

11. Contribution

If there shall be existing any other insurance of any nature whatsoever covering the same Insured/Insured Person whether effected by the Insured/Insured Person or not, then the benefits under this Policy shall become payable after the benefits under any other medical insurance policy is utilised, subject however to the Sum Insured as mentioned in the Schedule to this Policy.

12. Fraudulent Claims

If any claim 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/Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no Court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

13. Cancellation/termination

The Company may at any time, cancel this Policy, by giving 7 days notice in writing by Registered Post Acknowledgment Due to the Insured/Insured Person at his/their last known address in which case the Company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of the cancellation. The Insured/Insured Person may also give 7 days notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scales.

Period on Risk Rate of Premium Refunded

Up to 1 month	75% of annual rate
Up to 3 months	50% of annual rate
Up to 6 months	25% of annual rate
Exceeding six months	Nil

14. Currency for Payment

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

15. Policy Disputes

The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy.

16. Arbitration clause

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

17. Renewal Notice/Terms

The Company shall not be bound to give notice that renewal is due. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured that may result in enhancing the risk of the Company. No further renewals on this Policy will be accepted for the specific Insured, in the event of claim in respect of such Insured becoming admissible and accepted by the Company under this Policy

where the entire opted Sum Insured is paid.

18. Notices

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

- In case of the Insured/Insured Person, at the address specified in the Schedule to this Policy.
- In case of the Company, to the Policy issuing office/nearest office of the Company, during normal business hours.

19. Customer Service

If at any time the Insured/Insured Person requires any clarification or assistance, the Insured/Insured Person may contact the Policy issuing office of the Company, during normal business hours.

The Company shall respond within 15 days of the receipt of any communication from its policyholders in all matters, such as:

- recording change of address;
- noting a new nomination or change of nomination under a policy;
- noting an assignment on the policy;
- issuance of duplicate policy;
- issuance of an endorsement under the policy; noting a change of interest or Sum Insured or perils insured, financial interest of a bank and other interests; and guidance on the procedure for registering a claim and early settlement thereof.

20. Grievances

In case the Insured/Insured Person is aggrieved in any way, the Insured/Insured Person may contact the Company at the specified addresses, during normal business hours or the insured may also contact our customer service desk at 1800 3002 8282 (toll free) or 3989 8282 (local charges apply).

RELIANCE

General Insurance

Reliance Critical Illness Policy Policy Wording

PREAMBLE

WHEREAS the Insured designated in the Schedule to this Reliance Critical Illness Policy having by a proposal and declaration together with any statement, report or other document which shall be the basis of the contract and shall be deemed to be incorporated herein, has applied to Reliance General Insurance Company Limited (hereinafter called "the Company") for the insurance hereinafter set forth and paid appropriate premium for the period as specified in the Schedule.

NOW THIS POLICY witnesseth that subject to the terms, conditions, exclusions and definitions contained herein or endorsed or otherwise expressed hereon the Company, undertakes, that if during the period as specified in the Schedule to this Policy, the Insured/Insured Person suffers disease/illness/injury which shall lead to any of the named critical illnesses and/or the performance of any of the named surgical procedures, then the Company will pay to the Insured/Insured Person, his/her nominee, or his/her legal representatives, as the case may be, the compensation benefit or reimbursement in manner, for the period and to the extent of the Sum Insured as specified in this Policy.

DEFINITIONS

Any word or expression to which a specific meaning has been assigned in any part of this Policy or the Schedule shall bear the same meaning wherever it appears. For purposes of this Policy, the terms specified below shall have the meanings set forth:

- "**Disease**" means an alteration in the state of the body or of some of its organs, interrupting or disturbing the performance of the functions, and causing or threatening pain and weakness or physical or mental disorder and certified by a Medical Practitioner.
- "**Hospital/Nursing Home**" means an establishment in India for indoor medical care and treatment of patients which:
 - is registered with the appropriate local authorities as such and benefits from the supervision of a Medical Practitioner on a 24 hour basis, or b.complies with at least the following criteria:
 - it has at least 15 inpatient beds (at least 10 inpatient beds in places with a population of less than 10,00,000);
 - it has a fully equipped operating theatre where surgery is performed;
 - it employs qualified nursing staff on a 24 hour basis;
 - maintains daily records of patients.
 - By the nature of the medical treatment provided is an establishment properly recognized as a Hospital/Nursing Home within the locality and fulfils all the demands ordinarily or customarily of a Hospital for medical treatment, and where all medical treatment is administered by a Medical Practitioner, and is not, except incidentally, a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel, health spa, massage center or any similar establishment.
- "**Illness**" means sickness or disease first diagnosed during the Policy period for which immediate treatment by a Medical Practitioner is necessary.
- "**Injury**" means physical bodily injury caused by unintended means during the Policy period.
- "**Insured**" means the individual on whose name the Policy is issued.
- "**Insured Event**" means any event specifically mentioned as covered under this Policy.
- "**Insured Person**" means any other person named in the Schedule to



1800 3002 8282 (toll free)
022 3989 8282 (charges apply)

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this Policy, who has a permanent place of residence in India and for whom the insurance is also proposed and the appropriate premium paid.

- "**Medical charges**" mean reasonable charges necessarily incurred by the Insured/Insured Person for the diagnosis and medical treatment of disease, illness or injury the subject matter of the claim as an In-patient in a Hospital/Nursing Home, and includes the costs of a bed; treatment and care by medical staff; medical procedures, medical practitioners/consultants/specialists fees, medicines and consumables including cost of pacemaker, cost of organs, artificial limbs etc. as long as these are recommended by the attending Medical Specialist.
- "**Medical Specialist**" means a person who holds a degree of a recognized medical institute and is registered by Medical Council of India or of the respective States of India, if so required and acting within the scope of the license of registration granted to him/her. The term includes a Physician, Specialist, Super Specialist, Anesthetist and Surgeon and specifically excludes doctors/practitioners in non-allopathic fields and persons who are members of the Insured/Insured Person's family.
- "**Policy period**" means the period between the inception date and the expiry date as specified in the Schedule to this Policy or the cancellation of this insurance, whichever is earlier.
- "**Pre-existing condition**" Any condition, ailment or injury or related condition(s) for which you had signs or symptoms and/or were diagnosed and/or received medical advice/treatment, within 48 months prior to your first policy with us.
- "**Schedule**" means Schedule attached to and forming part of this Policy mentioning the details of the Insured/Insured Person, the Sum Insured, the period and the limits to which benefits under the Policy are subject to.
- "**Sum Insured**" means the sum as specified in the Schedule to this Policy against the name of Insured/Insured Person, which sum represents the Company's maximum liability for any or all claims under this Policy during the Policy period.

SCOPE OF COVER

For the purposes of this Policy and the determination of the Company's liability under it, the Insured Event in relation to the Insured, shall mean any illness, medical event or surgical procedure as specifically defined below whose signs or symptoms first commence more than 90 days after the commencement of Period of Insurance and shall only include:

Category I

1) Cancer

The first evidence of one or more malignant tumors, characterized by uncontrolled growth and spread of malignant cells, with the invasion and destruction of normal tissue for which major interventionist treatment or surgery is considered medically necessary.

The Policy will however not pay for:

- Tumors that pose no threat to life.
- Pre-malignant or non invasive tumors that can be treated before they develop into a cancer.
- Tumors classified as in-situ carcinoma which involves only the location where it started and has not spread into the nearby tissue.

- d. All skin cancers unless there is evidence of metastasis starting at Clark Level III.
- e. Tumors that are a recurrence of metastasis of a tumor that first occurred or that was pre-existing.
- f. Tumors classified as T1 (under the TNM classification).

2) **Major Organ Transplant**

Transplant of any of the following whole human organs: heart, lung, liver, pancreas, kidney or bone marrow, for the first time, which is a consequence of irreversible end stage failure of the respective organ and as prescribed medically necessary by a medical specialist.

The cover does not include Stem Cell Transplants or transplants of parts of an organ or cells.

3) **Multiple Sclerosis**

The first diagnosis of an inflammatory disease of the Central Nervous System (CNS) clinically characterized by loss of myelin and appearance of lesions in random areas of the white matter tissue evidenced by the following:

- Magnetic Resonance imaging (MRI) Scan showing 2 or more Multiple Sclerosis lesions.
- A CSF (Cerebrospinal Fluid) sample study shows abnormalities.
- 2 or more attacks clinically documented and certified by a Neurologist.

4) **Third Degree Burns**

First occurrence of burns that affect the epidermis, dermis and hypodermis, causing charring of skin or a translucent white color, with coagulated vessels visible just below the skin usually surface resulting in extensive scarring and covering atleast 45% of the body evidenced by any one of the following:

- Hard, leather-like eschar, purple fluid and no sensation (insensate).
- Conditions resulting in the skin or muscle being irretrievably lost.
- Conditions resulting on charring of bones.

5) **Aorta Graft Surgery**

The actual surgical repair of an aortic aneurysm (an abnormal bulge in the wall of the aortic blood vessel causing the aorta to dilate or widen and the aortic valve to leak leading to bursting of arterial wall) for the first time by a surgeon. The diagnosis to be evidenced by any two of the following:

- Computerised tomography (CT) scan
- Magnetic resonance imaging (MRI) scan
- Echocardiography (an ultrasound of the heart)
- Abdominal ultrasound (for associated abdominal aneurysms)
- Angiography (an x-ray of the blood vessels)

The benefit payment under this category shall be subject to survival of the Insured for more than 30 days post diagnosis of the critical illness under this category.

Category II

6) **Heart Valve Replacement**

The actual replacement of the natural heart valve with a natural/artificial (prosthetic) valve for the first time to correct the following defects-

- i) Valve Regurgitation
- ii) Valve Stenosis

The cover excludes any congenital valve disease and Surgeries on valves using Balloon or catheter techniques.

7) **Coma**

The first occurrence of a state of prolonged unconsciousness in which the brain functions at its lowest level of alertness persisting more than 30 days. A person in a coma can't be awakened and doesn't respond purposefully to physical or verbal stimulation. The condition to be evidenced by any three of the following diagnostic investigations:

- Cerebral Angiogram
- Computerised Tomography (CT)
- Electroencephalogram (EEG)
- Magnetic Resonance imaging (MRI) or Brain scan.

The condition will not pay for any drug-induced coma even if it is done in a life saving situation.

8) **Quadriplegia/Paralysis of four limbs**

The first occurrence of total or partial paralysis affecting all four limbs caused by damage to the brain and spinal cord showing one or more of the following symptoms persisting more than 60 days without any major signs of improvement:

- Limp muscles, especially in arms and legs.
- Loss of control over your bowel (BMs) or bladder (urine).
- Trouble breathing, or unable to breathe without help.
- Unable to move and feel anything below the damaged area.

The damage to be evidenced by the following:

- X-Ray
- Computerised Tomography (CT) Scan or Magnetic Resonance Imaging.
- Electromyogram Study (EMG)
- Nerve conduction Study (NCV)

9) **Total Blindness**

The existence of complete lack of form and light perception in both the eyes, clinically recorded as "NLP," - no light perception.

The cover excludes blindness caused due to:

- Genetic defects that are congenital and develop into total blindness.
- Total blindness caused due to intake of Methylated Alcohol (adulterated alcohol).

10) **End Stage Renal Disease (not involving transplant)**

The first occurrence of chronic irreversible failure of both kidneys to function requiring regular renal dialysis (either hemo-dialysis or peritoneal-dialysis). In case of a kidney transplant under this condition the case will be payable under Major Organ Transplant (Category I).

The benefit payment under this category shall be subject to survival of the Insured for more than 60 days post diagnosis of the critical illness under this category.

GENERAL EXCLUSIONS

The Company shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. Pre-existing diseases/illness/injury/conditions - All diseases, illnesses, injuries which are pre-existing when the cover incepts for the first time under this Policy.
2. Critical illness contracted or evident through Sign and symptoms within 3 months of the inception date of this Policy. This exclusion doesn't apply for subsequent renewals with the Company without a break.
3. Certification/diagnosis by a family member or any diagnosis that is not scientifically recognized.
4. Certification/diagnosis from persons not registered as Medical Practitioners under respective medical councils.
5. Accidental injury leading to any condition/complication that is not listed in Categories I & II dealt with under the scope of coverage above.
6. Any critical illness arising out of any congenital illness or condition or disorder whether internal or external.
7. Critical illness/condition resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.
8. Any critical illness due to alcohol, smoking, other tobacco intake or drug abuse.
9. Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery/complications/illness arising as a consequence thereof.
10. Critical illness acquired as a consequence of Human Immuno-deficiency Virus (HIV) infection.
11. Critical illness due to:
 - i) intentional self-injury, suicide or attempted suicide
 - ii) self exposure to needless perils except in an attempt to save human life.
12. Proposer or any of his family members whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing,

ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports.

13. Disease critical illness, directly or indirectly, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, act of terrorism.
14. Critical illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
15. Critical illness, directly or indirectly, caused by or contributed to by nuclear weapons/materials or radioactive contamination.
16. Any critical illness arising or resulting from the Proposer or any of his family members committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion.
17. Reimbursement for any treatment of illness/ procedure performed outside India.
18. No Claim will be payable in the event of death of the Insured within the stipulated survival period applicable under each category.

CLAIMS PROCEDURE

When & How to Claim

In the event of a claim arising out of an Insured Event covered under this Policy, the Insured Event as described above shall be intimated to the Company within thirty (30) days of the date of first diagnosis of the disease/illness/injury, date of surgical procedure or date of occurrence of the insurable event, as the case may be, and the Insured/Insured Person shall arrange for submission of the following documents to the Company:

For Claim under Benefit Payment:

- Duly completed Claim Form
- Certificate from treating Medical Specialist confirming the diagnosis of the named illness or performance of surgery.
- Details of first symptoms and date of occurrence of the disease/illness/injury/surgery along with complete medical history of the Insured/Insured Person.
- Confirmation that the Insured Event does not relate to any Pre- Existing Illness or any disease/illness/injury which existed within the first 3 months of commencement of Period of Insurance.
- Hospitalisation Document if any.
- Any other relevant documents.

In the cases where Critical Illness arises due to an accident, FIR copy or medico legal certificate is required.

TERMS AND CONDITIONS

1. **Duty of Disclosure**

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

2. **Observance of terms and conditions**

The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured/Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

3. **Reasonable Care**

The Insured/Insured Person shall take all reasonable steps to safeguard the interests of the Insured/Insured Person against accidental loss or damage that may give rise to a claim.

4. **No constructive Notice**

Any knowledge or information of any circumstance or condition in connection with the Insured/Insured Person in possession of any official of the Company shall not be notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

5. **Notice of charge**

The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by the Company to the Insured /Insured Person or his/her nominees or his/her legal representatives, as the case may be, of any compensation or benefit under the Policy shall in all cases be an effectual discharge to the Company.

6. **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.

7. **Electronic Transactions**

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

8. **Duties of the Insured/ Insured Person on occurrence of loss**

On the occurrence of any loss, within the scope of this Policy the Insured /Insured Person shall:

- a) Forthwith file/submit a Claim Form together with proper documentation in accordance with the Policy terms and conditions.
- b) Allow the Medical Practitioner or any agent of the Company to inspect the medical and hospitalisation records and to examine the Insured/Insured Person.
- c) Assist and not hinder or prevent the Company or any of its agents in pursuance of their duties.

If the Insured/Insured Person does not comply with the provisions of this Condition, all benefits under this Policy shall be forfeited, at the option of the Company.

9. **Claim Documentation**

- Duly completed Claim Form
- Certificate from treating Medical Specialist confirming the diagnosis of the named illness or performance of surgery.
- Details of first symptoms onset, duration progress with etiology and date of occurrence of the disease/illness/injury/surgery along with complete medical history of the Insured/Insured Person.
- Confirmation that the Insured Event does not relate to any Pre- Existing Illness or any disease/illness/injury which existed within the first 3 months of commencement of Period of Insurance.
- Any other relevant documents.
- Hospitalization document if any.

On receipt of all the required information along with the claim form and the required documents, the Company shall offer a settlement of the claim to the Insured. Person If the Company for any reasons to be recorded in writing and communicated to the Insured, decides to reject a claim under the policy, it shall do so by providing adequate reasons, after the receipt of the complete information.

10. **Position after a claim**

The Policy will terminate forthwith on the claim being paid.