

Policy Wording

my:Credit - Personal Accident (Group)

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Insuring Clause

In consideration of payment of Premium, We will provide insurance cover to the Insured Person(s) under this Policy up to Sum Insured mentioned on the Schedule of Coverage in the Policy Schedule/Certificate.

This Policy is subject to Your statements in respect of all the Insured Persons in Proposal form/Application Form, declarations, payment of premium and the terms and conditions of this Policy.

SECTION A. DEFINITIONS

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

The terms defined below have the meanings ascribed 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

1. Standard Definitions

Def. 2. Accident or Accidental means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Def. 3. Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon

Def. 4. 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. 1. 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.

Def. 5. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period

Def. 6. 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:

1. 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,
2. has qualified nursing staff under its employment round the clock,

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3. has qualified Medical Practitioner(s) in charge round the clock,
4. has a fully equipped operation theatre of its own where surgical procedures are carried out,
5. Maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

Def. 7. 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. 8. 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. 9. Medical Advice means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription

Def. 10. 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. 11. Medical Practitioner is a person who holds a valid registration from the medical council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and acting within the scope and jurisdiction of license

Def. 12. Notification of Claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication

Def. 13. 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. 14. 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. 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

2. Specific Definitions

Def. 1. Age or Aged means completed years as at the Policy Commencement Date.

Def. 2. 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

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- Def. 3.** **AYUSH Treatment** refers to the medical and/or hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems. 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. 4.** **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. 5.** **Commencement** Date means the commencement date of the Policy as specified in the Policy Schedule.
- Def. 6.** **Company** means HDFC ERGO General Insurance Company Limited.
- Def. 7.** **Financial Institution** shall have the same meaning assigned to the term as per Reserve Bank of India Act, 1934 and shall include a Non Banking Financial Company as defined under section 45 I of the Reserve Bank of India Act, 1934
- Def. 8.** **Insured Person** means a person whose name specifically appears under the Insured in the Policy Schedule / Certificate of Insurance
- Def. 9.** **Loan / Credit** means the sum of money lent at interest or otherwise to the Insured by any Financial Institution as identified by the Loan Account Number / Account Number referred to in the Policy Schedule / Certificate of Insurance
- Def. 10.** **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. 11.** **Non-instalment Premium Payment** refers to payment of premium for the entire policy period made in advance as a single premium.
- Def. 12.** **HDFC ERGO Mobile App** is proprietary App of HDFC ERGO General Insurance Company. With this App You can:
- Access YourPolicy Details
 - Manage YourPolicy; download YourPolicySchedule/Certificate of Insurance 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 YourPolicy, 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.

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- Stay Active – Short Walks, Big Benefits
 - The App tracks Your steps, fitness session and lets You earn incentive on renewal discount on YourPolicy.

Def. 13. Nominee means the person(s) nominated by the Insured to receive the insurance benefits under this Policy payable on the death of the Insured. For the purpose of avoidance of doubt it is clarified that if the Insured is a minor, his guardian shall appoint the Nominee.

Def. 14. Policy Period/ Coverage Period means the period between the Commencement Date and the Expiry Date specified in the Policy Schedule

Def. 15. Period of Insurance means the period between the Coverage Commencement Date and the Expiry Date specified in the Certificate of Insurance under the Policy with the Company under which Insured Person is covered.

Def. 16. Permanent Partial Disability means disablement, as a result of Bodily Injury arising within 12 months of bodily injury being sustained and which is certified by the Medical Practitioner as total and continuous loss or impairment of a bodypart or sensory organ

Def. 17. Permanent Total Disability means disablement, as the result of a Bodily Injury arising within 12 months of bodily injury being sustained, which:

- (i) Continues for a period of twelve (12) consecutive months, and
- (ii) is confirmed as total, continuous and permanent by a Physician after the twelve (12) consecutive months, and
- (iii) entirely prevents an Insured Person from engaging in or giving attention to gainful occupation of any and every kind for the remainder of his/her life.

Def. 18. Physical Separation means as regards the hand actual separation at or above the wrists, and as regards the foot means actual separation at or above the ankle

Def. 19. Physician means a person currently legally licensed and registered to practice medicine in the jurisdiction of loss, other than

- An Insured Person under this Policy;
- An Immediate Family of the Insured Person. For purposes of this definition only, the term Immediate Family Member shall not be limited to natural persons resident in the same country as the Insured Person.

Def. 20. Policy means Your statements in the proposal form/application form (which are the basis of this Policy), this policy wording (including endorsements, if any), and the Policy Schedule/Certificate of Insurance (as the same may be amended from time to time).

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

Def. 22. Policy Schedule/Certificate of Insurance 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.

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Def. 23. Principal Outstanding means the principal amount of the Loan outstanding as on the date of occurrence of Insured Event less the portion of principal component included in the EMIs payable but not paid from the date of the loan agreement till the date of the Insured Event/s and less arrears of the borrower(s) due to any reasons whatsoever. For the purpose of avoidance of doubt, it is clarified that any EMIs that are overdue and unpaid to the Financial Institute prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.

Def. 24. Professional Sports means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood.

Def. 25. Policy Year means a year following the Commencement Date and its subsequent annual anniversary.

Def. 26. Sum Insured means the sum shown in the Policy Schedule/Certificate of Insurance which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Year

Def. 27. We/Our/Us means the HDFC ERGO General Insurance Company Limited

Def. 28. You/Your means an Insured Person named in the Policy Schedule/Certificate of Insurance.

SECTION B. COVERAGE

1. Credit Shield

We will pay the Sum Insured, as specified in the Policy Schedule/Certificate of Insurance, if during Period of Insurance, Insured Person sustains Injury due to Accident which shall within twelve (12) months of its occurrence be the sole and direct cause of:

- Death
- Permanent Total Disability as specified in table below

Sr. No.	Permanent Total Disability	% of Sum Insured
1	Loss of sight on both eyes	100
2	Loss of both hands	100
3	Loss of both feet	100
4	Loss of one hand and one foot	100
5	Loss of one eye one hand	100
6	Loss of one eye one foot	100
7	Other total permanent total disability	100

The coverage under this section is applicable until policy expiry or loan closure date, whichever is earlier.

2. Accident Shield

We will pay the Sum Insured, as specified in the Policy Schedule/Certificate of Insurance, if during Period of Insurance, Insured Person sustains Injury due to Accident which shall within twelve months of its occurrence be the sole and direct cause of Death

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2.2 Optional Covers

a) Permanent Total Disability

We will pay the Sum Insured, as specified in the Policy Schedule/Certificate of Insurance, if during Period of Insurance, Insured Person sustains Injury due to Accident which shall within twelve months of its occurrence be the sole and direct cause of Permanent Total Disability as per Table below

Sr. No.	Permanent Total Disability	% of Sum Insured
1	Loss of sight on both eyes	100
2	Loss of both hands	100
3	Loss of both feet	100
4	Loss of one hand and one foot	100
5	Loss of one eye one hand	100
6	Loss of one eye one foot	100
7	Other total permanent total disability	100

b) Permanent Partial Disability

We will pay the percentage of Sum Insured as specified in table below, if during Period of Insurance, Insured Person sustains Injury due to Accident which shall within twelve months of its occurrence be the sole and direct cause of Permanent Partial Disability

Table – Permanent Partial Disability	
Permanent Partial Disability of	% of Sum Insured
An arm at the shoulder joint	70
An arm above the elbow joint	65
An arm beneath the elbow joint	60
A hand at the wrist	55
A thumb	20
An index finger	10
Any other finger	5
A leg above mid-thigh	70
A leg upto mid-thigh	60
A leg upto beneath the knee	50
A leg upto mid-calf	45
A foot at the ankle	40
A large toe	5
Any other toe	2
Any eye	50
Hearing loss on one ear	30
Hearing loss on both ears	75
Sense of smell	10
Sense of taste	5

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SECTION C. MY:HEALTH ACTIVE

The services listed below are available to all Insured Person through Our Network Provider on Our HDFC ERGO Mobile Apponly.

i. Health Coach:

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

- Disease management
- Activity and fitness
- Nutrition
- Weight management.

These services will be available through Our HDFC ERGO Mobile Appas a chat service or as a call back facility.

ii. Wellness services

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

Disclaimer applicable to HDFC ERGO Mobile Appand associated services

It is agreed and understood that Our HDFC ERGO Mobile Appand Wellness services are not providing and shall not be deemed to be providing any Medical Advice, they shall only provide a suggestion for the Insured Person's consideration and it is the Insured Person's sole and absolute choice to follow the suggestion for any health related advice. We 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 suggested under this benefit.

SECTION D. EXCLUSIONS

1. Specific Exclusions

We will not make any payment for any claim in respect of any Insured Personfor, caused by, arising from or attributable to any of the following;

- The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies, unless prescribed by a Medical Practitioner
- 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

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- iii.** Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv.** Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v.** Loss or damage caused by or arising from or in consequence of or contributed to nuclear 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 a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii.** From engaging in or participation in or involvement in naval, military or air force operation,
- viii.** From participation in adventure sports

SECTION E. GENERAL CONDITIONS**1. Standard General Condition****1) 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.

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2) 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.

3) 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.

4) 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.

5) 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

- 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.

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

7) Portability

The Insured Person will have the option to port the Policy to other insurers by applying to such

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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.

8) 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

- a. If premium is paid in instalments then coverage will be available during the grace period also. (Note: In case of non-installment premium payment, coverage shall not be available for the period for which no premium is received).
- i. 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.
- ii. No interest will be charged If the installment premium is not paid on due date.
- iii. In case of installment premium due not received within the Grace Period, the Policy will get cancelled.
- iv. In the event of a claim, all subsequent premium installments shall immediately become due and payable.
- v. 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

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- 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

9) Renewal

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.

10) 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.

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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.

12) 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.

13) Claim Settlement (Provision of Penal Interest)

- 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 and 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 treatment of Insured Person 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

14) 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.

15) 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
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Level 1	<p>For lack of a response or if the response provided does not meet your expectation, you can:</p> <ol style="list-style-type: none"> 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 You can also write an email to grievance@hdfcergo.com Call on 18002677444 (operational Monday - Saturday 9AM to 6PM)
Level 2	<p>If you're not satisfied with the resolution or if no response was received within 15 days, you can:</p> <ol style="list-style-type: none"> 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 You can also write an email to cgo@hdfcergo.com
Level 3	<p>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</p>

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. Specific General Condition

1) Geography

The cover is operative on worldwide basis.

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2) 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, willfully or otherwise, the Policy shall be:
 - i. 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 30 day notice by sending an endorsement to Your address shown in the Schedule and
 - ii. the claim under such Policy if any, shall be rejected/repudiated forthwith.
- 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 i above.

3) Grace Period

- i. A grace period of 30 days for Renewals is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, any treatment availed for an injury contracted during the grace period will not be admissible under the Policy.
- ii. For Renewal received after completion of 30 days grace period, the policy would be considered as a fresh policy.

Section. 2 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).

- i. For Policies on instalment basis, Grace Period is available as given below.

Installment Premium Option	Grace Period applicable
Yearly	30 days
Half Yearly	30 days
Quarterly	30 days
Monthly	15 days

4) Endorsements

The following endorsements are permissible during the Coverage Period:

1.1. Non-Financial Endorsements – which do not affect the premium



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- i. Minor rectification/correction in name of the Insured Person (and not the complete name change)
 - ii. Rectification in gender of the Insured Person (if this does not impact the premium)
 - iii. Rectification of date of birth of the Insured Person (if this does not impact the premium)
 - iv. Change in the correspondence address of the Proposer(if this does not impact the premium)
 - v. Change in Nominee Details
 - vi. Change in bank details
 - vii. Any other non-financial endorsement
- 1.2. Financial Endorsements – which result in alteration in premium**
- i. Any other financial endorsement

SECTION F. OTHER TERMS & CONDITIONS

1. Claims Procedure

On the occurrence of any Insured Event that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed.

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 14 days of the event
Particulars to be provided to Us for Claim notification	<ol style="list-style-type: none"> 1. Policy Number, 2. Name of the Insured Person(s) named in the PolicySchedule availing treatment, 3. Nature of injury, 4. Name and address of the attending Medical Practitioner/Hospital 5. Date and time of event if applicable 6. Date of admission if applicable
Claims documents for Credit Shield (Accidental Death) / Accident Shield (Accidental Death)	<ol style="list-style-type: none"> 1. Duly Completed Claim Form signed by Nominee/ legal heir of the Insured Person 2. Copy of address proof (Ration card or electricity bill copy). 3. Attested copy of Death Certificate. 4. Burial Certificate (wherever applicable). 5. Attested copy of Statement of Witness, if any lodged with police authorities. 6. Attested copy of FIR / Panchanama / Inquest Panchanama. 7. Attested copy of Post Mortem Report (only if conducted). 8. Attested copy of Viscera report if any(Only if Post Mortem is



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	conducted).
	9. NEFT details & cancelled cheque of the Insured Person
Claims documents for Credit Shield (Permanent Total Disability) / Accident Shield – Permanent Total Disability / Permanent Partial Disability	<p>I) Duly Completed Claim Form signed by Insured Person.</p> <p>1. Attested copy of disability Certificate from Civil Surgeon of Government Hospital stating percentage of disability.</p> <p>II) Attested copy of FIR. (If any)</p> <p>III) All X-Ray / Investigation reports and films supporting to disability.</p> <p>IV) NEFT details & cancelled cheque of Insured Person.</p>
Claims documents submission	In case of any Claim for the Insured Events, the list of documents as mentioned above shall be provided by the Policy Holder/ Insured Person, immediately but not later than 30 days of date of occurrence of an Insured Event, at own expense to avail the Claim
Condonation of delay	If the claim is not notified/ or submitted to Us within the specified time limits, then Weshall 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. Contact Us

	Within India	Outside India
Claim Intimation:	<p>Contact no:022 6234 6234 / 0120 6234 6234</p> <p>Phone (UAN) :1860 2000 700 (Local charges applicable)</p> <p>Fax (UAN) : 1860 2000 600 (Local charges applicable)</p> <p>Email:healthclaims@hdfcergo.com</p>	<p>Global contactNo : +800 08250825 (accessible from locations outside India only)</p> <p>Landline no (Chargeable) : 0120-4507250</p> <p>Emailtravelclaims@hdfcergo.com</p>
Claim document submission at address	<p>HDFC ERGO General Insurance Co. Ltd.</p> <p>Stellar IT Park, Tower-1</p> <p>5th Floor, C - 25, Sector 62</p> <p>Noida – 0120 398 8360</p>	<p>HDFC ERGO General Insurance Co Ltd</p> <p>6th Floor, Leela Business Park,</p> <p>AndheriKurla Road, Andheri East,</p> <p>Mumbai-400059,</p> <p>Ph-022 66383600</p>

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List of Ombudsman

Office Details	Jurisdiction of Office (Union Territory, District)
<p>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</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>
<p>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</p>	<p>Karnataka.</p>
<p>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</p>	<p>Madhya Pradesh, Chhattisgarh.</p>
<p>BHUBANESWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	<p>Odisha.</p>
<p>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</p>	<p>Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>
<p>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</p>	<p>Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).</p>

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Office Details	Jurisdiction of Office (Union Territory, District)
<p>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</p>	<p>Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>
<p>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</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>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</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>
<p>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</p>	<p>Rajasthan.</p>
<p>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</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>
<p>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</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>

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Office Details	Jurisdiction of Office Union Territory, District)
<p>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</p>	<p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
<p>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</p>	<p>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.</p>
<p>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</p>	<p>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.</p>
<p>PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>	<p>Bihar, Jharkhand.</p>
<p>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</p>	<p>State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region</p>
<p>THANE Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasantrya Naik Mahamarg, Thane (West)- 400604 Tel.: 022-20812868/69 Email: bimalokpal.thane@cioins.co.in</p>	<p>Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T."</p>

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