

Accident Care – Premium Plan

Prospectus

Scope of Cover

The policy offers coverage towards contingencies arising out of an Accident which are outlined as below:

Sections under the policy:-

1. Section – A

We will pay You (or Your nominee/ legal heir, as the case may be) a sum as compensation on the occurrence of an event giving rise to claim, under different Benefit(s) (Death resulting from Accident / Permanent Total Disablement (PTD) resulting from Accident / Permanent Partial Disablement (PPD) resulting from Accident) and extensions arising due to an Injury sustained during the Policy Year / Policy Period but not exceeding the Sum Insured as specified under the respective Benefits and extensions.

Benefits under Section A –

Benefit 1	Death Resulting from Accident
Benefit 2	Permanent Total Disablement (PTD) resulting from Accident
Benefit 3	Permanent Partial Disablement (PPD) resulting from Accident

Benefit 1: Death resulting from Accident

We will pay the Sum Insured if the Insured Person dies solely and directly due to an Injury sustained in an Accident which occurs during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of that Accident.

Once a claim has been accepted and paid under this Benefit then this Policy will automatically terminate in respect of that Insured Person

Benefit 2: Permanent Total Disablement (PTD) resulting from Accident

We will pay the Sum Insured if the Insured Person suffers Permanent Total Disablement of the nature specified below solely and directly due to an Accident which occurs during the Policy Period provided that the Permanent Total Disablement occurs within 12 months from the date of that Accident:

- (i) Loss of sight of both eyes, or Physical Separation/ Loss of Use of two entire hands or two entire feet, or one entire hand and one entire foot, or of such Loss of sight of one eye and such Physical Separation/ Loss of Use of one entire hand or one entire foot
- (ii) Physical Separation/ Loss of Use of two hands or two feet, or of one hand and one foot, or of Loss of sight of one eye and Loss of Use of one hand or one foot.
- (iii) If such Injury shall as a direct consequence thereof, permanently, and totally, disable the Insured Person from engaging in any employment or occupation of any description whatsoever.

Once a claim has been accepted and paid under this Benefit then this Policy will automatically terminate in respect of that Insured Person

Benefit 3: Permanent Partial Disablement (PPD) resulting from Accident

We will pay the percentage of the Sum Insured specified below if the Insured Person suffers Permanent Partial Disablement of the nature specified below solely and directly due to an Accident which occurs during the Policy Period provided that the Permanent Partial Disablement occurs within 12 months of the date of that Accident.

Maximum amount payable in respect of multiple nature of disablement (more than 100%) would be restricted to Sum Insured opted by the Insured for this Benefit as mentioned in the Policy Schedule

S. No.	Loss Covered	Percentage of Sum Insured
1.	Loss of Use/ Physical Separation:	
	One entire hand	50%
	One entire foot	50%
	Loss of Sight of one eye	50%
	Loss of toes – all	20%
	Great both phalanges	5%
	Great – one phalanx	2%
Other than great if more than one toe lost	1%	
2.	Loss of Use of both ears	50%
3.	Loss of Use of one ear	20%
4.	Loss of four fingers and thumb of one hand	40%
5.	Loss of four fingers	35%
6.	Loss of thumb	25%
	- both phalanges	10%
7.	Loss of Index finger - three phalanges	10%
	two phalanges	8%
	one phalanx	4%
8.	Loss of middle finger – three phalanges	6%
	two phalanges	4%
	one phalanx	2%
9.	Loss of ring finger - three phalanges	5%
	two phalanges	4%
	one phalanx	2%
10.	Loss of little finger – three phalanges	4%
	two phalanges	3%
	one phalanx	2%

11.	Loss of metacarpus - first or second (additional) third, fourth or fifth (additional)	3% 2%
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Claim amount payable under more than one below mentioned benefits (Benefit 1, Benefit 2 and Benefit 3 under Section A are subject to the following:

- o No compensation would be payable under more than one Benefit pertaining to the same disablement.**
- o In calculating the amount available to the Insured person under any of these covers/benefits, We shall deduct the amount previously paid/ utilized for any of these covers/benefits from the Sum Insured of the cover/benefit under which the claim has been lodged. o Maximum amount payable would be the Sum Insured of the respective cover/ benefit.**

Extensions under Section A

We will pay You (or Your nominee/ legal heir, as the case may be) a sum as compensation on the occurrence of an event giving rise to claim, under below mentioned extensions arising due to an Injury / Death sustained during the Policy Year / Policy Period but not exceeding the Sum Insured as specified under the respective extensions

Extension 1	Carriage of Dead Body
Extension 2	Children's Education Gran
Extension 3	Ambulance Charges

Extension 1: Carriage of Dead Body

If We have admitted a Claim under Death due to Accident (Benefit 1), We will reimburse the costs incurred up to INR 3000 for this Extension for transporting the Insured Person's body from the place of death to the place of residence provided that as a Condition Precedent We are given a detailed account of the expenses incurred along with the supporting bills and documents, substantiating such expenses. The payment under this extension is over and above the Sum Insured of the opted Benefits under any other Benefit.

Extension 2: Children's Education Grant

If We have admitted a Claim under Benefit 1 or Benefit 2, We will pay the amount up to the limit specified in the Policy Schedule, in respect of Insured Person's dependent child under the Age of 25 and unmarried as on the date of occurrence towards the Dependent child's education, irrespective of whether the child is an Insured Person under this Policy.

This benefit shall be payable subject to the dependent child pursuing an educational course as a full time student at an accredited educational institution and not have any independent source of income. Any Claim towards this benefit that becomes admissible where the Dependent child is a minor, shall be payable to the legal guardian.

Irrespective of the number of Children, maximum amount payable is the Sum Insured as mentioned in the Policy Schedule.

The payment under this extension is over and above the Sum Insured of the opted Benefits under any other Benefit.

Extension 3: Ambulance Charges

We will reimburse the Reasonable and Customary Charges incurred up to INR 1,500 for this Extension towards transportation of the Insured Person by a vehicle operated by a licensed / authorised service provider and equipped for the transport and paramedical treatment of the person requiring medical attention to a Hospital for treatment of an Injury following an Accident.

The limit specified is payable per policy year to the Insured Person.

The payment under this extension is over and above the Sum Insured of the opted Benefits under any other Benefit.

Section - B

We will pay You a sum as compensation on occurrence of an event giving rise to claim, under different Benefit(s) arising due to an Injury sustained by You during the Policy Year /Policy Period but not exceeding the Sum Insured as specified under the respective Benefits

Benefits under Section B –

Benefit 1	Accidental Hospital Daily Cash Benefit
Benefit 2	Accidental Hospitalization Expenses
Benefit 3	Convalescence Benefit

Benefit 1: Accidental Hospital Daily Cash Benefit

We will pay the Hospital Daily Cash Benefit up to INR 500 for each and every completed day of the Insured Person's Hospitalization for treatment of an Injury sustained during an Accident which occurs during the Policy Period provided that:

- i. The Insured Person's Admission to Hospital for Medically Necessary Treatment is within 7 days of the occurrence of the Accident.
- ii. The Insured Person's Hospitalization extends for at least minimum of 2 consecutive days for this Benefit.
- iii. We shall not be liable to make payment for more than 10 days for this Benefit. iv. The mode of payment of claim would be on reimbursement basis.

The payment under this extension is over and above the Sum Insured of the opted Benefits under any other Benefit.

Benefit 2: Accidental Hospitalization Expenses Reimbursement

We will indemnify the Medical Expenses incurred up to the amount of INR 50,000 on the Insured Person's Hospitalization for treatment of an Injury sustained during an Accident which occurs during the Policy Period provided that:

- i. The Insured Person's Admission to Hospital for Medically Necessary Treatment is within 7 days of the occurrence of the Accident.
- ii. The Medical Expenses incurred are Reasonable and Customary Charges.
- iii. We shall not be liable to indemnify any expenses incurred on eyeglasses, contact lenses or hearing aids or for the examination for the prescription or fitting unless the Policy Schedule specifies that these expenses will be covered and the impairment of vision or hearing is caused as a result of Accident.

- iv. We shall not be liable to pay any pre and post hospitalization expenses incurred as result of Accident.

The payment under this extension is over and above the Sum Insured of the opted Benefits under any other Benefit.

Benefit 3: Convalescence Benefit

We will pay the Convalescence Benefit Amount of INR 10,000/- on hospitalisation for a Minimum of 10 consecutive days for this Benefit if the Insured Person's Hospitalization for treatment of an Injury sustained during an Accident which occurs during the Policy Period is certified in writing by a Medical Practitioner to be for more than the number of days specified in the Policy Schedule for this Benefit provided that the Insured Person is Admitted to Hospital for Medically Necessary Treatment within 7 days of the occurrence of the Accident.

The limit specified is payable only once per Policy year to the Insured Person.

The payment under this extension is over and above the Sum Insured of the opted Benefits under any other Benefit.

Note: The cause of action shall be restricted to India for the Benefits under section B

Benefit 1: Accidental Hospital Daily Cash Benefit,

Benefit 2: Accidental Hospitalization Expenses Reimbursement,

Benefit 3: Convalescence Benefit,

* *Mandatory cover - Any one cover either from section A or B*

** *Extensions under Section A can be opted only if the relevant cover under Section A is selected*

Salient Features: a)

Eligibility:

Minimum entry age: 5 years.

For Insured Individual aged between 5 years and 18 years, the proposer needs to either of the parent(s)/guardian/employer/administrator.

Maximum entry age: No restriction

Policy would be issued on Individual Sum Insured basis

Renewal age: The policy offers lifelong renewal.

Risk Category:

Risk Group Table	
Risk Group	Description
1	Doctors, Lawyers, Accountants, Architects, Consulting engineers, Teachers, Bankers Persons engaged in clerical functions & administrative functions and persons primarily engaged in occupations of similar hazard
2	Builders, Contractors, Engineers on site engaged in superintending functions only, Veterinary Doctors workers, Mechanics, Drivers, Manual labourers (except those falling under Group III) & such other persons engaged in occupation of similar hazard

3	Persons working in mines, explosives, Electrical installations on high tension lines, Racing, Circus People, skiing, mountaineering, big game hunting, ballooning, hang gliding, river rafting, winter sports, skiing, ice hockey, polo & such other persons engaged in occupation of similar hazard
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b) Policy Period: You can opt for a Policy with Policy Period 1, 2 or 3 years.

c) Sum Insured:

Earning member: Salaried/Self Employed	As per the Sum Insured opted
Non-earning dependents	20% of Primary Insured's Sum Insured (subject to a maximum of 10 Lacs)

Eligibility of Sum Insured for an earning member will be up to a maximum of 5 times of Annual Income of the in case of a Salaried Individual and up to 10 times of Annual Income of a Self- employed Individual.

Min Sum Insured and Maximum Sum Insured: As per Annexure

**Sum Insured means the amount specified in the Policy Schedule which is Our maximum, total and cumulative liability for any and all Claims during the Policy Year in respect of the Insured Person. If the Policy Period is more than one year, then the Sum Insured will apply afresh to each Policy Year in the Policy Period, but any portion of the Sum Insured which remains un-utilized (either fully or partially) in any Policy Year shall not be carried forward to any subsequent Policy Year in the Policy Period.*

d) Loadings and Underwriting

The persons employed in the below mentioned occupations are part of the caution list. Such proposals would be referred to the Corporate Underwriter who may accept with additional loading of 100%.

- Aircraft Pilots and Aviation crew
- Persons suffering epilepsy, mental or brain disorder / illness / ailments
- Persons with any existing disability
- Naval, military or air force personnel, police personnel
- Participation in any kind of motor speed contest
- Persons working on rigs / offshore locations

Apart from the above, there shall be no loadings based on individual claims experience. These loadings will be applied on all the covers (Section A, Extension under Section A and Section B) opted.

We will only issue the Policy once We receive your consent and applicable additional premium.

e) Discounts under the Policy:

- Long term discount: 5% for 2 year Policy, 10% for 3 year policy.
- Discount for Kotak Group Employees 5%
- Discount for issuing policy online: 2.5%

These discounts will be applied on all the covers (Section A, Extension under Section A and Section B) opted.

f) Free Look Period:

All new individual health insurance policies except those with tenure of less than a year shall have a free look period. The free look period shall be applicable at the inception of the policy and:

1. The insured will be allowed a period of at least 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable
2. If the insured has not made any claim during the free look period, the insured shall be entitled to-
 - A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
 - Where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
 - Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

g) Cancellation of Policy:

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

- For 1 year Policy-
Refund proportionate premium for unexpired policy period subject to no claim (s) were made during the policy period.
- For Multi Year Policy -
 - For any policy year where the risk date has not yet started, the premium will be refunded without any deduction.
 - For any policy year where the risk has started, the premium will be refunded on a pro- rata basis for that policy year, provided no claim has been made during the policy year and in full for future policy years.

Additional Deductions: Notwithstanding the above, if (i) the risk under the Policy has already commenced, or (ii) only a part of the insurance coverage has commenced, and the option of Policy cancellation is exercised by the Policyholder, then expenses incurred by the Company on medical examination of the Policyholder will also be deducted before refunding of premium.

ii. The Company may cancel the policy at any time on grounds of misrepresentation non- disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

h) Grace Period and Renewal:

- i. The Policy will automatically terminate at the end of the Policy Period and must be renewed within the Grace Period for continuity of cover.
- ii. The Policy may be renewed by mutual consent and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days from the expiry of the Policy. We will not be liable to pay for any claim arising

- out of an Injury/Hospitalisation that occurred during the Grace Period. The provisions of Section 64VB of the Insurance Act 1938 shall be applicable. All policies Renewed within the Grace Period shall be eligible for continuity of cover.
- iii. The Policy is ordinarily renewable on mutual consent, subject to application of Renewal and realization of Renewal premium.
 - iv. Renewals will not be denied except on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material facts or non-co-operation by You.
 - v. If We have discontinued or withdrawn this product/plan You will have the option to renewal under the nearest substitute Policy being issued by Us, provided however benefits payable shall be subject to the terms contained in such other policy which has been approved by IRDAI.
 - vi. You shall make a full disclosure to Us in writing of any material change in the health condition or occupation of any Insured Person at the time of seeking Renewal of this Policy, irrespective of any claim arising or made. The terms and condition of the existing policy will not be altered.
 - vii. We may, revise the Renewal premium payable under the Policy or the terms of cover, provided that all such changes are approved by IRDAI and in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premium will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.
 - viii. Alterations such as increase/ decrease in Sum Insured or change in plan/product will be allowed at the time of Renewal of the Policy. You can submit a request for the changes by filling the proposal form before the expiry of the Policy. We reserve Our right to carry out underwriting in relation to acceptance of request for changes on renewal. The terms and conditions of the existing policy will not be altered.

i) Mid-term Changes:

The Policy will allow the following changes during the term of the Policy. Any request for such changes must be made by You in writing. Any premium bearing endorsement would be effective from the date of the request as received from You, or the date of receipt of premium, whichever is later.

1. Non Premium bearing changes

- Rectification in Name of the Proposer
- Rectification in Name of the Member
- Rectification in Gender of the Member
- Rectification in Relationship of the Member with the Proposer
- Rectification of Date of Birth of the Member (if this does not impact the premium)
- Change in the correspondence address of the Proposer
- Change/Updation in the contact details viz., Phone No., E-mail Id, etc. • Updation of alternate contact address of the Proposer

j) Automatic change in Coverage under the policy

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

Termination of cover takes place on account of death of the insured person and pro-rata refund of premium of deceased insured person is processed for the unexpired policy period, provided no claim has been made. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other insured persons may also apply to renew the policy. In case, the other insured person is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian

appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application.

k) 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.

m) Multiple Policies

a. If two or more policies are taken by an Insured during a period from one or more insurers, the contribution shall not be applicable where the cover/ benefit offered:

- o Is fixed in nature;
- o Does not have any relation to the treatment costs;

b. In case of multiple policies which provide fixed benefits, on the occurrence of the Insured event in accordance with the terms and conditions of the policies, each insurer shall make the claim payments independent of payments received under other similar policies.

c. If two or more policies are taken by an insured during a period from one more insurers to indemnify treatment costs, the policyholder shall have the right to require a settlement of his/her claim in terms of any of his/her policies.

o In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

o Policyholder having multiple policies shall also have the right to prefer claims from other policy/ policies for the amount disallowed under the earlier chosen policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall settle the claim subject to the terms and conditions of the other policy / policies so chosen.

d. If the amount to be claimed exceeds the Sum Insured under a single policy after considering the deductible or co-pays, the policy holder shall have the right to choose insurers from whom he/she wants to claim balance amount.

e. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

m) Sanction Exclusion Clause:

Notwithstanding any other terms under this agreement, no insurer shall be deemed to provide coverage or will make any payments or provide any service or benefit to any insured or other party to the extent that such cover, payment, service, benefit and/or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

2. Premium bearing changes

- Increase/Decrease of Sum Insured (pro-rata basis) Insured has to submit change request to the Insurance Company.

All requests may be assessed by the underwriting team and if required additional information/documents may be requested.

Any increase in sum insured mid-term will not be permitted unless proper justification is provided and signed off by the Corporate Underwriter of the Insurer.

What is not covered?

We shall not be liable to make any payment under Section A, Extension under Section A and Section B of this Policy directly or indirectly for, caused by, based upon, arising out of or howsoever attributable to any of the exclusions listed below:

- i. Any Hospitalization consequent to any condition arising from or traceable to any disease of the organs of generation, malignant disease of mammary gland, pregnancy, childbirth, abortion or miscarriage or any complications and/or sequels arising from the foregoing, except where such condition arises directly as a consequence of an accident during the policy period.
- ii. Disease, Injury, death or disablement directly or indirectly due to war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other end's invasion, act of foreign enemy hostilities or civil commotion or rebellion, military, naval or air service or breach of law, hunting, steeple chasing, revolution, insurrection, mutiny, engaging in aviation other than as a passenger (fare paying or otherwise) in any licensed standard type of aircraft
- iii. Circumcision or strictures, vaccination, inoculation, sex change, beauty treatment of any description, intentional self-injury, dissipation, (which expression shall cover also general debility, "run down" conditions and "general overhaul"), venereal disease, intemperance, use of intoxicating drugs, liquors or any diseases, Injury, death or disablement directly or indirectly due to any one or more of them
- iv. Dental treatment, eye treatment and plastic surgery unless necessitated as a consequence of an Injury
- v. Any Injury present prior to the commencement of Policy Period, whether or not if the same has been treated, or for which medical advice, diagnosis, care or treatment has been sought before the commencement of this Policy. Any illness, complication or ailment arising out of or connected to such Injury
- vi. Any Medical Expenses not incurred in a Hospital
- vii. Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, illness, Hospitalization of Insured Person
 - from intentional self-injury, suicide or attempted suicide;
 - whilst under the influence of intoxicating liquor or drugs;
 - whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world, or engaging in any kind of adventure sports for personal gratification. [Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a Scheduled Airline or whether such an aircraft has a single engine or multiengine;]
 - directly or indirectly caused by venereal disease
 - arising or resulting from the Insured Person committing any breach of law with criminal intent.

- viii. Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, illness, Hospitalization of Insured Person from participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which the Insured Person is untrained, unless specifically covered under the Policy.
- ix. Arising from ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission or nuclear fusion
- x. Directly or indirectly caused by or contributed by/ or arising from Nuclear weapon materials
- xi. Death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, illness, Hospitalization of Insured Person resulting directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any act of Nuclear, Chemical, Biological Terrorism (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss
 - For the purpose of this exclusion "Nuclear, Chemical, Biological Terrorism" shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear
 - "Chemical" agent shall mean any compound, which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants, or material property
 - "Biological" agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants
- xii. All non-medical expenses listed in Annexure II (List I) of the Policy.

How do I claim my insurance?

On the occurrence or discovery of any Injury that may give rise to a Claim under this Policy, We shall be given the intimation within 10 days on our toll free number

<<18002664545>> or email <<care@zurichkotak.com>> or by registered post at our office address and provided with the following necessary information and documentation in respect of the Claims within 30 days, of the Insured Person's Injury occurring:

Address:

Zurich Kotak General Insurance Company (India) Limited
401, 4th Floor, Silver Metropolis, Jai Coach Compound,
Off Western Express Highway, Goregaon (East), Mumbai- 400063. Maharashtra,
India

On the occurrence or discovery of any Injury that may give rise to a Claim under this Policy, we shall be given the intimation within 10 days and provided the following necessary information and documentation in respect of the Claims within 30 days, of the Insured Person's Injury occurring:

a) Basic documents required for All claims

- i. Photo Identity Proof (Any one) - Voter ID, Passport, PAN Card, Driving License, Ration Card, Aadhar, or any other proof accepted by the KYC norms as approved by the Company and which is admissible in court of law ii. Duly completed and signed claim form in original as prescribed by Us.
- iii. Copy of FIR/ Panchnama /Police Inquest Report (if conducted) duly attested by the concerned Police Station;
- iv. Copy of Medico Legal Certificate (if conducted) duly attested by the concerned Hospital

b) Additional documents required in case of Death Resulting from Accident

- i. Original Death certificate issued by the office of Registrar of Birth & Deaths;
- ii. Death summary issued by a Hospital;
- iii. Post Mortem Report (if conducted);
- iv. Identity proof of Nominee or Original Succession Certificate/Original Legal Heir Certificate or any other proof to the satisfaction of the Company for the purpose of a valid discharge in case nomination is not filed by deceased.
- v. Certificate, if applicable, from the Bank/Financial Institution stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc

c) Additional documents required in case of Permanent Total Disablement (PTD) resulting from Accident / Permanent Partial Disablement (PPD) resulting from Accident

- i. Original treating Medical Practitioner's certificate describing the disablement;
- ii. Original Discharge summary from the Hospital;
- iii. Photograph of the Insured Person reflecting the disablement;
- iv. Prescriptions and consultation papers of the treatment; Disability certificate issued by treating Medical Practitioner.
- v. Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable

d) Additional documents for Benefits (as applicable):**i. Ambulance Charges**

- Original Bill from a certified Ambulance Service Provider or Hospital
- ii. Children's Education Grant**

- Proof to establish relationship – Passport/Education certificate establishing proof of relationship of child with parents/Birth Certificate or Adoption Papers(if adopted)
- Photo Identity Proof of Child
- Age proof of Child
- Certificate from Educational Institution describing course details
- iii. **Carriage of Dead body**
- Documents as enumerated under claim for Personal Death Claim
- Original receipts of expenses incurred for carriage of dead body / funeral expenses
- iv.

Claim documents under Section B of the Product

- Discharge Summary from The Hospital
- Medical & Investigation reports
- Prescriptions, and consultation papers of the treatment
- Any other medical, investigation reports, as applicable

Note: The foregoing is only an indication of the cover offered. For complete details on coverage, terms, conditions and exclusions, please read the Policy document before concluding sale.

Premium Computation Illustration:

Premium computation for a customer in Risk Category I (in INR)					
Cover Details	Covers	Sum Insured	Remarks	Rate	Premium
Section A	Death Resulting from Accident	1,000,000	-	0.08%	800
	Permanent Total Disablement (PTD) resulting from Accident	1,000,000	-	0.015%	150
	Permanent Partial Disablement (PPD) resulting from Accident	1,000,000	-	0.03%	300
Extensions under Section A	Carriage of Dead Body	3,000	-	0.08%	2
	Children's Education Grant	100,000	-	0.08%	80
	Ambulance Charges	1,500	-	2.00%	30
Section B	Accidental Hospital Daily Cash Benefit	5,000	Rs.500 per day for a maximum of 10 days with a minimum hospitalisation period of 2 days	22.00%	1,100
	Accidental Hospitalization Expenses Reimbursement	50,000	-	1.80%	900

	Convalescence Benefit	10,000	Minimum 10 days of continuous hospitalization ;	0.30%	30
				Total	3,392

Tenure	1 Year	2 Years	3 Years
Premium	3,392	6,785	10,177
Long Term Discount	-	339	1,018
	3,392	6,446	9,159

Online Policy Renewal Discount	85	161	229
Total Premium Payable	3,138	5,962	8,473

Applicable Taxes Extra