



THE NEW INDIA ASSURANCE COMPANY LIMITED

Registered & Head Office- 87, M.G. Road, Fort, Mumbai-400001.

PROSPECTUS OF PRAVASI BHARTIYA BIMA YOJANA POLICY

1.0 This insurance scheme is available to all Indians Citizens between the age group of 18-60 years whilst stay abroad having valid visa for the purpose of employment only, for the period of cover as stated in the schedule to the policy.

2.0 SECTION – I : PERSONAL ACCIDENT BENEFITS

3.0 **COVERAGE :** Accidental death or permanent total disablement during currency of the policy - Capital Sum Insured Rs.2.00 lakhs.

4.0 SALIENT FEATURES :

4.1 Accidental bodily injury caused by external violent and visible means has occurred during insured's stay abroad.

4.2 Such injury within twelve calendar months of its occurrence is the sole and direct cause of death or permanent total disability of the insured.

4.3 In case of death, the person assigned in the policy legal heirs would be entitled to Rs.2.00 lacs, i.e. the Capital Sum Insured under the policy, and in case of permanent total disability -

a) Sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of one entire hand or one entire foot, the Capital Sum Insured of Rs.2 lacs.

b) Use of two hands or two feet, or of one hand or one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot, the Capital Sum insured of Rs.2 lacs.

4.4 Maximum liability in respect of one or more claims during the policy period is the Capital Sum Insured under the policy

5.0 SPECIAL ADD ON BENEFIT

5.1 FAMILY COVER

The family of the insured in India consisting of spouse and two dependent children upto 21 years of age shall be entitled to hospitalization benefit cover for an amount not exceeding Rs. 10,000/- in all, in the event of death or permanent disability of the insured. Maternity benefit shall however not be available under this extended cover to the insured's spouse.

6.0 EXCLUSIONS

The Company is not liable to pay any compensation in respect of death or disablement of the insured person resulting from –

- Intentional self-injury, suicide or attempted suicide.
- Whilst under the influence of intoxicating liquor or drugs.
- Whilst engaging in Aviation or Ballooning except as passenger in an aircraft.
- Directly or indirectly caused by venereal diseases, Aids or insanity.

- e) Arising or resulting from the insured person committing any breach of law with criminal intent.
- f) War, invasion, civil war, insurrection etc.
- g) Caused by or arising from ionizing radiations or contamination by radioactivity from any nuclear fuel, nuclear weapon material, etc.
- h) Directly or indirectly caused by contributed to or aggravated or prolonged by childbirth or from pregnancy or in consequence thereof.

7.0 SECTION – II (A):

RE-IMBURSEMENT OF REPATRIATION / TRANSPORT EXPENSES ON ACCOUNT OF DEATH / PERMANENT TOTAL DISABILITY / TERMINATION OF CONTRACT ON ACCOUNT OF CONTRACTING MAJOR AILMENTS

7.1 SCOPE OF COVER :

In the event of accidental death of the insured person whilst abroad actual expenses incurred for repatriation of the dead body or transportation charges to India if the contract of employment is terminated due to insured person contracting major ailment(s) as defined hereunder or due to permanent total disability of the insured person following an accident whilst abroad including cost incurred on economy class return air fare of one attendant shall be reimbursed.

7.2 DEFINITION OF MAJOR AILMENTS :

- a) liver Nephritis of any Aetiology plus Bacterial renal failure requiring Kidney Transplantation & Dialysis.
- b) Cerebral or Vascular Strokes.
- c) Open and Close Heart Surgery (inclusive of C.A.B.G.).
- d) Malignancy disease which are confirmed on Histopathological report.
- e) Encephalitis (Viral).
- f) Neuro Surgery.
- g) Total Replacement of joints.
- h) Liver disorder (Hepatitis B & C) associated with complications like Cirrhosis of.
- i) Grievous injury including multiple fracture of long bones, head-injury leading to unconsciousness, burns of more than 40%, injury requiring artificial ventilatory support plus Vertebral Column Injury.

7.3 OTHER CONDITIONS

- a) The repatriation charges / transportation expenses due to termination of service contract on account of major ailments will be considered only when a specialist has diagnosed such disease and treatment is recommended in India.
- b) The repatriation charges / transportation expenses on account of permanent total disability will be allowed only for travel of the insured / accompanying person, as the case may be, to India from the country of employment.

- c) Cost of airfare of attendant will be considered only if the insured is declared in writing by a competent medical practitioner to be medically and physically unfit to travel alone.
- d) The expenses for airfare of the insured /attendant as the case may be, will be reimbursed only in economy class, one way for the insured, and return fare for the attendant (if found necessary by the Company at its sole discretion) to any airport in India nearest to the place of residence of the insured person as mentioned in the proposal form by the shortest route
- e) The claim for reimbursement for the insured and the attendant shall be filed within 90 days of completion of journey.

**8.0 SECTION II (B):
REIMBURSEMENT OF REPATRIATION / TRANSPORT
EXPENSES DUE TO TERMINATION OF CONTRACT OF
EMPLOYMENT IN CERTAIN OTHER CASES**

On arrival of the insured person at his work place or destination abroad, if he/she is not received by the employer or if there is any substantive change in the job/Employment Contract/agreement to the disadvantage of the Insured person, or if the employment is prematurely terminated

within three months for no fault of the insured person, the Company shall re-imburse one-way Economy Class airfare provided the grounds for repatriation are certified by the concerned Indian Mission/Post and the Air-tickets are submitted in original.

8.1 EXCLUSIONS

The Company shall not be liable to make any payment under this sub-section of the Policy -

- a) if the repatriation of the insured person is on account of violation of any law, fraud, or any breach of employment conditions,
- b) such repatriation becomes necessary due to any amendment or change in the existing laws of the country of employment or proclamation by Government Order that all workers of foreign origin are being deported,
- c) the employment is obtained through fake or forged documents, work permit or improper entry visa, or
- d) the entry into the country has been made without completing legal formalities for whatsoever reason.
- e) no attempt being made by the insured person to contact his employer on arrival if the insured person is not received at such time,
- f) the entry into the country has been refused on medical grounds,
- g) short term contracts i.e. contracts for the period of less than 3 months.

**9.0 SECTION – III : HOSPITALISATION COVER
9.1 SCOPE OF COVER**

If at any time during currency of this policy, the insured person whilst stay abroad shall contract any disease or suffer from any illness or sustain any bodily injury through accident

and if such disease or injury shall require any such insured person, upon the advice of a duly qualified medical practitioner or duly qualified surgeon to incur hospitalization expenses for medical / surgical treatment at any nursing home / hospital in India as an inpatient, the Company will pay to the insured person / his nominee / legal representatives as the case may be, the amount of such expenses as are reasonably and necessarily incurred in India in respect thereof by or on behalf of such person maximum upto Rs.50,000/- in Indian currency only.

10.0 DEFINITIONS :

HOSPITAL / NURSING HOME means any Institution in India established for indoor care and treatment of sickness and injuries and which **Either** has been registered either as a Hospital or Nursing Home with the local authorities and is under the supervision of a registered and qualified Medical Practitioner. **OR**

b) Should comply with minimum criteria as under :-

- a) It should have atleast 15 in-patient Beds. In Class 'C' towns condition of maximum number of beds would be 10.
- b) Fully equipped operation theatre of its own wherever surgical operations are carried out.
- c) Fully qualified Nursing Staff under its employment round the clock.
- d) Fully qualified Doctor(s) should be incharge round the clock.

10.2 The term "**HOSPITAL / NURSING HOME**" shall not include an establishment which is a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel or a similar place.

10.3 Expenses on Hospitalization for minimum period of 24 hours are admissible. However, this time limit will not apply for specific treatments i.e. Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Dental Surgery, Lithotripsy (Kidney stone removal), Tonsillectomy D&C taken in the Hospital / Nursing Home and the insured is discharged on the same day, the treatment will be considered to be taken under Hospitalization Benefit. Further this condition will also not apply in case of stay in hospital of less than 24 hours under any of the following circumstances.

- a) The treatment is such that it necessitates hospitalization and the procedure involves specialized infrastructural facilities available in hospitals.
- b) Due to technological advances hospitalization is required for less than 24 hours only.
- c) Surgical procedure is involved.

10.4 EXCLUSIONS :

The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any insured person in connection with or in respect of :-

- a) During the first year of the operation of insurance cover, the expenses on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital Internal Disease, Fistula in anus, Piles, Sinusitis and related disorders are not payable. ysterectomy for Menorrhagia

or Fibromyoma, Hernia, Hydrocele, Congenital Internal Disease, Fistula in anus, Piles, Sinusitis and related disorders are not payable.

- b) Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not).
- c) Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, Vaccination or inoculation or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- d) Cost of spectacles and contact lenses, hearing aids.
- e) External Medical Equipment of any kind used at home as post hospitalization care including cost of instrument used in treatment of sleep apnea syndrome (C.P.A.P.) and continuous Peritoneal Ambulatory dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial asthmatic condition.
- f) Any dental treatment or surgery which is a corrective, cosmetic or aesthetic procedure, including wear and tear, unless arising from disease or injury and which requires hospitalization for treatment.
- g) Convalescence, general debility, Run-down condition or rest cure, congenital external disease or defects of anomalies, sterility, venereal disease, intentional self-injury and use of intoxicating drugs / alcohol.
- h) All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency syndrome or any Syndrome or any condition of a similar kind commonly referred to as AIDS.
- i) Charges incurred at Hospital or Nursing Home primarily for diagnostic, x-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home.
- j) Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
- k) Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons / materials.
- l) Voluntary medical termination of pregnancy.
- m) Naturopathy Treatment.

11.0 OTHER EXTENSION

11.1 MATERNITY BENEFIT

The policy is extended to cover actual maternity benefit expenses for the insured upto a maximum limit of Rs.20,000/- provided treatment is taken by the insured in a Hospital / Nursing Home as in-patient in India only.

11.2 MATERNITY EXPENSES BENEFIT means treatment taken in Hospital / Nursing Home arising from or traceable to pregnancy, childbirth including normal Caesarean Section.

11.3 SPECIAL CONDITIONS APPLICABLE TO MATERNITY EXPENSES BENEFIT EXTENSION :

- a) These Benefits are admissible if the expenses are incurred in Hospital / Nursing Home as in-patients in India only.
- b) A waiting period of 9 months is applicable for payment of any claim relating to normal delivery or caesarean section or abdominal operation for extra uterine pregnancy. The waiting period may be relaxed only in case of delivery, miscarriage or abortion induced by accident or other medical emergency.
- c) Claim in respect of delivery for only first two children and / or operations associated therewith will be considered in respect of any one insured person covered under the Policy or any renewal thereof. Those insured persons who are already having two or more living children will not be eligible for this benefit.
- d) Pre-natal and post-natal expenses are not covered unless admitted in Hospital / Nursing Home and treatment is taken there.

12.0 CLAIMS PROCEDURE

12.1 Upon the happening of any event which may give rise to a claim, under any Section of the Policy, the insured / nominee or authorized / legal representative / s as the case may be, is required to give notice thereof to the Policy Issuing Office in writing.

12.2 The insured/ nominee is required, within one month of occurrence of the event, to submit claim form to the Policy Issuing Office and thereafter to give all assistance / cooperation and to furnish information/ documents as required by the company.

12.3 Compensation under the policy will be paid in India in Indian currency and will not carry any interest.

13.0 PREMIUM Service Tax as applicable will be extra.

- a) Rs.350/- per person for policy period of six months.
- b) Rs.500/- per person for policy period of one year.
- c) Rs.790/- per person for policy period of two years.

(For policies Less than 1 Year Stamp Duty Recoverable @ Rs. 20/-)

14.0 **CANCELLATION CLAUSE :**The company may allow cancellation of the policy only in case when the journey is not undertaken subject to production of the original passport as a proof. The Company will retain Rs. 101/- as cancellation charges.

15.0 This prospectus shall form part of your proposal form, hence please sign as you have noted the contents of this prospectus.

Place: _____ Date: _____ Signature : _____

Name & Address:

16.0 **SPECIAL NOTE**The prospectus only sets out salient features of the Pravasi Bhartiya Bima Yojana Policy, while the terms and conditions of the policy are set out in detail in a separate document attached to the policy schedule.

N.B. Insurance is subject matter of solicitation.



THE NEW INDIA ASSURANCE COMPANY LIMITED

Registered & Head Office- 87, M.G. Road, Fort, Mumbai-400001.

Proposal Form for Pravasi Bhartiya Bima Yojana Policy

ELIGIBILITY :

This Insurance is specially designed for Indian citizens between the age group of 18 years to 60 years and going abroad for the purpose of employment for the period of their stay abroad on valid visa.

IMPORTANT NOTICE :

This Proposal Form must be completed and signed to the best of the proposer's knowledge and belief and all material facts* must be disclosed.

- A material fact is one of that is likely to influence the acceptance or assessment of the Proposal.
- Non-disclosure of facts material to the assessment of the risk, providing misleading information, fraud or non-cooperation by the insured will nullify the cover under the policy issued.

1.0 PERSONAL DETAILS :

1.1 Name(Mr/Mrs/Miss): _____

(BLOCK LETTERS)

1.2 Father/Spouse's Name : _____

1.3 Sex : Male / Female : _____ 1.4 Date of Birth : ____ / ____ / ____ Age ____

1.5 Height : ____ ft. ____ inch (____ cms.) Weight : ____ lbs ____ (Kgs.)

1.6 Passport No. : _____

1.7 a) Date of Issue : ____ / ____ / ____ b) Place of Issue : _____

1.8 Type of Visa Held: _____

1.9 Address of the proposer in India : _____

Pin Code : _____ Tel. No. : _____

1.10 Details of Spouse and / or children of the Proposer (maximum two) :

	Name	Age / Date of Birth	Relationship
Spouse			
1 st Child			
2 nd Child			

2.0 Country of Employment: _____

2.1 Address in Country of Employment _____

Tel. No. : _____

2.2 Name & Address of work place the proposer is attending : _____

Tel. No. _____

3.0 a) Brief details of employment to be undertaken: _____

Tel. No. : _____

b) Period of Contract From _____ to _____

(note: please attach attested copy of the appointment letter of overseas employer)

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3.1 Name & Address of Overseas Employer / Sponsor : _____

Relationship : _____

4.0 Period of Insurance Required : _____ Months / Years.

4.1 Commencement Date : _____ / _____ / _____
DD MM YYYY

5.0 PROPOSER'S MEDICAL HISTORY :

ANSWERS TO THE FOLLOWING QUESTIONS ARE TO BE GIVEN AS YES OR NO (A DASH IS NOT SUFFICIENT)

5.1 Is the proposer in good health and free from physical defect or infirmity ? _____

5.2 Does the proposer ordinarily enjoy good health ? _____

5.3 Are there any additional facts affecting the proposed insurance which should be disclosed to insurers ? _____

6.0 Please attach a copy of the Medical Report of the Proposer, if any, which was required for Entry Visa.

7.0 DECLARATION :

I hereby declare that the above answers are true to the best of my knowledge and belief that I have disclosed all particulars affecting the assessment of the risk. I agree that this PROPOSAL and DECLARATION shall be the basis of the contract between me and the Company.

Date : ____ / ____ / ____ Place : _____ Signature of Proposer _____

8.0 ASSIGNMENT :

I, _____ do hereby assign the moneys payable by The New India Assurance Company Limited, in the event of my death to Mr./Mrs. (Name) _____ (relation to the insured) _____ and I further declare that in the event of death of the Assignee named herein all benefits shall become payable to the children named in the Policy and I further declare that his / her / their receipt shall be sufficient discharge to the Company.

Date : ____ / ____ / ____ Place : _____ Signature of Proposer _____

UNDERTAKING

I, Mr/ Mrs/ Miss _____ do hereby solemnly declare and state that all information given above are true and correct to the best of my knowledge. In case any such information is found at any time in future to be false or misleading or it is found by the insurer that I have not disclosed any fact which is material to the assessment of the risk, the insurance cover granted to me shall be deemed to be null and void and I shall not be entitled to any benefit thereunder.

Date : ____ / ____ / ____ Place : _____ Signature of Proposer _____

PROHIBITION OF REBATES Section 41 of the Insurance Act, 1938 :

(1) No person shall allow, or offer to allow, either directly or indirectly as an inducement of 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 this policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

(2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend upto five hundred rupees.

N.B. Insurance is subjectmatter of solicitation.

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