting Period as specified below:

i) Pre-existing Diseases: Code – Excl01:

a) Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.

b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum of Sum Insured increase.

c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

d) Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

ii) Specified Disease/Procedure waiting period: Code – Excl02:

a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Policy with us. This exclusion shall not be applicable for claims arising due to an Accident.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of Sum Insured increase.

c) If any of the specified disease/procedure falls under the waiting period specified for Pre-existing diseases, then the longer of the two waiting periods shall apply.

d) The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.

e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

Illnesses

	Non infective Arthritis	Pilonidal sinus
Diseases of gall bladder including cholecystitis	calculus diseases of Urogenital system e.g.Kidney stone,Urinary Bladder Stone	Benign tumors, cysts, nodules, polyps including breast lumps
Pancreatitis	Ulcer and erosion of stomach and duodenum	Polycystic ovarian diseases
All forms of Cirrhosis	Gastro Esophageal Reflux Disorder (GERD)	Sinusitis, Rhinitis
Perineal Abscesses	Perianal Abscesses	Skin tumors
Cataract	Fissure/fistula in anus, Haemorrhoids including Gout and rheumatism	Tonsillitis
Osteoarthritis and osteoporosis	Fibroids (fibromyoma)	Benign Hyperplasia of Prostate
Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy	Hernia
Dilatation and curettage (D&C)	Nasal concha resection	Surgery for prolapsed inter vertebral disc
Myomectomy for fibroids	Surgery of Genito urinary system	Surgery for varicose veins and varicose ulcers
Surgery on prostate	Cholecystectomy	Surgery for Perianal Abscesses
Hydrocele/Rectocele	Joint replacement surgeries	Surgery for Nasal septum deviation
Ligament, Tendon and Meniscal tear		
Endometriosis	Prolapsed Uterus	Rectal Prolapse
Varicocele	Retinal detachment	Glaucoma
Nasal polypectomy	Hysterectomy	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries

ii) 30-day waiting period: Code – Excl03:

a) Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.

b) This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.

c) The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

II. **Specific: Co-payment**

a) Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim, where Co-payment is applicable and as specified in the Schedule of Coverage in the Policy Schedule.

b) The Co-payment in respect of Insured Person with Pre-existing diseases will be applicable only during waiting period applicable to Pre-existing diseases.

III. **Stanadard Permanent Exclusions**

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

i. **Investigation & Evaluation: Code - Excl04:**

a. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.

b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

ii. **Rest Cure, rehabilitation and respite care: Code – Excl05:** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

iii. **Obesity/Weight control: Code – Excl06:** Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

a. Surgery to be conducted is upon the advice of the doctor

b. The surgery/procedure conducted should be supported by clinical protocols

c. The member has to be 18 years of age or older and

d. Body Mass Index (BMI)

i. Greater than or equal to 40 or,

ii. Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

1. Obesity related cardiomyopathy

2. coronary heart disease

3. severe sleep apnoea

4. uncontrolled type2 diabetes

iv. **Change-of-Gender treatments: Code – Excl07:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

v. **Cosmetic or plastic surgery: Code – Excl08**: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

vi. **Hazardous or Adventure Sports: Code - Excl09:** Expenses related to any treatment necessitated due to participation as a professional in Hazardous or Adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving.

vii. **Breach of Law: Code – Excl10:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

viii. **Excluded Providers: Code – Excl11:** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not admissible. However, in case of life threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

ix. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code – Excl12**

x. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **Code – Excl13**

xi. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or day care procedure. **Code – Excl14**

xii. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres. **Code – Excl15**

xiii. **Unproven Treatments–** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. **Code – Excl16**

xiv. **Sterility and Infertility: Code – Excl17:** Expenses related to sterility and infertility. This includes:

   a. Any type of contraception, sterilization

   b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

   c. Gestational Surrogacy

   d. Reversal of sterilization

xv. Maternity: Code – Excl18:

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy period.

IV. **Specific Permanent Exclusions**

i. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, Nuclear, Chemical or Biological attack or weapons, radiation of any kind.

ii. Aggregate Deductible - We are not liable for Claims/Claim amount falling within Aggregate Deductible limit if opted and as mentioned on the Schedule of Coverage in the Policy Schedule.

iii. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.

iv. Any Insured Person's participation or involvement in naval, military or air force operation.

v. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").

vi. Congenital external diseases, defects or anomalies,

vii. Stem cell harvesting.

viii. Investigative treatments for analysis and adjustments of spinal subluxation,diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).

ix. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).

x. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.

xi. Preventive care,; and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.

xii. Vaccination including inoculation and immunisations (Except post Animal bite treatment),

xiii. Non-Medical expenses such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com.

xiv. Treatment taken on Outpatient basis

xv. The provision or fitting of hearing aids, spectacles or contact lenses.

xvi. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immuno therapy wigs, toupees, hair pieces,any non-surgical hair replacement methods, Optometric therapy.

xvii. Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.

xviii. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively).prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical expenses attached and also available on www.hdfcergo.com

xix. Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.

Section 1.C. Claims Procedure -

Section 1 - Health

1. Notification of a Claim

Procedure	Cashless Hospitalization		Cashless claims for Hospitalizations outside India	Reimbursement Claims	Home Healthcare Claims
	Emergencies	Planned			
Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website				
Claim Intimation Timelines	Within 24 hours of the Hospitalization	At least 72 hours prior to the planned Hospitalization	Within 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization	Within 48 hours of admission or before discharge from the Hospital, whichever is earlier	Immediately on diagnosis of Illness
Particulars to be provided to Us for Claim notification	**i.** The health card issued by Us **ii.** KYC documents **iii.** The Policy Number **iv.** Name of the Policyholder **v.** Name and address of Insured Person in respect of whom the request is being made **vi.** Nature of the Illness/Injury and the treatment/Surgery required **vii.** Name and address of the attending Medical Practitioner **viii.** Hospital where treatment/Surgery is proposed to be taken or /Hospital where the Insured person is admitted **ix.** Proposed /Actual Date of admission				Following particulars in addition to those listed under Hospitalization Claim: **i.** Treatment details **ii.** Preferred date and time for initial assessment
Particulars to be provided for pre-authorization	**i.** Policy Number **ii.** Name of the Insured person(s) named in the Policy schedule availing treatment **iii.** Nature of disease/Illness/Injury **iv.** Name and address of the attending Medical Practitioner/Hospital **v.** Date of admission & probable date of discharge **vi.** Approximate Claim Expenses **vii.** Any other relevant information as required			Not Applicable	Following particulars in addition to those listed under Hospitalization Claim: Probable date of start of treatment
Process for obtaining	**i.** If the particulars are not		**i.** We shall send Release of		On receipt of duly filled pre

Pre-Authorization	provided in full or are insufficient for Us to consider the request, We will request additional information or documentation **ii.** On receipt of duly filled pre authorization form from the Network Provider along with other sufficient details to assess the request, We may; • Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable or • Reject the request for pre-authorization specifying reasons for the rejection.	Information form to the Insured Person for signature and consent. **ii.** After receiving the signed Release Of Information form, We will retrieve hospitalization documents along with invoices **iii.** If these details are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation **iv.** On receipt of the complete documents We may • issue the guarantee of payment specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable or or • reject the request for pre-authorization specifying reasons for the rejection		authorization form with other sufficient details to assess the request, We will inform our Home Healthcare service provider who will follow the following process: **i.** Meet the treating medical practitioner and verify the requirement along with the prescription/discharge summary (if applicable) and the condition of the patient **ii.** Verify the past medical history of the patient **iii.** Complete physical examination of the patient **iv.** Check if the patient requires any equipment, devices etc. **v.** Share the care plan and treatment cost estimation with Us. **v.** On receipt of the complete documents We may; • issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable or • reject the request for pre-authorization under Home Healthcare specifying reasons for the rejection. On rejection of Pre-Authorization under Home Healthcare, Claim procedure under Cashless treatment or Reimbursement may be followed.
List of Claim documents	Not Applicable		As enlisted below	Not Applicable
Condonation of Delay	If the claim is not notified/ or submitted to Us within the specified time limits, 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			

2. List of documents for Reimbursement Claims

i. Completely filled claim form, duly signed (by claimant/proposer) and stamped (by hospital).

ii. Photo ID & Age Proof

iii. Copy of claim intimation letter / reference of Claim Intimation Number in the absence of main claim documents

iv. Copy of the Hospital's Registration Certificate/Hospital Registration number in case of hospitalization in any non-network hospital of HDFC ERGO GIC or certificate from hospital authorities providing facilities available including number of beds.

v. Original Discharge Card / Day Care Summary / Transfer Summary

vi. Original final hospital bill with all original deposit and final payment receipt and refund receipt(s), if advance amount refunded

vii. Original invoice with payment receipt and implant stickers for all implants used during surgeries e.g. lens sticker and invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery.

viii. All previous consultation papers indicating history and treatment details for current Illness and advice for current hospitalization.

ix. All original diagnostic reports (including imaging and laboratory) along with prescription by Medical Practitioner and invoice / bill with receipt from diagnostic centre

x. All original medicine / pharmacy bills along with prescription by Medical Practitioner

xi. MLC / FIR Copy – in Accidental cases only

xii. History of alcohol consumption or any intoxication certified by first treating doctor in case of accidental cases.

xiii. Copy of Death Summary and copy of Death Certificate (in death claims only)

xiv. Pre and Post-Operative Imaging reports

xv. Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details, and patient's progress (to be submitted wherever required by the insurer).

xvi. Original invoice for Vaccination and payment receipt

xvii. KYC documents (in all claims above Rs 1 lakh) - (Ration Card/ Driving License/ Aadhar Card/ Passport /any other Government authorized identity proof of the Proposer carrying name, photograph & address) and duly filled KYC form with 1 signed across passport size coloured photograph of the Proposer. ***

xviii. Duly filled NEFT form with cancelled blank cheque (with IFSC code, A/C number, and name mentioned on cheque leaf)

xix. Settlement letter(s), copy (-ies) of payment receipts, and entire certified copy of paid claims in case of partial claim settlement from other insurer.

*** In case of death of proposer, the same document requirement would be for nominee/legal heir of proposer(NOC in favour of 1 or more than 1 undisputed selected legal heir(s) by remaining legal heir(s).

3. Conditions for obtaining Cashless facility

i. Cashless facility can be availed only at Our Network Provider. The complete list of Network

Providers and empanelled Service Providers is available on Our website and can be obtained by contacting Us.

ii. We reserve the right to modify, add or restrict any Network Provider for Cashless Facilities at Our sole discretion. The same shall be duly updated on Our website. You shall check the updated list of Network Providers before applying for Cashless Claim.

iii. Pre-authorization is valid for 15 days from date of issuance and if all the details of the Hospitalization/treatment, including dates, Hospital and locations match with the details as per Cashless authorized.

iv. We will make payment for the Cashless authorized amount directly to the Network Provider.

v. If the claim is not notified to Us within the specified time limits, 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

4. Payment of a Claim

i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.

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

iii. If requested by Us, at Our cost, the Insured Person must submit to medical examination by Our Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment and to investigate the circumstances pertaining to the claim.

iv. We and Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim.

Section 2 – Personal Accident

Preamble

We will provide Insurance coverage to the Insured Person(s) under this Policy up to maximum of Base Sum Insured as applicable and subject to limits, sub-limits, Co-payment, Time Deductible and Deductible as specified on the Schedule of Coverage in the Policy Schedule.

The Coverage under this Policy is subject to Covers opted, statements and disclosures made in the Proposal form, declaration and/or medical reports, and the terms and conditions of this Policy.

Certain words used in the Coverage description have specific meanings which are mentioned in Definitions and which impacts the Coverage. All such words, are mentioned in Bold to enable You to identify that the particular word has a specific meaning for which You need to refer Section – A, Definitions.

Section 2.A. Benefits

I. Coverage

1. Accidental Death

I. Accidental Death

We will pay the Sum Insured, as specified in the Schedule of Coverage on Policy Schedule, if Insured Person sustains Injury due to Accident during the Policy Period, which shall within twelve months of its occurrence be the sole and direct cause of Death of Insured Person.

i. Disappearance

We will pay the Sum Insured in the event if Insured Person's body cannot be located within 365 Days;

a. after the forced landing, stranding, sinking or wrecking of a conveyance in which Insured Person was known to be a passenger during Policy Period or;

b. after and as a result of any Catastrophic Event during Policy Period

it shall be deemed, subject to all other terms and provisions of the Policy, that Insured Person shall have suffered Death due to Accident under the Policy.

If at any time, after the payment of the Accidental death benefit, it is discovered that the Insured Person is still alive, claims settled in respect of Disappearance benefit shall be reimbursed in full to the Company.

ii. Comatose

If Insured Person sustains Injury during Policy Period which directly and independently of all other causes results in the Insured Person being in Hospital in a Comatose State within one month of the date of Injury for continuous period of more than three months, We will pay Sum Insured as mentioned in the Schedule of Coverage on Policy Schedule.

Any claim amount admissible/paid during the year will reduce the Sum Insured payable for the Cover in respect of subsequent claims. The Company's liability during the lifetime of the Policy will not exceed the Base Sum Insured in respect of the Cover

II. Specific Conditions applicable to Cover 1 – Accidental Death

The Coverage under this Section terminates on admissibility of Claim equal to the Sum Insured

III. Optional Cover applicable to Cover 1 – Accidental Death

i. Burns

If Insured Person sustains Injury during Policy Period, which solely and directly results into burns, We will pay in accordance with benefit table below subject to maximum of Sum Insured as mentioned in the Schedule of Coverage on Policy Schedule;

Description	% of Base Sum Insured payable
a. Head	

i.	Third degree burns of 8% or more of the total head surface area	100%
ii.	Second degree burns of 8% or more of the total head surface	50%
iii.	Third degree burns of 5% or more, but less than 8% of the total head surface area	80%
iv.	Second degree burns of 5% or more, but less than 8% of the total head surface area	40%
v.	Third degree burns of 2% or more, but less than 5% of the total head surface area	60%
vi.	Second degree burns of 2% or more, but less than 5% of the total head surface area	0%
b.	**Rest of the Body**	
i.	Third degree burns of 20% or more of the total body surface area	100%
ii.	Second degree burns of 20% or more of the total body surface area	50%
iii.	Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
iv.	Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
v.	Third degree burns of 10% or more, but less than 15% of the total body surface area	60%
vi.	Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
vii.	Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
viii.	Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

Specific conditions applicable to Burns

i. If the Injury results in more than one of the Descriptions above, then the Company shall be liable for the largest Sum Insured (as per defined Description) only.

ii. Any claim amount admissible/paid during the year will reduce the Sum Insured payable for the Cover in respect of subsequent claims.

iii. This Cover terminates on admissibility of Claim(s) equal to the Sum Insured. The Company's liability during the lifetime of the Policy will not exceed the Base Sum Insured in respect of the Cover.

2. Permanent Disablement

I. Permanent Disablement

If Insured Person sustains Injury during Policy Period, which shall within twelve (12) months of its occurrence be the sole and direct cause of Permanent Disablement, We will pay in accordance to the Benefit table below upto maximum of Sum Insured as mentioned in the Schedule of Coverage on Policy Schedule provided such disablement is certified by the Medical Practitioner

i. Benefit Table A

S.No	The Disablement	% of Base Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance of Limbs)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance of Limbs)	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance of Limbs)	50%
12	Permanent Total Loss of Sight of one eye	50%

ii. Benefit Table B

S.No	The Disablement	% of Base Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use of such Limb)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance or the total and permanent loss of use of such Limb)	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use of such Limb)	50%
12	Permanent Total Loss of Sight of one eye	50%

iii. Benefit Table C

S.No	The Disablement	% of Base Sum Insured Payable
1	Permanent Total Disablement	100%

2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance or the total and permanent loss of use)	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use)	50%
12	Permanent Total Loss of Sight of one eye	50%
13	Permanent Total Loss of Hearing in one ear	15%
14	Permanent Total Loss of the lens in one eye	25%
15	Permanent Total Loss of use of four fingers and thumb of either hand	40%
16	Permanent Total Loss of use of four fingers of either hand	20%
17	Permanent Total Loss of use of one thumb of either hand:	
a)	Both joints	20%
b)	One joint	10%
18	Permanent Total Loss of one finger of either hand:	
a)	Three joints	5%
b)	Two joints	4%
c)	One joint	2%
19	Permanent Total Loss of use of toes:	
a)	All – one foot	15%
b)	Big – both joints	5%
c)	Big – one joint	2%
d)	Other than Big – each toe	2%
20	Established non-union of fractured leg or kneecap	10%
21	Shortening of leg by at least 5 cms.	8%
22	Ankylosis of the elbow, hip or knee	20%

iv. Benefit Table D

S.No	The Disablement	% of Base Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb	100%
6	Permanent Total Loss of Speech	100%

7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use)	50%
12	Permanent Total Loss of Sight of one eye	50%
13	Permanent Total Loss of Hearing in one ear	15%
14	Permanent Total Loss of the lens in one eye	25%
15	Permanent Total Loss of use of four fingers and thumb of either hand	40%
16	Permanent Total Loss of use of four fingers of either hand	20%
17	Permanent Total Loss of use of one thumb of either hand:	
a)	Both joints	20%
b)	One joint	10%
18	Permanent Total Loss of one finger of either hand:	
a)	Three joints	5%
b)	Two joints	4%
c)	One joint	2%
19	Permanent Total Loss of use of toes:	
a)	All – one foot	15%
b)	Big – both joints	5%
c)	Big – one joint	2%
d)	Other than Big – each toe	2%
20	Established non-union of fractured leg or kneecap	10%
21	Shortening of leg by at least 5 cms.	8%
22	Ankylosis of the elbow, hip or knee	20%
23	Permanent disablement not otherwise provided for under Items 2-22 inclusive up to a maximum of	75%

II. Terms and Conditions applicable to Cover 2 – Permanent Disablement

i. Ankylosis of the fingers (other than thumb and forefinger) and of the toes (other than the big toe) shall be limited to fifty percent (50%) of the Base Sum Insured subject to maximum of Sum Insured payable for the loss of the said members.

ii. Benefit under item 23 of Table D shall be determined by the independent Medical Practitioner who will certify the percentage of Base Sum Insured payable taking into consideration the nature of the Injury and disability in conjunction with the stated percentages Base Sum Insured for more specific injuries shown in the Table of Benefits.

iii. Any claim amount admissible/paid during the year will reduce the Sum Insured payable for the Cover in respect of subsequent claims.

iv. The Coverage under this Section terminates on admissibility of Claim(s)equal to the Sum Insured.The Company's liability during the lifetime of the Policy will not exceed the Base Sum Insured in respect of the Cover.

v. The total amount payable in respect of more than one disablement due to the same Injury is arrived at by adding together the various percentages of Base Sum Insured shown in the Table of Benefits subject to maximum of Sum Insured.

3. Temporary Total Disablement

I. Temporary Total Disablement – Accident Only

If Insured Person sustains Injury during Policy Period, which solely and directly results in Temporary Total Disablement,We will pay the weekly benefit upto maximum of Sum Insured as specified in the Schedule of Coverage on the Policy Schedule for each continuous period of Temporary Total Disablement.

II. Temporary Total Disablement – Accident and Illness

If during Policy Period, Insured Person;

a) Sustain injury

b) Contracts Illness

Which solely and directly results in Temporary Total Disablement, We will pay the weekly benefit up to maximum of Sum Insured as specified in the Schedule of Coverage on the Policy Schedule for each continuous period of Temporary Total Disablement.

This coverage is subject to specific exclusions applicable to Temporary Total Disablement due to illness as listed under IV –What is not covered

III. Specific Conditions applicable to Temporary Total Disablement (I) and (II)

i. If Injury sustained or Illness (as applicable)suffered is in relation to the spine and its muscular girdle, ligamentous system, cartilage, nervous system and blood supply to the spine which is not detectable by means of radiological scanning, imaging, or neurological fallout testing, then the Company shall only be liable in respect of this Section for a maximum period of five (5) weeks and only once in lifetime of the Policy.

ii. In the event of a dispute arising as to when Temporary Total Disablement ceased, the date shall be finally determined by an independent Medical Practitioner who certifies:

a. the date upon which the Insured Person recovered; or

b. the date upon which the Insured Person recovered as far as he/she ever will; or

c. the date from which the Insured Person is declared to have suffered Permanent Total Disablement

iii. Any claim amount admissible/paid during the year will reduce the Sum Insured payable for the Cover in respect of subsequent claims.

iv. The Coverage under this Cover terminates on admissibility of Claim(s) equal to Sum Insured. The Company's liability during the lifetime of the Policy will not exceed the Base Sum Insured in respect of the Cover.

4. Brokern Bones

I. Broken Bones

If Insured Person sustains Injury during Policy Period, which solely and directly results into Fracture, certified by Medical Practitioner, We will pay in accordance to the Benefit table below upto maximum Sum Insured as mentioned in the Schedule of Coverage on Policy Schedule;

	Fracture	% of Base Sum Insured payable
1)	Fractures of the Skull:	
	a) Compound fracture with damage to the brain tissue	100
	b) Compound fracture without damage to the brain tissue	75
	c) All other fractures	50
2)	Fractures of hip or pelvis (excluding thigh or coccyx):	
	a) Multiple fractures (at least one compound & one complete)	100
	b) All other compound fractures	50
	c) Multiple fractures, at least one complete	30
	d) All other fractures	20
3)	Fracture of thigh or heel:	
	a) Multiple fractures (at least one compound & one complete)	50
	b) All other compound fractures	40
	c) Multiple fractures, at least one complete	30
	d) All other fractures	20
4)	Fracture of Lower Leg, Clavicle, Ankle, Elbow, Upper or Lower Arm (including wrist, but excluding Colles-type fracture):	
	a) Multiple fractures (at least one compound & one complete)	40
	b) All other compound fractures	30
	c) Multiple fractures, at least one complete	20
	d) All other fractures	12

5)	Fractures of Lower Jaw: a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	 30 20 16 8
6)	Fractures of Shoulder Blade, Kneecap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes and heel): a) All compound fractures b) All other fractures	 20 10
7)	Colles type fracture to the Lower Arm: a) Compound b) Other	 20 10
8)	Fractures of Spinal Column (Vertebrae but excluding coccyx): a) All compression fractures b) All spinous, transverse process or pedicle fractures c) All other vertebral fractures	 20 20 10
9)	Fractures of Rib or Ribs, Cheekbone, Coccyx, Upper Jaw, Nose, Toe and toes, finger or fingers: a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	 16 12 8 4

II. Specific Conditions applicable to Broken Bones

The Claims under this Section are payable subject to:

i. Extent and nature of fracture as certified by Medical Practitioner.

ii. The total amount payable under this Cover, in respect of more than one fracture due to the same Injury, will be calculated by adding the various benefits together, but shall not exceed the Sum Insured under this Cover.

iii. This Cover terminates on admissibility of Claim(s) equal to the Sum Insured.The Company's liability during the lifetime of the Policy will not exceed the Base Sum Insured in respect of the Cover.

5. Emergency Medical Expenses

I. Emergency Medical Expenses

We will pay Medical Expenses listed below for an Emergency Care of an Insured Person due to an Injury sustained during the Policy Period up to Sum Insured as mentioned in the Schedule of Coverage on the Policy Schedule, subject to Co-Payment, Deductible and Sub-limit as applicable and within India only.

Medical Expenses

1. Room Rent and boarding charges in the event of Hospitalization of Insured Person

2. Intensive Care Unit charges in the event of Hospitalization of Insured Person

3. Post Hospitalization expenses up to 30 days
4. Consultation fees& Nursing charges
5. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances charges
6. Medicines, drugs and consumables
7. Diagnostic procedures
8. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
9. Medical Expenses listed above for Domiciliary Hospitalization in India only
10. Road Ambulance: if following an Injury, Insurance Person is required to be Hospitalized, we will indemnify the cost of Road Ambulance;
    - to the nearest Hospital
    - from one Hospital to another Hospital
    - or from Hospital to Home (within same City)
11. **Room Rent** & Proportionate deduction: In the event of Hospitalization, Insured Person is eligible for Room Rent category of up to Single Standard AC Room. In case of admission to a room exceeding the aforesaid category, the reimbursement/payment of Room Rent charges including all Associated Medical Expenses(excluding Medicines and drugs)incurred at Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent charges

    Note pertaining specifically to AYUSH Treatments only:

    Medical expenses pertaining only to Emergency In-patient care AYUSH treatment sustained due to an Injury is also covered under 'Emergency Medical Expenses' cover if undertaken in an AYUSH Hospital. However, any medical expense other than In-patient care AYUSH treatment expenses are not covered under this cover.

II. Optional Covers under Emergency Medical Expenses

i. Emergency Medical Expenses - Global

On availing this option, We will pay Medical Expenses under I. Emergency Medical Expenses, incurred anywhere in world.

ii. Co-payment

On availing this option, Co-Payment will be applicable as mentioned in the Schedule of Coverage on the Policy Schedule on all Claims under Cover 6 – Emergency Medical Expenses

6. Hospital Cash - Accident only

I. Hospital Cash – Accident Only

If Insured Person sustains Injury, which with in month of its occurrence, results in Medically Necessary;

i. Hospitalization

ii. Domiciliary Hospitalization

iii. In-patient care Hospitalization for Alternative Treatments

of an Insured Person within India, We will pay per day Sum Insured subject to maximum maximum number of benefit days as specified on the Schedule of Coverage in the Policy Schedule for each continuous and completed period of 24 hours of such Hospitalization.

II. Specific Conditions applicable to Cover Hospital Cash – Accident only

For the purpose of application of Time Deductible,successive Hospital stays with less than sixty days between each one for a same cause, shall be deemed as one Hospitalization event.

III. Optional Covers applicable to Cover Hospital Cash – Accident only

i. Companion Benefit

In the event of admissible Claim under this Cover, We will pay additional Sum Insured as specified on the Schedule of Coverage in the Policy Schedule towards expenses of an accompanying person during Hospitalization of the Insured Person.

ii. Hospital Cash –ICU

We will pay Sum Insured as specified on the Schedule of Coverage in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalization of Insured Person in the Intensive Care Unit.

iii. Time Deductible Modification Option

On availing this option, Time Deductible as mentioned on the Schedule of Coverage in the Policy Schedule will be applied on each and every admissible Claim under the Policy.

iv. Hospital Cash – Global

On availing this option, we will pay Sum Insured as specified on the Schedule of Coverage in the Policy Schedule on Medically Necessary Hospitalization of an Insured Person outside India due to Injury sustained during Policy Period.

7. Chauffeur Benefit

I. Chauffeur Benefit

If Insured Person sustains Injury during the Policy Period which results in Temporary Total **Disablement** or Temporary Partial Disablement, We will indemnify the Insured Person towards daily cost of hire of a transportation or driver to maintain the mobility of Insured Person. The Coverage is applicable for period of disablement subject to maximum number of days and Sum Insured specified in the Schedule of Coverage on the Policy Schedule.

II. Specific Conditions applicable to Chauffeur Benefit

i. This cover is applicable only on certification of Travel by Medical Practitioner.

ii. In the event of Claim admissible under this Cover, no claim shall be payable under Cover 3 – Temporary Total Disablement

iii. Any claim amount admissible/paid during the year will reduce the Sum Insured payable for the Cover in respect of subsequent claims.

iv. The Coverage under this Cover terminates on admissibility of Claim(s) equal to the Sum Insured.The Company's liability during the lifetime of the Policy will not exceed the Base Sum Insured in respect of the Cover.

II. Value added Services under Section 2 - Personal Accident

i. Health Coach:

Insured Person will have access to Health Coaching services in areas given below :

- Disease management
- Activity and fitness
- Nutrition
- Weight management
- Psychological counselling
- Depression counselling

These services will be available through Our HDFC ERGO Mobile App as a chat service or as a call back facility.

ii. Wellness services

- **Discounts:** on OPD, Pharmaceuticals, pharmacy and diagnostic centres
- **Customer Engagement:** Monthly newsletters, Diet consultation, health tips
- **Specialized programs:** stress management, Pregnancy Care, Work life balance management.

III. Optional Covers under Section 2 - Personal Accident

In consideration of payment of additional Premium or reduction in the Premium as applicable, it is hereby declared and agreed that We will pay/restrict the expenses under below listed Covers subject to all other terms, conditions, exclusions and waiting periods applicable to the Policy.

These Covers are optional and applicable only if opted for and upto the Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule.

i. Preventive Health Check-up

Insured Person will be entitled for below list of tests after completion of each Policy Year/Renewal at our Network Provider;

- Chest X Ray
- 2D echo/ Stress test
- PSA for Males
- PAP smear for Females
- Medical Examination Report

- Complete Blood Count Urine R
- Fasting Blood Sugar
- Serum Creatinine
- Lipid Profile
- Electro Cardio Gram

Other terms and Conditions applicable to this Benefit

- This benefit will not be carried forward if not utilized within 60 days of Policy anniversary date.
- The test reports received under this benefit will not be utilized for re-underwriting the coverage of **I**nsured Person

Procedure for availing this benefit

i. You will be intimated to undergo the health check-up at our Network Provider, through Our HDFC ERGO Mobile App.

ii. Test reports from our Network Provider will be made available to You on Our HDFC ERGO Mobile App

iii. You have the option to avail this benefit at our Network Provider through Phone/Email or other modes of communication as available from time to time.

ii. Last Rites

On availing this option, We will pay the Sum Insured towards Last Rites of Insured Person in the event of admissible Claim under Cover 1 – Accidental Death.

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

iii. Dependent Children Education Benefit

We will pay the Sum Insured towards education of Dependent Children, in the event of Claim admissible under Cover 1 – Accidental Death.

Conditions applicable to Dependent Children Education Benefit

1) This Coverage is applicable only to living Dependent Children

2) The Sum Insured for this Cover is the total claim amount payable for all Dependent Children combined

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

iv. Renewal Premium Benefit

In the event, Claim for Insured Policy Holder becomes admissible under Cover 1 – Accidental Death, We will pay the amount equivalent to the Renewal premium of the Coverage for all

other Insured Person covered in the same policy as mentioned in the Schedule of Coverage on the Policy Schedule.

Conditions applicable to Renewal Premium Benefit

i. Renewal Premium benefit will only be in respect of Coverage under Section 2 – Personal Accident

ii. The Benefit will be payable irrespective of whether Policy is renewed or not.

v. Parental Care Benefit

We will pay the Sum Insured towards parental care of Dependent Parents, in the event of Claim admissible under Cover 1 – Accidental Death.

Conditions applicable to Parental Care Benefit

1) This Coverage is applicable only to living Dependent Parents

2) The Sum Insured for this Cover is the total claim amount payable for both Dependent Parents combined

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

vi. Medical Evacuation

We will indemnify the Insured Person for Air Ambulance transportation in an airplane or helicopter for Emergency Care which requires immediate and rapid ambulance transportation as prescribed by Medical Practitioner, from the site of first occurrence of the Accident to the nearest Hospital, that ground transportation cannot provide provided Claim is admissible under any of the Cover 1 to 9 of this Section.

Conditions applicable to Medical Evacuation

The Claim under this cover is admissible only once in a Policy Year irrespective of number of Claims becoming admissible under any of the Cover 1 to 9 of this Section.

Section 2.B. Exclusions & Waiting Period

A. General Exclusions

I. Specific General Exclusions

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

i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol unless prescribed by Medical Practitioner

ii. War or any act of war(whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, , civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, Nuclear, Chemical, Biological attack or

weapons/materials or radiation of any kind

iii. Whilst travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.

iv. Death or Disability suffered by the Insured Person on account of his participation as the driver, co-driver or passenger during trial runs (excluding Test Drives)using a motorized vehicle or bicycle.

v. Death or Disability caused by or arising from or in consequence of or contributed to Nuclear, Chemical or Biological attack/weapons, material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).

vi. Any Insured Person committing or attempting to commit intentional self-Injury(except in an attempt to save human life) or suicide while mentally sound or suffering from Mental illness

vii. From engaging in or participation in naval, military or air force operation.

viii. Injury sustained whilst or as a result of participation as a professional in Hazardous or Adventure sports

ix. Breach of Law: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

x. Injury sustained whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.

xi. Injury sustained whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the Injury occurred whilst the Insured Person was on leave or not in uniform.

B. Exclusions applicable to Cover 3, II – Temporary Total Disablement due to Illness and Cover 5, Emergency Medical Expenses

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

I. Standard Waiting Periods

Claims under the Policy are covered subject to waiting Period as specified below:

i) Pre-existing Diseases: Code – Excl01:

a. Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.

b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum of Sum Insured increase.

c. If the Insured Person is continuously covered without any break as defined under the

portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

d. Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

ii) Specified Disease/Procedure waiting period: Code – Excl02:

a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Policy with us.

b. This exclusion shall not be applicable for claims arising due to an Accident.

c. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of Sum Insured increase.

d. If any of the specified disease/procedure falls under the waiting period specified for Pre-existing diseases, then the longer of the two waiting periods shall apply.

e. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.

f. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

	Non infective Arthritis	Pilonidal sinus
Diseases of gall bladder including cholecystitis	calculus diseases of Urogenital system e.g.Kidney stone,Urinary Bladder Stone	Benign tumors, cysts, nodules, polyps including breast lumps
Pancreatitis	Ulcer and erosion of stomach and duodenum	Polycystic ovarian diseases
All forms of Cirrhosis	Gastro Esophageal Reflux Disorder (GERD)	Sinusitis, Rhinitis
Perineal Abscesses	Perianal Abscesses	Skin tumors
Cataract	Fissure/fistula in anus, Haemorrhoids including Gout and rheumatism	Tonsillitis
Osteoarthritis and osteoporosis	Fibroids (fibromyoma)	Benign Hyperplasia of Prostate

i. Surgical Procedures

Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy	Hernia
Dilatation and curettage (D&C)	Nasal concha resection	Surgery for prolapsed inter vertebral disc
Myomectomy for fibroids	Surgery of Genito urinary system	Surgery for varicose veins and varicose ulcers
Surgery on prostate	Cholecystectomy	Surgery for Perianal Abscesses
Hydrocele/Rectocele	Joint replacement surgeries	Surgery for Nasal septum deviation
Ligament, Tendon and Meniscal tear		
Endometriosis	Prolapsed Uterus	Rectal Prolapse
Varicocele	Retinal detachment	Glaucoma
Nasal polypectomy	Hysterectomy	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries

iii) 30-day waiting period: Code – Excl03:

a. Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.

b. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.

c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

II. Standard Permanent Exclusions

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

i. Investigation & Evaluation: Code - Excl04:

b. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.

c. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

ii. Rest Cure, rehabilitation and respite care: Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

iii. Obesity/Weight control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

a. Surgery to be conducted is upon the advice of the doctor

b. The surgery/procedure conducted should be supported by clinical protocols

c. The member has to be 18 years of age or older and

d. Body Mass Index (BMI)

i. Greater than or equal to 40 or,

ii. Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

iii. Obesity related cardiomyopathy

iv. coronary heart disease

v. severe sleep apnoea

vi. uncontrolled type2 diabetes

iv. Change-of-Gender treatments: Code – Excl07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

v. Cosmetic or plastic surgery: Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

vi. Hazardous or Adventure Sports: Code – Excl09: Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving.

vii. Breach of Law: Code – Excl10: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

viii. Excluded Providers: Code – Excl11: Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not admissible. However, in case of life threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

ix. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof Code - Excl12

x. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code - Excl13

xi. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or day care procedure. Code - Excl14

xii. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.Code - Excl15

xiii. Unproven Treatments – Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.Code -Excl16

xiv. Sterility and Infertility: Code – Excl17: Expenses related to sterility and infertility. This includes:

e. Any type of contraception, sterilization

f. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

g. Gestational Surrogacy

h. Reversal of sterilization

xv. Maternity: Code – Excl18

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy period.

III. Specific Permanent Exclusions

i. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, Nuclear weapons/materials, chemical and biological weapons, radiation of any kind.

ii. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.

iii. Any Insured Person's participation or involvement in naval, military or air force operation.

iv. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").

v. Congenital external diseases, defects or anomalies,

vi. Stem cell harvesting

vii. Investigative treatments for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).

viii. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).

ix. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.

x. Preventive care, and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.

xi. Vaccination including inoculation and immunisations (Except post Animal bite treatment),

xii. Non-Medical expenses such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges etc. Full list of Non-Medical expenses attached and also available at www.hdfcergo.com.

xiii. The provision or fitting of hearing aids, spectacles or contact lenses.

xiv. Any treatment and associated expenses for alopecia, baldness,including cortico steroids and topical immuno therapy, wigs, toupees, hair pieces,any non-surgical hair replacement methods. Optometric therapy.

xv. Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.

xx. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively).prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical expenses attached and also available on www.hdfcergo.com

xvi. Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.

Section 2.C. Claims Procedure Section 2– Personal Accident

1. Notification of a Claim

Procedure	Cashless Hospitalization	Cashless claims for Hospitalizations outside India	Reimbursement Claims
Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website		
Claim Intimation Timelines	Within 24 hours of the Hospitalization.	Within 24 hours of the Emergency Hospitalization.	Within 48 hours of admission or before discharge from the Hospital, whichever is earlier.
Particulars to be provided to us for claim notification	**1.** Duly completed and signed claim form **2.** Policy/Certificate Copy **3.** First Information Report and Final Police report, wherever is necessary **4.** Any other supporting documents as may be required by the Company **5.** Insured Person's own Indian bank cancelled cheque copy and bank details in attached format.		
Accidental Death	1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Death certificate 4. Post mortem if conducted/FSL (Forensic science laboratory)report – To check for drug abuse/intoxication		
Permanent Disablement	**1.** Medical Practitioner's Report **2.** Medico Legal Certificate **3.** Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; **4.** Disability certificate from a government certified Medical Practitioner or government Hospital confirming the extent and nature of disability; **5.** Original Discharge summary from the Hospital Medical reports, case histories, investigation reports,treatment papers as applicable. **6.** Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement.		
Temporary Total Disablement	**1.** Medical Practitioner's Report **2.** Medico Legal Certificate **3.** Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; **4.** Original Discharge summary from the Hospital **5.** Medical reports, case histories, investigation reports, treatment papers as applicable. **6.** Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. And advised days of rest.		

	7. Leave certificate from the employer (If Employed) **8.** Fitness certificate from Medical practitioner **9.** Insured's own Indian bank cancelled cheque copy and bank details in attached format
Hospital Cash- Accident Only	**1.** Copy of Discharge Summary / Discharge Certificate along with time of admission and discharge for Hospital cash benefit **2.** First consultation letter from treating Medical Practitioner **3.** Certificate from treating Medical Practitioner, specifying the duration and etiology **4.** MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable **5.** NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.
Broken Bones	**1.** Medical Practitioner's Report **2.** Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; **3.** Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability; **4.** Original Discharge summary from the hospital **5.** Medical reports, case histories, investigation reports, treatment papers as applicable. **6.** MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable **7.** Relevant treatment papers clearly mentioning the areas of fracture with their severity.
Burns	**1.** Attested copy of certificate from treating Medical Practitioner specifying type of burns with percentage of burns **2.** Attested copy of FIR. (If any) **3.** All X-Ray / Investigation reports and films supporting to disability.
Medical Evacuation	**1.** Consultation note or Emergency Room's Medical Practitioner medical report **2.** Copy of the passport showing the date of entry and exit related to journey (to & fro) from India. **3.** All relevant Original Invoices for the expenses incurred towards ambulance facility. **4.** A covering letter from claimant mentioning the details of loss.
Emergency Medical Expenses	**1.** Consultation note or Emergency Room's Medical Practitioner medical report. **2.** Relevant treatment papers or Discharge Summary. **3.** Copy of the passport showing the date of entry and exit related to journey (to & fro) from India. **4.** MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable **5.** All relevant Original Invoices for the expenses incurred.
Dependent Child Education Benefit	**1.** Consultation Note OR Emergency Room's Medical Practitioner medical report OR **2.** Relevant Treatment Papers OR Discharge Summary. . **3.** Letter from treating Medical Practitioner, mentioning the cause of death if death occurred after a long period from the date of incident. **4.** Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability;

	5. Death certificate **6.** Final police investigation report **7.** Post-mortem Report or Coroner's Report **8.** MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable.
Chauffeur Benefit	**1.** Medical Practitioner's Report **2.** Medico Legal Certificate **3.** Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; **4.** Original Discharge summary from the Hospital **5.** Medical reports, case histories, investigation reports, treatment papers as applicable. **6.** Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. **7.** Original invoices of transport
Particulars to be provided for pre-authorization	**1.** Policy Number **2.** Name of the Insured person(s) named in the Policy schedule availing treatment **3.** Nature of disease/Illness/Injury **4.** Name and address of the attending Medical Practitioner/Hospital **5.** Date of admission & probable date of discharge **6.** Approximate Claim Expenses
	Any other relevant information as required
Process for obtaining Pre-Authorization	**i.** If the particulars are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation **ii.** On receipt of duly filled pre authorization form from the Network Provider along with other sufficient details to assess the request, We may; Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable or Reject the request for pre-authorization specifying reasons for the rejection.
Condonation of Delay	If the claim is not notified/ or submitted to Us within the specified time limits, 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

2. List of documents for Reimbursement Claims

i. Completely filled claim form, duly signed (by claimant/proposer) and stamped (by hospital).

ii. Photo ID & Age Proof

iii. Copy of claim intimation letter / reference of Claim Intimation Number in the absence of main claim documents

iv. Copy of the Hospital's Registration Certificate/Hospital Registration number in case of hospitalization in any non-network hospital of HDFC ERGO GIC or certificate from hospital authorities providing facilities available including number of beds.

v. Original Discharge Card / Day Care Summary / Transfer Summary

vi. Original final hospital bill with all original deposit and final payment receipt and refund receipt(s), if advance amount refunded

vii. Original invoice with payment receipt and implant stickers for all implants used during surgeries e.g. lens sticker and invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery.

viii. All previous consultation papers indicating history and treatment details for current Illness and advice for current hospitalization.

ix. All original diagnostic reports (including imaging and laboratory) along with prescription by Medical Practitioner and invoice / bill with receipt from diagnostic centre

x. All original medicine / pharmacy bills along with prescription by Medical Practitioner

xi. MLC / FIR Copy – in Accidental cases only

xii. History of alcohol consumption or any intoxication certified by first treating doctor in case of accidental cases.

xiii. Copy of Death Summary and copy of Death Certificate (in death claims only)

xiv. Pre and Post-Operative Imaging reports

xv. Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details, and patient's progress (to be submitted wherever required by the insurer).

xvi. Original invoice for Vaccination and payment receipt

xvii. KYC documents (in all claims above Rs 1 lakh) - (Ration Card/ Driving License/ Aadhar Card/ Passport /any other Government authorized identity proof of the Proposer carrying name, photograph & address) and duly filled KYC form with 1 signed across passport size coloured photograph of the Proposer.

xviii. Duly filled NEFT form with cancelled blank cheque (with IFSC code, A/C number, and name mentioned on cheque leaf)

xix. Settlement letter(s), copy(-ies) of payment receipts, and entire certified copy of paid claims in case of partial claim settlement from other insurer.

*** In case of death of proposer, the same document requirement would be for nominee/legal heir of proposer(NOC in favour of 1 or more than 1 undisputedly selected legal heir(s) by remaining legal heir(s).

3. Conditions for obtaining Cashless facility

i. Cashless facility can be availed only at Our Network Provider. The complete list of Network Providers and empanelled Service Providers is available on Our website and can be obtained by contacting Us.

ii. We reserve the right to modify, add or restrict any Network Provider for Cashless Facilities at Our sole discretion. The same shall be duly updated on Our website. You shall check the updated list of Network Providers before applying for Cashless Claim.

iii. Pre-authorization is valid for 15 days from date of issuance and if all the details of the Hospitalization/treatment, including dates, Hospital and locations match with the details as per Cashless authorized.

iv. We will make payment for the Cashless authorized amount directly to the Network Provider.

v. If the claim is not notified to Us within the specified time limits, 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

4. Payment of a Claim

i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.

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

iii. If requested by Us, at Our cost, the Insured Person must submit to medical examination by Our Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment and to investigate the circumstances pertaining to the claim.

iv. We and Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim.

SECTION C. GENERAL CONDITIONS

1. Standard General Clauses

I. Free Look period

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

The Insured Person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

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

entitled to

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

ii. where the risk has already commenced and the option of return of the Policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover or

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

II. Condition Precedent to Admission of Liability

The terms and conditions of the Policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the Policy.

III. Multiple Policies (Applicable to Section 1 - Health)

i. In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the Insurer chosen by the Insured Person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.

ii. Insured Person having multiple policies shall also have the right to prefer claims under this Policy for the amounts disallowed under any other policy / policies even if the Sum Insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this Policy.

iii. If the amount to be claimed exceeds the Sum Insured under a single Policy, the Insured Person shall have the right to choose Insurer from whom he/she wants to claim the balance amount.

iv. Where an Insured Person has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen Policy.

IV. Disclosure of Information

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

V. Complete Discharge

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

VI. Moratorium Period

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

VII. Fraud

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

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

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

a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;

b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;

c) any other act fitted to deceive; and

d) any such act or omission as the law specially declares to be fraudulent

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

VIII. Renewal of Policy

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to conditions stated under Moratorium clause.

i. Renewal of a health insurance policy shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy like critical illness policies.

ii. The company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such co-ndonation as a break in policy.

iii. No loading shall apply on renewals based on individual claims experience

iv. The Company shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the Policyholder, the Insurer may underwrite only to the extent of increased sum insured.

v. Renewal premium due can be paid prior to the due date as per norms set out by the Company.

IX. Portability (Applicable to Section 1 – Health)

The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

X. Migration (Applicable to Section 1 – Health)

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 policyatleast30 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.

1. Premium Payment in Instalments

If the Insured Person has opted for Payment of Premium on an installment basis i.e. Yearly, Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

i. Grace Period as mentioned in the table below would be given to pay the installment premium due for the Policy.

Options	Installment Premium Option	Grace Period applicable
Option 1	Yearly	30 days
Option 2	Half Yearly	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 days

i. If premium is paid in instalments then coverage will be available during the grace period also. (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received).

ii. The Insured Person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated Grace Period.

iii. No interest will be charged If the installment premium is not paid on due date.

iv. In case of installment premium due not received within the Grace Period, the Policy will get cancelled.

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

vi. The Company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

Instalment Premium payment through Auto Debit/ECS Facility

i. If Option of Premium payment by Installment is opted through auto Debit/ECS facility, a separate authorization form shall be submitted by Insured Person where Premium to be debited at a chosen frequency will be mentioned upfront

ii. Where there is a change either in the terms and conditions of the Coverage or Policy or in the premium rate, the ECS authorization shall be obtained afresh

iii. The Insured Person has the option to withdraw from the ECS mode at least fifteen days prior to the due date of instalment premium payable

iv. No additional charges will be levied or recovered in any manner from the benefits payable towards cancellation of the ECS mode

2. Possibility of Revision of terms of the Policy including the Premium Rates

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

3. Withdrawal of Policy

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

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

4. Claim Settlement (Provision for Penal Interest) – Applicable to Section 1 - Health

i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.

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

iii. If requested by Us, at Our cost, the Insured Person must submit to medical examination by Our Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment and to investigate the circumstances pertaining to the claim.

iv. We and Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim.

5. Cancellation

i. The Policyholder may cancel this policy by giving 7 days' written notice and in such an event, the Company shall refund to the Insured a pro-rata premium for the unexpired Policy Period. Note : For Policies where premium is paid by instalment : In case of admissible claim under the Policy, future instalment for the current Policy Year will be adjusted in the claim amount and no refund of any premium will be applicable during the Policy Year.

ii. The Company may cancel the Policy at any time on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of established fraud or non-disclosure or misrepresentation

iii. Refund of Policy premium in case of death of Insured Person/s: Policy premium shall be refunded proportionately for the deceased Insured Person, for the unexpired Policy Period in case of death of any Insured Person/s

iv. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where any claim has been admitted or any benefit has been availed by the Insured Person under the Policy.

6. Nomination

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

7. Grievance Redressal Procedure

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

First Point of Contact	Call us at 022 6158 2020 / 022 6234 6234/www.hdfcergo.com
Level 1	For lack of a response or if the response provided does not meet your expectation, you can: 1. Write to The Complaints & Grievance Cell (C&G Cell) HDFC ERGO General Insurance Company Limited, D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra 2. You can also write an email to grievance@hdfcergo.com 3. Call on 18002677444 (operational Monday - Saturday 9AM to 6PM)
Level 2	If you're not satisfied with the resolution or if no response was received within 15 days, you can: 1. Write to the Chief Grievance Officer HDFC ERGO General Insurance Company Limited, D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra 2. You can also write an email to cgo@hdfcergo.com
Level 3	In case grievance is not resolved at the above escalation levels, you can also lodge an online complaint through the website of Council for Insurance Ombudsmen (CIO) www.cioins.co.in

Dedicated Helpline For	Email ID	Contact Number
Senior Citizen	seniorcitizen@hdfcergo.com	022 6158 2026
Women	-	022 6158 2055

You may also refer the Grievance Redressal Escalation matrix on our website https://www.hdfcergo.com/customer-voice/grievances

If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Grievance may also be lodged at IRDAI Integrated Grievance Management System -https://bimabharosa.irdai.gov.in

1. Geography

Section 1- Health

This Policy provides coverage in India, except under the policies with Emergency Worldwide Coverage and Overseas treatment as may be specified in the on the Schedule of Coverage in the Policy Schedule.

Section 2 – Personal Accident

This Policy provides coverage Worldwide, except under the covers specifically mentioning as covered in India only under the terms and conditions.

2. Loadings

I. We may apply loading on the premium, based on the declarations made in the proposal form and the health status, habits and lifestyle, past medical records, and the results of the Pre-Policy medical examination of the persons proposed for insurance.

II. The maximum Medical Underwriting loading shall not exceed 100% for each condition and a total of 150% for each Insured Person

III. Loadings will be applied from Commencement date of the Policy including subsequent Renewal(s) with Us or on increased Sum Insured. We will not apply any additional loading on Your policy premium at Renewal based on claim experience in Your Policy. However, increase or decrease of discount in Medical Underwriting loading is subject to terms mentioned under Section 1.III. 3 – Health Incentives

IV. We will inform You about the proposed loading with time bound exclusion (if any) through a counter offer letter and will issue the Policy only on Your acceptance within 15 days of the receipt of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 7 days.

3. Non-Disclosure or Misrepresentation

i. If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person, is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:

a) cancelled ab initio from the inception date or the Renewal date (as the case may be), or the Policy may be modified by Us at Our sole discretion, upon 15-day notice

by sending an endorsement to Your address shown in the Schedule and

b) the claim under such Policy if any, shall be prejudiced.

ii. We may also exercise any of the below listed options for the purpose of continuing the health insurance coverage in case of Non-Disclosure/Misrepresentation of Pre-existing diseases subject to your prior consent;

a) Permanently exclude the disease/condition and continue with the Policy

b) Incorporate additional waiting period of not exceeding 3 years for the said undisclosed disease or condition from the date the non-disclosed condition was detected and continue with the Policy.

c) Levy underwriting loading from the first year of issuance of policy or renewal, whichever is later.

The above options will not prejudice the rights of the Company to invoke cancellation under clause 3 i above.

4. Grace Period

i. A Grace Period of 30 days is available for Renewal of the Policy. Any Illness, disease or condition contracted during Grace Period will not be covered and will be treated as Pre-existing diseases.

ii. Policies for which Premium is received after the Grace Period shall be issued as a fresh policy.

iii. For Policies on instalment basis, Grace Period is available as given below.

iv. If premium is paid in instalments then coverage will be available during the grace period also. (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received).

Installment Premium Option	**Grace Period applicable**
Yearly	30 days
Half Yearly	30 days
Quarterly	30 days
Monthly	15 days

5. Endorsements

The following endorsements are permissible during the Policy Period:

Non-Financial Endorsements – which do not affect the premium

i. Minor rectification/correction in name of the Proposer / Insured Person (and not the complete name change)

ii. Rectification in gender of the Insured Person

iii. Rectification in relationship of the Insured Person with the Proposer

iv. Rectification of date of birth of the Insured Person (if this does not impact the premium)

v. Change in the correspondence address of the Proposer(if this does not impact the premium)

vi. Change in Nominee Details

vii. Change in Height, weight, marital status (if this does not impact the premium)

viii. Change in bank details

ix. Any other non-financial endorsement

Financial Endorsements – which result in alteration in premium

x. Change in Age/date of birth

xi. Change in Height, weight

xii. Addition of Insured Person (New Born Baby or newly wedded spouse)

xiii. Deletion of Insured Person on death or Marital separation

xiv. Any other financial endorsement

The Policyholder shall apply in a proposal form along with birth Certificate / marriage certificate as the case may be for addition of Insured person.

6. Premium Tier (Applicable to Section 1 only)

For the purpose of policy issuance, the premium will be computed basis the city of residence provided by the Insured Person in the proposal form. Classification of cities would be as under:

- **Tier 1a:** Delhi and NCR region
- **Tier 1b:** Mumbai, Mumbai Suburban and Navi Mumbai, Pune, Surat, Ahmedabad, Vadodara
- **Tier 2:** Rest of India

Conditions:

i. On payment of Tier 1a premiums, Insured Person can avail treatment all over India without any co-payment.

ii. On payment of Tier 1b premium, Insured Person can avail treatment at Tier1b cities and Tier 2 cities without any Co-Payment. However,if Insured Person avails a treatment in Tier 1a cities, 20% Co-Payment shall be applicable on admissible claim amount.

iii. On payment of Tier 2 premium, Insured Person can avail treatment at Tier 2 cities without any Co-Payment. However,if **Insured Person** avails a treatment in Tier 1a or Tier1b cities, 20% Co-Payment shall be applicable on admissible claim amount.

iv. Co-Payment under ii and iii above will not be applied If Insured Person opts for Hospitalization with Room Rent up to Rs. 5,000 per day or on Hospitalization for Medically Necessary treatment following an Accident

7. Disclaimer applicable to HDFC ERGO Mobile App and associated services

It is agreed and understood that Our HDFC ERGO Mobile App and Wellness services

intention is not to provide specific medical advice but rather to provide users with information to better understand their health and their diagnosed disorders. The information is not a substitute for professional medical care by a qualified doctor or other health care professional.

The information provided is general in nature and is not specific to you. You must never rely on any information obtained using this app for any medical diagnosis or recommendation for medical treatment or as an alternative to medical advice from your physician or other professional healthcare provider. If you think you may be suffering from any medical condition you should seek immediate medical attention.

Reliance on any information on this App is solely at your own risk. HDFC EGRO General Insurance Company Limited do not assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations, any decision made or action taken or not taken in reliance upon the information.

8. Any Benefit/Indemnity payable by the Company, if any, in case of Your loss of life is payable as defined in the Policy Schedule by default to the assignee declared by You; indemnity is payable to Your estate. Any payment We make in good faith pursuant to this provision shall fully discharge Us to the extent of the payment.

9. Communication & Notice

Policy and any communication related to the Policy shall be sent to through electronic modes or to the address of the Insured as recorded in the Policy.

SECTION D. OTHER TERMS & CONDITIONS

Contact Us

	Within India	**Outside India**
Claim Intimation:	Service No. 022-62346234 / 0120-62346234 **Email**:healthclaims@hdfcergo.com	**Contact us:** 800 08250825 **Global contact No** : +800 08250825 (accessible from locations outside India only) **Landline no (Chargeable)** : 0120-4507250 **Email:** travelclaims@hdfcergo.com
Claim document submission at address	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh	HDFC ERGO General Insurance Co Ltd 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri East, Mumbai-400059, Ph-022 66383600

Ombudsman Details

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 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, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL **Office of the Insurance Ombudsman,** 1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh.
BHUBANESWAR **Office of the Insurance Ombudsman,** 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha.
CHANDIGARH **Office Of The Insurance Ombudsman,** Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.
CHENNAI **Office of the Insurance Ombudsman,** Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry).

Office Details	Jurisdiction of Office Union Territory, District)
DELHI **Office of the Insurance Ombudsman,** 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
GUWAHATI **Office of the Insurance Ombudsman,** Jeevan Nivesh, 5th Floor, Near Pan Bazar , S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD **Office of the Insurance Ombudsman,** 6-2-46, 1st floor, "Moin Court", Lane Opp.Hyundai Showroom , A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 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.
KOCHI **Office of the Insurance Ombudsman,** 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 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, 7th Floor, 4, C.R. Avenue, Kolkata - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.

Office Details	Jurisdiction of Office Union Territory, District)
LUCKNOW **Office of the Insurance Ombudsman,** 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI **Office of the Insurance Ombudsman,** 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	List of wards under Mumbai Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N, S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.
NOIDA **Office of the Insurance Ombudsman,** Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA **Office of the Insurance Ombudsman,** 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE **Office of the Insurance Ombudsman,** Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region
THANE **Office of the Insurance Ombudsman,** 2nd Floor,Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West)- 400604 Tel.: 022-20812868/69 Email: bimalokpal.thane@cioins.co.in	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T."

Annexure I - List of Non-Medical Expenses

S. No.	Item	S. No.	Item
1	BABY FOOD	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
2	BABY UTILITIES CHARGES	36	SPACER
3	BEAUTY SERVICES	37	SPIROMETRE
4	BELTS/ BRACES	38	NEBULIZER KIT
5	BUDS	39	STEAM INHALER
6	COLD PACK/HOT PACK	40	ARMSLING
7	CARRY BAGS	41	THERMOMETER
8	EMAIL / INTERNET CHARGES	42	CERVICAL COLLAR
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	43	SPLINT
10	LEGGINGS	44	DIABETIC FOOT WEAR
11	LAUNDRY CHARGES	45	KNEE BRACES (LONG/ SHORT/ HINGED)
12	MINERAL WATER	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
13	SANITARY PAD	47	LUMBO SACRAL BELT
14	TELEPHONE CHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
15	GUEST SERVICES	49	AMBULANCE COLLAR
16	CREPE BANDAGE	50	AMBULANCE EQUIPMENT
17	DIAPER OF ANY TYPE	51	ABDOMINAL BINDER
18	EYELET COLLAR	52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
19	SLINGS	53	SUGAR FREE TABLETS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	55	ECG ELECTRODES
22	TELEVISION CHARGES	56	GLOVES
23	SURCHARGES	57	NEBULISATION KIT
24	ATTENDANT CHARGES	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	59	KIDNEY TRAY
26	BIRTH CERTIFICATE	60	MASK
27	CERTIFICATE CHARGES	61	OUNCE GLASS
28	COURIER CHARGES	62	OXYGEN MASK
29	CONVEYANCE CHARGES	63	PELVIC TRACTION BELT
30	MEDICAL CERTIFICATE	64	PAN CAN
31	MEDICAL RECORDS	65	TROLLY COVER
32	PHOTOCOPIES CHARGES	66	UROMETER, URINE JUG
33	MORTUARY CHARGES	67	AMBULANCE
34	WALKING AIDS CHARGES	68	VASOFIX SAFETY

HDFC ERGO Cyber Sachet Insurance

Policy Wordings

HDFC ERGO General Insurance Company Limited
Policy Wordings

HDFC ERGO CYBER SACHET INSURANCE

CONTENTS

This Policy is effective when the accompanying Policy Schedule/Certificate is signed by an authorized representative of HDFC ERGO General Insurance Company Limited.

Policy wording, Policy Schedule/Certificate and any **Endorsements** thereto shall be considered one document and any word or expression to which a specific meaning has been attached in any of them shall bear such meaning throughout unless specified otherwise.

Words and phrases that appear in bold letters have, for the purpose of this Policy, a special meaning which can be read in the Definitions section.

INSURING CLAUSE

In consideration of payment of the premium and receipt thereof by **Us** and in reliance upon the information provided in the proposal form and including any statements made by the **Policyholder** on behalf of **You** to **Us**, **We** hereby agree, subject to the terms, conditions and exclusions herein contained or endorsed or otherwise expressed hereon, to indemnify **You** to the extent and in the manner specified herein, against any loss/ damage due to operation of any of the **Insured Event** as opted by **You** and listed in the Policy Schedule/Certificate. Provided that **Our** liability in respect of any **Insured Event** shall in no case exceed the **Sum Insured** specified against the cover opted in the Policy Schedule/Certificate and where **You** have opted **Sum Insured** on Floater basis, our liability in respect of any single or multiple **Insured Event** shall not exceed the Floater **Sum Insured** specified in the Policy Schedule/Certificate during the Period of Insurance.

Operation of Cover:

Any **Insured Event** must be first discovered by **You** during the **Policy Period** and reported to **Us** during the **Policy Period** and up to 72 hours after the termination of the **Policy Period**.

Any **third party claim** must first be made against **You** during the **Policy Period** and reported to **Us** during the **Policy Period** not later than 72 hours after the termination of the **Policy Period**.

Insured events arising from the same cause of action will be deemed to be one **Insured Event**, up to the **Sum Insured** as prescribed in the Policy Schedule/Certificate. This shall apply to **Insured Events** discovered during the **Policy Period** and reported to **Us** during the **Policy Period** and up to 72 hours after the termination of the **Policy Period**.

A. INSURED EVENTS

Section 1: Theft of Funds:

Unauthorized Digital Transactions

We will indemnify **You** for direct and pure financial loss sustained by **You**:

a. as a result of **theft of funds** due to an unauthorized digital access to your **financial instrument** by a **third party** wholly or partially through **your personal device** or **smart home device** by digital or electronic means and / or

b. as a consequence of **You** being a victim of **phishing** or **email spoofing**

c. as a result **lost wages** due to time taken off from work, solely for the purpose of meeting with relevant organizations and/or authorities, post occurrence of an **Insured Event**

d. legal cost for prosecution of a criminal case against the **third party** for committing the **theft of funds** or the **phishing** or **email spoofing** against **You**

e. as a result of a penalty imposed by a bank or a credit organization, solely as a result of **theft of funds**, for:

i. not maintaining the minimum balance in an account

ii. missing an Equated Monthly Instalment (EMI) payment on a loan.

Provided that:

i. Our liability is limited to the financial loss arising from **financial instrument** issued by the **financial entity** mentioned in your policy schedule/certificate of insurance.

ii. **You** report to the **financial entity** which has issued the **financial instrument** immediately on discovery of event but not later than 72 hours and lodge a complaint to Police detailing theft of such funds

iii. **You** provide evidence that the **financial** entity which has issued the **financial instrument** is not reimbursing **You** for the **theft of funds,** in case **Your** claim amount exceeds a sum of INR 10,000, and

iv. Use of **Your financial Instrument** for International transaction are not covered unless specifically mentioned in the Policy Schedule

v. **You** provide a confirmation from **Your** employer that the **lost wages** are not to be repaid, in case **Your** claim amount exceeds a sum of INR 10,000 / -

vi. **You** report to **Us** immediately on discovery of event but not later than 72 hours.

Unauthorized Physical Transactions

We will indemnify **You** for direct and pure financial loss sustained by **You** as a result of:

a. Unauthorized transactions through the physical use of **Your Credit/Debit Cards** at a merchant outlet/POS terminal

b. Wrongful withdrawal of money/cash from ATM using **Your** credit card, debit card, cash card issued by any financial institution authorized under Central Government, State Government or RBI

c. Hold-up, robbery, theft, or burglary while the money/ cash is in transit from ATM/Bank provided the destination is within the city limits and the transit is completed within a period of 2 hours from the time of cash withdrawal from the ATM/Bank

d. Usage of forged signatures and physical documents attributing the same to **You**

e. **Lost wages** attributable solely to an **Insured Event**

f. Reissuance charges of a credit card, debit card, cash card blocked due to an **Insured Event** under this Policy

g. **Legal cost** for prosecution of a criminal case against the **third party** for committing the **Theft of funds** against **You.**

Provided that:

i. Our liability is limited to the financial loss arising from **financial instrument** issued by the **financial entity** mentioned in your policy schedule/certificate of insurance.

ii. **You** report to the financial entity immediately on discovery of event but not later than 72 hours and lodge a complaint to Police detailing theft of such funds

iii. **You** provide a confirmation from **Your** employer that the **lost wages** are not to be repaid, in case **Your** claim amount exceeds a sum of INR 10,000 / -

iv. **You** report to **Us** immediately on discovery of event but not later than 72 hours.

Section 2: Identity Theft

We will indemnify **You:**

a. for any direct and pure financial losses including **lost wages** resulting from an **identity theft**

b. for the reasonable and necessary costs incurred by **You** for credit monitoring services and identity monitoring

c. for any reasonable and necessary costs incurred by **You** for prosecution of a criminal case against a third party for committing **identity theft** against **You**

d. all reasonable fees, costs and expenses of **psychological assistance and treatment** resulting from an **identity theft**.'

Provided that:

i. **You** have reported to **Us** and the local police within 72 hours after discovery of the **identity theft**

ii. **You** can provide a confirmation from **Your** employer that the **lost wages** are not to be repaid.

Section 3: Data Restoration / Malware Decontamination

We shall reimburse **You** for any reasonable and necessary costs incurred by the involvement of an **IT expert** after a cyber-incident to restore **Your data** backup or to decontaminate or clean **Your personal devices** from **malware**, to the closest possible condition in which they were immediately before the **cyber incident**.

Provided that:

You report to **Us** immediately on discovery of event but not later than 72 hours.

What **We** will not cover:

1. Loss or damage resulting from **malware** of disputable websites, such as pornographic websites

2. Loss or damage resulting from accessing application or website that are banned for usage as per notification of any government authority.

Section 4: Replacement of Hardware

We shall reimburse **You** for any reasonable costs to replace **Your personal devices** if an **IT expert** involved by **Us** has determined that the replacement of the entire or parts of the **personal devices** will be more efficient and economical than to restore **Your data** or to decontaminate or clean the **personal devices** after the occurrence of a **cyber-incident**.

The replacement devices shall have to be of similar quality, kind and functionality as the **personal devices** that needs to be replaced.

Provided that:

You report to **Us** immediately on occurrence of **Cyber Incident** but not later than 72 hours.

Section 5: Cyber Bullying, Cyber Stalking and Loss of Reputation

1. **We** will indemnify **You** for any reasonable and necessary costs incurred by **You** for civil proceedings against a third party for committing **cyber bullying** or **cyber stalking** against **You**

2. In case of an evident and significant **loss of reputation** caused by **cyber bullying** or **cyber stalking**, **We** will indemnify **You** for any reasonable and necessary costs and expenses for an **expert** to manage and restore **Your** reputation by removal or rectification of compromising or defamation material or similar such content from the digital platforms.

   We will indemnify **You** for all direct reasonable increased education fees, expenses on books and uniform for a necessary relocation of educational institution due to a significant and ongoing **cyber bullying** or **cyber stalking**, provided that the relocation was recommended by an **expert** or relevant authorities.

3. **We** will indemnify **You** for all reasonable fees, costs and expenses of **psychological assistance and treatment** resulting from **cyber bullying** or **cyber stalking.**

Provided that:

You report to **Us** immediately on discovery of event but not later than 72 hours.

Section 6: Cyber Extortion

We will reimburse **You** for any reasonable and necessary costs to resolve **Cyber Extortion** including reasonable and necessary **legal costs** as well as any **ransom You** pay (where legally permissible and subject to our prior written consent) maximum up to the amount of the sub limit set forth under **Cyber Extortion** on the Policy Schedule/ Certificate.

Provided that:

You shall notify **Us**, the police or other responsible law enforcement authorities immediately on receipt of any **Extortion Threat** but not later than 72 hours.

Section 7: Online Shopping

We will reimburse **You** for **Your** direct and pure financial loss due to transactions on the internet via payment card or **digital wallet** that **You** have been dishonestly induced to enter by a **third party** by electronic means to make a purchase of goods or services which are not delivered or rendered, provided that:

i. the fraud event is reported by **You** to **Us**, **Your** card **issuer** or bank or other relevant entity within 48 hours of discovery by **You**; and

ii. **Your** card, wallet issuing entity or bank or online e-commerce sites refuses in writing to reimburse **You** for transactions made by **You** as a result of the fraud.

Section 8: Online Sales

We will reimburse **You** for **Your** direct and pure financial loss resulting from **You** selling goods **non-commercially** online to a dishonest or fraudulent **third party** buyer, where **You** have lost physical control of the goods but in return never have received due payment for such goods.

Provided that:

1. **You** can show that **You** have made reasonable attempts to seek payment or recover the delivered goods from the **third party** buyer or other relevant parties to indemnify **You** for **Your** financial loss

2. **You** report to **Us** and the local police immediately on discovery of such loss but not later than 72 hours.

Section 9: Social Media and Media Liability

We will pay any sum for which **You** are legally liable including **legal cost** arising from a **third party claim** for any unintentional:

i. defamation,

ii. breach of copyright, title, slogan, trademark, trade name, service mark, service name or domain name, or

iii. breach or interference of privacy rights resulting from **Your online media activities** including activities in social media.

What we will not cover:

i. Any liability arising out of any political, gender, caste, racist and religious statements.

Provided that,

You immediately inform **Us** on receipt of any such notice that may lead to a **third party claim.**

Section 10: Network Security Liability

We will pay **You**, any sum for which **You** are legally liable including **legal cost** arising from a **third party claim** for a **cyber-incident** on **Your personal devices** that **You** failed to prevent and which has caused damage, alteration, destruction or theft of **data** or a **DoS attack** on **third parties'** computer systems.

Provided that,

You immediately inform **Us** on receipt of any such notice that may lead to a **third party claim.**

Section 11: Privacy Breach and Data Breach Liability

We will pay **You**, any sum for which **You** are legally liable including **legal cost** arising from a **third party claim** for any unintentional **data breach** relating to **confidential information** or **personal data** of a **third party**.

Provided that,

You immediately inform **Us** on receipt of any such notice that may lead to a **third party claim.**

Section 12: Privacy Breach and Data Breach by Third Party

We will reimburse **legal costs** incurred by **You** for claims for damages filed by **You** against a **third party** for **data breach** relating to **Your confidential information** or **personal data**, provided the **third party** has communicated in writing to **You** or has acknowledged publicly by electronic or print media the occurrence of a **data breach** of **Your confidential information** or **personal data**.

Provided that,

You immediately inform **Us** before initiating any legal process of any **data breach** relating to **Your confidential information** or **personal data**.

Section 13: Smart Home Cover

We will reimburse **You** for any reasonable and necessary costs incurred by the involvement of an **IT expert** after a **cyber-incident** to decontaminate and restore **Your** smart home systems and devices, to the closest possible condition in which they were immediately before the **cyber incident.**

Provided that,

You immediately inform **Us** of any such cyber incidence that may require decontamination and restoration of **Your** home system and devices.

Section 14: Liability arising due to Underage Dependent Children

We will pay **You** any sums for which **You** are legally liable including **legal cost** arising from a **third party claim** for:

i. a **cyber incident** resulting from online activities on **Your personal devices** by an underage person (i.e. an age below 18 years) who is a **family member** that **You** failed to prevent and which has caused damage, alteration, destruction or theft of **data** or a **DoS attack** on **third parties' devices**

ii. for any unintentional:

   a. breach of copyright, title, slogan, trademark, trade name, service mark, service name or domain name, or

   b. breach or interference of privacy rights, resulting from **online media activities** - including media activities in social media - of an underage person (i.e. an age below 18 years) who is a **family member**.

Section 15: Social Media Account – Daily cash allowance

We will indemnify per day benefit as specified in the Policy Schedule for loss sustained by **You** as a result of Your social media account/s being **inaccessible to You** due to unauthorized access gained by **third party** to **Your Social Media account** for a period not exceeding 30 days subject to a time deductible of 3 days

Provided that:

1) Duration of Inaccessibility of Social Media Account/s should be in excess of 3 days

2) **You** report to **Us** immediately on discovery of event but not later than 48 hours

3) **Social Media Platforms** confirmation on inaccessibility of Yours Social Media account ;

What We will not cover:

1. Suspension or deactivation of Yours **Social media account** or **Social Media Platform** by **Social Media Platform** or through order or circular of Government or administrative authority or judicial or quasi-judicial body
2. Losses arising due to legal cases or police investigations, or Third party liability.
3. Your failure to co-operate or comply with the obligation/ requirement or access as required by Social Media Platform or government authority to establish eligibility of Your claim of account inaccessibility
4. Loss arising out of inaccessibility of Your Social Media Account due to malfunction or damage to software or the electronic devices.
5. Unauthorized access to **Your Social Media account** during a period when you can simultaneously access **Your Social Media account**.
6. Any liability arising out of the content of Your Social Media Account,
7. Any cost or expenses related with or arising out of repair, removal, replacement, or de-contamination of any electronic devices or software.

B. POLICY DEFINITIONS

Any word or expression found in the Policy and Policy Schedule/certificate have these meanings, unless otherwise defined.

SL No.	TERM	MEANING
1.	**Credit/Debit Card**	**Your** physical **Credit/Debit Card**, **Credit/Debit Card** details or **Credit/Debit Card** numbers that are issued by banks operating in India.
2.	**Confidential Information**	any form of sensitive information not publicly available, whether or not marked as 'confidential'.
3.	**Cyber Bullying**	any acts of: a. harassment (including foster personal interaction repeatedly despite a clear indication of disinterest) b. intimidation c. illegitimate invasion of privacy (including monitoring the use of the internet, email or any other form of electronic communication) or d. threats of violencec.
4.	**Cyber Extortion**	any credible and unlawful threat or series of threats by a **third party** extortionist against **You** with the intention to cause harm or damage to **Your personal devices** or **Your data** on **Your personal devices** in order to extract an extortion **ransom** from **You** by use of coercion.
5.	**Cyber Incident**	any **malicious act** or **malware** occurring on **Your personal devices.**
6.	**Cyber Stalking**	the repeated use of electronic communications to harass or frighten someone.
7.	**Data**	any digital information, irrespective of the way it is used, stored or displayed (such as text, figures, images, video, recordings or **software**).
8.	**Data Breach**	a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorized disclosure of or access to, **personal data** or **confidential information** transmitted, stored or otherwise processed on **Your personal devices**.
9.	**Deductible**	each **deductible** as stated in the Policy Schedule/Certificate, being the amount which **You** must incur before this **Policy** responds.
10.	**Digital Wallet**	any online account in which **You** deposit or earn money which is denominated in a specific currency that can be spent in a (online) store.
11.	**DoS attack**	any **malicious act** causing total or partial disruption or unavailability of **personal devices** by an overloading stream of requests, including distributed denial-of-service attacks.
12.	**Endorsement**	An authorized amendment to this Policy.

SL No.	TERM	MEANING
13.	**Email Spoofing**	any forgery or wrongful manipulation of an email so that the receiver of such a message is misled to believe that the email is real and therefore trusts the faked origin of the massage.
14.	**Expert**	any person or legal entity appointed by or in consultation with **Us** and/or the **incident response provider** (such as an IT, lawyer or public relations consultant).
15.	**Family**	**You**, **Your** spouse, **Your** children, siblings, parents or parents-in-law, residing in the same household, maximum up to 4 in number.
16.	**Family floater**	coverage available as per the Policy schedule/Certificate is applicable to **family** members.
17.	**Financial entity**	Financial institution or technology company or any other similar entity mentioned in the policy schedule/certificate of insurance that owns the **Financial instrument** method/s covered in this policy.
18.	**Financial Instrument**	Include bank account through net banking, Mobile app banking, SMS, banking through WhatsApp debit card, credit card, prepaid card , **digital wallets** or UPI or similar other mode of financial transaction.
19.	**Hardware**	the physical components of any **personal devices** used to store, record, transmit, process, read, amend or control **data**.
20.	**Identity Theft**	the theft of **personal data** over the internet, which has resulted or could reasonably result in the wrongful use of such **personal data**.
21.	**Insured**	the named **Insured** as set forth in the Policy Schedule/Certificate.
22.	**Insured Event**	any **theft of funds**, **cyber incident** affecting **Your personal devices** and **Your** smart home, **identity theft**, **cyber bullying**, **cyber stalking**, **cyber extortion**, financial loss due to online sale or online shopping and third-party claim.
23.	Your Social Media account	a unique identification number or identifier assigned by the Social Media platform to an account visible to Third Party.
24.	Social Media platform	Any internet-based platform through which You create or share content that is accessible to the public for generating revenue, including but not limited to Facebook, Instagram, Snapchat, Twitter, You tube.
25.	**Legal Costs**	any costs, expenses and/or fees for **experts**, investigations, court appearances, surveys, examination and/or procedures that are necessary for **Your** civil, administrative and/or criminal proceedings. This does not include **Your** general expenses (such as salaries, transportation costs and overheads).
26.	**Limits of Liability**	as stated in the relevant section under the Policy Schedule/Certificate.
27.	**Loss of Reputation**	any adverse effect on **Your** reputation due to a publication on the internet by a **third party**.
28.	**Lost Wages**	any salary that was lost or not paid by **Your** employer, solely as a result of any **Insured Event**. Computation of lost wages for self-employed persons must be supported by, and will be based on, prior year tax returns.
29.	**Malicious act**	any unauthorized or illegal acts of a **third party** intending to cause harm to or to gain access to, or disclose **data** from **personal devices** through the use of any **personal devices**, computer system or computer network including the internet.
30.	**Malware**	any unauthorized or illegal **software** or code (such as viruses, spyware, computer worms, trojan horses, rootkits, ransomware, keyloggers, dialers and rogue security **software**) designed to cause harm to or to gain access to or disrupt **personal devices** or computer networks.
31.	**Non-Commercially**	Private sales, not through an owned web-shop and goods sold non-commercially and are not sold in bulk amounts.

SL No.	TERM	MEANING
32.	**Online media activities**	any text, images, videos or sound distributed via **Your** website, social media presence or e-mail.
33.	**Period of Insurance**	The period of cover as stated in the Policy Schedule/Certificate.
34.	**Personal Data/ Information**	any information relating to a **data** subject who can be identified, directly or indirectly, in relation to other information (such as a name, an identification number, location **data**, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person) as defined by applicable **data** protection laws.
35.	**Personal Devices**	any devices (computers, laptops, tablets, mobile phones, etc.) used by **the Insured** for the purpose of creating, accessing, processing, protecting, monitoring, storing, retrieving, displaying or transmitting **Data.**
36.	**Phishing**	the attempt to obtain sensitive information such as usernames, passwords, and credit card details (and sometimes, indirectly, money), often for malicious reasons, by masquerading as a trustworthy entity in an electronic communication (including vishing, pharming and smishing). Smishing and Vishing with the same purpose as of the definition of **Phishing** shall be covered.
37.	**Policyholder/Proposer**	The name stated in the Policy Schedule/Certificate.
38.	**Psychological assistance and treatment**	the involvement of an accredited psychiatrist, psychologist or counsellor chosen by **You** at **Your** own discretion with the prior written consent of **Us**, not to be unreasonably withheld or delayed, to treat **You** for stress, anxiety or such similar medical conditions.
39.	**Ransom**	any money (in INR) or other digital currency accepted under the law in India demanded by a **third party** in the course of a **cyber extortion.**
40.	**Software**	any digital standard, customized or individual developed program, or application held or run by a **personal device** that comprises a set of instructions that are capable, when incorporated in a machine readable medium, of causing a machine with information processing capabilities to indicate, perform or achieve a particular function, task or result.
41.	**Sum Insured**	means **Our** maximum liability that **We** shall pay during the **Period of Insurance** . It is as per following basis as opted by **Insured** and mentioned in the Policy Schedule/ Certificate: · Per Section Basis: the amount shown against each section · Floater Basis: the amount shown against Floater Sum Insured which is applicable to all sections
42.	**Theft of Funds**	any unauthorized electronic/physical transfer of money, assets or any other funds.
43.	**Third Party**	any person or legal entity other than the **Insured** as stated in the Policy Schedule/ Certificate and his **family** members.
44.	**Third Party Claim**	any written demand or assertion for compensation or damages by a **third party** against **You.**
45.	**We/Us/Our/Insurer**	HDFC ERGO General Insurance Company Limited
46.	**You/Your/Yourself/Insured**	an Individual/ Entity who is named in the Policy Schedule/Certificate.
47.	**Your personal devices**	All **devices** owned, leased or licensed by **You.**
48.	**WAR**	armed conflict involving physical force (i) by a sovereign state against another sovereign state, or (ii) as part of a civil war, rebellion, revolution, insurrection, military action or usurpation of power.
49.	**Cyber Operation**	the use of a computer system by, at the direction of, or under the control of a sovereign state to (i) disrupt, deny access to or, degrade functionality of a computer system, and/or (ii) copy, remove, manipulate deny access to or, destroy information in a computer system.

C. GENERAL EXCLUSIONS (APPLICABLE TO ALL SECTIONS)

We will not cover any claim by **You** under this policy arising directly or indirectly from the following:

1. **Any Event** or circumstances which were known to **You** prior to inception of this policy that could reasonably lead to an **Insured Event** under this **Policy.**
2. Your business activities unless specifically covered and mentioned in your policy schedule/certificate of insurance.
3. Any action or omission of **You** or any misbehavior of **You** which is intentional, malicious, dishonest, deliberate or reckless.
4. Any action or omission in **Your** capacity as an employee.
5. Loss of or damage to tangible property and any consequential losses resulting therefrom, including the loss of use of tangible property.
6. Investment or trading losses including without limitation any inability to sell, transfer or otherwise dispose of securities.
7. Bodily injury, psychological harm (save that this exclusion shall not apply to anxiety or mental stress as set forth in **Section 2 – Identity Theft** and **Section 5 – Cyber Bullying, Cyber Stalking and Loss of Reputation**), trauma, illness or death.
8. Misappropriation, theft, infringement or disclosure of any intellectual property (such as patents, trademarks, copyrights). This exclusion shall not apply to **Section 9 – Social Media and Media Liability**. However, theft, infringement, misuse or abuse of patents will always remain excluded.
9. **Third party claims** made by **Your family** members, any person residing with **You**, made from **Your** account or any joint account holder with **You.**
10. Any Contractual liability.
11. Any costs of betterment of **Your personal devices** beyond the state existing prior to the **Insured Event**, unless unavoidable.
12. Loss, misplacement, destruction, modification, unavailability, inaccessibility of and/or delay in trading with cryptocurrencies, consisting of coins (e.g. Bitcoin, Ethereum, Ripple, IOTA), tokens (e.g. EOS, Nem, Tether) or public and/or private keys being used in conjunction with the aforementioned.
13. Gambling online and or otherwise.
14. Any Director and Officer Liability or any professional liability.
15. Any loss sustained by **You** by accessing any restricted or websites banned by the relevant authority over internet.
16. Any loss sustained due to incident of **data compromise or data breach** at platform provider / financial entity.
17. Losses sustained by **You** resulting directly or indirectly from any fraudulent or dishonest acts committed by **Your** employee or **family**, acting alone or in collusion with others.
18. Losses due to the failure, outage/disturbance of infrastructure (e.g. electricity, gas, water, internet service, satellite, cable, telecommunications, or other utility services).
19. failure, interruption, degradation or outage of infrastructure (e.g. any communication equipment, air conditioning, power supply installations, standalone generators, frequency inverter units, transformers and any other facilities that are used to maintain the functioning of electronic facilities that support computer systems and **data**) or related services of the following third party providers that are not under your control: telecommunication (including the internet), internet service (including internet service providers responsible for the provision of services, hardware and technical equipment for accessing and use/operation of the internet; domain name system service providers; other internet and external network service providers responsible for internet exchanges; network providers; and cable network, satellite and radio communication network operators), satellite, cable, electricity, gas or water providers.
20. War, Cyber War and Cyber Operation Exclusion

    war or **cyber operation** (whether **war** be declared or not). Discharge of a nuclear weapon will be deemed to arise from **war** even if accidental.

    Notwithstanding our burden of proof, which shall remain unchanged by this exclusion clause, for determining attribution of a **cyber operation** to a sovereign state, **you** and **we** will consider any available, objectively reasonable evidence. This may include formal or official attribution by the government of the sovereign state in which the computer systems affected by the **cyber operation** are physically located to another sovereign state or those acting at its direction or under its control.

D. ENDORSEMENT (applicable if Unauthorized Physical Transactions cover is not opted)

1. **Deletion of Unauthorized Physical Transactions Coverage** - It is understood and agreed that as per request of the **Insured**, coverage under Section 1 related to Unauthorized Physical Transactions stands deleted and hence not covered under the scope of the policy. Subject otherwise to the terms, conditions, limitations and exceptions of the Policy.

E. GENERAL CONDITIONS (APPLICABLE TO ALL SECTIONS)

You must comply with the following conditions to have the full protection of **Your** Policy. It is a condition precedent to **Our** liability that **You** or any one claiming indemnity or benefit complies with the terms and conditions of this Policy.

1. **Representation and Warranty**

   In issuing this policy **We** have relied upon **Your** statements, representations and information as being true and accurate. If **Your** statements, representations

or information contain misrepresentations which were made with the actual intent to deceive and which materially affect **Our** acceptance of the risk or the hazard assumed, **We** shall not be liable for a loss or claim based upon, arising from, or in consequence of, any such misrepresentation.

2. Changes in Your circumstances

You must notify **Us** as soon as possible in writing of any change in **Your** circumstances which may affect this insurance cover. **We** will advise **You** if there is any additional premium payable by **You**.

3. Taking Reasonable Precautions

You must take due care and reasonable precautions to safeguard **Your Personal Information**, details of **Your Bank Accounts** and/or **Credit/Debit Card**s and internet communications. **You** should also take all practical measures to minimize claims. Such measures include but are not limited to not sharing sensitive account information, regular **data** backup, logins, PIN/TAN and **Personal Information** with Third Parties, securing physical access to devices, only installing legal **software** from trusted sources such as manufacturer app-stores and maintaining an updated and secure state of their **software** and operating systems as recommended by the manufacturer. **You** have to keep **Yourself** informed of further recommendations and alerts made from time to time by **Us**, **Your** Bank, Social Networks, other service providers or **software** manufacturers, as well as relevant authorities such as the police, CERT-IN and RBI.

We are only obliged to indemnify **You** in accordance with this **Policy** if **You**:

a. make sure **Your personal devices** are used and maintained as recommended by the manufacturer or supplier, and

b. prevent and mitigate loss or damages covered under this **Policy**. This includes:

   i. Providing, maintaining and updating appropriate system, device and **data** security (e.g. anti-malware solutions), and

   ii. Maintaining and updating at appropriate intervals backups of **Your data.**

4. Fraud

You must not act in a fraudulent manner. If **You**, or anyone acting on **Your** behalf:

a. Make a claim under the Policy knowing the claim to be false or fraudulently inflated

b. Cause any loss or damage by **Your** willful act or with **Your** knowledge

c. Send **Us** a document to support a claim knowing the document to be forged or false in anyway, or

d. Make a statement to support a claim knowing the statement to be false in anyway.

We will not pay the claim and cover under the Policy will be forfeited and would render the policy void at **Our** sole discretion and which would result in denial of insurance benefits under this Policy. **We** also reserve the right to recover from **You** the amount of any claim **We** have already paid under the Policy.

5. Cancellation

The Insured can cancel the policy at any time during the policy term, by informing the Company.

The Company can cancel the policy only on the grounds of established fraud, by giving minimum notice of 7 days to the Insured.

The Company shall refund proportion premium for unexpired policy period subject to no claim(s) made during the policy period.

6. CONTRIBUTION

If at the time of happening of any loss or damage covered by this policy there shall be existing any other insurance of any nature whatsoever covering the same risk as is covered under this policy, whether effected by the Insured or not, then the Company shall not be liable to pay or contribute more than its rateable proportion of any loss or damage.

Multiple policies involving Bank or other lending or financing entity –

In case there is more than one insurance policy issued to the customer covering the same risk, the Company will not apply contribution clause. Underinsurance will be applied on an overall basis taking into consideration the sum insured under all policies and comparing it with value at risk.

7. Subrogation

If any payment is made under this **policy**, **We** will be subrogated to the extent of such payment up to all **Your** rights of recovery from any **third party**. **You** must do all that is necessary to secure and must not prejudice such rights. Any monies recovered will be applied first to any costs and expenses made to obtain the recovery, second to any payments made by **Us**, and third to any other payments made by **You**.

8. Claims

In the event of a claim, and post reporting a claim upon discovery of an occurrence of an **Insured Event, You** must give written notice to **Us** along with duly filled claim form at the address set forth in the Policy Schedule/Certificate with full details thereof, within 7days after such claim is first made. Such notice shall be effective on the date of receipt by **Us** at such address.

a. It is **Your** duty to defend Claims and arrange for legal representation, hearing, investigation and **experts**. **We** shall have the right to effectively associate with **You** in respect of conduct and management of the Claim to which Policy may apply, and may, at **Our** option, elect to assume conduct of **Your** defense and /or investigation of any such claim.

b. The payment of claims is dependent on **You** providing all necessary information. Upon

learning of any circumstances likely to give rise to a claim, **You** must provide all relevant documents including receipts, bills and other records in support of **Your** claim.

c. **You** must make no admission or settlement and must not enter into any correspondence or exchange of communications about the claim without **Our** prior written authorization.

d. All claims are paid in Indian Rupee. If **You** suffer a loss which is in a foreign currency, the amount will be converted into Indian Rupee at cash rate of exchange published in the currency conversion website, of Reserve Bank of India or, if it has ceased to be current, a currency conversion website selected by **Us,** on the date of the loss.

e. On receipt of all required information/documents that can be considered relevant and necessary for the claim, **We** shall, within a period of 30 days offer a settlement of the claim to **You**. If, for any reasons to be recorded in writing and communicated to **You**, **We** decide to reject a claim under the policy, it shall be within a period of 30 days from the receipt of all required information/documents that are relevant and necessary for the claim.

All benefits are only payable when approved by **Us.**

In the event of a claim, and to report a claim upon discovery of an occurrence of an **Insured Event, You** must give **Us** such information and co-operation as it may reasonably require including but not limited to:

(a) Submission of fully completed and signed claim form

(b) Copy of FIR lodged with Police Authorities / Cyber cell

(c) Copies of legal notice received from any affected person/entity

(d) Copies of summon received from any court in respect of a suit filed by an affected party/entity

(e) Copies of invoices for expenses **You** incurred for the services of IT specialist

(f) Copies of invoices for expenses **You** incurred in amending / rectifying **Your Personal Information**

(g) Evidence of **Your** consultation with **Psychologist / Psychiatrist**

(h) Evidence of unpaid wages

(i) Copy of **Your** last drawn monthly salary

(j) Evidence of expenses incurred by **You** in rectifying records regarding **Your** identity

(k) Copies of correspondence with bank evidencing that bank is not reimbursing **You**

(l) **Any other document required during the processing of claim**

(m) KYC documents for claim settlement

9. Indian Contract Act 1872

A person or any defin who is not a party to this Policy shall have no rights under the Contracts (Rights of Third Parties) Act 2001 or any similar act, common law or any provision of law in any other jurisdiction to enforce any of its terms.

10. Premium Payment

It is hereby agreed that, as a condition precedent to any liability under this Policy, any premium due must be paid and actually realised by **Us** in full. In the event of non-realisation of the premium, the Policy shall be treated as void-ab-initio.

11. Clerical Error

A clerical error by **Us** shall not invalidate the insurance cover otherwise validly in force, nor continue the insurance cover otherwise not validly in force.

12. Governing Law

This Policy shall be governed by the laws of India.

13. Assignment

No assignment of interest under this Policy shall be binding upon **Us**. **We** do not assume any responsibility for the validity of an assignment.

14. Sanctions/Embargoes

We shall not be deemed to provide cover and provide any benefit hereunder to the extent that the provision of such cover, payment of such loss or claim or provision of such benefit would expose **Us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, law or regulations of the European Union, United States of America and/or any other applicable national economic or trade sanction law or regulations.

15. Territorial scope

Where payment is to be made under this policy and subject to all terms and conditions of this policy, this policy shall apply to any Loss incurred or claims made in India, unless otherwise stated in the Policy Schedule/Certificate.

16. Jurisdiction

This Policy is subject to the exclusive jurisdiction of the Courts of India.

17. The Proposal Form

In issuing this policy, **We** have relied on the statements and particulars in the proposal form which shall form the basis of this policy and are considered as being incorporated therein. **You** shall not conceal or misrepresent or wrongfully declare any material fact or circumstance when making any representation.

18. No Third party Rights

Notwithstanding what is stated in any Law, this policy is not intended to confer any rights or benefits on and or enforceable by any **Third Party** other than **You** and accordingly no **Third Party** shall acquire any rights in relation to or under this policy nor can enforce any benefits or claim under term of this contract against **You**.

19. Policy Renewal

We shall be under no obligation to renew the policy on expiry of the period for which premium has been paid. **We** reserves the right to offer revised rates, terms and conditions at renewal based on claim experience and a fresh assessment of the risk. This policy may be renewed only by mutual consent and subject to payment in advance of the total premium at the rate in force at the time of renewal. **We,** however, shall not be bound to give notice that the policy is due for renewal or to accept any renewal premium. Unless renewed as herein provided, this policy shall automatically terminate at the expiry of the **Period of Insurance.**

Grievance Redressal Procedure:

If you have a grievance that you wish us to redress, you may contact us with the details of your grievance through:

- Call Centre - 0120-6234 6234 / 022-6234 6234
- Emails – grievance@hdfcergo.com
- Contact Details for Senior Citizens: 022 6242 6226 | Email ID : seniorcitizen@hdfcergo.com
- Designated Grievance Officer in each branch
- Company Website – www.hdfcergo.com
- Courier : Any of our Branch office or corporate office

You may also approach the Complaint & Grievance (C&G) Redressal Cell at any of our branches with the details of your grievance during our working hours from Monday to Friday.

If you are not satisfied with our redressal of your grievance through one of the above methods, you may contact our Head of Customer Service at:

The Complaint & Grievance Redressal Cell ,

HDFC ERGO General Insurance Company Limited

D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg,

Bhandup (West) Mumbai-400078,

In case you are not satisfied with the response / resolution given / offered by the C&G cell, then you can write to the Chief Grievance Officer of the Company at the following address:

To the Chief Grievance Officer

HDFC ERGO General Insurance Company Limited

D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg,

Bhandup (West) Mumbai-400078,

e-mail: cgo@hdfcergo.com

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

You may also approach the nearest Insurance Ombudsman for resolution of **Your** grievance. The contact details of Ombudsman offices are mentioned below if **Your** grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the policy
- Delay in settlement of claim
- Dispute with regard to premium
- Non-receipt of **Your** insurance document

You may also refer **Our** website www.hdfcergo.com" https://www.hdfcergo.com/customer-voice/grievances for detailed grievance redressal procedure.

Names of Ombudsman and Addresses of Ombudsmen Centers

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 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, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, 1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in	State of Punjab, Haryana (excluding 4 districts vizGurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu &Kashmir, Ladakh and Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Fax: 044 - 24333664 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 - 23237539 Email: bimalokpal.delhi@cioins.co.in	Delhi, 4 districts of Haryana vizGurugram, Faridabad, Sonepat and Bahadurgarh)

OFFICE DETAILS	JURISDICTION OF OFFICE (UNION TERRITORY, DISTRICT)
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	State of Andhra Pradesh, Telangana and Yanam – a 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 /2740798 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
KOCH Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash,LIC Building, Opp to Maharaja's College Ground,M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 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 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	States of West Bengal, Sikkim and Union Territories of Andaman & Nicobar Islands
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.

OFFICE DETAILS	JURISDICTION OF OFFICE (UNION TERRITORY, DISTRICT)
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P - 201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor,C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Home Shield Insurance

Policy Wordings

HDFC ERGO General Insurance Company Limited
Policy Wordings

Home Shield Insurance

Whereas the Insured named in the Schedule hereto (hereinafter called the "Insured"), has made a Proposal to HDFC ERGO General Insurance Company Limited (hereinafter called "the Company"), which shall be the basis of this contract and is deemed to be incorporated herein for the insurance hereinafter contained and has paid the premium as consideration for such Insurance.

Scope of cover

The Company hereby agrees subject to the Terms, Conditions and Exclusions herein contained or endorsed or otherwise expressed herein, that, if during the policy period stated in the Schedule, the "Building and/or Contents and Jewellery & Valuables, Works of Art, Curios and Paintings, Portable Electronic Equipments if specifically Insured " belonging to the Insured as described in the Schedule be lost, destroyed or damaged by any fortuitous cause other than those specifically excluded, the Company will pay the Insured, the amount of compensation as is reasonably and necessarily incurred thereof, by or on behalf of such insured, but not exceeding the sum insured as mentioned in the Schedule hereto, to the extent and the manner hereinafter provided.

Definitions

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

1. "Accident and Accidental" means a sudden, unforeseen, and unexpected physical event beyond the control of the Insured caused by external, visible and violent means.
2. "Market Value" means the cost of replacement less any depreciation, which would be determined by considering the condition immediately before the loss or damage, the resale value and the normal life expectancy.
3. ""Building" shall mean a flat or an apartment which is legally constructed and is owned and used by the Insured for residential purposes and is located in a multi storied Building and is built of brick, stone or concrete, roofed with incombustible material (unless otherwise stated in the Schedule), which is not of Kutcha Construction, including any domestic garages and outbuildings, swimming pools, terraces, patios, drives, footpath, gates, and any other permanent fixtures and fittings situated as stated in the Schedule but excluding plinth & foundations and is not more than 40 years old for agreed value and 30 years old in other cases.

   A Building may also mean an Independent Building owned and used by the Insured for residential purpose which is legally constructed and is built of brick, stone or concrete, roofed with incombustible material (unless otherwise stated in the Schedule), which is not of Kutcha Construction, including any domestic garages and outbuildings, swimming pools, terraces, patios, drives, footpath, gates, and any other permanent fixtures and fittings situated as stated in the Schedule but excluding plinth and is not more 30 years old.

   Provided that the "Building" shall posses a valid Occupancy Certificate/Building Completion Certificate issued by the competent Government authority and all the other legal documents which establishes the title of the Insured with respect to the Building insured and the use thereof by the Insured.
4. "Business or Business Purposes" means any full or part time, permanent or temporary, activity undertaken in the dwelling with a view to profit or gain
5. "Burglary" means an act involving the unauthorized entry to or exit from the Insured's Home or an attempt, threat by unexpected, forcible, visible and violent means, with the intent to commit an act of Theft.
6. Contents shall include:

   Furniture, Fixtures, Fittings, Cupboards Including Inbuilt Cupboards, Electrical Fittings, Sanitary Fittings ,Electrical and Electronic Appliances, Crockery, Cutlery, Steel Utensils, Clothing & Personal Effects, Drapery, Pedal Cycles , other Household Articles not older than 10 years whilst stored or lying in the Insured's "Building" but excludes Portable Equipments, Jewellery and Valuables, Works of Art, Paintings, Curios, Bonds, Cheques, Documents, Cash and Currency Notes and Coins, Credit and Debit Cards.
7. "Co-operative Housing Society" means a society registered under legislation or an Act of the Central, State or the local Government or body, or an association of people by whatever name called, **hereinafter called** the "Society".
8. "Damage" means actual and/or physical damage to tangible property;
9. "Excess": The amount stated in the Schedule, which shall be borne first by the Insured in respect of each and every claim made under this Policy.
10. "Home and/or Dwelling and/or Premises" means insured's private residence as stated in the Schedule, which is used or occupied mainly for domestic purposes by the insured and/or insured's family and/or insured's domestic staff whether owned by the insured or insured's family or otherwise.
11. Kutcha Construction: means "Buildings" having walls and/ or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt cloth/ canvas/ tarpaulin and the like and are treated as "Kutcha" construction.

12. Jewellery and Valuables means articles of personal adornment containing made of Gold or Silver or any Precious Metals including Diamonds or articles made from any Precious Metals, Bullions, stamp, coin or medal collections, sculptures and watches
13. "Period of Insurance or Policy Period" means the period of time stated in the Schedule for which the policy is valid and operative.
14. "Policy" means insured's proposal, the schedule, Company's covering letter to the insured, insuring clauses, definitions, exclusions, conditions and other terms contained herein and any endorsement attaching to or forming part hereof, either at inception or during the period of insurance.
15. "Proposal" means the application form that the Insured signs for this insurance and which contains information provided by the Insured regarding the risk or which is given to the Company on behalf of the Insured and which shall form part of the Policy.
16. "Public Authority" means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, exact obedience, and command, determine or judge.
17. "Replacement/Reinstatement Cost" means the cost, on the date of the loss or damage, of the lower of: 1) repairing the property with materials of similar kind and quality; or 2) replacing the property with new articles of similar kind, quality and usefulness; without any deduction for depreciation.
18. "Resident Employee"/"Domestic staff" means a person employed by the insured to perform duties in connection with the maintenance or use of the insured premises. This includes persons who perform household or domestic services or duties of a similar nature for the insured. A Resident Employee/Domestic staff does not include persons while performing duties in connection with the insured's business.
19. "Schedule" means the schedule issued by the Company, and any annexure, attached to and forming part of this Policy.
20. "Sum insured or SI" means the monetary amount shown against each item under the Schedule at inception of the policy.
21. "Eligible Sum Insured" means the increased/ reduced Sum Insured at the time of loss after applying escalation, if any.
22. Terrorism: An act of terrorism means an act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), or unlawful associations, recognized under Unlawful Activities (Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes
23. "Theft" means the misappropriation of contents by any person with the intention of illegally and permanently depriving the insured and/or insured's family of such contents and does not include larceny, pilferage and the like.
24. "Total Loss" is where the Insured Building is so destroyed or so damaged by any fortuitous cause except for causes that are specifically excluded in the Policy, so as to render the Building completely uninhabitable. It shall mean the cost of replacement, repair, reinstatement, renewal, or refurbishment of any item which is equal to or exceeds the value of the lost or damaged item immediately before the occurrence of the loss or Damage, subject to the eligible Sum Insured
25. "Works of Art" means and includes all those items which are listed under this head in the Schedule and excludes easily breakable items like porcelain, pottery and the like.

General Exclusions

1. This Policy does not cover the excess of Rs. 5000/- for each and every claim irrespective of claim amount
2. Any consequential loss or loss, destruction or Damage caused by war, invasion, act of foreign enemy hostilities or war like operations (whether war be declared or not), civil war, mutiny, civil commotion assuming the proportions of or amounting to a popular rising, military rising, rebellion, revolution, insurrection, or military or usurped power or seizure, capture, arrests, restraints and detainments of all kings, princess and people of whatever nation, condition or quality what so ever;.
3. Any consequential loss or loss, destruction or Damage directly or indirectly caused to the property insured by a) ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel b) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof
4. Any consequential loss or loss, destruction or Damage caused to the insured property by pollution or contamination excluding a) pollution or contamination which itself results from a peril hereby insured against. b) any peril hereby insured against which itself results from pollution or contamination
5. Expenses necessarily incurred on (i) Architects, Surveyors and Consulting Engineer's Fees and (ii) Debris Removal by the Insured following a loss, destruction or Damage to the property insured by an insured peril in excess of 3% and 1% of the claim amount respectively.
6. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or Damage of any kind or description whatsoever
7. Loss or Damage or collapse of "Building" due to structural defects, latent defects, poor maintenance, defective workmanship, termites, natural ageing or any other gradually operating cause.
8. Loss or Damage to Contents due to defective workmanship, material or design, latent defect, wear and tear, depreciation, moth, vermin, termites, Fungi, insects or mildew, process of cleaning, dyeing or

bleaching, restoring, repairing, retouching or renovation, inherent vice, warping or shrinkage, the action of light or atmospheric conditions, natural ageing or any other gradually operating cause.

9. Loss or Damage due to manufacturing defects in Electrical, Mechanical and Electronic Items for which the manufacturer is responsible.
10. Loss of or Damage to the Property Insured under this Policy falling under the terms of the maintenance agreement.
11. Loss or Damage due to improper handling, dismantling, fitting adjustment, repair alteration or modification not approved by the makers/manufacturers and/or the agents of makers/manufacturers or use of such property contrary to the directives of the makers/manufacturers and/or his agents.
12. Loss, destruction or Damage due to breakage, cracking or scratching of Crockery, Glass, Cameras, Binoculars, Lenses, Musical Instruments, Sports Gear and similar articles of brittle or fragile nature, unless caused by fire or accidental external means.
13. Loss, destruction or Damage arising from or occasioned by overloading or Strain, Overrunning Excessive Pressure, or test requiring imposition of abnormal conditions in case of Electrical, Mechanical and Electronic Items.
14. Loss or Damage to Money, Securities, Manuscript, Deeds, Bonds, Bills of Exchange, Promissory Notes, Stock or Share Certificate, Stamp and Travel Ticket or Traveler cheques, Business Books or Documents, Plans, Designs, Blueprints, Credit/ Debit/ ATM cards , Club Membership Cards
15. Any Portable Equipments unless specifically covered by separate add-on cover
16. Loss of insured property from a safe inside insured "Building" / "Premises", following the use of the key or any duplicate thereof or access code to the safe belonging to the Insured, unless this has been obtained by threat or by violence
17. Loss or Damage liable to be repaired or made good by a third party under any contract of agreement
18. Loss, destruction of or Damage to articles of Consumable Nature
19. Loss, destruction or damage directly occasioned by pressure wave caused by aircraft and other aerial devices travelling at sonic or supersonic speed
20. Loss Damage or consequential loss directly or indirectly caused by, consisting of, or arising from:
    - 20.1. Any functioning or malfunctioning of the internet or similar facility or of any intranet or private network or similar facility,
    - 20.2. Any corruption, destruction, distortion, erasure or other loss or damage to data, software or any kind of programming or instruction set.
    - 20.3. Loss of use or functionality whether partial or entire of data, coding, program, software, any computer or computer system or other device dependent upon any microchip or embedded logic, and any ensuing liability.
21. Loss or Damage or attempted burglary or theft caused by or arising out of willful act or willful gross negligence of the insured and/or an employee or Domestic staff of the insured.
22. Mysterious disappearance and Unexplained Losses
23. Any loss or Damage to the insured property or to the general public and/ or legal liability arising out of immoral or unethical use of insured property
24. Damage to property not belonging to or held in trust by or in the custody or control of the Insured
25. Any loss or Damage to, or on account of loss of, livestock, motor vehicles, pedal cycles (unless covered by add on for Pedal Cycles)
26. Loss or Damage howsoever caused to Electronic and Electrical Equipments, Domestic Appliances older than 10 Years
27. Loss, destruction or Damage to the Contents or items in Refrigerator/Fridge or similar type of Cold Storage caused by change of temperature.
28. Permanent or temporary dispossession resulting from confiscation, commandeering, requisition or destruction by order of the Government or any lawfully constituted Authority
29. Any loss, Damage, Accident, occurring before the cover commences under the Policy.
30. Loss or Damage by Theft after the occurrence of any insured peril
31. Loss or Damage to Property insured if removed from any Building or place other than in which it is herein stated to be insured, except machinery and equipment temporarily removed for repairs, cleaning, renovation or other similar purposes for a period not exceeding 60 days.

Special Conditions

1. This insurance shall apply subject to the condition that the PREMISES occupied by the insured whether as an owner or a tenant, forms part of a Building not being "Kutcha" Construction.
2. In the event of any change in the sanctioned area of the insured property or any circumstances which changes such area or if any notice or requisition is received by the Insured which affects or impacts the area of the insured property, the Insured shall give immediate notice to the Insurer of such change, circumstance, notice or requisition and the Insurer in such event reserves the right whether to continue with the coverage offered hereby or to cancel this insurance.
3. All insurances under this policy shall cease on expiry of seven days from the date of fall or displacement of any "Building" or part thereof or of the whole or any part of any range of "Buildings" or of any Structure of which such "Building" forms part.
4. Mid-Term increase of Sum Insured- The premium shall be calculated on Pro-rata basis on the amount by which the SI is increased. Mid-Term reduction in Sum Insured is not allowed.

5. Terrorism Cover shall be subject to terms and conditions of Terrorism damage insuring clause forming part of the Policy Document.

6. There is a provision of Automatic Reinstatement of Sum Insured for contents after settlement of a particular claim without an additional premium.

7. If the Company at its option, reinstate or replace the property damaged or destroyed, or any part thereof, instead of paying the amount of the loss or Damage, or join with any other Company or Insurer(s) in so doing, the Company shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner, and in no case shall the Company be bound to expend more in reinstatement than it would have cost to reinstate such property as it was at the time of the occurrence of such loss or damage nor more than the sum insured by the Company thereon. If the Company so elects to reinstate or replace any property the insured shall at his own expense furnish the Company with such plans, specifications, measurements, quantities and such other particulars as the Company may require, and no acts done, or caused to be done, by the Company with a view to reinstatement or replacement shall be deemed an election by the Company to reinstate or replace.

   If in any case the Company shall be unable to reinstate or repair the property hereby insured, because of any municipal or other regulations in force affecting the alignment of streets or the construction of buildings or otherwise, the Company shall, in every such case, only be liable to pay such sum as would be requisite to reinstate or repair such property if the same could lawfully be reinstated to its former condition.

8. In event of loss of or Damage to the property or any components thereon necessitating the supply of components not obtainable from the stocks held in this country or in the event of the Company exercising the option to pay in cash the amount of the loss or Damage, the Company's liability in respect of any such component shall be limited to:

   a) The price quoted in the latest catalogue or price list issued by makers or their agents in this country, Or

   b) If no such catalogue or price list exists, the price list obtained at the makers works PLUS the reasonable cost of transport otherwise than by air to this country and the amount of the relative import duty PLUS the reasonable cost of fitting such parts.

9. Under any of the following circumstances the insurance ceases to attach as regards the Property insured unless the Insured, before the occurrence of any loss or Damage, obtains the sanction of the Company signified by endorsement upon the Policy by or on behalf of the Company:-

   9.1. If the nature of the occupation of or other circumstances affecting the Building insured or containing the insured property be changed in such a way as to increase the risk of loss or Damage by Insured Perils.

   9.2. If the interest in the property passes from the Insured otherwise than by will or operation of law.

10. The Insured and any claimant under this Policy shall at the expense of the Company do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which the Company shall be or would become entitled or subrogated upon the Company paying for or making good any loss or damage under this Policy whether such acts and things shall be or become necessary or required before or after the Insured's indemnification by the Company.

11. The Condition of Average will not be applicable where the insured has opted for policy on Agreed Value Basis for Flat/Apartment. However, Condition of Average will be applicable where the Insured has opted the property on Reinstatement Value Basis or on Indemnity Basis as per the Average Clause mentioned below:

    "If the value of the Insured Property shall at the time of loss be collectively of greater value than the Sum Insured thereon then the Insured shall be considered his own insurer of the difference and shall bear a rateable proportion of the loss or damage. Every item, if more than one, shall be separately subject to this Condition."

12. The Condition of Average is waived off for "Contents" (except for Jewellery and Valuables) which shall be on Sum Insured basis and there would not be any specific declaration from the insured with regard to the Value at Risk of the respective "Contents" to be insured.

    It is further declared and agreed that in the event of a Total Loss the company's liability shall be limited to the Sum insured stated in the schedule and the insured shall be considered as being his own insurer, for the difference in case the loss amount exceeds the Sum insured.

13. For Jewellery and valuables, Antique, Curios, Works of art and paintings item wise sum insured shall be required.

14. This individual policy may be issued upto a maximum 5 years for independent Building/ Flat/Apartment and/ or for Contents including Jewellery, portable electronics, Painting, Curios and work of Art if opted specifically at one go and suitable discounting as provided below may be allowed for the increased tenure.

Policy Period (in Yrs)	Discounts in Premium
2	3%
3	6%
4	9%
5	12%

Basis of Sum Insured:

1) Sum Insured for Flat/Apartment on Agreed Value Basis:

It shall be the value arrived at by multiplying the Total Square Feet Area of the Flat/Apartment as mentioned in the Registered Sale Deed/ Purchase Agreement by the value per Square Feet mentioned in the Ready Reckoner for Property Tax and Stamp Duty purpose issued by the

Revenue Department of the State Government for the locality in which the Flat/Apartment is situated as on the date of the proposal or the rate mentioned the registered sale deed/agreement or the amount mentioned in the Valuation Report of a Government Approved Valuer as accepted by the insurer whichever is higher.

2) Sum Insured for Flat/Apartment/Building on Reinstatement Basis

It shall be the Reconstruction Value for the "Building" of the same kind or type but not superior to or more extensive than the insured "Building" when new as determined by the reconstruction cost, excluding the cost of the land. The reconstruction cost shall be multiplication of the below two parameters;

A. Area of the "Flat/Apartment/Building" (Square Feet) indicated in the Registered Sale Deed/ Purchase Agreement.

B. Present Day Cost of Construction in Area/ Locality where the insured property is situated as per the data available with the Local Government Authority.

Sum Insured = A X B

The afore stated is subject to the Memorandum applicable to Reinstatement Value Policies

3) Sum Insured for Flat/Apartment/Building on Indemnity Basis:

It shall be the Reconstruction Value for the "Building" of the same kind or type but not superior to or more extensive than the insured "Building" when new as determined by the reconstruction cost, excluding the cost of the land less depreciation. The reconstruction cost shall be multiplication of the below two parameters less depreciation

A. Area of the "Building" (Square Feet) indicated in the Registered Sale Deed Agreement

B. Present Day cost of construction in Area/ Locality where the insured property is situated as per the data available with the Local Government Authority.

Sum Insured = A X B X (1- Depreciation at the Rate of 2.5 % per annum X Age of the Flat/Apartment/Building).

4) Sum Insured for Contents (Excluding Valuables and Jewellery and curios, works of art and paintings) :

a) Option I- New for Old/ Replacement Value basis:

Sum Insured shall be equal to the cost of replacement of the insured property by new property of the same kind and same capacity without any allowance for wear and tear and or depreciation.

b) Option II- Indemnity Basis:

Sum Insured shall be equal to the cost of replacement of the insured property by new property of the same kind and same capacity by deducting proper depreciation from the replacement value of the item.

The SI Limit for contents shall be up to 10% of building sum insured where building sum insured is opted on agreed value basis and up to 50% of building sum insured where building sum insured is opted on reinstatement or indemnity basis, subject to the loss limit of Rs. 10 lakhs. In cases of contents only policies the sum insured limit shall remain upto Rs. 10 Lakhs.

Extension: For Contents Sum Insured higher than the above limits can be taken at an additional premium, for which the item wise list with their market value has to be declared by the insured at the inception of the policy. This option if chosen shall be subject to the below clause of condition of average for entire sum insured for contents;

If the value of the contents hereby insured exceeds the Sum Insured thereon by more than 15% at the commencement of any loss, destruction or Damage to such property by any of the perils insured against by the policy, then the insured shall be considered as being his own insurer for the excess and shall bear a rateable proportion of the loss accordingly. Every item, if more than one, shall be separately subject to this condition.

5) Sum Insured for Valuables and Jewellery:

Sum Insured for Valuables and Jewellery shall be 20% of Contents Sum Insured.

Extension: The Company shall cover Valuables and Jewellery within India. However by paying additional premium, Valuables and Jewellery coverage can be extended worldwide.

6) Sum Insured for curios, works of art and paintings:

The Sum Insured shall be on Agreed Value Basis, based on Valuation Report of the Valuer approved by the Company.

Special warranty: This cover is subject to only when items are stored or kept at the insured premises.

Escalation Options for Building:

This option if chosen shall allow an automatic regular increase in the Sum Insured throughout the Period of the Policy in return for an additional premium to be paid in advance. The terms and conditions for this extension shall be as follows.

i. The selected percentage increase shall not exceed 25% of the base Sum Insured opted by the insured at the time of inception of the policy

ii. The increased percentage shall be calculated on the base Sum Insured.

iii. The Sum(s) Insured shall, during the period of insurance, be increased each day by an amount representing 1/365th of the specified percentage increase during the period of insurance.

iv. The additional premium, payable in advance, will be at 50% of the full rate, to be charged on the selected percentage increase.

v. The Sum Insured at any point of time would be assessed after application of the Escalation Clause.

vi. The automatic increase operates from the date of inception up to the date of operation of any of the Insured Perils

Claim Settlement Process:

In case of an event occurring resulting in a claim under this policy, the Insured and/or his legal representatives shall,

- send an immediate notice to the Company of the said event and the nature of the loss through fax/email/

registered postwithin a period of seven days from the date of its occurrence. The Insured may call on the number stated hereunder for this purpose:

Contact us at - 120 6234 6234/ 022 6234 6234 within a period of 15 days forward to the Company all the relevant documents in evidence of the event and in support to the claim, unless otherwise agreed to by the Company; wherever, details pertaining to any incident which results in a claim, are conveyed by the insured to the Company after a reasonable period, the insured shall provide the reasons of such delay to the Company and the Company may on analysis of reasons provided by insured, condone the delay in intimation of claim or delay in providing the required information/documents to the Company.

- extend all assistance and cooperation to the Surveyor appointed by the Company for the purpose of survey and assessment of the loss;
- In case the event or circumstance to be notified, involves any form of legal process, the Insured must in addition to the above;
    - Immediately send to the Company every written notice or information of any verbal notice of a claim and
    - Immediately send to the Company any writ, summons, or other legal process issued or commenced against the Insured, and
    - Permit the Company to take over the control and conduct of the defense, pursuit and settlement of any claim and provide the Company or its representatives with such cooperation and assistance as may be required for that purpose, and
    - Provide the Company with the names and addresses of any known persons injured and any available witnesses.
    - Provide the Company at his cost, with any legal documents and other documents which will help the Company defend any Insured persons and
    - Assist and cooperate with the Company in the conduct of the defense by helping the Company
        - To make settlement
        - To enforce any right of contribution or indemnity against any person or organization who may be liable to an Insured person
        - To attend hearing and trials
        - To secure and give evidence and obtain the attendance of witnesses.
- not do anything or tamper the affected property which would in any way enhance the extent of the loss or further diminish the value of the affected property;
- not commit for payment of any expenses or liability or otherwise assume any contractual obligation to third parties without first obtaining the written consent of the Company.
- In case of Total loss to the Building the insured shall within 6 months of the occurrence of the loss to the Building or such other time that the Company may allow in writing, intimate to the Company his intention to either reconstruct, reinstate or abandon the damaged Building. In case of Total loss and where the Insured chooses to abandon the damaged Building in favor of the Company and where such a Building is owned by a Co-operative Society or a Building Association, the Insured shall execute in favor of the Company a Deed of Relinquishment whereby the Insured would relinquish in favor of the Company all its rights with respect to the Insured property in consideration of the Company paying to the Insured the claim and for this purpose provide to the Company the following documents:
    a. An no encumbrance certificate of the insured property which is up to date;
    b. No Objection Certificate stating that the such a Society or Association does not object to the subrogation and vesting with the Company, the rights transferred by the insured in the favour of the Company ;
    c. An up to date no- dues certificate issued by such Society or Association;
    d. A Power of Attorney executed by the Insured in favor of the Company stating that on the happening of an event which would give rise to a claim under the Policy and on the insured choosing to abandon the insured property in favour of the Company and upon the Company paying to the insured the claim under the said Policy, the Company would be subrogated to all rights that the Insured has with respect to the insured property;

    Provided that the Company shall be entitled to deduct from the claim amount all the expenses such as registration fee, stamp duty or other incidental expenses incurred or to be incurred by the Company for the purpose of the executing the afore stated Deed of Relinquishment and the registration thereof.

Claims Documents

a. Claim Form of the Company duly completed and signed by the insured and/or insured's legal representative.
b. In cases where the Insured is the owner occupant of a Flat/ Apartment, the Insured shall produce to the Company one or more of the following documents as may be demanded by the Company for coverage of Building on Agreed Value basis.
    i. Approved plan of construction/extension & license for construction which is sanctioned by statutory authority
    ii. The Building Completion Certificate and the Occupancy certificate or letter of Possession from the builder
    iii. Sales Deed, Title Deeds; or any other like document that establishes the title of the insured with respect to the insured property
    iv. The receipts of the payments made to the builder of the property
    v. In cases where the Building insured is a redeveloped Building, the Development Agreement;
    vi. The latest property tax / electricity bill, if issued in the name of the insured by the appropriate municipal authorities;

c. Independent evidence of the event occurring, nature and extent of the loss and all the documents to substantiate the amount sought from the Company, such as

i. First Information Report

ii. Investigation Report by the Police

iii. Fire Brigade Report

iv. Bills and invoices, valuation reports etc required to support and substantiate the claim amount

v. Estimate of the repairers

vi. Invoice of the suppliers for replacement

vii. Final Bill of repairers

viii. Court Summons / legal notices, if any

ix. Proof of rent in dwelling and dwelling taken up as alternative accommodation

x. Rent Agreement

xi. KYC documents

xii. Bank account details of the claimant for electronic settlement and Cancelled Cheque

xiii. In case of Total loss a certificate from the appropriate municipal authority/ or an Architect that declares and certifies the insured Building as uninhabitable

Any other document as may be necessary and appropriately applicable for the claims preferred under the different sections of the policy.

Basis of assessment of claims:

1. Total Loss of Flat/Apartment where sum insured is on agreed value basis:

In the event of Total Loss, the Insured may at his option and with the prior written approval of the Company, Reconstruct or Reinstate the damaged Flat/Apartment (and not any premises/ structure/ infrastructure/ support/ access/ supporting walls/ appurtenant thereto or annexed therewith) subject to the following Special Provisions and subject also to the terms and conditions of the policy except in so far as the same may be varied hereby:

i. The work of replacement or reinstatement of the Flat / Apartment (Which may be carried out upon another site and in any manner suitable to the requirements of the insured subject to the liability of the Company not being thereby increased) with the prior approval of the Company must be commenced and carried out with reasonable dispatch and in any case must be completed within 24 months after the destruction or Damage or within such further time as the Company may in writing allow, otherwise no payment beyond the amount which would have been payable under the Policy shall be made.

ii. Until expenditure has been incurred by the Insured in replacing or reinstating the insured property destroyed or damaged the Company shall not be liable for any payment.

iii. The Company's Liability shall be limited to the Actual Cost of Reconstruction or Reinstatement of the damaged Flat /Apartment of the same kind or type but not superior to or more extensive than the insured Flat / Apartment when new on the Date of Loss

b. If the Insured opts to retain the damaged Flat / Apartment but does not intend to Reinstate or Reconstruct , the basis of settlement shall be the Cost of Reconstruction of the said Flat/Apartment of the same kind or type but not superior to or more extensive than the insured Flat / Apartment when new as on Date of the Loss.

c. The Insured may opt not to exercise his right to Reconstruct or Reinstate the damaged Flat/Apartment or retain the damaged Flat / Apartment and instead may opt to abandon the Flat/Apartment to the Insurer including vesting in the Insurer all rights of the Insured appurtenant thereto including the right to Reconstruct the same, in which case the amount payable shall be the Eligible Sum Insured.

2. Total Loss of Flat/ Apartment/ Independent Building where Sum Insured is on reinstatement value basis:

In the event of Total Loss, the basis upon which the amount payable is to be calculated shall be cost of Replacing or Reinstating on the same site or any other site with property of the same kind or type but not superior to or more extensive than the insured property when new as on Date of the Loss, subject to the following Special Provisions and subject also to the terms and conditions of the policy except in so far as the same may be varied hereby and subject to the Company's liability not exceeding the Sum Insured mentioned in the Schedule:

a. The work of Replacement or Reinstatement (Which may be carried out upon another site and in any manner suitable to the requirements of the insured subject to the liability of the Company not being thereby increased) must be commenced and carried out with reasonable dispatch and in any case must be completed within 12 months after the destruction or damage or within such further time as the Company may in writing allow, otherwise no payment beyond the amount which would have been payable under the Policy if this memorandum had not been incorporated therein shall be made

b. Until expenditure has been incurred by the Insured in Replacing or Reinstating the property destroyed or damaged the Company shall not be liable for any payment in excess of the amount which would have been payable under the Policy if this memorandum had not been incorporated therein.

c. If at the time of Replacement or Reinstatement the sum representing the cost which would have been incurred in Replacement or Reinstatement if the whole of the property covered had been destroyed, exceeds the eligible Sum Insured thereon or at the commencement of any destruction or Damage to such property by any of the perils insured against by the policy, then the insured shall be considered as being his own insurer for the excess and shall bear a rateable proportion of the loss accordingly. Each item of the Policy (if more than one) to which this memorandum applies shall be separately subject to the foregoing provision:

i. If the Insured fails to intimate to the Company within

6 months from the day of destruction or Damage or such further time as the Company may in writing allow his intention to replace or reinstate the property destroyed or damaged or

ii. The Insured is unable to unwilling to replace or reinstate the property destroyed or damaged on the same or another site in which case:

The basis of settlement shall be the cost of construction of property of the same kind or type but not superior to or more extensive than the insured property when new as on date of the loss, less depreciation at the rate of 2.5% per year or part thereof depending upon the age of the "Building" but not exceeding the eligible Sum Insured stated in the Schedule.

3. Total loss of Flat/ Apartment/ Building where Sum Insured is on Indemnity basis:

The cost of construction on the Date of Loss on the same site of the "Building" of the same kind or type but not superior to or more extensive than the insured property when new as on the Date of Loss less depreciation at the rate of 2.5 % per year or part there of depending on the Age of the "Building" but not exceeding the eligible Sum Insured stated in the schedule.

4. Partial Loss of Flat/ Apartment where Sum Insured is on Agreed Value basis:

The Company shall indemnify the Insured the Actual Cost of Repairs provided the repairs are carried within 12 months from the date of loss or Damage or within such further time as the Company may in writing allow provided also that the Company's Liability shall in no case exceed the Eligible Sum Insured

5. Partial Loss of Flat/ Apartment/ Building where Sum Insured is on Reinstatement Value basis: The Company shall indemnify the Insured the Actual Cost of repairs provided the repairs are carried within 12 months from the date of loss or Damage or within such further time as the Company may in writing allow provided also that the Company's liability shall in no case exceed the Eligible Sum Insured and subject to the provisions of Reinstatement Value Clause.

6. Partial Loss of Flat/ Apartment/ Building where Sum Insured is on Indemnity basis:

The Company shall indemnify the Insured the Actual Cost of Repairs provided the repairs are carried within 12 months from the date of loss or Damage or within such further time as the Company may in writing allow, less depreciation at the rate of 2.5% per year or part thereof depending on the age of the "Building" provided also the company's liability shall in no case exceed the Eligible Sum Insured.

7. Total/Partial Loss of Contents where Sum Insured is on Replacement (New for Old) basis:

In the event of a loss the Company shall indemnify the Insured for Replacement Value of the insured items by a new property of the same kind and same capacity without any allowance for wear and tear and for depreciation.

8. Total/Partial Loss of Contents where sum insured is on Indemnity basis:

In the event of a loss the Company shall indemnify the Insured for the Replacement Value of the insured items as new at the time of damage less due allowance for Betterment, wear and tear and or depreciation or the value which can be realized from the market for such insured item immediately before occurrence of damage whichever is lower.

Age of Item	% of Depreciation
Up to 6 months	10%
Up to 1 Year	20%
Up to 2 Year	40%
Up to 3 Year	50%
Up to 4 Year	60%
Up to 5 year	70%
Above 5 Years	75%

9. Total/Partial Loss of antique, curios, works of art, and paintings on agreed value basis:

a. In case of a partial loss or Damage, the Company will indemnify the Insured in respect of the expenses necessarily incurred to restore the Antique, Curios, Works of Art, and Paintings to its state immediately prior to the happening of the insured event subject to the Company's Liability not exceeding the Sum Insured for the item stated in the Schedule.

b. In case of Total Loss the Company shall indemnify the Insured the Agreed Value as mentioned in the policy schedule.

10. Total/Partial Loss of Valuables and Jewellery:

a. In the case of Total Loss of "Jewellery and Valuables", the Company shall indemnify the Insured for the Market Value of the Item as on Date of loss subject to the Company's Liability not exceeding the Sum Insured stated in the Schedule.

b. In case of Partial Loss where loss or damage can reasonably be Repaired or Reinstated at a Cost less than the Replacement Cost then, the Company will indemnify the Insured in respect of the expenses necessarily incurred to restore the "Jewellery and Valuables" to its state immediately prior to the happening of the insured event subject to the Company's Liability not exceeding the Sum Insured for the item stated in the Schedule.

Option of Higher Excess for Building on Agreed Value Basis:

The insured can select an option of higher excess up to 25% of building sum insured in agreed value cases for which he will get discount of upto 25% on the building base premium. This higher excess shall be applicable in each and every claim on building in

agreed value cases. The insured has an option to waive this option mid-term at an additional premium on pro-rata period for balance period.

General Conditions:

1. Reasonable Care: The Insured shall take all ordinary and reasonable precautions for the safety of the property insured and maintain it in efficient condition. The insured shall exercise reasonable care in employing Domestic Staff or other Employees or contractors to work in the property insured. The company shall have at all times free and full access to examine the insured property or any part thereof. In event of any accident or breakdown the insured property shall not be left unattended without proper precautions being taken to prevent further damage or loss and the insured property be used before necessary repairs are effected any extension of the damage or any further damage to the insured property shall be entirely at the insured's own risk.
2. Entire Contract: This Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the Policy.
6. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation Notices: Every notice, communication or intimation required or contemplated under this Policy to be given by the person covered under the Policy or anyone on his behalf in respect of any claim or matter arising under or out of this Policy shall be in writing and addressed to the Company's office through which this insurance is effected or the Company's corporate office currently located at;

   HDFC ERGO General Insurance Company Limited
   6th Floor, Leela Business Park,
   Andheri- Kurla Road, Andheri East, Mumbai - 400 059.
   Fax: 91 22 66383699
   Contact - 120 6234 6234/ 022 6234 6234

   Unless otherwise directed by the Company in writing no such notice, communication or intimation shall be valid unless it contains full particulars of the policy, persons covered under the Policy and other details as may be necessary.
7. If the claim be in any respect fraudulent, or if any false declaration be made or used in support thereof or if any fraudulent means or devices are used by the Insured or any one acting on his behalf to obtain any benefit under the policy or if the loss or damage be occasioned by the willful act, or with the connivance of the Insured, all benefits under this policy shall be forfeited.
8. Renewal: The Company shall be under no obligation to renew the policy on expiry of the period for which premium has been paid. The Company reserves the right to offer revised rates, terms and conditions at renewal based on claim experience and a fresh assessment of the risk. This policy may be renewed only by mutual consent and subject to payment in advance of the total premium at the rate in force at the time of renewal. The Company, however, shall not be bound to give notice that the policy is due for renewal or to accept any renewal premium. Unless renewed as herein provided, this policy shall automatically terminate at the expiry of the period for which premium has already been paid.
9. The Company while granting this Policy to the Inured has relied on the representations made by the Insured in the Proposal form stating that the Insured is the legal owner occupant of the Building insured and that the he has obtained / is in possession of all the necessary approvals granted by the appropriate government authorities with respect to the Building insured and that he is in possession of all the documents and approvals which establish the title of the Insured to the Building and the Building is legally constructed. The representations so made by the Insured in the Proposal form, form the basis of the this Policy and any mis-representations or mis- descriptions of such representations shall render the Policy void ab initio. Further, the Insured shall at the time of making the claim under this Policy be required to furnish to the Company all the documents which support the afore mentioned representations.
10. THIS POLICY shall be voidable in the event of mis-representation, mis-description or nondisclosure of any material particular.
11. If at the time of any loss or damage happening to any property hereby insured there be any other subsisting insurance or insurances, whether effected by the Insured or by any other person or persons covering the same property, this Company shall not be liable to pay or contribute more than its rateable proportion of such loss or damage.

    Multiple policies involving Bank or other lending or financing entity -

    In case there is more than one insurance policy issued to the customer/ policyholder covering the same risk, the Company will not apply contribution clause.

    Underinsurance will be applied on an overall basis taking into consideration the sum insured under all policies and comparing it with value at risk.
12. Subrogation: The Insured and any claimant under this Policy shall at the expense of the Company do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which the Company shall be or would become entitled or subrogated upon the Company paying for or making good any loss or damage under this Policy whether such acts and things shall be or become necessary or required before or after the Insured's indemnification by the Company.
13. No Assignment of the Policy: The Company shall not be bound by any assignment of this Insurance without prior consent..
14. Termination of Policy: The Policy terminates on the happening of any of following events whichever is earlier –

a. cancellation by the Insured or the Insurer or;

b. expiry of the Period of Insurance as per provisions mentioned under 'Period of Insurance' in the Policy

Section 41 of Insurance Act 1938

i. No person shall allow or offer to allow, either directly or Indirectly as an Inducement to any person to take out or renew or continue an insurance. In respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept rebate except such rebate as may be allowed In accordance with the published prospectus or tables of the insurer.

ii. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Ten Lakhs rupees.

16. **Cancellation**:

The Insured can cancel the policy at any time during the policy term, by informing the Company.

The Company can cancel the policy only on the grounds of established fraud, by giving minimum notice of 7 days to the Insured.

In case of No claim: The Company shall refund proportionate premium for the unexpired policy period.

In case of claim: No refund shall be made for the year in which claim is made. The Company shall refund proportionate premium for the unexpired policy years.

Assistance Services:

The Insured Person may also avail of Wellness & other benefits provided through selected service providers listed on the Company's website. List of these available service providers shall be appended as an annexure to the policy schedule.

TERRORISM DAMAGE COVER ENDORSEMENT– INSURING CLAUSE

INSURING CLAUSE

Subject otherwise to the terms, exclusions, provisions and conditions contained in the Policy and in consideration of the payment by the Insured to the Company of additional premium as stated in the Schedule, it is hereby agreed and declared that notwithstanding anything stated in the 'Terrorism Risk Exclusion" of this Policy to the contrary, this Policy is extended to cover physical loss or physical damage occurring during the period of this Policy caused by an act of terrorism, subject to the exclusions, limits and excess described hereinafter.

For the purpose of this cover, an act of terrorism means an act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), or unlawful associations, recognized under Unlawful Activities (Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.

This cover also includes loss, damage, cost or expense directly caused by, resulting from or in connection with any action taken in suppressing, controlling, preventing or minimizing the consequences of an act of terrorism by the duly empowered government or Military Authority.

Provided that If the Insured is eligible for indemnity under any government compensation plan or other similar scheme in respect of the damage described above, this Policy shall be excess of any recovery due from such plan or scheme.

For the purpose of the aforesaid inclusion clause, "Military Authority" shall mean armed forces, para military forces, police or any other authority constituted by the government for maintaining law and order.

LOSSES EXCLUDED

This cover shall not indemnify loss of or damage to property caused by any or all of the following:-

1. loss by seizure or legal or illegal occupation;
2. loss or damage caused by:
   (i) voluntary abandonment or vacation,
   (ii) confiscation, commandeering, nationalisation, requisition, detention, embargo, quarantine, or any result of any order of public or government authority, which deprives the Insured of the use or value of its property;
3. loss or damage arising from acts of contraband or illegal transportation or illegal trade;
4. loss or damage directly or indirectly arising from or in consequence of the seepage and or discharge of pollutants or contaminants, which pollutants and contaminants shall include but not be limited to any solid, liquid, gaseous or thermal irritant, contaminant or toxic or hazardous substance or any substance the presence, existence or release of which endangers or threatens to endanger the health, safety or welfare of persons or the environment;
5. loss or damage arising directly or indirectly from or in consequence of chemical or biological emission, release, discharge, dispersal or escape or chemical or biological exposure of any kind;
6. loss or damage arising directly or indirectly from or in consequence of asbestos emission, release, discharge, dispersal or escape or asbestos exposure of any kind;
7. any fine, levy, duty, interest or penalty or cost or compensation/damages and/or other assessment which is incurred by the Insured or which is imposed by any court, government agency, public or civil authority or any other person;
8. loss or damage by electronic means including but not limited to computer hacking or the introduction of any form of computer virus or corrupting or unauthorised instructions or code or the use of any electromagnetic weapon. This exclusion shall not operate to exclude losses (which would otherwise be covered under this Policy)

arising from the use of any computer, computer system or computer software programme or any other electronic system in the launch and/or guidance system and/or firing mechanism of any weapon or missile;

9. loss or damage caused by vandals or other persons acting maliciously or by way of protest or strikes, labour unrest, riots or civil commotion;
10. loss or increased cost occasioned by any public or government or local or civil authority's enforcement of any ordinance or law regulating the reconstruction, repair or demolition of any property insured hereunder;
11. any consequential loss or damage, loss of use, delay or loss of markets, loss of income, depreciation, reduction in functionality, or increased cost of working;
12. loss or damage caused by factors including but not limited to cessation, fluctuation or variation in, or insufficiency of, water, gas or electricity supplies and telecommunications or any type of service;
13. loss or increased cost as a result of threat or hoax;
14. loss or damage caused by or arising out of burglary, house - breaking, looting, theft, larceny or any such attempt or any omission of any kind of any person (whether or not such act is committed in the course of a disturbance of public peace) in any action taken in respect of an act of terrorism;
15. loss or damage caused by mysterious disappearance or unexplained loss;
16. loss or damage directly or indirectly caused by mould, mildew, fungus, spores or other micro- organism of any type, nature or description, including but not limited to any substance whose presence poses an actual or potential threat to human health;
17. total or partial cessation of work or the retardation or interruption or cessation of any process or operations or omissions of any kind.

LIMIT OF INDEMNITY

The limit of indemnity under this cover shall not exceed the Total Sum Insured given in the Policy Schedule or INR 20,000,000,000 whichever is lower. In respect of several insurance policies within the same compound/location with one or different insurers, the maximum aggregate loss payable per compound/location by any one or all insurers shall be INR 20,000,000,000. If the actual aggregate loss suffered at one compound/location is more than INR 20,000,000,000 the amounts payable towards individual policies shall be reduced in proportion to the sum insured of the policies.

EXCESS FOR TERRORISM COVER APPLICABLE TO "BUILDINGS", "CONTENTS", "JEWELLERY & VALUABLES", "WORKS OF ART, CURIOS & PAINITINGS"

Residential Risks: 1% of the claim amount for each and every claim subject to Minimum of INR 10,000 and Maximum of INR 500,000

ADD ON COVERS

It is further declared and agreed that the limit of indemnity including the claim on add on cover(s) shall not exceed total sum insured plus separate sublimit opted for add on cover(s) or INR 20,000,000,000 whichever is lower . In respect of several insurance policies with in the same compound /location, the maximum aggregate loss payable per compound/location by any one or all insurers shall be INR 20,000,000,000.

MID TERM COVER

In case the coverage under this endorsement is granted during the currency of the policy, no claims will be payable for loss or damage to property caused by an act of terrorism occurring during the first 15 (fifteen) days from the date of granting such cover.

SANCTION, LIMITATION AND EXCLUSION CLAUSE

No (re)insurer shall be deemed to provide cover and no (re) insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

CANCELLATION CLAUSE

Notwithstanding the cancellation provisions relating to the basic insurance policy on which this endorsement is issued, there shall be no refund of premium allowed for cancellation of the Terrorism risk insurance during the period of insurance except where such cancellation is done along with the cancellation of the basic insurance. Where a policy is cancelled and rewritten mid-term purely for the purpose of coinciding with the accounting year of the insured, pro-rate refund of the cancelled policy premium will be allowed.

If the cancellation is for any other purpose, refund of premium will only be allowed after charging short term scale rates.

Note: The definitions, terms and conditions of main Policy save as modified or endorsed herein shall apply.

MEMORANDUM APPLICABLE TO REINSTATEMENT VALUE POLICIES

"It is hereby declared and agreed that in the event of the property insured under (Item Nos.....of .....) within the policy being destroyed or damaged, the basis upon which the amount payable under (each of the said items of) the policy is to be calculated shall be cost of replacing or reinstating on the same site or any other site with property of the same kind or type but not superior to or more extensive than the insured property when new as on date of the loss, subject to the following Special Provisions and subject also to the terms and conditions of the policy except in so far as the same may be varied hereby."

Special Provisions

1. The work of replacement or reinstatement (which may be carried out upon another site and in any manner suitable to the requirements of the insured subject to the liability of the Company not being thereby increased) must be commenced and carried out with reasonable dispatch and in any case must be completed within 12 months after the destruction or damage or within such further time as the Company may in writing allow, otherwise no payment beyond the amount which would have been payable under the policy if this memorandum had not been incorporated

therein shall be made.

Until expenditure has been incurred by the Insured in replacing or reinstating the property destroyed or damaged the Company shall not be liable for any payment in excess of the amount which would have been payable under the policy if this memorandum had not been incorporated therein.

2. If at the time of replacement or reinstatement the sum representing the cost which would have been incurred in replacement or reinstatement if the whole of the property covered had been destroyed, exceeds the Sum Insured thereon or at the commencement of any destruction or damage to such property by any of the perils insured against by the policy, then the insured shall be considered as being his own insurer for the excess and shall bear a rateable proportion of the loss accordingly. Each item of the policy (if more than one) to which this memorandum applies shall be separately subject to the foregoing provision.

3. This Memorandum shall be without force or effect if :

   a) the Insured fails to intimate to the Company within 6 months from the date of destruction or damage or such further time as the Company may in writing allow his intention to replace or reinstate the property destroyed or damaged.

   (b) the Insured is unable or unwilling to replace or reinstate the property destroyed or damaged on the same or another site, in which case:

   The basis of settlement shall be the cost of construction of property of the same kind or type but not superior to or more extensive than the insured property when new as on date of the loss, less depreciation at the rate of 2.5% per year or part thereof depending upon the age of the "Building" but not exceeding the Sum Insured stated in the Schedule.

Contact Us

	Within India
Claim Intimation:	Customer Service No : 022 6234 6234 / 0120 6234 6234 Reimbursement Claim intimation: Visit www.hdfcergo.com - > Help - > Claim registration
Claim document submission at address	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-15th Floor, C - 25, Sector 62, Noida – 201301

G) Our Grievance Redressal Officer: -

If you have a grievance that you wish us to redress, you may contact us with the details of your grievance through:

- Call Centre - 120 6234 6234 / 022-6234 6234
- Emails – grievance@hdfcergo.com
- Contact Details for Senior Citizens: 022 6242 6226 | Email ID: seniorcitizen@hdfcergo.com Designated Grievance Officer in each branch.
- Company Website – www.hdfcergo.com
- Courier - Any of our Branch office or corporate office

You may also approach the Complaint & Grievance (C&G) Redressal Cell at any of our branches with the details of your grievance during our working hours from Monday to Friday.

If you are not satisfied with our redressal of your grievance through one of the above methods, you may contact our Head of Customer Service at

The Complaint & Grievance Redressal Cell ,

HDFC ERGO General Insurance The Company Ltd.

D-301,3rd Floor, Eastern Business District (Magnet Mall),

LBS Marg, Bhandup (West),

Mumbai – 400078, Maharashtra

In case you are not satisfied with the response / resolution given / offered by the C&G cell, then you can write to the Chief Grievance Officer of the Company at the following address

To the Chief Grievance Officer

HDFC ERGO General Insurance The Company Limited

D-301, 3rd Floor, Eastern Business District (Magnet Mall),

LBS Marg, Bhandup (West),

Mumbai - 400078, Maharashtra

e-mail: cgo@hdfcergo.com

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

You may also approach the nearest Insurance Ombudsman for resolution, if your grievance is not redressed by the Company. The contact details of Ombudsman offices are below if your grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the policy
- Delay in settlement of claim
- Dispute with regard to premium
- Non-receipt of your insurance document

You may also refer Our website www.hdfcergo.com https://www.hdfcergo.com/customer-voice/grievances for detailed grievance redressal procedure.

ii. If Insured is not satisfied with the Company redressal of Insured's grievance through one of the above methods, Insured may approach the nearest Insurance Ombudsman for resolution of Insured's grievance. The contact details of Ombudsman offices are mentioned below.

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES

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 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, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, 1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in	State of Punjab, Haryana (excluding 4 districts vizGurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu &Kashmir, Ladakh and Chandigarh.

OFFICE DETAILS	JURISDICTION OF OFFICE (UNION TERRITORY, DISTRICT)
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Fax: 044 - 24333664 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 - 23237539 Email: bimalokpal.delhi@cioins.co.in	Delhi, 4 districts of Haryana vizGurugram, Faridabad, Sonepat and 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	State of Andhra Pradesh, Telangana and Yanam – a 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 /2740798 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
KOCHI Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash,LIC Building, Opp to Maharaja's College Ground,M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 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 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	States of West Bengal, Sikkim and Union Territories of Andaman & Nicobar Islands

OFFICE DETAILS	JURISDICTION OF OFFICE (UNION TERRITORY, DISTRICT)
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 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 Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor,C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.