

Group Accident Protect - Micro Insurance Policy Wordings

Preamble

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

1. DEFINITIONS

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

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

Accident	means sudden, unforeseen and involuntary event caused by external, visible and violent means.
Admission	means the Insured Person's admission to a Hospital as an inpatient for the purpose of medical treatment of an Injury and/or Illness.
Ambulance	means a road vehicle operated by a licensed/authorised service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
Annual Sum Insured	means the amount specified in the Policy Schedule / Certificate of Insurance which is Our maximum, total and cumulative liability for any and all Claims during the Policy Year in respect of all Insured Persons. If the Policy Period is more than one year, then the Annual Sum Insured will apply afresh to each Policy Year in the Policy Period, but any portion of the Annual Sum Insured which remains un-utilised in any Policy Year shall not be carried forward to any subsequent Policy Year in the Policy Period.
Bank	means a banking company that is registered in India to transact the business of banking in India or overseas.
Common Carrier	Means a civilian or commercial land, air or water conveyance operating under a valid licence for transportation of goods or passengers by air, sea, road or rail for a fee.
Condition Precedent	means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
Claim	means a demand made by You for payment of any benefit under the Policy in respect of an Insured Person.
Credit	means the sum of money lent at interest or otherwise to the Insured Person by any Bank/Financial Institution as identified by the Account Number specified in the Policy Schedule/ Certificate of Insurance.

Credit Linked Policy	means a policy in which the policy period can be extended upto the underlying credit period not exceeding five years
Day Care Centre	means any institution established for day care treatment of illness and / or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under – i. has qualified nursing staff under its employment; ii. has qualified medical practitioner/s in charge; iii. has fully equipped operation theatre of its own where surgical procedures are carried out; iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
Day Care Treatment	means medical treatment, and/or surgical procedure which is: i. undertaken under General or Local Anesthesia in a <i>hospital/day care centre</i> in less than 24 hrs because of technological advancement, and ii. which would have otherwise required Hospitalisation of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.
Dental treatment	means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
Disclosure to Information Norm	The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
Emergency	means a serious medical condition or symptom resulting from Injury or sickness which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person's health, until stabilisation at which time this medical condition or symptom is not considered an emergency anymore.
Emergency Care	means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a <i>Medical Practitioner</i> to prevent death or serious long term impairment of the insured person's health.
Financial Institution	shall have the same meaning assigned to the term under Section 45 I of the Reserve Bank of India Act, 1934 (as amended from time to time) and shall include a Non-Banking Financial Company as defined under Section 45 I of the Reserve Bank of India Act, 1934 (as amended from time to time).
Grace Period	means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

Hospital	means any institution established for <i>in- patient care</i> and <i>day care treatment</i> of illness and / or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said Act Or complies with all minimum criteria as under: - has qualified nursing staff under its employment round the clock; - has at least 10 inpatient beds, in towns having a population of less than 10,00,000 and 15 inpatient beds in all other places; - 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 makes these accessible to the insurance company's authorized personnel.
Hospitalisation	means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
Illness	means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment. 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. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics: - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests - it needs ongoing or long-term control or relief of symptoms - it requires your rehabilitation for the patient or for the patient to be specially trained to cope with it - it continues indefinitely - it recurs or is likely to recur
Injury	means Accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
Inpatient care	means treatment for which the insured person has to stay in a Hospital for more than 24 hours for a covered event.
Instalment Premium	Shall mean the defined proportion of the applicable annual premium with respect to the Insured Person(s) payable at regular frequency as defined in the Policy Schedule/Certificate of Insurance.
Insured Person(s) / You	means the person(s) named in the Policy Schedule/Certificate of Insurance, who is/are covered under this Policy, for whom the insurance is proposed and the appropriate premium received Insured Person will include Self (Group member) and the following relationships of the Group member: Lawfully wedded spouse (more than one wife)/ Partner (including same sex partners) and Live-in Partner, son (biological/ adopted), daughter (biological/

	adopted), mother (biological/ foster), father (biological/ foster), brother (biological/ step) sister (biological/ step), mother in-law, father in-law, son in-law, daughter in-law, brother in-law, sister in-law. For the purpose of this Policy, Partner shall be taken as declared at the time of Start of the Policy Period and no change in the same would be accepted during a Policy Period. However, an Insured Person may request for change at the time of Renewal of the cover.
Intensive Care Unit	means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated <i>medical practitioner(s)</i> , and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
ICU Charges	ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
Migration	means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credit gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer
Medical Advice	means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
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.
Medically Necessary treatment	means any treatment, tests, medication, or stay in hospital or part of a stay in <i>hospital</i> which - is required for the medical management of the illness or injury suffered by the insured; - 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.
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 its scope and jurisdiction of license. The term Medical Practitioner would include physician, specialist, anaesthetist and surgeon but would exclude You and Your Immediate Family. "Immediate Family would comprise of Your spouse, dependent children, brother(s), sister(s) and dependent parent(s).

Nominee	means the person(s) named in the Policy Schedule/ Certificate of Insurance who is nominated by You to receive the insurance benefits under this Policy payable on the death of the Insured Person
Notification of Claim	means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
OPD treatment	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.
Policy	means these Policy wordings, the Policy Schedule/Certificate of Insurance and any applicable endorsements or covers attaching to or forming part thereof. The Policy contains details of the extent of cover available to You, what is excluded from the cover and the terms & conditions on which the Policy is issued to You.
Policy Period	means the period commencing from Policy start date and time as specified in Policy Schedule / Certificate of Insurance and terminating at midnight on the Policy End Date as specified in Policy Schedule / Certificate of Insurance.
Policy Schedule	means the schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to, including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.
Policy Year	means a period of twelve months beginning from the Policy Period Start 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 beginning from the end of the previous Policy Year and lapsing on the last day of such twelve-month period, till the Policy Period End Date, as specified in the Policy Schedule / Certificate of Insurance.
Principal Outstanding	Means the principal amount of the Credit outstanding as on the date of occurrence of the event/ date of loss less the portion of principal component included in the EMIs payable but not paid from the date of the Credit agreement till the date of the Insured Event/s. For the purpose of avoidance of doubt, it is clarified that any EMIs that are overdue and unpaid to the Bank prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.
Professional Sports	means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood
Public Authority	means any governmental/ quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, exact obedience, command, determine or judge
Physical Separation	means as regards the hand, actual separation at or above the wrists, and as regards the foot means actual separation at or above the ankle
Reasonable & Customary Charges	means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical

	area for identical or similar services, taking into account the nature of the illness / injury involved.
Renewal	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.
Scheduled Airline	means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier
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 <i>Medical Practitioner</i> .
You/Your/ Policyholder	means the policyholder named in the Policy Schedule / Certificate of Insurance.
We/ Our /Us/ Insurance Company	means Zurich Kotak General Insurance Company (India) Limited.

2. SECTION A - BENEFITS

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

The benefits available under Section A are described below. Benefits will be payable as shown in the Policy Schedule/ Certificate of Insurance, subject to

- an event or occurrence described in such benefits occurs during the Policy Period.
- availability of benefit Sum Insured and subject always to the sub-limits specified in respect of that benefit and any limits applicable under the Product in force for the Insured Person.
- the terms, conditions and exclusions of this Policy.

Benefit 1 – Accidental Death

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)

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.

- The 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.

Sr. No	Nature of the Permanent Total Disablement
1	Loss of use of both eyes; OR
2	Loss of use of / physical separation of two entire hands; OR
3	Loss of use of / physical separation of two entire feet; OR
4	Loss of use of / physical separation of two entire hands and two entire feet; OR
5	Loss of use of one eye AND Loss of use of / physical separation of one entire hand; OR
6	Loss of use of one eye AND Loss of use of / physical separation of one entire foot; OR
7	Loss of use of two hands; OR
8	Loss of use of two feet; OR
9	Loss of use of one hand and Loss of use of one foot; OR
10	Loss of use of one eye AND Loss of use of one hand; OR
11	Loss of use of one eye AND Loss of use of one foot;

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)

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.

The 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 / Certificate of Insurance.

Sr. No.	Nature of the Permanent Partial Disablement	Percentage of Sum Insured payable
1	Loss of Use / Physical Separation -	
	one entire hand	50
	One entire foot	50
	Loss of Use 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 each	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 -	
	Both phalanges	25
	One phalanx	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)	3
	Third, fourth or fifth (additional)	2

Benefit 4: Temporary Total Disablement (TTD)

If the Insured Person sustains an Injury in an Accident which occurs during the Policy Period and which completely incapacitates the Insured Person from engaging in any employment or occupation of any description whatsoever which the Insured Person was capable of performing at the time of that Accident We will pay the weekly benefit specified in the Policy Schedule / Certificate of Insurance for each week or part thereof for which the Temporary Total Disablement continues. Provided that,

- We will not make payment for more than 100 weeks.
- The Temporary Total Disablement is certified in writing by a Medical Practitioner to have commenced within 30 days from the date of that Accident.

3. SECTION B – OPTIONAL COVERS UNDER SECTION A

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

The covers available under Section B are described below. Benefit / reimbursement under the section will be payable as per the Sum Insured shown in the Policy Schedule / Certificate of Insurance, subject to

- An event or occurrence described in such covers that occurs during the Policy Period.

- Availability of Sum Insured and subject always to the sub-limits specified in respect of that extension and any limits applicable under the Product in force for the Insured Person.
- Further,
- Claims under any cover under Section B will be accepted only if We have accepted a Claim under the relative cover of Section A of this Policy.
- Our total liability under this Policy for payment of any and all Claims in the aggregate during each Policy Year of the Policy Period shall not exceed the Sum Insured.
- The terms, conditions and exclusions of this Policy.

Cover 1: Carriage of Dead Body

If We have admitted a Claim for Accidental Death in accordance with Benefit 1 of Section A, We will reimburse the costs incurred up to the limit specified in the Policy Schedule / Certificate of Insurance for this cover 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.

Cover 2: Funeral Expenses

In case of the unfortunate death of the Insured Person due to an Accident in accordance with Benefit 1 of Section A, We will reimburse the costs incurred up to the limit specified in the Policy Schedule / Certificate of Insurance for the funeral Expenses of the Insured Person. 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.

Cover 3: Accidental Medical Expenses Extension

If we have admitted a Claim for Accidental Death or Permanent Total Disablement or Permanent Partial Disablement or Temporary Total Disablement in accordance with Benefit 1, 2, 3 or 4 of Section A, then We will in addition reimburse the Medical Expenses incurred by the Insured Person provided that such treatment is following the Accident.

Cover 4: Purchase of Blood

If we have admitted a Claim for Accidental Death or Permanent Total Disablement or Permanent Partial Disablement or Temporary Total Disablement in accordance with Benefit 1, 2, 3 or 4 of Section A, then We will in addition reimburse the actual expenses incurred in purchasing blood through a Hospital or blood bank for the purpose of the Insured Person's medical or surgical treatment provided that such treatment is following the Accident.

Cover 5: Transportation of imported medicine

If we have admitted a Claim for Accidental Death or Permanent Total Disablement or Permanent Partial Disablement or Temporary Total Disablement in accordance with Benefit 1, 2, 3 or 4 of Section A, then We will in addition reimburse the actual expenses incurred on freight charges for importing medicines to India, provided that:

- Such medicines, formulations or their alternatives are not available in India, and
- Such medicines are necessary for the medical or surgical treatment of the Insured Person in a Hospital following the Accident and is prescribed by the treating Medical Practitioner.
- Such medicines shall not include any drugs under clinical trial or medicines, formulations or molecules of unproven efficacy.

Cover 6: Compassionate Visit

If We have accepted a Claim for Accidental Death, Permanent Total Disablement, Permanent Partial Disablement or Temporary Total Disablement in accordance with Benefit 1, 2, 3 or 4 of Section A, then We will reimburse the costs of to and fro economy class ticket up to the limit specified in the Policy Schedule / Certificate of Insurance for one of the Insured Person's Immediate Relatives to travel from their place of residence to the location of the Insured Person.

For the purpose of this cover, the term "Immediate Relative" would mean the Insured Person's spouse, children, siblings, parents or parents-in-law.

Cover 7: Disappearance Benefit

In the event of an Accident an Insured Person disappears during the Policy Period and is legally declared dead (declared death in absentia or legal presumption of death), then We will pay the amount as specified against this cover in the Policy Schedule / Certificate of Insurance to the Nominee provided that:

- Such disappearance should be certified by the competent authorities.
- The Insured Person's body and whereabouts cannot be located after a forced landing, stranding, sinking or wrecking of a conveyance during the Policy Period, for a tenure as specified in the prevailing law of India,;
- Nominee of the Insured Person's estate provide Us with a signed agreement stating that if it later transpires that the Insured Person did not die, or did not die due to an Accident during the Policy Period, the amount paid under this Cover will be reimbursed to Us immediately and without any deductions.

This cover will be in addition to the Sum Insured mentioned for the Section A (1) Accident death.

Cover 8: Modification of Residence / Vehicle

If We have admitted a Claim for Permanent Total Disablement or Permanent Partial Disablement in accordance with Benefit 2 or 3 of Section A, then We will reimburse the expenses incurred up to the limit specified against this cover in the Policy Schedule / Certificate of Insurance to allow for improvements to be carried out in the Insured Person's residence and/or vehicle which are certified in writing by a Medical Practitioner to be necessary and following the Accident

Cover 9: Cost of Support Items

If We have accepted a Claim for Permanent Total Disablement or Permanent Partial Disablement in accordance with Benefit 2 or 3 of Section A, then We will reimburse the amount up to the limit specified in the Policy Schedule / Certificate of Insurance towards:

Reasonable and Customary Charges for the purchase of support items such as artificial limbs, crutches, stretcher, tricycle, wheelchairs, intra-ocular lenses, spectacles or any other item which in the opinion of a Medical Practitioner is/ are necessary for the Insured Person or are necessitated by a Medical Practitioner following an Injury sustained in the Accident.

Benefit 10: Common Carrier

In case of the unfortunate death or Permanent Total Disablement of the Insured Person due to an Accident while travelling in a Common Carrier, then we will pay the amount up to the limit specified in the Policy Schedule / Certificate of Insurance, provided that the Insured Person's death or Permanent Total Disablement in accordance with Benefit 1 or 2 of section A occurs within 12 months from the date of that Accident.

This cover will be in addition to the Sum Insured mentioned for Section A (1) Accident death or Section A (2) Permanent Total Disablement.

Cover 11: Children Education Grant

If We have accepted a Claim for Accidental Death or Permanent Total Disablement in accordance with Benefit 1 or 2 of Section A, then We will pay the amount up to the limit specified in the Policy Schedule / Certificate of Insurance, in respect of Insured Person's dependent child under the Age of 25 and unmarried as on the date of Accident towards:

the Dependent child's education, irrespective of whether the child (children) is an Insured Person under this Policy. Provided that,

- The dependent child pursuing an educational course as a full time student at an educational institution and not have any independent source of income.
- Irrespective of the number of Children, maximum amount payable is the Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance.
- Any Claim towards this cover that becomes admissible where the Dependent child (children) is a minor, shall be payable to the legal guardian.

Cover 12: Marriage expenses for Children

If We have accepted a Claim for Accidental Death or Permanent Total Disablement in accordance with Benefit 1 or 2 of Section A, then We will pay the amount up to the limit specified in the Policy Schedule / Certificate of Insurance, in respect of the Insured Person's Dependent child under the age of 25 and unmarried as on the date of Accident, irrespective of whether the Child is an Insured Person under this Policy.

- Any Claim towards this cover that becomes admissible where the Dependent child (children) 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 / Certificate of Insurance.

Cover 13: Sports Activity

If an Insured Person suffers from an Accidental Injury resulting in Accidental Death or Permanent Total Disablement in accordance with Benefit 1 and 2 of Section A, due to an Injury sustained while engaged in a Professional Sport(s) carried out in accordance with the guidelines, codes of good practice and recommendations for safe practices as laid down by a governing body or authority.

If this Sports Activity Cover is in force in respect of the Insured Person, then Permanent Exclusion no. (viii), will not be applicable for the purpose of this Policy in respect of that Insured Person.

Cover 14: Widowhood Cover

If an Insured Person's Spouse suffers an Accident during the Policy Period and this is the sole and direct cause of the Spouse's death within 12 months from the date of that Accident, then We will pay the amount as specified in the Policy Schedule / Certificate of Insurance. Provided that,

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

- Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
- Medical or surgical treatment except as necessary being solely and directly a result of an Accident.
- Actual or alleged dowry harassment.
- Actual or attempted self-immolation.

4. SECTION C – BENEFITS

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

The benefits available under Section C of this Policy are described below. Benefit under this Section will be payable subject to

- i) An event or occurrence described in such benefits that occurs during the Policy Period.
- ii) Availability of Sum Insured and subject always to the sub-limits specified in respect of that benefit and any limits applicable under the Product in force for the Insured Person.
- iii) Our total liability under this Policy for payment of any and all Claims in the aggregate during each Policy Year of the Policy Period shall not exceed the Sum Insured of the respective benefit of Section C as mentioned in the Policy Schedule / Certificate of Insurance.
- iv) The terms, conditions and exclusions of this Policy.

Benefit 1: Ambulance Charges

If we have admitted a Claim under this Policy, then We will reimburse the Reasonable and Customary Charges incurred up to the limit specified in the Policy Schedule / Certificate of Insurance for this Extension towards transportation of the Insured Person by a healthcare or Ambulance service provider to a Hospital for treatment of an Injury following an Accident. Provided that:

- The necessity of the use of the Ambulance is certified by the treating Medical Practitioner;
- We will also provide cover under this Benefit if the Insured Person is required to be transferred from one Hospital to another Hospital or diagnostic centre for advanced diagnostic treatment where such facility is not available at the existing Hospital or the Insured Person is required to be moved to a better Hospital facility due to lack of available / adequate treatment facilities at the existing Hospital.
- The limit under Ambulance cover is applicable for each claim admitted under the policy.
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Benefit 2: Accidental Hospital Daily Cash Benefit

We will pay the Hospital Cash Benefit specified in the Policy Schedule / Certificate of Insurance for each and every completed day of the Insured Person's Hospitalisation, for treatment of an Injury sustained during an Accident which occurs during the Policy Period provided that:

- The Insured Person's Admission to Hospital for Medically Necessary Treatment is within 7 days of the occurrence of the Accident.
- Further,
- We shall not be liable to make payment for more than the maximum number of days specified in the Policy Schedule / Certificate of Insurance for this Benefit.
 - Deductible, as mentioned in the Policy Schedule / Certificate of Insurance is applicable in respect of this benefit.

Benefit 3: Accidental Hospitalisation (Inpatient)

If an Insured Person suffers an Injury due to an Accident during the Policy Period that requires Inpatient Hospitalisation then, We shall reimburse the amount up to the limit specified against this benefit in the Policy Schedule / Certificate of Insurance, towards the Medical Expenses incurred in respect of a medical treatment or Surgery for the Injury sustained, provided that:

- The Hospitalisation is for a minimum and continuous period of 24 hours
- the Hospitalisation is for Medically Necessary Treatment and follows the written advice of a Medical Practitioner;
- the Medical Expenses incurred are Reasonable and Customary Charges;

Benefit 4: OPD Treatment

If an Insured Person suffers an Injury due to an Accident during the Policy Period that requires out-patient Treatment then, We shall reimburse the amount up to the limit specified against this benefit in the Policy Schedule / Certificate of Insurance, towards the Medical Expenses incurred in respect of a medical treatment or Surgery for the Injury sustained, provided that:

- The Medical Expenses incurred are Reasonable and Customary Charges
- Deductible, as mentioned in the Policy Schedule / Certificate of Insurance is applicable in respect of this benefit.

For the purpose of this Benefit:

Outpatient means an Insured person who is not hospitalized but who visits a hospital, clinic or associated facility for diagnosis or treatment

Benefit 5: Accidental Dental Expenses

If an Insured Person suffers Dental Injury or damage to his natural teeth and/or gums due to an Accident during the Policy Period, then We will reimburse the amount up to the limit specified in the Policy Schedule / Certificate of Insurance towards:

- the Medical Expenses incurred for Dental Treatment including any Emergency Care / treatment by a Dentist
- The fees for a dental practitioner and associated costs for carrying out routine dental procedures like clinical oral examinations, tooth scaling, normal fillings, minor procedures and non-surgical extractions
- Root canal treatment and surgical extraction of tooth

This benefit will exclude:

- Any instructions for plaque control, oral hygiene and diet
- Any treatment which is cosmetic in nature.

This cover is not applicable if Benefit 3: Accidental Hospitalisation (Inpatient) and Benefit 4: OPD Treatment is opted

Benefit 6: Convalescence Benefit

We will pay the Convalescence Benefit specified in the Policy Schedule / Certificate of Insurance if the Insured Person is hospitalised, for treatment of an Injury sustained during an Accident which occurs during the Policy Period and the continuation of such Hospitalisation is Medically Necessary for at least 10 days, provided that the hospitalisation occurs within 7 days of the occurrence of the Accident and is paid only once in a Policy Year towards an Insured Person.

Benefit 7: Burns

We will pay the amount specified in the table below to the Insured Person up to the limit specified in the Policy Schedule / Certificate of Insurance if an Insured Person sustains burns directly due to an Accident that occurs during the Policy Period which results in conditions specified in the table below, provided that:

- The burns are not self-inflicted by the Insured Person in any way; and
- A Medical Practitioner has confirmed the diagnosis of the burn and the percentage of the surface area of the burn to Us in writing.
- If the bodily injury results in more than one of the nature of burns specified below, We shall be liable to pay for only the highest benefit among all.

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 / Certificate of Insurance.

Nature of Burns	Percentage of Sum Insured payable
1. Head	
a. Third degree burns of 8% or more of the total head surface area	100%
b. Second degree burns of 8% or more of the total head surface area	50%
c. Third degree burns of 5% or more, but less than 8% of the total head surface area	80%
d. Second degree burns of 5% or more, but less than 8% of the total head surface area	40%
e. Third degree burns of 2% or more, but less than 5% of the total head surface area	60%
f. Second degree burns of 2% or more, but less than 5% of the total head surface area	30%
2. Rest of the body	
a. Third degree burns of 20% or more of the total body surface area	100%
b. Second degree burns of 20% or more of the total body surface area	50%
c. Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
d. Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
e. Third degree burns of 10% or more, but less than 15% of the total body surface area	60%
f. Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
g. Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
h. Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

Benefit 8: Broken Bones

We will pay the amount as per percentage mentioned below in table of the Sum Insured as specified in the Policy Schedule / Certificate of Insurance if an Insured Person sustains Broken Bones directly due to an Accident that occurs during the Policy Period and which results in conditions specified in the table below, :

Sr. No.	Particulars	Percentage of 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)	30%
	b) All other compound fractures	20%
	c) Multiple fractures, at least one complete	16%
	d) All other fractures	8%
6	Fractures of Shoulder Blade, Kneecap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes and heel):	
	a) All compound fractures	20%
	b) All other fractures	10%
7	Colles type fracture to the Lower Arm:	
	a) Compound	20%
	b) Other	10%
8	Fractures of Spinal Column (Vertebrae but excluding coccyx):	
	a) All compression fractures	50%
	b) All spinous, transverse process or pedicle fractures	30%
	c) All other vertebral fractures	20%
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)	16%
b) All other compound fractures	12%
c) Multiple fractures, at least one complete	8%
d) All other fractures	4%

The Benefit specified above will be payable provided that:

- Any Fracture which results due to any Illness or disease (including malignancy) or due to osteoporosis shall not be payable under this benefit;
- If an Insured Person suffers a Fracture not specified in the table above but the Fracture is due to an Injury that is suffered during the Policy Period solely and directly due to an Accident that occurs during the Policy Period, then Our medical advisors will determine the amount payable, if any

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

Benefit 9: Coma

If an Insured Person is Comatose due to an Accident during the Policy Period, then We will pay a weekly benefit for as long as the Insured Person remains Comatose, provided that:

- The condition of Coma is confirmed by a Medical Practitioner in writing
- The Insured Person is rendered Comatose within 3 days of the occurrence of the Accident and continues to be Comatose for a period of at least 7 days thereafter, and
- Permanent neurological deficit is assessed at least 30 days after the onset of the Coma
- The Coma does not result from alcohol/ drug abuse or due to any other Illness

Our liability to make payment shall be limited to 1% of the Sum Insured as specified in the Policy Schedule / Certificate of Insurance for each week that the Insured Person is Comatose for a period not exceeding 100 weeks from the date of the Accident, and If the Insured Person is Comatose for a part of a week, then only a proportionate part of the weekly benefit will be payable

Under this benefit, 'Coma' means a profound state of unconsciousness where the patient cannot be awakened, fails to respond normally to pain or light, does not have sleep-awake cycles and cannot take voluntary actions.

Benefit 10: Domestic travel for medical treatment

If an Insured Person, suffering Injury due to an Accident during the Policy Period, is travelling 150 kms or more from his/ her residential address to a nearby place as necessitated by treating Medical Practitioner for undergoing an Inpatient treatment which is not possible in the Insured person's current place of residence, then We will reimburse the amount up to the limit specified in the Policy Schedule / Certificate of Insurance. Provided that

- Transportation is under medical supervision in respect of the Insured Person and the Insured Person is medically cleared, by the treating Medical Practitioner, for travel via Common Carrier, and provided further that the transportation can be accomplished without compromising the Insured Person's medical condition.
- If the Insured Person is required to be transferred from one Hospital to another Hospital or diagnostic centre for advanced diagnostic treatment where such facility is not available at the existing Hospital or the Insured Person is required to be moved to a better Hospital facility due to lack of adequate treatment facilities at the existing Hospital.
- No Claims for reimbursement of Medical Expenses incurred for services arranged by Insured Person will be allowed unless agreed by Us or Our authorized representative.

Benefit 11: Loss of Employment due to Accident

If the Insured Person is terminated, dismissed, temporarily suspended or retrenched from employment by his/her employer due to an injury sustained during an Accident during the Policy Period in accordance with the employer's rules/regulations or in accordance with applicable Indian law or the directives of any Public Authority, We will pay the Insured Person the number of months as mentioned in the Policy Schedule / Certificate of Insurance. Subject to a maximum of Sum Insured as stated under the Policy Schedule / Certificate of Insurance provided that:

- The period of termination, dismissal, temporary suspension or retrenchment from employment by the Insured Person's employer during the Policy Period is not less than 30 consecutive days.
- The Insured Person is a salaried employee of the employer at the stage of termination, dismissal, temporary suspension or retrenchment.

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

- a) The Insured Person's termination, dismissal, temporary suspension or retrenchment from employment is due to any dishonesty or fraud or poor performance on the part of the Insured Person or his wilful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured Person by the employer.
 - The Insured Person being self-employed;
 - Any Claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any Claim relating to an employee not on the direct rolls of the employer;
 - Unemployment at the time of inception of the Policy Period or arising within first 30 days of inception of the Policy Period.
- b) The Insured Person's termination, dismissal, temporary suspension or retrenchment from employment within 30 days of the commencement of the Policy Period.
- c) Any unemployment from a job under which no salary or any remuneration is provided to the Insured Person.
- d) Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority.
- e) Any unemployment due to resignation, retirement.
- f) Any unemployment due to non-confirmation of employment after or during such period under which the Insured Person was under probation.

Benefit 12: On Duty Cover

If we have admitted claim under this policy, then Benefits / covers under the policy will be restricted to,

- Any event occurred in office or during official visit, training, seminars, conference etc and such Injuries should be arising out of and in the course of employment during the official working hours.
- Any event occurred in educational institutions, during attending class, in school premises etc.

Benefit 13: Legal Expenses

If an Insured Person gets in to any legal litigations due to any involvement in an Accident, then we will reimburse the legal/court expenses borne by the Insured Person up to the limit specified in the Policy Schedule / Certificate of Insurance.

This benefit will exclude:

- Any litigation invoked against the insured arising out of road traffic accident.

- Insured declared guilty for offence and convicted by the court.

5. SPECIAL CONDITIONS APPLICABLE FOR MULTIPLE CLAIMS

Claim amount payable under more than one below mentioned Benefits:

- Benefit 1, Benefit 2 & Benefit 3 of “Section A”,
- Cover 13 of “Section B” and
- Benefit 7 of “Section C”)

are subject to the following:

- (i) No compensation would be payable under more than one Benefit pertaining to the same disablement.
- (ii) 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.
- (iii) Maximum amount payable would be the Sum Insured of the respective cover/ benefit.

6. SECTION D - PERMANENT EXCLUSIONS

We shall not be liable to make any payment under Section A, Section B and Section C 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 Hospitalisation 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.
- (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.
[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;]
- (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) 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.
- (v) Any Medical Expenses not incurred in a Hospital and Day Care Centre.
- (vi) Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, Illness, Hospitalisation of Insured Person
 - (a) from intentional self-injury, suicide or attempted suicide;
 - (b) whilst under the influence of intoxicating liquor or drugs;

- (c) 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;]
- (d) directly or indirectly caused by venereal disease
- (e) arising or resulting from the Insured Person committing any breach of law.
- (vii) Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), 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.
- (viii) Payment of compensation in respect of Injury, disease, Illness, Hospitalisation 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) Nuclear weapon materials.
- (xi) Death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, Illness, Hospitalisation 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.
 - (a) 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.
 - (b) "Chemical" agent shall mean any compound, which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants, or material property.
 - (c) "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.

7. SECTION E: CLAIMS PROCESS

7.1 Claim Reporting

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:

Claims Manager

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.

7.2 Claims administration

The fulfilment of the terms and conditions of this Policy (including payment of premium by the due dates mentioned in the Policy Schedule/ Certificate of Insurance) by the Insured Person shall be conditions precedent to admission of Our liability under this Policy:

- a) On the occurrence or discovery of any Injury that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed;
- b) The directions, advice and guidance of the treating Medical Practitioner shall be strictly followed. We shall not be obliged to make any payments that are brought about or contributed to as a consequence of intentional/deliberate failure to follow such directions, advice or guidance;
- c) If requested by Us and at Our cost, We may conduct Medical examination by any Medical Practitioner for this purpose when and so often as We may reasonably require. Such medical examination will be carried out only in case of reimbursement claims with prior consent of the Insured Person and We/Our representatives must be permitted to inspect the medical and Hospitalisation records pertaining to the Insured Person's treatment and to investigate the facts surrounding the Claim;
- d) We/Our representatives must be given all reasonable co-operation in investigating the Claim in order to assess Our liability and quantum in respect of such Claim;

7.3 Claims Intimation

On the occurrence or discovery of any Injury that may give rise to a Claim under this Policy, We shall intimated within 10 days from the date of occurrence of such Accident, provided the following necessary information and documentation in respect of the Claims is within 30 days of the Insured Person's occurred Injury:

- a) Policy Number
- b) Name of the Policyholder
- c) Name of the Insured Person in whose relation the Claim is being lodged
- d) Nature of Accident
- e) Name and address of the attending Medical Practitioner and Hospital (if Admission has taken place)
- f) Date of Admission if applicable
- g) Any other information, documentation as requested by Us

7.4 Claims Documents

- 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 (if done)/ Panchnama (if done) /Police Inquest Report (if done) duly attested by the concerned Police Station;
- (iv) Copy of Medico Legal Certificate (if conducted) duly attested by the concerned Hospital;

b) In case of Accidental Death

- (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) Copies of Medical records (if available), investigation reports (if available), if admitted to hospital
- (v) 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.
- (vi) Certificate, if applicable, from the Bank/Financial Institution stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.

c) Documents required in case of Permanent Total Disablement/Partial Disablement/ Temporary Total Disablement

- (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 civil surgeon or equivalent appointed by the District/State or Government Board.
- (v) Copies of Medical records (if available), investigation reports (if available), if admitted to hospital.
- (vi) Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable

d) Additional documents required in case of Temporary Total Disablement

- (i) Leave/Absence Certificate from Employer (If Employed)
- (ii) Medical Practitioner's certificate confirming the Injury and advising rest/ unfit to work for specified number of days
- (iii) Fitness Certificate

e) Additional documents for Benefits (as applicable under each Section):

Section B – Optional Covers to Section A	
Carriage of dead body	a. Documents as enumerated under Claim for Accidental Death Claim b. Original receipts of expenses incurred for carriage of dead body/ repatriation of remains
Funeral Expenses	a. Original invoice of expenses incurred during funeral
Accidental Medical Expenses Extension	a. All Original invoices of medical expenses due to accident at the hospital
Purchase of Blood	a. Original invoice of expenses incurred towards blood purchase

Transportation of imported medicine	a. All Original invoices towards transportation of imported medicine supported by the prescription of medical practitioner
Compassionate Visit	Original invoice of ticket expenses incurred
Disappearance Benefit	a. FIR/ Missing complaint (if done) b. Confirmation of Death/ Certificate of Death (legal assumption) (if applicable), c. Indemnity Bond signed by the legal heir
Modification of Residence / Vehicle	a. Original invoice of actual expenses incurred
Cost of Support Items	a. Prescriptions of treating Medical Specialist for support items b. Original invoice of actual expenses incurred
Common Carrier	a. List of documents as enumerated under Accidental Death
Children's Education grant	a. Proof to establish relationship – Passport/Education certificate establishing proof of relationship of child with parents/Birth Certificate or Adoption Papers (if adopted). b. Photo Identity Proof of Child c. Age proof of Child d. Certificate from Educational Institution describing course details
Marriage expenses for Children	a. Proof of relationship with the Insured and Photo Identity Proof of Child/ Age proof of the dependent child
Sports Activity Cover	a. List of documents as enumerated under Accidental Death or Permanent Total Disablement
Widowhood cover	a. If nominee is other than the legal wife, marriage certificate or any other valid document of the widow to support the relationship with the deceased.

Section C – Benefits	
Ambulance Charges	a. Original Bill from a certified Ambulance Service Provider or Hospital
Accidental Hospital Daily Cash Benefit	a. Discharge Summary of Hospital b. Original hospitalisation Bills & Investigation reports stating cause of Hospitalisation
Accidental Hospitalization (inpatient)	a. Original copies of Hospitalization bills, Consultations, investigation reports & bills, prescriptions and invoices, Discharge card issued by hospital
OPD Treatment	a. Original copies of Consultations, Hospital bills, receipts, investigation reports & bills, prescriptions and invoices
Accidental Dental Expenses	a. Original copies of medical bills, Consultations, investigation reports & bills, prescriptions and invoices
Convalescence Benefit	a. Discharge Summary of Hospital b. Original hospitalisation Bills & Investigation reports stating cause of Hospitalisation
Burns Benefit	a. Certificate from the treating doctor certifying the extent of burns injury, Copy of treatment papers

Broken Bones Benefit	a. X-Ray/ MRI/ CT-Scan/ Radiology Films/ Reports confirming the extent of fracture, Copy of treatment papers
Coma Benefit	a. Certificate from the treating doctor certifying the cause and severity of Coma
Domestic travel for medical treatment	a. Original invoice of the ticket expenses incurred b. Prescription from the medical practitioner stating the line of medical treatment and city where medical treatment needs to be sought and its unavailability in the current city of treatment
Loss of Job due to Accident	a. Medical Practitioner's certificate confirming the Injury and advising unfit to work b. Proof of Employment c. Certificate from the employer of the insured confirming the termination, dismissal, temporary suspension or retrenchment from employment of the Insured furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment of the Insured with the reasons for the same. d. Salary Slip of last 3 months e. Last year's Form 16 issued by the employer f. Income Tax Return attested copy
On Duty cover	a. Medical papers/employer certificate indicating the place of accident
Legal Expenses	a. Supporting expense bill & receipt incurred towards the legal expenses

Note:

a) We must be provided with any other documentation and information We may request to establish the circumstances of the Claim, its quantum or Our liability for it including, Our Claim form duly completed and all reports, including but not limited to death certificate, disability certificate, medical reports, case histories, investigation reports, treatment papers and discharge summaries.

b) The Insured Person additionally hereby consents to:

- i. The disclosure to Us of documentation and information that may be held by medical professionals and other insurers.
- ii. We may conduct Medical examination by any Medical Practitioner for this purpose when and so often as We may reasonably require. Such medical examination will be carried out only in case of reimbursement claims with prior consent of the Insured Person.

7.5 Claims Investigation, Settlement & repudiation

- a) We may investigate Claims at Our own discretion to determine the validity of a Claim. This investigation will be conducted within 15 days of the date of assigning the Claim for investigation and not later than 6 months from the date of receipt of Claim intimation. All costs of investigation will be borne by Us and all investigations will be carried out by those individuals/entities that are authorised by Us in writing.
- b) The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of claim along with claim form (and necessary documents). In case of suspected frauds, the last "necessary" documents will include the receipt of the investigation report from Our representatives.

- c) Payment for Claims will be made to the Insured Person. In the unfortunate event of the Insured Person's death, We will pay the Nominee named in the Policy Schedule / Certificate of Insurance or to the Insured person's legal heir or legal representatives holding a valid succession certificate.
- d) In case of delay in payment, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the Claim is reviewed by Us.
- e) If the Claim is not notified to Us within these specified timeframes, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

7.6 Method of Assessment and Payment of Claim

- a) All Claims will be payable in India and in Indian rupees.
- b) Once a Claim has been paid in respect of any of the Insured Persons for the full Sum Insured the Policy will terminate.
- c) Wherever the Claim paid for a percentage of the Sum Insured the Policy will continue for the remaining period for the balance Sum Insured.
- d) We will not be liable for any Claims which are incurred from the due date of installment till the date and time of revival of the Policy.
- e) Due to non-disclosure of any material change in the policy, We will not be liable for any Claims which are incurred.
- f) For policies issued to Non Employer Employee group, the Claim shall be paid to the insured person / claimant only

8. GENERAL TERMS AND CONDITION

8.1 Eligibility

Self, lawfully wedded spouse (more than one wife)/ Partner (including same sex partners), son (biological/ adopted), daughter (biological/ adopted), mother (biological/ foster), father (biological/ foster), brother (biological/ step) sister (biological/ step, mother in-law, father in-law, son in-law, daughter in-law, brother in-law, sister in-law.

For the purpose of this Policy, Partner shall be taken as declared at the time of Start of the Policy Period and no change in the same would be accepted during a Policy Period. However, an Insured Person may request for change at the time of Renewal of the cover.

8.2 Disclosure of Information

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

8.3 Observance of Terms and Conditions

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

8.4 Material Change

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

8.5 Alterations in the Policy

This Policy constitutes the complete contract of insurance between the Policyholder and Us. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by Us. All endorsement requests will be made by You only.

8.6 No constructive Notice

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

8.7 Terms and condition of the Policy

The terms and conditions contained herein and in the Policy Schedule / Certificate of Insurance shall be deemed to form part of the Policy and shall be read together as one document.

8.8 Multiple Policies

- i. 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:
 - Is fixed in nature;
 - Does not have any relation to the treatment costs;
- ii. 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.
- iii. 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.
 - 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.
 - 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.
- iv. 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.
- v. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

8.9 Cancellation/ termination

- a. 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.

- b. 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.

8.10 Cause of Action / Currency for payments

Claims under this Policy shall be payable if the cause of action arises anywhere in the world except for the below mentioned covers wherein the cause of action shall be restricted to India only:

Section B - Optional Covers to Section A

- Cover 2: Funeral Expenses
- Cover 3: Accidental Medical Expenses Extension
- Cover 4: Purchase of Blood
- Cover 6: Compassionate Visit
- Cover 9: Cost of Support Items

Section C – Optional Covers

- Benefit 1: Ambulance Charges
- Benefit 3: Accidental Hospitalisation (inpatient)
- Benefit 4: OPD Treatment
- Benefit 5: Accidental Dental Expenses
- Benefit 10: Domestic travel for medical treatment due to accident
- Benefit 13: Legal Expenses

All Claims shall be payable in India and shall be in Indian Rupees only.

8.11 Policy Disputes

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

8.12 Role of Group Administrator/ Policyholder

- i. The Policy holder should provide the complete list of members to Us at the time of policy issuance and renewal. Further intimation should be provided to Us on the entry and exit of the members at periodic intervals. Insurance will cease once the member leaves the group except when it is agreed in advance to continue the benefit even if the member leaves the group.
- ii. In case of employer-employee policies, the employer may issue confirmation of insurance protection to the individual employees with clear reference to the Group Insurance policy and the benefits secured thereby.
- iii. In case of such policies, claims of the individual employees may be processed through the employer
- iv. In case of non-employer-employee policies, We shall generally issue the Certificate of Insurance. However, We may provide the facility to the Group Administrator to issue the Certificate of Insurance to the members.
- v. In case of such policies, the Group Administrator may facilitate the claims process for the members however the payment will be made only to the beneficiary which is the Insured Person.

8.13 Free Look Period

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

- i. 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
- ii. 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 insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

8.14 Grace Period, Revival & Renewal Terms

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

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

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

- The Insurance Company shall automatically renew the Policy annually for the period it has been issued for. However on expiry of the Policy after completing its entire auto renewal period the Insurance Company shall not deduct any renewal premium nor give notice that such renewal premium is due.
- Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured Person that may result to enhance the risk of the Insurance Company under the guarantee hereby given.
- No renewal receipt shall be valid unless it is on the printed form of the Insurance Company and signed by an authorised official of the Insurance Company. Any change in the risk will be intimated to the Insurance Company by the Insured Person. Nothing herein or otherwise shall affect the Company's right to impose any additional terms and conditions on renewal or restrict any renewal terms as to premium or otherwise.
- The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Insurance Company on or before the date of expiry of the Policy and in no case later than Grace Period of at least 30 days or as informed by Insurer from time to time.

8.15 Special Provision for Insured Person who are Senior citizen

The premium charged for health Insurance products offered to Senior citizens shall be fair, justified, transparent and duly disclosed upfront. The insured shall be informed in writing of any underwriting loading charged over and above the premium and the specific consent of the policyholder for such loadings shall be obtained before issuance of policy.

8.16 Communications & Notices

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

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

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

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

8.17 Customer Service

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

8.18 Instalment Facility:

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

- i. In case of any admissible claim in a Policy year:
 - If the claim amount is equivalent or higher than the balance of the instalment premiums payable in that Policy Year, would be recoverable from the admissible claim amount payable in respect of the Insured Person.
 - If the claim amount is lesser than the balance premium payable, then no claim would be payable till the applicable premium is recovered.
- ii. Premiums on policies may be accepted in instalment provided that the instalments covering a particular period shall be received within 15 days from the date of commencement of the period (where premium is paid on monthly instalments) and 30 days from the date of commencement of the period (where premium paid in quarterly / half yearly/ annual instalments).
- iii. In case the instalment premium is not received within the grace period, the Policy will get cancelled with applicable refund of premium, if any.
- iv. If the premium is paid in instalments during the policy period, coverage will be available for the grace period also

8.19 Electronic Transactions

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

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

8.20 Underwriting

We may apply an additional risk loading for Insured persons buying the Policy for the first time based on occupation. These loadings will be applied from the Inception Date of the first Policy including subsequent Renewals with Us. We will inform You about the applicable risk loading through a counter offer letter and We will only issue the Policy once We receive your consent and applicable additional premium. In such cases, 100%

loading of premium will be applied against occupation. There will be no loadings based on individual Claims experience. These loadings will be applied on all the covers (Section A, Section B and Section C) opted.

8.21 Assignment

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

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

The Assignment of policy is subject to Sections 38 of the Insurance Act, 1938 as amended from time to time.

8.22 Reducing Sum Insured Covers (applicable only for credit linked Policy)

Notwithstanding anything contrary stated in the Policy, the Sum Insured under the Policy on the date of the occurrence of the event covered under Sections A, B and C for the purpose of calculation of claim shall be the least of the following:

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

8.23 Grievances

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

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

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

www.zurichkotak.com

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

www.cioins.co.in/ombudsman

The details of the Insurance Ombudsman is available at Annexure I

8.24 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.

8.25 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.

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.

Annexure I

Details of Insurance Ombudsman

Office Details	Jurisdiction of Office Union Territory, District
Ahmedabad: Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
Bengaluru: Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
Bhopal: Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh and Chattisgarh.
Bhubneshwar: Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
Chandigarh: Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
Chennai: Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet,	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).

CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 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 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
Guwahati: Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
Hyderabad: Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
Jaipur: Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
Ernakulam: Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015.Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
Kolkata: Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
Lucknow: Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj,	Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur,

Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in	Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
Mumbai: Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
Noida: Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P.-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
Patna: Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar and Jharkhand.
Pune: Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).