Policy Wording for Reliance Healthy Family Policy

PREAMBLE

WHEREAS the Insured designated in the Schedule to this Reliance Healthy Family 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 shall contract any disease, illness or injury and if such disease, illness or injury shall upon the advice of a duly qualified Medical Practitioner require any such Insured/ Insured Person, to incur hospitalisation and/or other related expenses at any Hospital/Nursing Home in India (hereinafter called "Hospital") as an inpatient or domiciliary hospitalisation expenses in any of the circumstances mentioned hereunder, then the Company will pay to the Insured/Insured Person, his/her nominee, or his/her legal representatives, as the case may be, the amount of such expenses/charges as would fall under the different heads mentioned below and as are reasonably and necessarily incurred by or on behalf of such Insured/Insured Person for

1. Hospital (Room & Boarding and Operation theatre) charges,
2. Fees of Surgeon, Anesthetist, Nurse, Specialists,
3. Cost of diagnostic tests, medicines, blood, oxygen, appliances like pacemaker, artificial limbs and organs etc.
4. Pre and post hospitalisation expenses
5. Ambulance charges
6. Day Care treatment

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:

1. **"Day Care Treatment"** means treatment undertaken in a Hospital/ Nursing Home on the recommendation of a Medical Practitioner for the following diseases, illness or injury which require hospitalisation for less than 24 hours like:
   a. Dialysis
   b. Chemotherapy
   c. Radiotherapy
   d. Eye surgery
   e. Dental surgery
   f. Lithotripsy (kidney stone removal)
   g. Tonsillectomy
   h. Dilatation & Curettage (other than taken for pregnancy and/or childbirth related treatment)
   i. Cardiac Catheterization
   j. Hydrocele Surgery
   k. Hernia Repair Surgery

   Any other surgeries/procedures that require less than 24 hour's hospitalisation due to advancement in technology.
2. **"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.
3. **"Domiciliary Hospitalisation"** means medical treatment for a period exceeding three days for any disease, illness or injury which in the normal course would require care and treatment at a Hospital/Nursing Home but is actually taken whilst confined at home in India under any of the following circumstances, namely:
   a. the condition of the patient is such that he/she cannot be removed to Hospital/Nursing Home, or
   b. the patient cannot be admitted to Hospital/Nursing Home for lack of accommodation therein.

   Domiciliary hospitalisation benefits shall be subject to the limits as specified in the Schedule to this Policy, and shall, in no case, cover expenses incurred for:

   a. Pre and Post Hospital treatment,

   b. Treatment of any of the following diseases:
      i. Asthma
      ii. Bronchitis
      iii. Chronic nephritis and nephritic syndrome
      iv. Diarrhea and all types of dysenteries including gastroenteritis
      v. Diabetes mellitus and insipidus
      vi. Epilepsy
      vii. Hypertension
      viii. Influenza, cough and cold
      ix. All psychiatric or psychosomatic disorders
      x. Pyrexia of unknown origin for less than 10 days
      xi. Tonsillitis and upper respiratory tract infection including laryngitis and pharangitis
      xii. Arthritis, gout and rheumatism.
4. **"Family"** the Insured/Insured Person, his/her lawful spouse and maximum of two dependant children below the age of 25 years (28 years in case of girl child dependant on the Insured).
5. **"Hospital/Nursing Home"** means an establishment in India for indoor medical care and treatment of patients which:
   a. 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:
      i) it has at least 15 inpatient beds (at least 10 inpatient beds in places with a population of less than 10,00,000);
      ii)it has a fully equipped operating theatre where surgery is performed;

iii) it employs qualified nursing staff on a 24 hour basis;

iv) maintains daily records of patients.

c. 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.

6. **"Hospitalisation Expenses"** mean expenses on hospitalisation for minimum period of 24 hours, which are admissible under this Policy. However, this time limit will not apply for specific treatments defined under Day Care treatment taken in a Hospital / Nursing Home.

7. **"Illness"** means sickness or disease first diagnosed during the Policy period for which immediate treatment by a Medical Practitioner is necessary.

8. **"Injury"** means physical injury caused by unintended means during the Policy period.

9. **"In-patient"** means an Insured/Insured Person who is admitted to Hospital/Nursing Home and stays for at least 24 hours for the sole purpose of receiving treatment.

10. **"Insured"** means the individual on whose name the Policy is issued.

11. **"Insured Person"** means the person named in the Schedule to this Policy, who has a permanent place of residence in India and for whom the insurance is also proposed and the appropriate premium paid.

12. **"Medical Charges"** mean reasonable charges unavoidably incurred by the Insured/Insured Person for the 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 Practitioner's/ 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 Practitioner.

13. **"Medical Practitioner"** means a person who holds a degree/diploma of a recognized institution and is registered with the Medical Council in respective states of India. The term Medical Practitioner includes a physician, specialist and surgeon, provided that this person is not a member of the Insured/Insured Person's family.

14. **"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.

15. **"Post-hospitalisation Expenses"** mean relevant medical expenses incurred during a period up to 90 days after hospitalisation for disease, illness or injury sustained and considered a part of a claim admissible under this Policy.

16. **"Pre-existing Condition"** means 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.

17. **"Pre-hospitalisation Expenses"** mean relevant medical expenses incurred during a period up to 45 days prior to hospitalisation for disease, illness or injury sustained and considered a part of a claim admissible under this Policy.

18. **"Qualified Nurse"** means a person who holds a certificate of a recognized Nursing Council and is employed on recommendation of the attending Medical Practitioner.

19. **"Third Party Administrator (TPA)"** means any organisation or institution that is licensed by the IRDA as a TPA and is engaged by the Company for a fee or remuneration for providing Policy and claims facilitation services to the Insured/Insured Person as well as to the Company for an insurable event.

20. **"Schedule"** means Schedule attached to and forming part of this Policy mentioning the details of the Insured/Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to.

21. **"Sum Insured"** means the sum as specified in the Schedule to this Policy against the name of Insured/each Insured Person, which sum represents the Company's maximum liability for any or all claims under this Policy during the Policy period.

22. **"Surgical Operation"** means manual and/or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life.

SCOPE OF COVER

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed, to pay and/or reimburse following benefits in manner, for the period and to the extent of the Sum Insured as specified in this Policy.

BASIC COVER

1. Hospitalisation Expenses

This benefit covers payment of hospitalisation expenses incurred by the Insured/Insured Person for disease/illness/injury contracted or sustained by the Insured/Insured Person during the Policy period as specified in the Schedule to this Policy, in a Hospital, as an in-patient, which, among other things, includes, Hospital (Room & Boarding and Operation theatre) charges, fees of Surgeon, Anesthetist, Nurses, Specialists, the cost of diagnostic tests, medicines, blood, oxygen, appliances like pacemaker, artificial limbs and organs.

The Insured/Insured Person should have been hospitalised as an in-patient for a minimum period of 24 hours. However, in respect of the Day Care treatment undertaken in a Hospital/Nursing Home, 24 hours hospitalisation is not necessary.

2. Domiciliary Hospitalisation

This benefit covers payment of expenses incurred for medical treatment pertaining to domiciliary hospitalisation for a period exceeding three days for disease, illness or injury, which in the normal course, would require care and treatment at a Hospital/Nursing Home, but is actually taken whilst the Insured/Insured Person is confined at home in India, under any of the following circumstances namely:

a. the condition of the patient is such that he/she cannot be removed to Hospital/Nursing Home, or

b. the patient cannot be admitted to Hospital/Nursing Home for lack of accommodation therein.

Domiciliary hospitalisation benefits shall be subject to the Sum Insured as specified in the Schedule to this Policy, and shall, in no case cover expenses incurred for:

a. Pre and Post Hospital treatment,

b. Treatment of any of the following diseases/illness/injury:

i. Asthma

ii. Bronchitis

iii. Chronic nephritis and nephritic syndrome

iv. Diarrhea & all types of dysenteries including gastroenteritis

v. Diabetes mellitus and insipidus

vi. Epilepsy

vii. Hypertension

viii. Influenza, cough and cold

ix. All psychiatric or psychosomatic disorders

x. Pyrexia of unknown origin for less than 10 days

xi. Tonsillitis and upper respiratory tract infection including laryngitis & pharangitis

xii. Arthritis, gout and rheumatism.

Domiciliary hospitalisation benefits also cover expenses on qualified nurses engaged on the recommendation of the attending medical practitioner. The same shall be subject to the Sum Insured as specified in the Schedule to this Policy.

3. **Day Care Treatment**

This benefit covers relevant medical expenses incurred by the Insured/ Insured Person in case of day care treatment (where 24 hours of hospitalisation is not required) such as dialysis, chemotherapy, radiotherapy, eye surgery, lithotripsy (kidney stone removal), D & C(other than taken for pregnancy and/or childbirth related treatment), tonsillectomy undertaken in a Hospital/Nursing Home and any other surgery/procedure that requires less than 24 hours hospitalisation due to advancement in technology.

4. **Pre-Hospitalisation**

This benefit covers relevant medical expenses incurred during a period up to 45 days prior to hospitalisation for treatment of disease, illness or injury sustained and considered a part of a claim admissible under this Policy.

5. **Post-Hospitalisation**

This benefit covers relevant medical expenses incurred during a period up to 90 days after discharge from Hospital/Nursing Home for continuous treatment of the disease, illness or injury sustained for which the Insured/Insured Person was hospitalised giving rise to an admissible claim under this Policy.

6. **Pre-Existing Disease**

This Policy covers relevant medical expenses incurred for treatment of pre-existing disease, illness or injury, from the 3rd year of inception of this policy or after two continuous renewals of this Policy as mentioned in the Schedule to this Policy.

7. **Out of Pocket Expenses**

This benefit provides for payment to the Insured/Insured Person of a Daily Hospital Allowance towards out of pocket expenses limited to a lump sum amount of Rs.1500/- in case of hospitalisation of children below the age of 12 years, provided that such hospitalisation is for a minimum period of 3 days.

8. **Ambulance Charges**

This benefit provides reimbursement to the Insured/Insured Person of expenses incurred for his/her transportation by ambulance to the nearest Hospital/Nursing Home for treatment of the disease/illness/ injury necessitating his/her admission to Hospital/Nursing Home upto Rupees. 1,500/-.

9. **Cost of health check up**

This benefit provides for payment to Insured/Insured Person of cost/ charges incurred for medical check up once in a block of every 3 years upto 1% of the average Sum insured provided there were no claims reported during the said 3 years period.

VALUE ADDED FEATURES

1. **Personal Accident**

This Section provides for compensation towards bodily injury, solely and directly, caused by accidental, violent, external and visible means resulting in death or permanent disablement, as the case may be, of the Insured/Insured Person within 12 (twelve) calendar months of occurrence of such injury.

Basis of settlement - Subject to the Sum Insured being the maximum liability of the Company under this Section, the Company shall pay to the Insured/Insured Person, his/her nominee or his/her legal representatives, as the case may be, the sum or sums as set forth in the Table of Benefits along side:

Table of Benefit	Percentage of Sum Insured
1. Death	100%
2. Total and irrecoverable loss of	
i) Sight of both eyes or of the actual loss by physical separation of the two entire hands or two entire feet or one entire hand and one entire foot or of such loss of sight of one eye and such loss of one entire hand or one entire foot.	100%
ii) Use of two hands or of two feet or of one hand and one foot or of such loss of sight of one eye and such loss of use of one hand or one foot.	100%
3. Total and irrecoverable loss of	
i) The sight of one eye or the actual loss by physical separation of one entire hand or one entire foot.	50%
ii) Use of a hand or a foot without physical separation	50%
For the purpose of items 2 and 3 above, this shall mean separation at or above wrist and/or of the foot at or above ankle, respectively.	
4. Permanent total and absolute disablement disabling the Insured person from engaging in any employment or occupation of any description whatsoever.	100%

2. **Carriage of Dead Body**

The Policy also provides for reimbursement, in the event of the death of the Insured/Insured Person due to injury caused, solely and directly, by accidental, violent, external and visible means outside his/her home, of the expenses incurred for transportation of Insured/Insured Person's dead body to the place of residence subject to a maximum of Rs 2,500/-.

3. **Education Grant**

It further provides for payment, in the event of death or permanent total disablement of the Insured/Insured Person caused, solely and directly, by accidental, violent, external and visible means, of compensation towards Education Fund for dependent children as below:

- If the Insured/Insured Person has one dependent child below the age of 25 years (or 28 years in case of girl dependant child) who is pursuing studies, an amount of Rs 5,000/-.
- If the Insured/Insured Person has more than one dependent child below the age of 25 years (or 28 years in case of girl dependant child) who are pursuing studies, an amount of Rs 10,000/-

provided that the age limit shall apply as on date of accident and not at the beginning of the Policy year.

POLICY EXCLUSIONS

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. Any disease/illness/injury arising or resulting from the Insured 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.
2. Disease/illness/injury, 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.
3. Any disease/illness/injury due to alcohol or drug abuse.
4. Disease/illness/injury whilst performing duties as a serving member of a military or a police force.
5. Disease/illness/injury caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.

6. Disease/illness/injury, directly or indirectly, caused by or contributed to by nuclear weapons/materials or radioactive contamination.
7. 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.
8. Hospitalization/major illness/death/disablement resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.
9. Disease/illness/injury due to

   i. intentional self-injury, suicide or attempted suicide

   ii. self exposure to needless perils except in an attempt to save human life.
10. Any consequential loss or damage cost or expense of whatsoever nature

Specific Exclusions

I. Hospitalisation

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 - Benefits will not be available for any condition(s) defined in the policy until 24 months of continuous coverage have elapsed, since inception of the first policy with us.
2. Medical expenses incurred for treatment undertaken for disease or illness within 30 days of the inception date of this Policy. This exclusion doesn't apply for subsequent renewals with the Company without a break.
3. Expenses incurred on treatment of following diseases, illness, injury within the first year from the inception of this Policy:
   a. Cataract
   b. Benign Prostatic Hypertrophy
   c. Myomectomy, Hysterectomy or menorrhagia or fibromyoma unless because of malignancy
   d. Dilation and curettage (other than taken for pregnancy and/or childbirth related treatment)
   e. Hernia, hydrocele, congenital internal disease, fistula in anus, sinusitis
   f. Skin and all internal tumors/cysts/nodules/polyps of any kind including breast lumps unless malignant/adenoids and hemorrhoids
   g. Dialysis required for chronic renal failure
   h. Gastric and Duodenal ulcers
4. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident.
5. Dental treatment or surgery of any kind unless requiring hospitalisation.
6. Birth control procedures, hormone replacement therapy, treatment arising from or traceable to pregnancy, childbirth including caesarean section and voluntary medical termination of pregnancy during the first 12 weeks from the date of conception. However, this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending Medical Practitioner.
7. Routine medical, eye and ear examinations, cost of spectacles, contact lenses or hearing aids, vaccinations, issue of medical certificates and examinations as to suitability for employment or travel.
8. Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases/illness/injury caused by and/or related to HIV.
9. Vitamins and tonics unless forming part of treatment for disease, illness or injury as prescribed by the Medical Practitioner.
10. Treatment of obesity, general debility, convalescence, run down condition or rest cure, congenital external/internal disease/illness or defects or anomalies, sterility, venereal disease or intentional self-injury and use of intoxicating drugs/alcohol. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
11. Vaccination and inoculation of any kind unless forming part of treatment for disease, illness or injury as prescribed by the Medical Practitioner.
12. Treatment by a family member and self-medication or any treatment that is not scientifically recognized.
13. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
14. Any medical, physical or mental condition or treatment or service, which is specifically excluded under this Policy. Treatment of mental disease/illness, psychiatric or psychological disorders.
15. Prostheses, corrective devices and medical appliances, which are not, required intra-operatively or for the disease/illness/injury for which the Proposer or any of his family members was hospitalised.
16. Any stay in Hospital without undertaking any treatment or where there is no active regular treatment by the Medical Practitioner.
17. Aesthetic treatment, cosmetic surgery and plastic surgery unless necessitated due to accident or as a part of any disease/ illness / injury.
18. Charges incurred primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any disease, illness or injury, for which confinement is required at a Hospital/Nursing Home or at home under domiciliary hospitalisation as defined.
19. Costs of donor screening or treatment, unless specifically covered and specified in the Schedule to this Policy.
20. Naturopathy treatment.
21. Any treatment received outside India.
22. Treatment taken from persons not registered as Medical Practitioners under respective medical councils.

II. Personal Accident

(Including Carriage of Dead Body and Education grant)

The Company shall not be liable under this Section for:

1. Any existing disability.
2. Accidental death or permanent disability due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.
3. Accidental death or permanent disability caused by curative measures, radiation, infection, poisoning except where these arise from an accident.
4. Any other claim after a claim for death due to accidental injury has been admitted by the Company and becomes payable.
5. Any payment in case of more than one claim under the Policy during any one period of insurance by which the maximum liability of the Company in that period exceeds the available sum payable.
6. Payment of compensation in respect of death, injury or disablement of the Proposer or any his family members whilst engaging in aviation or ballooning whilst mounting into, dismounting from or traveling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.

'Standard type of aircraft' means any aircraft duly licensed to carry passengers (for hire or otherwise) by an appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine.

CLAIMS PROCEDURE

When & How to Claim

It is a condition precedent to the Company's liability that upon the discovery or happening of any disease/illness/injury that may give rise to a claim under this Policy, the Insured/Insured Person shall undertake the following:

1. Claim Notification

The Insured/Insured Person shall give immediate notice to the Third Party Administrator named in the Schedule to this Policy, by calling the toll free number as specified in the Schedule to the Policy and also in writing at the address shown in the Schedule with particulars as below: Policy Number, Name of the Insured/Insured Person availing treatment, nature of disease/illness/injury, name and address of the attending Medical Practitioner/Hospital and any other relevant information. This information also needs to be provided to the Company immediately and prior to availing treatment and in any case within 7 days of hospitalisation/ treatment.

2. **Cashless Hospitalisation**

The Company shall provide cashless hospitalisation to the Insured /Insured Person through the Third Party Administrator (TPA). The Insured/Insured Persons can avail of cashless hospitalisation upto the limit of Sum Insured as specified in the Schedule to this Policy, subject to obtaining pre-authorisation from the TPA.

Insured/Insured Person need to submit to the TPA complete information of the disease, illness or injury requiring treatment to be undertaken in a Hospital which is within the TPA network, along with certification from the Medical Practitioner and/or Hospital. Considering the above, the TPA shall issue pre-authorisation to the Hospital concerned for cashless hospitalisation for the treatment of the Insured/Insured Person upto the limit of the Sum Insured specified in the Schedule to this Policy.

However, cashless hospitalisation will not be available if the treatment is undertaken in a non-networked Hospital, in which case, the Insured /Insured Person shall, after due intimation about the hospitalisation details to the Company/TPA as mentioned hereinabove, pay the hospitalisation expenses directly to the Hospital concerned and claim reimbursement from the Company for the same.

The Company will notify, from time to time, the list of Hospitals within the TPA network.

Where cashless hospitalisation is pre-authorised by the TPA, the Insured/Insured Person need not pay the hospitalisation expenses for the treatment undertaken for diseases, illness or injury, which are covered under the Policy, and the same shall be paid by the TPA directly to the Hospital.

Cashless hospitalisation benefit shall be limited exclusively to hospitalisation expenses incurred for treatment undertaken for disease, illness or injury in a network Hospital and shall not extend to other benefits.

3. **Claim Processing**

The Third Party Administrator appointed by the Company will process the claim on behalf of the Company and make all payments.

The Company requires the Insured/Insured Persons to deliver to the Third Party Administrator at their own expense, within 30 days of the Insured's/Insured Person's discharge from Hospital (for post-hospitalisation expenses, completion of post-hospitalisation period or completion of treatment, whichever is earlier), any and all information and documentation concerning the claim or the Company's liability for it, including but not limited to:

- Duly filled claim form(s)
- Original bills, receipts and discharge/card from the Hospital /Medical Practitioner
- Original bills from chemists supported by proper prescription
- Original Investigation test reports and payment receipts
- Medical Practitioner's referral letter advising hospitalisation
- Original bills and receipts for claiming Ambulance charges
- Original bills, receipts and Medical Practitioner's prescription for claiming benefits under external mobility aids and appliances.

If so, requested by the Company, the Insured/Insured Person will have to submit for a medical examination by the Company's or Third Party Administrator's Medical Practitioner as often as the Company considers necessary.

If the Insured shall sustain any bodily injury in respect of which a claim is or may be made hereunder prompt written notice thereof shall be given to the Company as soon as possible but in any event within fourteen days of the date of injury. If the Insured shall die, notice of death shall be given by the nominees/legal representative(s) forthwith. All certificates, information and evidence whether from a Medical Attendant or otherwise required by the Company shall be furnished at the expense of the Insured or nominee or legal representatives, as the case may be. The documents required are:

In case of Personal Accident Death claims

- FIR from police authorities wherever necessary (in case of accidents outside residence)
- Death Certificate from the Municipal Authorities
- Post Mortem Report

In case of Personal Accident Permanent Total Disability claims

- FIR from police authorities wherever necessary (in case of accidents outside residence)
- Certificate from the attending Medical Practitioner for the injury indicating the extent of disability
- Hospital Medical Records

In case of Education Grant

- Age proof of the Dependent Children of the Insured
- Dependency Proof/Proof towards the Dependent Children of the Insured being enrolled in any educational institution

TERMS AND CONDITIONS

1. Floater Policy

If the Policy is obtained on floater basis covering the family members, the Sum Insured as specified in the Schedule to this Policy, shall be available to the Insured/Insured Person and all and any one of the Insured/Insured Persons for one or more claims during the Policy period. The Policy is on Floater Basis for Hospitalisation and Personal Accident benefits with separate Sum Insured for each of these benefits as specified in the Schedule to this Policy.

2. 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.

3. 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.

4. 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.

5. Material Change

The Insured/Insured Person shall immediately notify the Company in writing of any material change in the risk and cause at his own expense/such additional precautions to be taken as circumstances may require to ensure safety and containing the circumstances that may give rise to the claim, and the Company may adjust the scope of cover and /or premium, if necessary, accordingly.

6. Records to be Maintained

The Insured/Insured Person shall keep an accurate record containing all relevant particulars and shall allow the Company to inspect such record. The Insured/Insured Person shall within one month after the expiry of the Policy furnish such information as the Company may require.

7. 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.

8. 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.

9. 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.

10. 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.

11. 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 in accordance with 'Claim Procedure'.

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.

12. Position after a Claim

As from the day of receipt of the claim amount by the Insured / Insured Person, the Sum Insured for the remainder of the period of insurance shall stand reduced by a corresponding amount.

13. Subrogation

In the event of payment under this Policy, the Company shall be subrogated to all the Insured/Insured Person's rights or recovery thereof against any person or organisation, and the Insured/Insured Person shall execute and deliver instruments and papers necessary to secure such rights. The Insured/Insured Person and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done, all such acts and things as may be necessary or required by the Company, before or after Insured/Insured Person's indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated.

14. 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 Company shall not be liable to pay or contribute more than its rateable proportion of any loss or damage.

15. 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.

16. Cancellation/Termination

The Company may at any time, cancel this Policy, on grounds of misrepresentation, fraud, non disclosure of material facts or non co-operation of the Insured, 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 opt for cancellation of this Policy by giving 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 l 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

However, in case of a valid claim having being paid under this Policy, there would be no refund of premium.

17. Cause of Action/Currency for Payment

No claim shall be payable under this Policy unless the cause of action arises in India. All claims shall be payable in India and in Indian Rupees only.

18. 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.

19. 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.

In respect of any disputes or difference which remain unresolved and where the claim amount is not more than Rs.20 lakhs, the individual Insured/Insured Person can approach the Insurance Ombudsman set up at different territorial locations for resolution. The details of the Insurance Ombudsmen and their jurisdiction are available in their websites www.ombudsmanindia.org/www.gbic.co.in

20. Renewal Notice

A Policy shall be ordinarily renewable except on grounds such as fraud, non disclosure, moral hazard or misrepresentation. The Company shall not be bound to accept any renewal premium nor give notice that such 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 renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorized official of the Company. Renewals are deemed to be continuous when received within a period of 15 days from the date of expiry of last policy subject however to the effective policy inception date being reckoned from such period when the renewal premium is received by the Company.

21. 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.

22. Customer Service

If at any time the Insured/Insured Person requires any clarification or assistance, the Insured/Insured Person may contact either TPA or the Policy issuing office of the Company.

23. Grievances

In case the Insured is aggrieved in any way, the Insured may contact the Company at the specified addresses, during normal business hours or the Insured may also contact our Customer Service Desk at (022) 3989 8282 (local charges apply).