

Pravasi Bharatiya Bima Yojana Policy Policy Wording

Preamble

WHEREAS the policyholder designated in the Schedule to this Pravasi Bharatiya Bima Yojana 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 policy 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 Policy Period as specified in the Schedule, any claim is incurred which becomes admissible and payable under this Policy then the Company shall pay for such claim, as per terms, conditions and benefits and exclusions and the limit of Sum insured as set forth 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. **Accident (al)** is a sudden, unforeseen and involuntary event caused by external, visible & violent means.
2. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - (a) **Internal Congenital anomaly** which is not in the visible and accessible parts of the body.
 - (b) **External Congenital anomaly** which is in the visible and accessible parts of the body.
3. **Hospital** means any institution established for in-patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration & Regulation) Act, 2010 or under enactments specified under the Schedule of Section 56 (1) of the said act or complies with all minimum criteria as under:
 - i. has qualified nursing staff under its employment round the clock;
 - ii. has at least 10 inpatient beds, in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
 - iii. has qualified medical practitioner(s) in charge round the clock;
 - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out
 - v. maintains daily records of patients and make these accessible to the Insurance company's authorized personnel.

In case the Hospital is outside India then it shall be duly registered and complies to the laws of the country in which it is located
4. **"Hospitalisation"** means admission in a hospital for a minimum period of 24 consecutive hours for Inpatient care except for day care treatment, where such admission could be for a period of less than 24 consecutive hours.

5. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
6. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a medical practitioner.
7. **In-patient care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event..
8. **Insurer** means Company i.e., Reliance General Insurance Co. Ltd.
9. **Insured Person/Insured** means the person specifically named as such in the Schedule to this Policy, who has a permanent place of residence in India and for whom the insurance is proposed and the appropriate premium paid.
10. **Medical Advice** means any consultation or advice from a medical practitioner including the issue of any prescription or repeat prescription.
11. **Medical Expenses** means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or injury on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been insured and no more than other hospitals or Medical Practitioners in the same locality would have charged for the same medical treatment.
12. **Medical Practitioner** is a person who holds a valid registration from the Medical Council of any state or Medical Council of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license and should not be the policy holder/ insured or close family member of the policyholder/ insured.
13. **Medically necessary treatment** is any treatment, tests, medication, or stay in hospital or part of stay in a hospital which
 - I. Is required for the medical management of the illness or injury suffered by the insured;
 - II. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - III. Must have been prescribed by a medical practitioner;
 - IV. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
14. **Policy** is the Company's contract of insurance with the policyholder providing cover as detailed in this Policy Terms & conditions, the Proposal Form, Policy Schedule, Endorsements, if any and Annexures, which form part of the contract and must be read together.
15. **Policy period** means the period between the start date and the end date as specified in the Schedule to this Policy or the cancellation of this policy, whichever is earlier.
16. **Reasonable & Customary charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area of identical or similar services, taking into account the nature of the illness/injury involved.
17. **Schedule** means the document attached name so and to and the

forming part of this Policy mentioning the details of the Insured/ Insured Person/s, the Sum Insured, the period and the limits to which benefits under the Policy are subject to.

- 18. Sum Insured** means the sum as specified in the schedule, which sum represents the Company's maximum liability for any or all claims under this Policy during the Policy period.
- 19. Surgery** means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.
- 20. Unproven/Experimental treatment** is treatment including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

Scope Of Cover

SECTION - I : PERSONAL ACCIDENT BENEFITS

If during the policy period, the insured person shall sustain any injury resulting from an accident, then the Company shall pay to the Insured or his legal representative(s), as the case may be, the sum or sums hereinafter set forth, that is to say:

- a) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured Person, the Sum Insured of Rs. 10 lacs.
- b) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of:
- (i) 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 Sum Insured of Rs. 10 lacs.
- (ii) Use of two hands or of 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 Sum Insured of Rs. 10 lacs.
- c) If such injury shall, as a direct consequence thereof, immediately, permanently, totally disable the Insured Person from engaging in any employment or occupation of any description whatsoever, the Sum Insured of Rs. 10 lacs.

NOTE:- For the purpose of Clause (b) above, physical separation of a hand means separation at or above the wrist and of the foot at or above the ankle.

SPECIAL ADD ON BENEFIT

FAMILY COVER

The company shall indemnify the medical expenses, which should be reasonable & customary, and which have been incurred during Hospitalization in India, during the Policy period, for In-patient Care on the written medical advice of a Medical Practitioner for the Medically necessary treatment for an illness or injury contracted or sustained by the covered family member during the Policy Period, subject to the following:

1. Family shall only consist of spouse and two dependent children upto 21 years of age.
2. The company's total liability in respect of any or all claims in aggregate for all the family members shall not exceed an amount of Rs 50,000 under this Special Add on Benefit/ Policy.
3. Claim under this Special Add on Benefit shall only be admissible in the event of accidental death or permanent total disability of the Insured Person abroad.
4. Maternity benefit shall, however, not be available under this Special Add on Benefit to the Insured Person's spouse.

SPECIAL EXCEPTIONS

Provided always that:

The Company shall not be liable under this Section of the Policy for:

- a) Any payment in case of more than one claim under the Policy during

any one Policy Period by which the maximum liability of the Company in that period would exceed the Sum Insured under the Policy.

- b) Payment of compensation in respect of death or disablement of the Insured Person (i) from intentional self-injury, suicide or attempted suicide, (ii) whilst under the influence of intoxicating liquor or drugs, (iii) whilst engaging in Aviation or Ballooning whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying) or otherwise in any duly licensed standard type of aircraft any where in the world, (iv) directly or indirectly caused by venereal diseases, Aids or insanity, (v) arising or resulting from the Insured Person committing any breach of law. Standard type of Aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned OR chartered OR operated by a regular airline OR whether such an aircraft has a single engine or multi engines.
- c) Payment of compensation in respect of death, injury or disablement of the Insured Person due to or arising out of or traceable to War, Invasion, Act of foreign enemy, Hostilities (Whether war be declared or not), threat of war or civil strife in the country of employment and / or in the neighboring country/ region, Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power, Seizure, Capture, Arrests, Restraints and Detainments by kings, princes and people of whatever nation, condition or nature.
- d) Payment of compensation in respect of death of, or bodily injury or any disease or illness to the Insured Person:
- (i) directly or indirectly caused by or contributed to by or arising from ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any selfsustaining process of nuclear fission.
- (ii) directly or indirectly caused by or contributed to by or arising from nuclear weapon material. PROVIDED also that due observance and fulfillment of the terms and conditions of this Policy (which conditions and all endorsements thereon are to be read as part of this Policy) shall so far as they relate to any thing to be done or not to be done by the Insured Person be a condition precedent to any liability of the Company under this Policy.
- e) Payment of compensation in respect of death or disablement resulting directly or indirectly caused by contributed to or aggravated or prolonged by childbirth or from pregnancy or in consequence thereof.

SECTION – II:

A) REIMBURSEMENT OF REPATRIATION / TRANSPORT EXPENSES ON ACCOUNT OF DEATH/ PERMANENT TOTAL DISABILITY / TERMINATION OF CONTRACT ON ACCOUNT OF CONTRACTING MAJOR AILMENTS.

Scope of Cover:

In the event of the death of the Insured Person, arising out of an injury during the policy period, whilst abroad the Company shall indemnify the actual expenses incurred for repatriation of the dead body and the actual one way economy class airfare of one attendant.

If the contract of employment is terminated by the foreign employer within the Policy period, due to the Insured Person falling sick or being declared medically unfit to commence or continue or resume working, whilst abroad the transportation charges equivalent to the actual one-way economy class airfare to India and the actual one way economy class airfare of one attendant shall be reimbursed provided the grounds for repatriation are certified by the concerned Indian Mission / Post and the Air-tickets are submitted in original.

OTHER CONDITIONS

- a) The repatriation charges/transportation expenses incurred on termination of service contract due to sickness or on being declared medically unfit to commence or continue or resume working will be considered only when a medical practitioner has diagnosed such illness and treatment is recommended in India.

- b) Cost of airfare of attendant will be considered only if the Insured Person is declared in writing by a medical practitioner to be medically and physically unfit to travel alone.
- c) Expenses for airfare of the Insured Person / attendant, as the case may be, will be reimbursed only in economy class 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.
- d) The claim for reimbursement for the Insured Person and the attendant shall be filed within 90 days of completion of journey.

(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 Policy period for no fault of the Insured Person, the Company shall reimburse 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.

SPECIAL EXCEPTIONS

The Company shall not be liable to make any payment under this Section if the repatriation of the Insured Person is on account of –

- a) 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;
- 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.

GENERAL EXCEPTIONS

PROVIDED ALWAYS THAT:

The Company shall not be liable under this Policy for:

Any repatriation charges / deportation expenses necessitated by termination of contract of the Insured Person if such expenses are to be borne by the employer as per employment contract.

Any repatriation charges / transportation expenses necessitated by termination of contract of the Insured Person and consequent deportation on account of misconduct, commission of any criminal offences, etc.

- b) Clauses (a) to (e) of the Special Exceptions under Section I shall apply mutates mutandis to this Section to the extent applicable.

SECTION III: HOSPITALISATION COVER

Scope of Cover:

The company shall indemnify the medical expenses, which should be reasonable & customary, and which have been incurred during Hospitalization, whether in India or in the country of his employment, during the Policy period, for In-patient Care or Day Care Treatment on the written medical advice of a Medical Practitioner for the Medically necessary treatment for an illness or injury contracted or sustained by the Insured member during the Policy Period, whilst stay abroad.

Expenses on Hospitalisation 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 Person is discharged on the same day, the treatment will be considered to be taken under Hospitalisation 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 hospitalisation and the procedure involves specialized infrastructure facilities available in hospitals
- b) Due to technological advances hospitalisation is required for less than 24 hours only.

The company's total liability in respect of any or all claims in aggregate for for the Insured Person shall not exceed an amount of Rs 75,000 under this Section.

Special Exclusions

The Company shall not be liable to make any payment under this Section 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.
- b) Disease, illness or injury, directly or indirectly, caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war 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 or 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 due to or associated with Human T-Cell Lymphotropic Virus type III (IITLB-111) 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

Maternity Extension under Hospitalisation Section

Maternity Expenses Benefit -The Policy is extended to cover actual maternity benefit expenses for a female Insured Person upto a maximum limit of Rs. 25,000/- provided treatment is taken by the Insured Person in a

Hospital/Nursing Home as in-patient in India or in the country of employment only.

In case of medical treatment in the country of employment, the maternity benefits would be provided only if the requisite documents are certified by the concerned Indian Mission / Post. The reimbursement shall be restricted to actuals.

Maternity Expenses “Maternity expense” Maternity expense / treatment shall include the following Medical treatment Expenses:

- I. Medical Treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation);
- II. Expenses towards lawful medical termination of pregnancy during the policy period.;

Special Conditions applicable to Maternity Expenses Benefit Extension:

- a) These benefits are admissible if the expenses are incurred in Hospital/Nursing Home as in-patient only.
- b) A waiting period of 9 months is applicable for admissibility/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 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.

Section IV: Reimbursement of legal expenses

The Policy provides for reimbursement of actual legal expenses incurred during the policy period subject to a limit of Rs. 30,000/-incurred by the Insured Person in any litigation relating to his/her employment, provided the requirement and necessity of filing such case is certified by the appropriate Ministry of that country and the actual expenses incurred certified by the concerned Indian Mission / Post.

Policy duration

The Policy shall be valid for two or three years as mentioned in the Schedule.

General Conditions

Pravasi Bharatiya Bima Yojana Policy is designed for citizens of India who obtain emigration clearance as required under the Emigration Act 1983 (31 of 1983) i.e. for all Indian citizens (between the age group of 18 to 60 years) whilst on stay abroad on a valid visa for purposes of employment only. This Policy, however, shall not apply in the event of war or internal conflict in the country to which the citizen of India holding the said Policy has proceeded with emigrant clearance.

Under this Policy, “Emigrant” means any citizen of India who intends to emigrate, or emigrates or has emigrated but does not include:

A dependent of an emigrant, whether such dependent accompanies that emigrant, or departs subsequently for the purpose of joining that emigrant in the country to which that emigrant has lawfully emigrated;

Any person who has resided outside India at any time after attaining the age of eighteen years, for not less than three years or the spouse or child of such person.

Upon the happening of any event which may give rise to a claim under this Policy, the Insured Person /nominee(s)/ legal representative(s), as the case may be, shall forthwith give notice thereof to the Company in writing.

The Insured Person /nominee(s)/ legal representative(s) shall thereafter within one month of the occurrence of the event, submit a claim form completed in all respects, signed and supported by documents relevant to the claim along with original insurance certificate / Policy to the Company.

Claims Procedure

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 Person shall undertake the following:

- a. Upon the happening of any event giving rise to a claim, the Insured Person shall immediately contact the Company and intimate the claim through its call center or in writing at the relevant Policy issuing office. The phone number for the call center is given in the Schedule attached to this Policy.
 - b. While intimating the claim, the Insured Person shall be required to furnish all the requisite information, such as:
 1. Name of the Insured Person
 2. Contact details of the Insured Person
 3. Policy number
 4. Date & Time of Loss
 5. Location of loss
 6. Nature of loss
 7. Cause of loss
 8. Whether Police authorities has been informed (if applicable)
 9. Estimate of loss
 - c. If the Insured Person 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 Person 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 Person or nominee or legal representatives, as the case may be, and shall be in such form and of such nature as the Company may prescribe. The Insured Person must immediately after the occurrence of any accident which may be the subject of a claim hereunder obtain medical treatment failing which the Company will not be liable for any consequence thereof. The documents required are:
 - i. In case of death due to accident
 - ▶ Police Report confirming accidental death.
 - ▶ Post Mortem Report.
 - ▶ Certificate / Report from concerned authorities
 - ▶ Duly attested copy of passport (all pages)
 - ii. In case of Permanent Total Disability due to accident:
 - ▶ Medical records pertaining to treatment following the accident.
 - ▶ Disability certificate issued by a medical practitioner.
- In case of permanent total disability, the Insured Person shall, if the Company so desires, also present himself/herself for examination before a medical practitioner to be appointed by the Company to assess the extent of disability suffered by the Insured Person.
- d. For reimbursement of the costs of transporting the mortal remains of the Insured Person to the Republic of India or of costs of burial abroad, an official death certificate and a physician's statement giving the cause of death needs to be submitted. Medical statements from spouses/ relatives will not be accepted. Original bills / receipts of expenses incurred need to be submitted also. These would be paid as per the usual and customary charges incurred for the same.
 - e. For reimbursement of expenses of transportation of Insured Person to the Republic of India, a medical statement from a registered Physician indicating the cause of illness and the necessity of transportation needs to be submitted. Medical statements from spouses/ relatives will not be accepted. Original bills / receipts of the expenses incurred need to be submitted also. These would be paid as per the usual and customary charges incurred for the same.
 - f. In case of hospitalization, the Insured Person shall contact the call

centre at 1800 3009 (toll free). as soon as any event giving rise to a claim occurs. The Insured Person shall give details such as : Policy Number, Name of the Insured Person availing treatment, nature of disease / illness/injury, name and address of the attending Medical Practitioner/Hospital and any other relevant information. In case of treatment in the country of employment, the above details shall be provided to the Company immediately and prior to availing treatment and in any case within 7 days of hospitalisation/ treatment.

The Company shall provide cashless hospitalisation for treatment in India to the Insured Person through the Third Party Administrator (TPA). The Insured Person can avail of cashless hospitalisation for treatment in India upto the limit of Sum Insured as specified in the Schedule to this Policy, subject to obtaining preauthorisation from the TPA.

The Insured Person needs to submit complete information of the disease, illness or injury requiring treatment to be undertaken in a Hospital / Nursing Home which is within the network, along with certification from the Medical Practitioner and/or Hospital / Nursing Home. Considering the above, pre-authorisation shall be issued to the Hospital / Nursing Home concerned for cashless hospitalisation for the treatment of the 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 Person shall, after due intimation about the hospitalisation details to the Company as mentioned hereinabove, pay the hospitalisation expenses directly to the Hospital / Nursing Home concerned and claim reimbursement from the Company for the same. Where cashless hospitalisation is pre-authorized, the 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 directly to the Hospital / Nursing Home.

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

In case of treatment in the country of employment, after due intimation about the hospitalisation details to the Company as mentioned hereinabove, pay the hospitalisation expenses directly to the Hospital / Nursing Home concerned and claim reimbursement from the Company for the same.

The Insured Person shall have to deliver at his/her own expense, within 30 days of the Insured Person's discharge from Hospital 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.

If so, requested by the Company, the 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.

Any compensation under this Policy will be paid in India in Indian currency only. No sum under this Policy shall carry interest.

The Company shall not be liable to make any payment under this Policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf. Non co-operation by the Insured Person will nullify the cover under the Policy

Special Conditions

1. Duty of disclosure

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact 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 Policyholder/ Insured Person or any one acting on his/ their behalf to obtain a benefit under this Policy, the Company may cancel this Policy at its sole discretion and the premium paid shall be forfeited in its favor.

2. Observance of Terms and Conditions

The due observance and fulfillment of the Policy Terms & Conditions and Endorsements of this Policy in so far as they relate to anything to be done or complied with by the Policyholder / Insured Person, shall be a condition precedent to any of the Company's liability to make any payment under this Policy.

3. Reasonable Care

The Policyholder/ Insured Person shall take all reasonable steps to safeguard the interests against any Illness / Injury that may give rise to a Claim.

4. Material Change

The Policyholder shall immediately notify the Company in writing of any material change in the risk on account of change in occupation / business at his own expense and the Company may adjust the scope of cover and/or premium, if necessary, accordingly.

5. Records to be maintained

The Policyholder/ Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representative(s) to inspect such records. The Policyholder/ Insured Person shall furnish such information as the Company may require under this Policy at any time during the Policy Period and up to three years after the policy expiration, or until final adjustment (if any) and resolution of all Claims under this Policy.

6. No constructive Notice

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

7. Complete discharge

Payment made by the Company to the Policyholder/ adult Insured Person or the Nominee of the Policyholder or the legal representative of the Policyholder or to the Hospital, as the case may be, of any Medical Expenses or compensation or benefit under the Policy shall in all cases be complete and construed as an effectual discharge in favor of the Company.

8. Subrogation

Subrogation shall mean the right of the Company to assume the rights of the Insured Person/Policyholder to recover expenses paid out under the Policy that may be recovered from any other source.

The Policyholder/ Insured Person shall at his own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which the Company is/ or would become entitled upon the Company paying for a Claim under this Policy, whether such acts or things shall be or become necessary or required before or after its payment. Neither the Policyholder nor any Insured Person shall prejudice these subrogation rights in any manner and shall at his own expense provide the Company with whatever assistance or cooperation is required to enforce such rights. Any recovery the Company makes pursuant to this clause shall first be applied to the amounts paid or payable by the Company under this Policy and any costs and expenses incurred by the Company of

effecting a recovery, where after the Company shall pay any balance remaining to the Policyholder. This clause shall not apply to any Benefit offered on fixed benefit basis.

9. Contribution

Contribution is essentially the right of the Company to call upon other Insurers liable to the same Insured to share the costs of an indemnity claim on a rateable proportion of Sum Insured. If at the time when any Claim arises under this Policy, there is any other insurance which covers (or would have covered but for the existence of this Policy), the same Claim (in whole or in part), then the Company shall not be liable to pay or contribute more than its ratable proportion of any Claim. This clause shall not apply to any Benefit offered on fixed benefit basis.

10. Fraudulent Claims

If a Claim is in any way found to be fraudulent, or if any false statement, or declaration is made or used in support of such a Claim, or if any fraudulent means or devices are used by the Policyholder / Insured Person or anyone acting on his/ their behalf to obtain any benefit under this Policy, then this Policy shall be void and all claims being processed shall be forfeited for all Insured Persons and all sums paid under this Policy shall be repaid to the Company by the Policyholder / all Insured Persons who shall be jointly liable for such repayment.

11. Policy Disputes

Any and all disputes or differences under or in relation to validity, construction, interpretation and effect to this Policy shall be determined by the Indian Courts and subject to Indian law.

12. Termination of Policy

This Policy will automatically terminate at the end of the Policy Period or on the return of the Insured Person back to India whichever is earlier.

13. Limitation Period

In no case whatsoever the Company shall be liable for any Claim under this Policy, if the requirement of Clause 4 above are not complied with, unless the Claim is the subject of pending action; it being expressly agreed and declared that if the Company shall disclaim liability for any Claim hereunder and such Claim shall not within 12 calendar months from the date of the disclaimer have been made the subject matter of a suit in court of law then the Claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

14. Communication

Any communication meant for the Company must be in writing and be delivered to its address shown in the Policy Schedule. Any communication meant for the Policyholder will be sent by the Company to his last known address or the address as shown in the Policy Schedule. All notifications and declarations for the Company must be in writing and sent to the address specified in the Policy Schedule. Agents are not authorized to receive notices and declarations on the Company's behalf.

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.

15. Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by a written endorsement signed and stamped by the Company.

16. Cause of Action

Claims shall be payable in India in Indian Rupees.

17. Overriding effect of Policy Schedule

In case of any inconsistency in the terms and conditions in this Policy vis-a-vis the information contained in the Policy Schedule, the information contained in the Policy Schedule shall prevail.

18. Electronic Transactions

The Policyholder/ 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, 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, established by or on behalf of the Company, for and in respect of the 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.

19. 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.

20. Withdrawal/Revision/Modification of the Product

The Company reserves the right to withdraw, revise or modify this product /policy in the future. The revision/modification may be in respect of Benefits, coverages, premiums, policy terms and conditions &/or exclusions. In the event of any such withdrawal of product the company will notify in advance to the policyholder

21. Payment of Interest

In the event of delay in settlement of claim beyond the period as specified by the Insurance Regulatory & Development Authority of India (IRDA) the Company shall be liable to pay interest on demand as per the rate as defined by IRDA

22. 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.

23. Grievances

If the Policyholder has a grievance that the Policyholder wishes the Company to redress, the Policyholder may contact the Company with the details of his grievance through:

Website	:	www.reliancegeneral.co.in
e-mail	:	services.rgicl@rcap.co.in
Telephone	:	1800-3009
Fax	:	+91-22-30479650
Post/Courier	:	Any branch office, correspondence address during normal business hours

If the Policyholder is not satisfied with the Company's redressal of the Policyholder's grievance through one of the above methods, the Policyholder may contact the Company's Head of Customer Service at:

The Grievance Cell, Reliance General Insurance Company Limited Correspondence Unit, C-42, Pawane, T.T.C, Industrial Area, M.I.D.C, Turbhe, Navi Mumbai, Maharashtra, INDIA 400705.

If the Policyholder is not satisfied with the Company's redressal of the Policyholder's grievance through one of the above methods, the Policyholder may approach the nearest Insurance Ombudsman for resolution of the grievance. The contact details of Ombudsman offices are mentioned below:

Contact Details (Address)	Jurisdiction
AHMEDABAD Office of the Insurance Ombudsman, 2nd Floor, Shree JayshreeAmbica Chambers, Nr. C U Shah College,5,Navyug Colony, Ashram Road, AHMEDABAD-380014. Tel.: 079-27546150, Fax: 079-27546142, Email: insombalhd@rediffmail.com	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.
BHOPAL Office of the Insurance Ombudsman, 1st Floor, 117, Zone II (Above D M Motors Pvt. Ltd.), Maharana Pratap Nagar, BHOPAL-462 011 Tel.: 0755-2578100, 2578102, Fax: 0755- 2578103, Email: insombmp@satyam.net.in	States of Madhya Pradesh and Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674-2535220, Fax: 0674-2531607, Email: ioobbsr@vsnl.net	State of Orissa.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172-2706196, Fax: 0172-2708274	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, Chennai – 600 018. Tel.: 044-24333678,24333668,24335284, Fax: 044-24333664, Email: insombud@md4.vsnl.net.in	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
DELHI Office of the Insurance Ombudsman, 1st Floor, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011-23239611, Fax: 011-23230858, Email: insombudsmandel@netcracker.com	States of Delhi and Rajasthan.
GUWAHATI Office of the Insurance Ombudsman, Aquarius Bhaskar Nagar, R G Baruah Road, GUWAHATI 781 02.1 Tel.: 0361-2413525EPBX :0361-2415430, Fax: 0361-2414051	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, Yeturu Towers, Lane Opp. Saleem Function Palace, A C Guards, Lakdi-Ka- Pool, HYDERABAD-500 004. Tel.: 040-55574325, Fax: 040-23376599, Email: insombud@hd2.vsnl.net.in	States of Andhra Pradesh, Karnataka and Union Territory of Yanam - a part of the Union Territory of Pondicherry.
KOCHI Office of the Insurance Ombudsman, 2nd Floor, CC 27 / 2603, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484-2373334, 2350959, Fax: 0484-2373336,Email:insuranceombudsmankochi@hclinfinet.com	State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.
KOLKATA Office of the Insurance Ombudsman, North British Building 29, N S Road, 3rd Floor, KOLKATTA-700 001 Tel.: 033-22212666, 22212669 Fax: 033-22212668	States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, JeevanBhavan, Phase 2, 6th floor, Nawal Kishore Road, Hazaratganj, LUCKNOW- 226001. Tel.: 0522-2201188, 2231330, 2231331, Fax: 0522- 2231310, Email: ioblko@sancharnet.in	States of Uttar Pradesh and Uttaranchal.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022-26106889, EPBX : 022-26106889, Fax: 022-26106052, 26106980, Email: ombudsman.i@hclinfinet.com	States of Maharashtra and Goa.

The details of Insurance Ombudsman are available on IRDA website :www.irda.gov.in, on the website of General Insurance Council : www.generalinsurancecouncil.org.in, the Company's website www.reliancegeneral.co.in or from any of the Company's offices.

Address and contact number of Governing Body of Insurance Council:

Secretary General

Governing Body of Insurance Council

JeevanSevaAnnexe, 3rd Floor (Above MTNT)

S. V. Road, Santacruz (W)

Mumbai – 400 054

Tel: 022-6106889

Fax: 022-6106980, 6106052

Email: inscoun@vsnl.net

