OneProtect

Prospectus

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainsurance.com | E-mail: customercare@magmainsurance.com | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India.| CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneProtect | Product UIN: MAGPAIP25036V012425 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say “Hi” on WhatsApp No. 7208976789

Eligibility

- This Policy can be offered as an Individual and / or for family.
- This policy covers persons in the age group 18 years onwards (Dependent children between 6 months and 5 years can be insured if either parent is insured).
- There is no maximum age of entry and cover ceasing age under this policy for renewals.
- The policy will be issued for a period 1/2/3 years.
- The policy offers coverage on individual basis
- Your employer can also be the Proposer (Policyholder).
- Lifetime renewability.
- Family includes self, Lawfully Wedded Spouse, dependent children, dependent parent(s) dependent parents-in-law, dependent brother, and dependent sister. However the maximum number of Insured Persons in a Policy can be 4 adults and 2 children.
- Expatriates or foreigners must provide a copy of either a valid employment pass or work permit, and a bona-fide residential address in India.
- Residents in India shall include all Citizens of India and permanent residents of India who are holding an employment pass, dependent pass or work permit and residing in India.

Policy Period

The Policy will be issued for 1 year or 2 years or 3 years period.

Sum Insured

2.5, 5L, 10L, 15L, 20L, 25L, 30L, 40L, 50L, 75L, 1 Cr. onwards multiples of 25L until 10 Crs.
Sum Insured restricted to 25 times the annual gross salary for Salaried Individual and 25 times the gross salary income for Self Employed.
Sum Insured for non-earning dependent spouse is restricted to 50% of Sum Insured of Earning member and for dependent children, dependent parents/parent in laws is 25% and for and dependent brothers, sisters are 25% of the Sum Insured of Earning member
Note: Non-earning dependants will not be eligible for coverage under Sections for ' Temporary Total Disability', 'Loss of Income', ' Enhanced Temporary Total Disability' and 'Enhanced Loss of Income'.

Risk Classification

The below list is as per the nearest and common understanding of the occupations.

Normal (Class I):

Students, Accountants, Doctors, Lawyers, Architects, Consulting, Engineers, Teachers, Bankers, Person engaged in Administrative/Secretarial and Managerial functions, Shopkeepers, Shop assistants not using machinery, Business Travelers, Builders, Contractors and Engineers engaged in superintending functions only and persons employed in occupations/activities of similar nature

Heavy (Class II):

Paid Drivers, Persons dealing with hazardous goods/ chemicals/ grains, lift attendants, Motor Driving Instructors, Conductors/cleaners of Vehicles. Persons engaged in Construction work, Geologists, Surveyors of Oil companies, Heavy equipment operators, Security Guards, Forestry, Civil Engineer, Ocean going Vessels, Offshore works, Persons engaged in Sports Duty, Film show and shooting, and persons employed in occupations/activities of similar nature.

Very Heavy (Class III):
Persons working in underground mines, explosives, magazines, workers involved in Electrical installation with high-tension supply. Circus personnel, persons engaged in activities like racing on wheels or horseback, big game hunting, Mountaineering, winter sports, skiing, ballooning, hand gliding, river rafting, polo, Stuntman in Film and persons engaged in occupations/ activities of similar hazard.

Caution (Class IV):
Persons working as police force, armed forces, crew of Aircraft / Airline personnel, nuclear power stations and any other occupation.
Members who are not engaged in any occupation for livelihood including retired
members, non-earning children, housewives, dependent parents etc and individuals with unearned income (rental or interest, landlords) will be prudently rated according to the Sum Insured.
Where the person's occupation is such which can be categorized in more than one risk category (eg: farmer who owns a retail shop), then on a prudent basis, the riskier risk class would be preferred for the purpose of pricing the risk. Also, with the ever-evolving occupations of the people the same will be rated according to the nearest occupation similia to the above list.

Benefits
Standard Covers
If an Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in the Insured Person's death or disablement which is of the nature specified below within 365 days of the Accident, then We shall pay the corresponding benefits specified below to You, the Insured Person or the Nominee, as the case may be.

Accidental Death (AD)
If during the period of insurance an insured person sustains bodily injury which directly and independently of all other causes results in death within twelve (12) months of the date of loss, then the company agrees to pay to the Insured person's beneficiary or legal representative the compensation stated in the schedule.

Disappearance We will pay the benefit for Loss of Life occurring within policy period if Insured person's body cannot be located within 365 Days after the forced landing, stranding, sinking or wrecking of a conveyance in which the insured person is a passenger or as a result of any Acts of God, in which case it shall be deemed, subject to all other terms and provisions of the Policy, that the insured person shall have suffered loss of life within the meaning of the Policy.

Accidental Death (Common Carrier)
Accident that occurs during the Policy Period and such Injury solely and directly results in the death of the Insured Person within 365 days from the date of the Accident, where such Death occurs while the Insured Person is a fare paying passenger on a common carrier, we will pay additional 100% of opted Accidental Death Sum Insured Or Rs 10 Crore whichever is lower as specified in the Policy Schedule. Once a claim has been accepted and paid under this Benefit then this Policy will automatically terminate in respect of that Insured Person.

Permanent total Disablement (PTD)
We will pay the sum insured including escalation benefit as shown in the policy schedule if injury to you

results in you suffering Permanent Total Disability. The injury must occur within the policy period as mentioned in the policy schedule and the functional loss should be within 365 days from the date of accident which caused the injury. This clause is however not applicable for immediate severance cases. We will pay provided such disability has continued for a period of 365 days and is total, continuous and permanent at the end of this period, the sum less any other amount paid or payable under Permanent Partial Disability sections of this policy, if the said coverage is offered under this policy as the result of the same accident If the Insured Person suffers more than one below mentioned loss as a result of the same accident, our liability shall be restricted to the sum insured mentioned on the policy schedule. For the purpose of this cover, Permanent Total Disability shall mean either of the following:

- Loss of sight of both eyes
- Physical Separation of or the loss of ability to use both hands or both feet
- Physical Separation of or the loss of ability to use one hand and one foot
- Loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot.

Permanent Partial Disablement (PPD)

When as the result of Injury occurring during the policy period and commencing within 365 Days from the date of the Accident, You suffer a Permanent Partial Disability, We will pay, provided such disability has continued for a period of 12 consecutive months and is continuous and Permanent, at the end of this period, a percentage of the Sum Insured shown in the Policy Schedule if Injury to You results in one of the losses shown in the Scale below less any other amount paid or payable under the Permanent Total Disability section of this Policy as the result of the same Accident.

When more than one form of disability results from one Accident, we add the percentages from each together. However, we will not pay more than 100% of the Sum Insured shown in the Policy Schedule. If claim is payable for loss or loss of use of a whole member of the body, a claim for parts of that member cannot also be made.

Nature of PPD	Benefit as percentage of AD SI
Loss of an arm above elbow joint	75%
Loss of an arm beneath the elbow joint	65%
Loss of a hand at the wrist	40%
Loss of four fingers and thumb of one hand	30%
Loss of four fingers	20%
Loss of Thumb	10%
Loss of Index Finger only	10%
Loss of middle finger only	5%
Loss of ring finger only	5%
Loss of little finger only	4%
Loss of leg above mid- thigh	50%
Loss of leg upto mid thigh	50%
Loss of a leg above mid calf	40%
Loss of a foot at the ankle	30%
Loss of all Toes	25%
Loss of Great Toe only	5%
Other than great Toe, if more than one toe lost, each	1%
Loss of an eye	50%

Loss of hearing of one ear	25%
Loss of hearing of both ears	50%
Loss of sense of smell	5%
Loss of sense of Taste	5%

Upon payment of sum insured under the benefits 1-3 in the table below, the cover for that insured member would terminate and there shall be no further liability under the policy.

Accidental Hospitalization Expenses (Medex)

If any Insured Person suffers an Accident during the Policy Period that requires Insured Person's Hospitalization as an inpatient in a hospital as defined in the policy, then we will in addition reimburse the Medical Expenses incurred for the in-patient treatment upto the accidental hospitalization limit according to the plan opted in the policy schedule subject to the following conditions.

i. The period of hospitalization shall exceed 24 consecutive hours
ii. Any Hospitalization arising out of an existing disability prior to the first inception of this Policy is excluded
iii. Treatment in India
iv. Expenses incurred during the period of admission only are payable

The limits for accidental Hospitalization are capped at 20% of the AD SI or Rs 5L or actual whichever is lower. Non-payable items as mentioned in the Annexure shall not be payable.

Ambulance Cost

If we have accepted any claim under this policy under below sections: -
Accidental Death
Permanent Total Disability (PTD)
Permanent Partial Disability (PPD)
Accidental Hospitalization Expenses (Medex)
Temporary Total Disability
we will also reimburse for expenses incurred for transfer of the Insured Person by road from the site of accident to the nearest hospital or from one hospital to another hospital in a registered ambulance. The amount payable will be lower of Rs. 25,000 or actual expenses incurred according to the plan opted. The limit of Rs 25,000 is an annual limit per insured member.

Funeral Benefits and Repatriation of Remains

If we have accepted a claim under Accidental Death benefit, then we will in addition pay fixed amount towards funeral expenses including transporting the mortal remains of the Insured Person from the place of the Accident or the Hospital to his residence. The amount payable will be lower of 1% of sum Insured, or Rs 50,000 according to the plan opted.

Hospital Daily Cash (Accident Only)

If any Insured Person suffers an Accident during the Policy Period that requires the Insured Person's Hospitalization as an inpatient, then we will in addition pay a per day benefit amount which is equivalent to 0.5% of the Sum Insured or Rs 10,000 whichever is lower for the period of Hospitalization and subject to maximum of 30 days per Policy Period according to the plan opted. This benefit would trigger only when we have admitted the claim under Accidental Hospitalization Expenses (Medex) benefit.

Cost of Crutches / Wheelchair

If we have accepted a claim under Permanent Total Disability or Permanent Partial Disability, then we will in addition pay the amount towards cost of crutches/wheelchair necessitated due to disability. The amount payable would lower of 5% of Sum Insured or Rs. 100,000 or actual expenses incurred according to the plan opted.

Cost of Artificial Limbs

If we have accepted a claim under, Permanent Total Disability or Permanent Partial Disability, then we will in addition reimburse the amount towards cost of artificial limbs necessitated due to disability. The amount payable would lower of 10% of Sum Insured or Rs. 100,000 or actual expenses incurred according to the plan opted.

Optional Benefits

The Policy provides the following optional covers. The Policy Schedule will specify the Optional Covers that are in force for the Insured Person. All covers available under optional benefits are in addition to the Standard Covers opted under the respective Plan. Wherever a claim qualifies under more than one benefit we will pay for all such eligible covers opted and in force at the time of such claim under the Policy.

Coma Benefit

If during the period of insurance an insured person sustains bodily injury which directly and independently of all other causes results him being in a Comatose State causing permanent neurological deficit within 30 days from the date of injury, then we will pay 10% of the Accidental Death Sum Insured upto Rs 5 lacs whichever is lower for the benefit subject to the following conditions:

The state of unconsciousness should correspond to a Glasgow Coma Scale (GCS) score of 3 (No motor response, No verbal response, No eye opening)
A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
a. no response to external stimuli continuously for at least 96 hours;
b. life support measures are necessary to sustain life; and
c. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.
Special Exclusions to Benefit
a) Actual or alleged dowry harassment.
b) Actual or attempted self immolation.
c) Coma resulting directly from alcohol or drug abuse is excluded.

Burns

If the Insured Person suffers from Burns due to an Injury solely and directly due to an Accident that occurs during the Policy Period, we will pay the amount specified in the table below to the Insured Person subject to the following:

- 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 surface area in writing.

For the purpose of this benefit, Burns means any burns suffered by the Insured Person as specifically defined in the table below.

Table of Benefits Burns	Benefit as percentage of AD SI
Head	
Third degree burns of 8% or more of the total head surface area	100%
Second degree burns of 8% or more of the total head surface area	50%
Third degree burns of 5% or more, but less than 8% of the total head surface area	80%
Second degree burns of 5% or more, but less than 8% of the total head surface area	40%
Third degree burns of 2% or more, but less than 5% of the total head surface area	60%
Second degree burns of 2% or more, but less than 5% of the total head surface area	30%
Rest of the Body	
Third degree burns of 20% or more of the total body surface area	100%
Second degree burns of 20% or more of the total body surface area	50%
Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
Third degree burns of 10% or more, but less than 15% of the total body surface area	60%
Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

Where a claim for 100% Sum Insured has been paid under this coverage under this benefit shall lapse and the policy will continue for the balance period for the other covers, however no further renewals will be permitted.

Broken Bones Benefit

If the Insured Person suffers from Broken Bones due to an Injury solely and directly due to an Accident that occurs during the Policy Period, We will pay percentage the of Sum Insured as specified in the table below.

For the purpose of this benefit, Broken Bones means the breakage of such bones of the Insured Person evidenced by a Fracture and are specifically defined in the table below excluding any form of hair line fracture.

Table of Benefits Broken Bones	Benefit as percentage of AD SI
Injury to vertebral body resulting in spinal cord damage	100%
Pelvis	100%
Skull 30% (excluding nose and teeth)	30%
Chest (all ribs and breast bone)	50%
Chest (2 or more ribs)	15%
Shoulder (collar bone and shoulder blade)	30%

Arm	25% or Rs. 5 Lacs whichever is lower
Leg	25% or Rs. 5 Lacs whichever is lower
Vertebra - vertebral arch (excluding coccyx)	30% or Rs. 5 Lacs whichever is lower
Wrist (collies or similar fractures)	10% or Rs. 5 Lacs whichever is lower
Ankle (Potts or similar fracture)	10% or Rs. 5 Lacs whichever is lower
Coccyx	5% or Rs. 1 Lacs whichever is lower
Hand	3% or Rs. 1 Lac whichever is lower
Finger	3% or Rs. 1 Lac whichever is lower
Foot	3% or Rs. 1 Lac whichever is lower
Toe	3% or Rs. 1 Lac whichever is lower
Nasal bone	3% or Rs. 1 Lac whichever is lower

For the Purpose of this benefit;

- Pelvis means all pelvic bones which shall be treated as one bone. The sacrum will be considered as part of the vertebral column.
- Skull means all skull and facial bones (excluding nasal bones and teeth) which shall be treated as one bone.
- Any Fracture caused as a result of Sickness or disease (including malignancy), or due to osteoporosis will not be payable under this benefit.
- If an Insured Person suffers a fracture not mentioned in the table above, then We will assess the fracture with Our medical advisors and determine the amount of payment to be made.
- Our maximum liability under this benefit is limited to the opted Sum Insured, irrespective of the number of fractures that the Insured Person suffers caused by the same Accident. Where a claim for 100% Sum Insured has been paid under this coverage under this benefit shall lapse and the policy will continue for the balance period for the other covers, however no further renewals will be permitted.
- If a claim in respect of any fracture of a whole bone also encompasses some or all of its parts, Our liability to make payment will be limited to the whole bone only and not any of its parts.

Temporary Total Disability

If the Insured Person suffers an Injury solely and directly due to an Accident occurring during the Policy Period that disables the Insured Person from engaging in any employment on a temporary basis, then We shall pay the weekly amount as specified in the Schedule for the duration that the temporary total disablement continues. The cover is intended for Salaried Persons.

Conditions

a) The temporary total disablement is certified by a treating doctor.

b) We will pay an amount equal to of 1% of the Accidental Sum Insured or Rs.50,000 per week whichever is lower for the duration of the Temporary Total Disablement

c) We shall not be liable to make payment under this benefit for more than a total of 104 weeks in respect of any one Injury calculated from the date of commencement of the Temporary Total Disablement, subject always to the availability of the Sum Insured.

d) This Benefit shall not be paid in excess of the Insured Person's Actual base weekly salary at the time of accident excluding overtime, bonuses, tips, commissions, or any other compensation.

e) This Benefit is payable provided that if the Insured Person is disabled for a part of the week, then only a proportionate part of the weekly benefit shall be payable.

f) This Benefit shall be payable at the completion of the duration of temporary total disablement. In case the temporary total disablement continues for a period of more than 30 days then We shall make

payment of the amount due at the end of every calendar month provided the person continues to suffer from the temporary total disablement at the end of such period.
g) This cover shall not be Renewed after the Insured Person has attained 70 years of Age.

Accidental Hospitalization Expenses (Medex - Global)
Accidental Hospitalization Expenses (Medex) - Global On availing this option, We will pay Medical Expenses under Accidental Hospitalization Expenses (Medex) section, incurred anywhere in world as mentioned in policy schedule.

Accident Insurance Renewal Premium
In the event, Claim for Insured Policy Holder becomes admissible under Accidental Death Cover, We will pay the amount equivalent to the Renewal premium of the Coverage for all other Insured Person covered in the same policy as mentioned in the Policy Schedule. The Benefit will be payable irrespective of whether Policy is renewed or not.

Chauffeur Benefit
If Insured Person sustains Injury during the Policy Period which results in Temporary Total Disablement, We will indemnify the Insured Person towards daily cost of hire of a transportation or hire a driver to maintain the mobility of Insured Person. The limit for this benefit is capped at upto 1% of the Sum Insured or Rs 5,000/-, per day whichever is lower upto maximum 10 days.

Parental Care Benefit
We will pay the Sum Insured towards parental care of Dependent Parents, in the event of Claim admissible under Accidental Death Cover.
Conditions applicable to Parental Care Benefit
1) This Coverage is applicable only to living Dependent Parents
2) The limit for this coverage is 10% of the Sum Insured or maximum Rs 10 lac per policy per parent for max. 2 parents whichever is lower.
3) The Coverage for this Optional cover terminates on admissibility of Claim equal to the Sum Insured
Special Exclusions to Benefit
a) Any benefits which an Insured Person is eligible to receive under the Workmen's Compensation Act 1923 or any similar enactment.
b) Any expenses incurred in excess of the amount that would have usually been incurred had the Insured Person not been insured under this Policy.
c) Any modifications or alterations not compliant with the applicable law.

Purchase of Blood
If we have accepted a claim under Accidental Death, Permanent Total Disability (PTD), Permanent Partial Disability (PPD) & Temporary Total Disability, then we will in addition reimburse the actual expenses incurred in purchasing blood through a Hospital or lawful blood bank for the purpose of the Insured Person's medical or surgical treatment provided that such treatment is necessitated by the Accident. The limit for this coverage is Actuals or max Rs. 5,000 whichever is lower per event.

Family Transportation
If we have accepted a claim under Accidental Death or Permanent Total Disability (PTD), then we will in addition reimburse the actual expenses incurred in transporting one Immediate Family Member to the Hospital where the Insured Person is admitted following an Accident. The limit for this coverage is Actuals

or max Rs. 50,000 whichever is lower.
Note: In this Benefit, Immediate Family Member means the Insured Person's legal spouse, children, parents, parents-inlaw, legal guardian, ward, step child or adopted child.

Modification of Residence/Vehicle
If We have accepted a claim under Permanent Total Disability (PTD), then We will in addition reimburse the reasonable expenses incurred to modify the Insured Person's residential accommodation and/or vehicle as long as the modifications have been carried out in India and certified by a Doctor to be necessary and directly required as a result of the Accident for which we accepted the claim. The limit for this coverage is Actuals or max Rs. 2,50,000 whichever is lower.

Adventure Sports – Accidental Death
If the Insured Person suffers an Injury solely and directly due to an Accident which occurs during the Policy Period whilst engaged in a sports activity carried out in a non- professional capacity & in accordance with the guidelines, codes of good practice and recommendations laid down by a governing body or authority in respect of that sport, and such Injury results in Death as per Accidental Death section, then We shall pay the Accidental Death Sum Insured in respect of that Insured Person.
Conditions
a) If We have admitted a claim in accordance with this Benefit, then cover under Accidental Death section shall be terminated and shall not be Renewed under this Policy.
b) Permanent Exclusion 'Participation in Adventure Sports' shall not be applicable in respect of this Benefit.

Adventure Sports – Accidental Death & Permanent Total Disability (PTD)
If the Insured Person suffers an Injury solely and directly due to an Accident which occurs during the Policy Period whilst engaged in a sports activity carried out in a non- professional capacity & accordance with the guidelines, codes of good practice and recommendations laid down by a governing body or authority in respect of that sport, and such Injury results in Death and / or Permanent Total Disability (PTD), then We shall pay the Accidental Death Sum Insured or percentage of the Sum Insured shown in the Permanent Total Disability (PTD) table above in case of an Permanent Total Disablement in respect of that Insured Person.
Conditions
a) If We have admitted a claim in accordance with this Benefit, then cover under Accidental Death and / or Permanent Total Disability (PTD) section shall be terminated and shall not be Renewed under this Policy.
b) Permanent Exclusion 'Participation in Adventure Sports' shall not be applicable in respect of this Benefit.
Only one optional benefit is to be selected between Adventure Sports – Accidental Death and Adventure Sports – Accidental Death & Permanent Total Disability (PTD) is to be selected.

Emergency Air Ambulance Charges
If we have accepted any claim under this policy under below sections
Accidental Death
Permanent Total Disability (PTD)
Permanent Partial Disability (PPD)
Accidental Hospitalization Expenses (Medex)
Temporary Total Disability

We will also reimburse for expenses incurred for transfer of the Insured Person by an air ambulance from the site of accident to the nearest hospital or from one hospital to another hospital. The amount payable will be lower of Rs.500,000 or actual expenses incurred. The limit of Rs 500,000 is an annual limit per insured member.

Transportation of Imported Medicine

If We have accepted a claim under below benefits
Accidental Death
Permanent Total Disability (PTD)
Permanent Partial Disability (PPD)
Temporary Total Disability
then We will in addition reimburse the actual expenses incurred on freight charges for importing medicines to India, provided that:
a) Such medicines, formulations or their alternatives are not available in India, and
b) Such medicines are necessary for the medical or surgical treatment of the Insured Person in a Hospital following the Accident.
c) Such medicines shall not include any drugs under clinical trial or medicines, formulations or molecules of unproven efficacy.
d) The amount payable will be lower of Rs.20,000 or actual expenses incurred.

Marriage Fund for Children

If We have accepted a claim under Accidental Death or Permanent Total Disability (PTD), then We will in addition pay the Sum Insured towards the marriage expenses for unmarried Dependent Children of the Insured Person above 18 Years, provided that Our maximum liability under this Benefit for all Dependent Children, irrespective of the number of Dependent Children shall be limited to the benefit Sum Insured.

Convalescence Benefit

We will pay a lump sum amount Rs. 50,000 if inpatient hospitalisation for accidental injuries exceeds 30 days; Rs. 1,00,000 if inpatient hospitalisation for accidental injuries exceeds 45 days & Rs. 2,00,000 if inpatient hospitalisation for accidental injuries exceeds 60 days as specified in Schedule towards convalescence only once per Insured per Policy year.

Loss of Income

If the Insured Person suffers an Injury solely and directly due to an Accident occurring during the Policy Period that disables the Insured Person from engaging in any occupation on a temporary basis and hence loss of income, then We shall pay the weekly amount as specified in the Schedule for the duration that the temporary total disablement continues. The cover is intended for self-employed Insured Persons.

Conditions

a) The temporary total disablement is certified by a treating doctor.
b) We will pay an amount equal to 0.5% of the Accidental Sum Insured or Rs.20,000 per week whichever is lower for the duration of the Temporary Total Disablement
c)We shall not be liable to make payment under this benefit for more than a total of 52 weeks in respect of any one Injury calculated from the date of commencement of the Temporary Total Disablement, subject always to the availability of the Sum Insured.
d)) This Benefit shall not be paid in excess of the Insured Person's actual base weekly income at the time of accident where an average weekly income for past 24 months starting just before the accident is

considered.
e)) This Benefit is payable provided that if the Insured Person is disabled for a part of the week, then only a proportionate part of the weekly benefit shall be payable.
f) This Benefit shall be payable at the completion of the duration of temporary total disablement. In case the temporary total disablement continues for a period of more than 30 days then We shall make payment of the amount due at the end of every calendar month provided the person continues to suffer from the temporary total disablement at the end of such period.
g) This cover shall not be Renewed after the Insured Person has attained 70 years of Age.

Loan Secure
If we have accepted a claim under Accidental Death benefit or Permanent total Disablement, then we will in addition pay the amount of loan outstanding as on the date of accident subject to a maximum of 25% of Accidental Death sum insured subject to the following conditions.

i. The outstanding loan amount would not include any arrears, penalties or penal interest.
ii. The loan has to be in the name of the insured and from a bank or a housing finance company licensed by the appropriate authority.
iii. Loans from Credit Societies, Money lenders or similar unorganized lending institutions are excluded.
iv. If the member has more than one loan outstanding, the cumulative amount of all the loans together would be considered.
v. In an event if the loan is transferred from one financer to another then the insured must inform us in written with new Loan Sanction Letter, also in case of loan foreclose during the Policy period no premium refund shall be provided.
vi. The cover for the Insured Person under this Section shall terminate immediately in the event of admissible claim and settlement of Benefit under this cover.
vii. The cover can be opted by earning self and / or spouse
viii. Claim will be payable only to the nominee or to any financial institution if assignment is provided.

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 365 days, then We will pay the Sum Insured.
Special Exclusions:-
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:

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

Child Education Benefit
If we have accepted a claim under Accidental Death Section, then we will in addition pay a sum towards child tuition expenses for four consecutive years according to the plan opted in the policy schedule. The benefit is payable for each child for maximum of 2 child who has not reached the age of 25 years and is enrolled as a full-time student in an educational institution recognized by the Government of India the amount payable per child per year for four consecutive years will be lower of
- Actual Fees

- 10% of sum Insured
- Rs, 10,00,000

Enhanced Temporary Total Disability

If the Insured Person suffers an Injury solely and directly due to an Accident occurring during the Policy Period that disables the Insured Person from engaging in any employment on a temporary basis, then We shall pay the weekly amount as specified in the Schedule for the duration that the temporary total disablement continues. The cover is intended for Salaried Persons.

Conditions

a) The temporary total disablement is certified by a treating doctor.

b) We will pay an amount equal to 1% of the Accidental Sum Insured or Rs.1,00,000 per week whichever is lower for the duration of the Temporary Total Disablement

c) We shall not be liable to make payment under this benefit for more than a total of 104 weeks in respect of any one Injury calculated from the date of commencement of the Temporary Total Disablement, subject always to the availability of the Sum Insured.

d) This Benefit shall not be paid in excess of the Insured Person's Actual base weekly salary at the time of accident excluding overtime, bonuses, tips, commissions, or any other compensation.

e) This Benefit is payable provided that if the Insured Person is disabled for a part of the week, then only a proportionate part of the weekly benefit shall be payable.

f) This Benefit shall be payable at the completion of the duration of temporary total disablement. In case the temporary total disablement continues for a period of more than 30 days then We shall make payment of the amount due at the end of every calendar month provided the person continues to suffer from the temporary total disablement at the end of such period.

g) This cover shall not be Renewed after the Insured Person has attained 70 years of Age.

Enhanced Loss of Income

If the Insured Person suffers an Injury solely and directly due to an Accident occurring during the Policy Period that disables the Insured Person from engaging in any occupation on a temporary basis and hence loss of income, then We shall pay the weekly amount as specified in the Schedule for the duration that the temporary total disablement continues. The cover is intended for self-employed Insured Persons.

Conditions

a) The temporary total disablement is certified by a treating doctor.

b) We will pay an amount equal to 0.5% of the Accidental Sum Insured or Rs.50,000 per week whichever is lower for the duration of the Temporary Total Disablement

c) We shall not be liable to make payment under this benefit for more than a total of 52 weeks in respect of any one Injury calculated from the date of commencement of the Temporary Total Disablement, subject always to the availability of the Sum Insured.

d)) This Benefit shall not be paid in excess of the Insured Person's actual base weekly income at the time of accident where an average weekly income for past 24 months starting just before the accident is considered.

e) This Benefit is payable provided that if the Insured Person is disabled for a part of the week, then only a proportionate part of the weekly benefit shall be payable.

f) This Benefit shall be payable at the completion of the duration of temporary total disablement. In case the temporary total disablement continues for a period of more than 30 days then We shall make payment of the amount due at the end of every calendar month provided the person continues to suffer from the temporary total disablement at the end of such period.

g) This cover shall not be Renewed after the Insured Person has attained 70 years of Age.

Note:- An Insured person is eligible for either Temporary Total Disability Cover, Enhanced Temporary Total Disability, Loss of Income and Enhanced Loss of Income as per the mode of income declared.

Exclusions

Specific Exclusions

- Injury or treatment related to addictive conditions and disorders resulting from any kind of substance abuse or misuse including alcohol abuse or misuse.
- Participation in Adventure Sports.
- Insured person committing any breach of law with criminal intent or participation in any riots, civil commotion, or felony.
- Any intentional self-injury, suicide or attempted suicide, insanity, or stress
- Congenital Anomaly whether Internal Congenital Anomaly or External Congenital Anomaly, congenital internal or external diseases, defects or in consequence thereof.
- Bacterial infections (except pyogenic infection which occurs through a cut or wound due to Accident).
- Condition resulting due to any disease or infection unless arising directly and solely due to accident
- Any change of profession after inception of policy which results in increase in risk, unless declared by insured person and accepted & endorsed by Us.
- Any change of profession after Inception Date which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Policy Schedule.
- Medical or Surgical Procedure except as necessarily required, solely and directly as a result of an Accident
- Any sexually transmitted disease
- Related to or traceable to Pregnancy or childbirth
- 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 in any aircraft whether privately owned or chartered or operated by scheduled airlines
- Insured person operating or learning to operate any aircraft or performing duties as member of crew on any aircraft or scheduled airlines or any airline personnel
- War or war like operations, Civil War, invasion, act of foreign enemies, revolution, insurrection, mutiny, terrorism, military or usurped power, seizure, capture, arrest, restraint, or detainment, confiscation, or nationalisation or requisition by or under the order of any government or public authority.
- Any act of Nuclear, Chemical, Biological Terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss
- Radioactive, chemical, nuclear contamination, or ionizing radiation
- Any insured person's participation or involvement in any branch of naval, air force or military operations or any paramilitary forces.
- Any payment in case of more than one claim under the Policy during any one Policy Period by which Our maximum liability in that period would exceed the Sum Insured. This would not apply to payments made under the Optional Covers.
- Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's family.
- Any expenses (other than as mentioned therein) specified in List of Non-Medical Expenses as set out in Annexure
- Existing diseases disclosed by the Insured Person (in line with Chapter IV, Guidelines on standardization of Exclusions in Health Insurance Contracts, 2019), provided the same is applied at

the underwriting and consented by You/ Insured Person.

Discount Factors:

A. Maximum capping of 20% discount (Tenure Discount, Employee Discount, Cross Sell Discount, Direct Sourcing Discount) shall be offered based on following parameters.

1. Tenure discount

Policy Period	Discount percentage
2 years	10%
3 years	12.5%

2. Employee Discount: A discount of 15% is offered for employees of Magma General Insurance Limited and its parent group and its subsidiaries and other affiliated companies provided the Policy is purchased without any intermediary.
3. Cross sell discount: A discount of 5% will be offered if the proposer is a Policyholder with Magma on or prior to inception of this Policy.
4. Direct Sourcing Discount: A discount of 10% will be offered if the Policy is purchased through direct channel of distribution. This discount will not be offered if Employee discount is availed.

B. Online Discount:- If you are an insured person buying the policy online through Magma GI website/Mobile app/website or mobile app of our insurance partner or any web aggregator you can get a 7.5% discount on the premium.

Documents required for underwriting

- Complete filled proposal form
- Previous 3 years ITR / Form 16 / Salary Slips for previous 3 months
- Disability certificates, if any
- All medical papers if any medical condition is reported.
- Any other documents which may be deemed fit by the underwriters based on the risk covered, Occupation and the optional coverages opted.
- Business Income Computation

General Terms & Clauses

Standard General Terms & Clauses

- **Disclosure of Information**

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

- **Condition Precedent to Admission of Liability**

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

- **Complete Discharge**

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

- **Multiple Policies (Applicable to Indemnity Benefits on the Policy)**

1. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. ln all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
2. lnsured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
3. lf the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.
4. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

- **Fraud**

lf any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.
Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.
For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:
a) The suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
b) The active concealment of a fact by the insured person having knowledge or belief of the fact;
c) Any other act fitted to deceive; and
d) Any such act or omission as the law specially declares to be fraudulent
The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

- **Cancellation (other than Free Look cancellation)**

(i) The policyholder may cancel his/her policy at any time during the term, by giving 7 days' notice in writing. The Insurer shall
a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.
b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.
The Company may cancel the policy at any time on grounds of established fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation.

- **Migration**

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date. lf such person is presently covered and has been continuously covered without any lapses under any health insurance product plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

- **Withdrawal of Policy**

i. ln the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
ii. lnsured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

- **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 enhanceed limits.

- **Premium Payment in instalments**

lf the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of lnsurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

i. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
ii. Coverage shall be available during the grace period, if the premium is paid in instalments during the policy period.
iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
iv. No interest will be charged lf the instalment premium is not paid on due date
v. ln case of instalment premium due not received within the grace period, the policy will get cancelled.
vi. ln the event of a claim, all subsequent premium instalments shall immediately become due and payable.
vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

- **Possibility of Revision of Terms of the Policy including the Premium Rates**

The Company, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

- **Free Look Period**

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.
The insured shall be allowed a free look provision of thirty days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable.
If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges; or
ii. where the risk has already commenced and the option of return of the Policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;
iv. In case of any delay in refund, the insurer shall refund such amounts along with interest at the bank rate plus 2 percent on the refundable amount, from the date of receipt of the request for free look cancellation till the date of refund.

- **Redressal of Grievance**

In case of any grievance including senior citizen, the insured person may contact the Company through
Website: www.magmainsurance.com
Toll free: 1800 266 3202
Email address: customercare@magmainsurance.com.
For senior citizens Email address - namaskar@magmainsurance.com
Dedicated helpline exclusively for senior citizens - 022-62605766
Customer can also reach out to Branch GRO
Email address: customercare@magmainsurance.com

Courier: Any of Our branch offices or corporate office during business hours
Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at:

Magma General Insurance Ltd

Equinox Business Park, Tower 3, Ambedkar Nagar

2nd Floor, Unit no. 1A and 1B, LBS Marg,

Kurla West, Mumbai, Maharashtra 400070.

E mail id-: gro@magmainsurance.com

For updated details of grievance officer, kindly refer the link
https://www.magmainsurance.com/grievance-redressal.

In case you are not satisfied with the resolution you may register complaint directly in of IRDAI's online portal - Bima Bharosa System-https://bimabharosa.irdai.gov.in/

If Insured Person is not satisfied with the redressal of grievance through above methods after the expiry of 30 days from date of filing the complaint, insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules, 2017. The contact details of the Insurance Ombudsman offices have been provided as Annexure-I. Detailed process along with list of Ombudsman offices are available at council of Insurance Ombudsman https://www.cioins.co.in/

The contact details of the Insurance Ombudsman offices have been provided as Annexure

- **Nomination**

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

- **Claim Settlement (provision for Penal interest)**
  - The Company shall settle or reject a claim, as the case may be, within 15 days from the date of intimation (along with the requisite documents).
  - ln case of delay beyond stipulated 15 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of intimation (along with the requisite documents) till the date of payment.
  - We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
  - We will only make payment to or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment.
  - In the event of the death of an Insured Person, We will make payment to the Nominee (as named in the Schedule) or assignee as the case may be. In absence of nominee or assignee and You are deceased, We will make payment to the Your legal heir, executor or appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
  - All payments made shall be subject to an applicable Deductible (if any) for such payment.
  - Payments under this Policy shall only be made in Indian Rupees irrespective of the location of accident which has given rise to the claim.
  - The assignment of benefits of the policy shall be subject to applicable law. Applicable for if Loan Secure benefit is opted.

- We shall on admission of a claim make the payment of the loan outstanding amount to the Bank/ Financial Institution where the Insured Person has authorized Us for the same.
- We will only make payment to Insured Person, Nominee or the Bank/Financial Institution, as applicable, under this Policy. Receipt of payment by Insured Person, Nominee or Bank/Financial Institution shall be considered as a complete discharge of Our liability against the respective/any claim under this Policy.

  (Explanation: "Bank Rate" means Bank rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due.)

- **Portability**

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

- **Renewal of Policy**

A health insurance policy shall be renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Insured.

a) An Insurer shall not deny the renewal on the ground that the policyholder had made a claim (s) in the preceding policy years
b) Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
c) At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits with Break in Policy. Coverage is not available during the grace period.
d) We shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured.

Specific Terms and Clauses

- **Alteration to the Policy**

This Policy constitutes the complete contract of insurance. Subject to the provisions of applicable law, 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. No one except Us can change or vary this Policy.

- **No Constructive Notice**

Any knowledge or information of any circumstances or condition in relation to the Policyholder/Insured Person which is in Our possession and not specifically informed by the Policyholder/ Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

- **Limitation of Liability**

If a claim is rejected or partially settled and is not the subject of any pending suit or other proceeding or arbitration, as the case may be, within twelve months from the date of such rejection or settlement the

claim shall be deemed to have been abandoned and Our liability shall be extinguished and shall not be recoverable thereafter.

- **Records to be maintained**

The Policyholder or the Insured Person, as the case may be shall keep an accurate record containing all relevant and accurate medical records like in-patient records, Discharge summary, medical certificates, medical prescriptions, diagnostic reports and reports confirming the need for treatment (if any) and shall allow Us or our representative(s) to inspect such records. The Policyholder or the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Period or until final adjustment (if any) and resolution of all claims under this Policy.

- **Geographical Scope**

This Policy applies to events or occurrences taking place anywhere in the world unless limited by Us in a through an endorsement or if mentioned in the cover description. The benefit towards Modification of Residence/ Vehicle expenses shall be payable only upon modification performed in India.

- **Policy Disputes**

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

- **Material Change**

It is a Condition Precedent to the Our liability under the Policy that the Policyholder (s) / Insured (s) shall immediately notify Us in writing of any material change in the risk on account of change in the nature of occupation or business at his/her own expense. We may, in Our discretion, adjust the scope of cover and/or the premium payable, accordingly. The Policyholder (s) /You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement, or reinstatement of the Policy. The Policy terms and conditions shall not be altered.

- **Communications & Notices**

Any communication or notice or instruction under this Policy shall be in writing and will be sent to:

a) To Us, at the address as specified in Policy Schedule
b) The Policyholder's Insured (s), at the address as specified in Policy Schedule
c) No insurance agents, brokers, other person, or entity is authorized to receive any notice on behalf of Us unless explicitly stated in writing by Us
d) Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile, or e-mail.

- **Assignment**

An Insured Person may assign the Benefits or any specific Benefit(s) under the Policy by giving written notice of the assignment and the terms and conditions of the assignment to Us. We will record the assignment in accordance with Section 38 of the Insurance Act 1938.

- **Electronic Transactions**

The Policyholder agrees to comply with all the terms and conditions of electronic transactions as We shall prescribe from time to time, and confirms that all transactions effected facilities for conducting remote transactions such as the internet, World Wide Web, electronic data interchange, call centres,

tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer,
automated machines network or through other means of telecommunication, in respect of this Policy and claim related details, shall constitute legally binding when done in compliance with Our terms for such facilities.
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 Policyholder. 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 Policyholder.

- **Special Provisions**

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

- **Premium**

The premium for each Policy will be determined based on the available information and applicable discounts and loadings will be applied. Payment of premiums will be available in single mode or instalment options of monthly/ quarterly/ half yearly as agreed with the Policyholder.

- **Consideration**

The Policy is issued subject to payment of premium in advance. No payment shall be valid unless made under Our official receipt. The cover shall not be valid prior to the date and time of receipt/realisation of premium. Non- receipt/realisation of premium makes the Policy Schedule/Certificate of Insurance void-ab-initio.

- **Reasonable Care**

The Insured shall take all reasonable steps to prevent a claim from arising under this Policy.

- **Entire Contract**

This Policy, together with the Proposal Form, as well as any forms, riders and endorsements and papers hereto, constitutes the entire contract of insurance. Policy Schedule/Certificate of Insurance read with this Master Policy / Policy wordings shall be complete contract for the Insured Beneficiary.
No change in this Policy shall be valid until approved by Our authorized officer and such approval is endorsed hereon. No agent has authority to change this Policy or to waive any of the provisions of this Policy.

- **Default in EMI**

Any monthly payments that are overdue and unpaid by the Insured prior to the occurrence of the Insured Event will not be considered for the purpose of calculating principal outstanding under the Policy and shall be deemed as paid by the Insured.

- **Loadings and Underwriting**

Acceptance with Risk Loading: For health hazards with a higher morbidity risk as compared to the general population with similar demography. The maximum loading applied will not exceed 100% for individual health issue/medical / disability condition or occupational hazard and 150% per proposal.

These loadings are applied from the Policy Inception Date including subsequent Renewal(s) with Us or on the receipt of a request for increase in Sum Insured (for which the loading shall be applied on the increased Sum Insured).
We will inform the Policyholder about the applicable risk loading through post/courier/email/phone.
No loading shall be applied at the time of Renewal on the basis of individual claim experience.
Loading for Instalment Option: If You want to opt for premium payment in instalments following loading shall be applicable. Tenure discount shall not be applicable if instalment option is chosen.

Instalment Option	Factor to be applicable on premium for one year tenure Policy	Factor to be applicable on premium for two year tenure Policy	Factor to be applicable on premium for three year tenure Policy
Monthly	1.05/12	1.05/24	1.05/36
Quarterly	1.04/12	1.04/24	1.04/36
Half Yearly	1.03/12	1.03/24	1.03/36

Other Terms and Clauses

Provided that due adherence/observance and fulfilment of the terms and conditions of this Policy (conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by Policyholder and / or any Insured Person be a Condition Precedent to admission of Our liability under this Policy.
On the occurrence of an Injury that may give rise to a claim under this Policy, then as a Condition Precedent to Our liability under the Policy, the following procedure shall be complied with:

Intimation of Claim: If any injury is suffered or any condition happens which may give rise to Claim under this Policy, Insured person or any one acting on his behalf shall notify Us immediately.

- The claim can be intimated to the Call Centre on 1800 266 3202
- Request to provide the policy details while intimating your claim.
- The date, time and cause of Incidence must be provided at the time of claim intimation.
- Request to intimate the claims as far as possible through our Call Centre and for better controls.

Submission of claim: The claim form along with the attending Medical Practitioner's certificate duly filled and signed in all respects with the following claim documents will be submitted to Us not later than 30 days from the date of discharge from the Hospital.

Payment of Claim

- No liability will be admitted, if the claim is fraudulent or supported by fraudulent means.
- The Insured Person or any person acting on behalf of the Insured Person, as the case may be, must provide at his/her expense, all the information asked by Us in relation to the claim and he/she must provide all reasonable cooperation and assistance to Us as may be required.
- If required, the Insured Person or any person acting on behalf of the Insured Person, as the case may be, must give consent to obtain medical reports from the Medical Practitioner at Our expense
- If requested by Us, the Insured Person must agree to be examined by a Medical Practitioner of Our choice and at Our expense
- All claims under this Policy shall be payable in Indian Currency.
- Claims under this Policy shall be settled or rejected, as the case may be, within 15 days from the date of intimation (along with the requisite documents).

- All claims are to be notified to Us within the timeline set out above. Where the delay in intimation is proved to be genuine and for reasons beyond the control of the Insured Person or nominee specified in the Policy Schedule or the claimant, We may condone such delay and process the claim. Please note that the waiver of the time limit for notice of claim and submission of claim is at Our discretion

- **Claim Documents**

The claims documents as specified in below sections for various covers must be provided to Us within 30 days of occurrence of the event giving rise to a claim under the Policy at Your own/ Insured Person's expenses Where there is a delay in intimation of claim and/or submission of claim documents is proved to be genuine and for reasons beyond the control of the claimant, We may condone such delay and process the claim. We reserve the right to decline such requests for claim process where there is no merit behind such delay. Please refer Annexure for claim documents.
Address for claim documents submission:
Magma HDI General Insurance Company Limited
Unit No. 63, 6th floor,
Der Deutsche Parkz,
Near Nahur Railway Station,
Bhandup, Mumbai – 400078

- **Payment of Claim**

No liability under the Policy will be admitted, if the claim is fraudulent or supported by fraudulent means. The Insured Person or any person acting on behalf of the Insured Person, as the case may be, must provide at his/her expense, all the information asked by Us in relation to the claim and he/she must provide all reasonable cooperation and assistance to Us as may be required.
If required, the Insured Person or any person acting on behalf of the Insured Person, as the case may be, must give consent to obtain medical reports from the Medical Practitioner at Our expenses
If requested by Us, the Insured Person must agree to be examined by a Medical Practitioner of Our choice and at Our expense.
All claims under this Policy shall be payable in Indian Currency.

Annexure

The contact details of the **Insurance Ombudsman** offices are as below-

Office of the Ombudsman	**Contact Details**	**JURISDICTION**
AHMEDABAD	Dr. Pranai Prabhakar Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001.	Gujarat, Dadra & Nagar Haveli, Daman and Diu.

	Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in	
BENGALURU	Ms. Neerja Kapur Insurance Ombudsman 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	Shri. Ajay Kumar Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor," Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh and Chhattisgarh.
BHUBANESWAR	Shri Rashmi Raman Singh Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha
CHANDIGARH	Ms. Alka Jha Insurance Ombudsman Office of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh

CHENNAI	Shri. K. Vinayak Rao Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)
DELHI	Shri Mukhmeet Singh Bhatia Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh
GUWAHATI	Shri. Ajay Kumar Sharma Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Ms. G Shobha Reddy Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.

JAIPUR	Shri. Satyajeet Rajan Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan
KOCHI	Shri. Pradeep Kumar Jain Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry
KOLKATA	Ms. Manju Bagga Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands
LUCKNOW	Shri Sanjai Singh Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar,

		Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
MUMBAI	Ms. Sarojini S Dikhale Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N , S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai
NOIDA	Shri Rajiv Talwar Insurance Ombudsman 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	Shri Inderjeet Singh Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road,	Bihar, Jharkhand

	Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	
PUNE	Ms. Rachna Khare Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district,Palghar District, Raigad district & Mumbai Metropolitan Region
THANE	Shri Umesh Sinha Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor,Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West)- 400604 Tel.: 022-20812868/69 Email: oio.thane@cioins.co.in	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T."

For updated list visit- https://www.cioins.co.in/Ombudsman

Annexures

List I – Item for which coverage in not available in the policy

Sl No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
10	LEGGINGS

11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical

	pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

List II – Items that are to be subsumed into Room Charges

Sl No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET

26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III – Items that are to be subsumed into Procedure Charges

Sl No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

Sl No.	Item
1	ADMISSION/REGISTRATION CHARGES

2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION⁄STERILLIUM
17	Glucometer& Strips
18	URINE BAG

Claim Documents

Benefit	**List of Claim Documents**
Accident Death	• Claim form • Death Certificate • Investigation reports along with original bills • FIR Copy, Postmortem Copy • ID proof of Insured and Nominee • PAN card/ Form 97, CKYC form and Address proof of Nominee • Cancel Cheque copy with Name printed • Medical records, information and evidence from a hospital or medical practitioner or otherwise required by us shall be provided by you at your expense. (May be required in some cases) • Any other documents as requested by our claims team
Accident Death (Common Carrier)	• Claim form • Death Certificate • Investigation reports along with original bills • FIR Copy, Postmortem Copy • ID proof of Insured and Nominee • Copy of Ticket / Boarding Pass on common carrier • PAN card/ Form 97, CKYC form and Address proof of Nominee • Cancel Cheque copy with Name printed • Medical records, information and evidence from a hospital

	or medical practitioner or otherwise required by us shall be provided by you at your expense. (May be required in some cases) • Any other documents as requested by our claims team
Permanent Total Disability (PTD) Permanent Partial Disability (PPD)	• Claim form duly filled and signed • Pan Card copy/Aadhar card copy of Injured as well as Insured • Medical Certificate issued by treating doctor confirming disability • Photographs of showing injury. • Original Copy of Discharge Summary with all medical papers with X-rays Film • NEFT Details (cancel cheque copy) • All medical bills in original along with payment proofs. If the medical expenses are borne by Insured, please provide necessary proofs such as cash vouchers, ledger sheet, etc. • FIR COPY if any • In case of any claim payout, ID & Address proof is required for KYC purpose • Any other additional document while processing the claim
Ambulance Cost	• Ambulance Bills • Any other documents required at the time of claim
Accidental Hospitalization Expenses (Medex)	• Claim form • Discharge Summary • Hospital Bill and Payment receipts, • Medical bills and Investigation reports and bills. • FIR Copy • ID proof of Insured and Nominee • PAN card/ Form 97, CKYC form and Address proof of Nominee • NEFT details • Any other documents as requested by our claims team
Child Education	• Bills of Education fees paid • Any other documents required at the time of claim
Funeral Benefits and Repatriation of remains	NA
Hospital Daily Cash	• Copy of Discharge summary • Duly filled claim form • Copy of Hospital bill Breakup • Copy of photo ID and address proof (Govt. ID Proof) • Cancel cheque copy with name of policyholder printed • Copy of KYC documents if claim amount is more than 1 Lac
Cost of crutches/Wheelchairs	• Bills towards purchase of Crutches/wheelchair • Any other documents required at the time of claim

Cost of Artificial limbs	• Bills towards purchase of Artificial Limbs • Any other documents required at the time of claim
Add Ons	
Coma Benefit	• Claim form • Discharge Summary • Medical Certificate from treating doctor stating the Comatose state as per Glassgow Coma Scale • FIR Copy • ID proof of Insured and Nominee • PAN card/ Form 97, CKYC form and Address proof of Nominee • NEFT details • Any other documents as requested by our claims team
Burns	• Claim form • Discharge Summary • Medical Certificate from treating doctor confirming the of Burns along with Percentage of surface area involved • FIR Copy • ID proof of Insured and Nominee • PAN card/ Form 97, CKYC form and Address proof of Nominee • NEFT details • Any other documents as requested by our claims team
Broken Bones	• Claim form • Discharge Summary • Medical Certificate from treating doctor confirming the of Burns along with Percentage of surface area involved • FIR Copy • ID proof of Insured and Nominee • PAN card/ Form 97, CKYC form and Address proof of Nominee • NEFT details • Any other documents as requested by our claims team
Temporary Total Disability and Enhanced Temporary Total Disability	• Claim form • Discharge Summary • Medical Certificate from treating doctor confirming the of Burns along with Percentage of surface area involved • FIR Copy • ID proof of Insured and Nominee • PAN card/ Form 97, CKYC form and Address proof of Nominee • NEFT details • Any other documents as requested by our claims team
Accidental Hospitalization Expenses (Global)	• Claim form • Discharge Summary

	• Hospital Bill and Payment receipts, • Medical bills and Investigation reports and bills. • FIR Copy • ID proof of Insured and Nominee • PAN card/ Form 97, CKYC form and Address proof of Nominee • NEFT details • Any other documents as requested by our claims team
Accident Insurance Renewal Premium	• Premium Paid Receipt towards Accident Insurance Renewal Premium • Any other documents required at the time of claim
Chauffeur Benefit	• Bills against hire of transportation or hire of driver • Any other documents required at the time of claim
Parental Care Benefit	NA
Purchase of Blood	• Bills against Blood purchased from a Hospital or lawful blood bank • Any other documents required at the time of claim
Family Transportation	• Transportation bill of Immediate Family member • Any other documents required at the time of claim
Modification of Residence/Vehicle	• Bills related to expenses incurred for modification of residential accommodation/ Vehicle • Any other documents required at the time of claim
Adventure Sports – Accidental Death	Same as Accidental Death
Adventure Sports - Accidental Death & Permanent Total Disability (PTD)	Same as Accidental Death and PTD
Emergency Air Ambulance Charges	• Air Ambulance Bills • Any other documents required at the time of claim
Loan Secure	• Loan account Statement in respect of Loan account number or New Loan Account Letter in case of loan transfer • Any other documents required at the time of claim
Transportation of Imported Medicine	• Expenses bills incurred on freight charges for importing medicines to India • Any other documents required at the time of claim
Marriage fund for Children	• In addition to Accidental and Permanent Total Disability documents. • Any other documents required at the time of claim
Convalescence Benefit	NA
Loss of Income and Enhanced Loss of Income	• Claim form • Discharge Summary • Medical Certificate from treating doctor confirming temporary total disablement • FIR Copy

	• ID proof of Insured and Nominee • PAN card, Last 2 Years IT Return, Passbook / Bank Statements, Income Statements CKYC form and Address proof of Nominee • NEFT details • Any other documents as requested by our claims team
Widowhood Cover	NA

Benefit Construct

	Secure	**Support Plus**	**Shield**
Sum Insured	2.5L, 5L, 10L, 15L, 20L, 25L, 30L, 40L, 50L, 75L, 1 Cr. onwards multiples of 25L until 10Crs	2.5L,5L, 10L, 15L, 20L, 25L, 30L, 40L, 50L, 75L, 1 Cr. onwards multiples of 25L until 10Crs	2.5L,5L, 10L, 15L, 20L, 25L, 30L, 40L, 50L, 75L, 1 Cr. onwards multiples of 25L until 10Crs
Accidental Death	100% of Sum Insured	100% of Sum Insured	100% of Sum Insured
Accidental Death (Common Carrier)	200% of Sum Insured or Rs. 10 Crs whichever is lower	200% of Sum Insured or Rs. 10 Crs whichever is lower	200% of Sum Insured or Rs. 10 Crs whichever is lower
Permanent Total Disability (PTD)	100% of Sum Insured	100% of Sum Insured	100% of Sum Insured
Permanent Partial Disability (PPD)	% Specified in the policy document	% Specified in the policy document	% Specified in the policy document
Ambulance Cost	Upto Rs 25,000 or actuals whichever is lower	Upto Rs 25,000 or actuals whichever is lower	Upto Rs 25,000 or actuals whichever is lower
Accidental Hospitalization Expenses (Medex)	NA	Upto 20% of Sum Insured or Rs 5Lakh or actual whichever is lower	Upto 20% of the Sum Insured or Rs 5Lakh or actual whichever is lower
Funeral Benefits and Repatriation of remains	NA	NA	1% of Sum Insured subject to maximum Rs 50,000
Hospital Daily Cash (Accident Only)	NA	NA	0.5% of the Sum Insured or max Rs 10000 per day whichever is lower subject to maximum upto 30 days
Cost of crutches/Wheelchairs	NA	NA	5% of Sum Insured or actual expenses incurred subject to maximum 1Lakh
Cost of Artificial limbs	NA	NA	10% of Sum Insured or actual expenses

			incurred subject to maximum 1Lakh
Optional Covers			
Coma Benefit	10% of the Sum Insured upto Rs 5lakh whichever is lower	10% of the Sum Insured upto Rs 5lakh whichever is lower	10% of the Sum Insured upto Rs 5lakh whichever is lower
Burns	% specified in the policy document subject to maximum Rs 10 Lakh	% specified in the policy document subject to maximum Rs 10 Lakh	% specified in the policy document subject to maximum Rs 10 Lakh
Broken Bones	% specified in the policy document subject to maximum Rs 10 Lakh	% specified in the policy document subject to maximum Rs 10 Lakh	% specified in the policy document subject to maximum Rs 10 Lakh
Temporary Total Disability	1% of Sum Insured or Rs 50,000 per week whichever is lower upto 104 weeks	1% of Sum Insured or Rs 50,000 per week whichever is lower upto 104 weeks	1% of Sum Insured or Rs 50,000 per week whichever is lower upto 104 weeks
Accidental Hospitalization Expenses (Global)	Upto 30% of Sum Insured or Rs 10Lakh or actual whichever is lower	Upto 30% of Sum Insured or Rs 10Lakh or actual whichever is lower	Upto 30% of Sum Insured or Rs 10Lakh or actual whichever is lower
Accident Insurance Renewal Premium	Renewal premium payable for other dependants covered under this policy if claim under Accidental Death is accepted; For Sum Insured Rs 5Lakh	Renewal premium payable for other dependants covered under this policy if claim under Accidental Death is accepted; For Sum Insured Rs 5Lakh	Renewal premium payable for other dependants covered under this policy if claim under Accidental Death is accepted; For Sum Insured Rs 5Lakh
Chauffeur Benefit	Upto 1% of Sum Insured or Rs5,000 per day whichever is lower upto 10 days	Upto 1% of Sum Insured or Rs5,000 per day whichever is lower upto 10 days	Upto 1% of Sum Insured or Rs5,000 per day whichever is lower upto 10 days
Parental Care Benefit	10% of Sum Insured or maximum Rs10 Lakh per policy for maximum 2 parents whichever is lower	10% of Sum Insured or maximum Rs10 Lakh per policy for maximum 2 parents whichever is lower	10% of Sum Insured ormaximum Rs10 Lakh per policy for maximum 2 parents whichever is lower
Purchase of Blood	Actuals or maximum Rs 5,000 whichever is lower	Actuals or maximum Rs 5,000 whichever is lower	Actuals or maximum Rs 5,000 whichever is lower
Family Transportation	Actuals or maximum Rs 50,000 whichever is lower	Actuals or maximum Rs 50,000 whichever is lower	Actuals or maximum Rs 50,000 whichever is lower
Modification of Residence/Vehicle	Actuals or maximum Rs 2.5 Lakh whichever	Actuals or maximum Rs 2.5 Lakh whichever	Actuals or maximum Rs 2.5 Lakh whichever

	is lower	is lower	is lower
Adventure Sports – Accidental Death	100% Sum Insured	100% Sum Insured	100% Sum Insured
Adventure Sports - Accidental Death & Permanent Total Disability (PTD)	100% Sum Insured - Risk AD & PTD	100% Sum Insured - Risk AD & PTD	100% Sum Insured - Risk AD & PTD
Emergency Air Ambulance Charges	Actuals or maximum Rs 5 Lakh whichever is lower	Actuals or maximum Rs 5 Lakh whichever is lower	Actuals or maximum Rs 5 Lakh whichever is lower
Loan Secure	Up to 25% Sum Insured for outstanding loans (Additional Sum Insured) - Risk AD and PTD	Up to 25% Sum Insured for outstanding loans (Additional Sum Insured) - Risk AD and PTD	Up to 25% Sum Insured for outstanding loans (Additional Sum Insured) - Risk AD and PTD
Transportation of Imported Medicine	Actuals or maximum Rs. 20,000 whichever is lower	Actuals or maximum Rs. 20,000 whichever is lower	Actuals or maximum Rs. 20,000 whichever is lower
Marriage fund for Children	10% of the Sum Insured subject to maximum Rs10 Lakh per policy whichever is lower.	10% of the Sum Insured subject to maximum Rs10 Lakh per policy whichever is lower	10% of the Sum Insured subject to maximum Rs10 Lakh per policy whichever is lower
Convalescence Benefit	Lumpsum payment of Rs.50,000 if inpatient hospitalisation for accidental injuries exceeds 30 days; Rs1Lakh for 45 days & Rs2Lakh for 60 days	Lumpsum payment of Rs.50,000 if inpatient hospitalisation for accidental injuries exceeds 30 days; Rs1Lakh for 45 days & Rs2Lakh for 60 days	Lumpsum payment of Rs.50,000 if inpatient hospitalisation for accidental injuries exceeds 30 days; Rs1Lakh for 45 days & Rs2Lakh for 60 days
Loss of Income	0.5% of Sum Insured or maximum Rs 20,000 per week whichever is lower maximum upto 52 weeks	0.5% of Sum Insured or maximum Rs 20,000 per week whichever is lower maximum upto 52 weeks	0.5% of Sum Insured or maximum Rs 20,000 per week whichever is lower maximum upto 52 weeks
Widowhood Cover	10% of Sum Insured maximum Rs10Lakh per policy whichever is lower	10% of Sum Insured maximum Rs10Lakh per policy whichever is lower	10% of Sum Insured maximum Rs10Lakh per policy whichever is lower
Child Education	10% Sum Insured or actuals maximum Rs10Lakh per policy year for 4 consecutive Years for maximum 2 children.	10% Sum Insured or actuals maximum Rs10Lakh per policy year for 4 consecutive Years for maximum 2 children.	10% Sum Insured or actuals maximum Rs10Lakh per policy year for 4 consecutive Years for maximum 2 children.
Enhanced Temporary	1% of Sum Insured or	1% of Sum Insured or	1% of Sum Insured or

Total Disability	Rs 1,00,000 per week whichever is lower upto 104 weeks	Rs 1,00,000 per week whichever is lower upto 104 weeks	Rs 1,00,000 per week whichever is lower upto 104 weeks
Enhanced Loss of Income	0.5% of Sum Insured or Rs50,000 per week whichever is lower maximum upto 52 weeks	0.5% of Sum Insured or maximum upto Rs 50,000 per week whichever is lower maximum upto 52 weeks	0.5% of Sum Insured or maximum upto Rs 50,000 per week whichever is lower maximum upto 52 weeks

Prohibition of Rebates Under Section 41of Insurance Law (Amendment) Act, 2015

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or continuing the policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

2. Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relations to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the Insurer.

Annexure:
Rate charts are attached.