

## CSC - INDIVIDUAL ACCIDENT POLICY

### A. SCHEDULE:

### B. PREAMBLE:

In consideration of your having paid the premium for the Policy period stated in the Schedule or for any further period of insurance for which we may accept the payment for renewal of this Policy, We undertake that in the event of accidental bodily Injury sustained by You during the Policy period, we will make payment to you or your legal representative/nominee as per the Table of Benefits set forth in the Policy provided that all the terms, conditions and exceptions of this Policy in so far as they relate to anything to be done or complied with by You have been met.

This Policy is an evidence of the contract between you and Universal Sampo General Insurance Company Limited. The information furnished by you in the Proposal form and the declaration signed by you forms the basis of this contract.

The Policy, the Schedule and any Endorsement shall be read together and any word or expression to which a specific meaning has been attached in any part of this Policy or of Schedule shall bear such meaning whenever it may appear.

### C. DEFINITION:

For the purposes of this Policy and endorsements, if any, the terms mentioned below shall have the meaning set forth:

Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders.

#### **C.1. Standard Definitions:**

**Accident** means a sudden unforeseen and involuntary event caused by external, visible and violent means.

**Cashless facility** means a facility extended by Us to You where the payments, of the costs of treatment undergone by You in accordance with the Policy terms and conditions, are directly made to the network provider by Us to the extent pre-authorization approved.

**Condition Precedent** means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

**Disclosure to information norm** means 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.

**Emergency Care** means management for a severe Illness or Injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

**Hospitalization** means admission in a Hospital for a minimum period of 24 In-patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

**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 and Regulation) Act, 2010, or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock,
- has at least 10 inpatient beds, in those towns having a population of less than 10, 00,000 and 15 inpatient beds in all other places,
- has qualified Medical Practitioner (s) in charge round the clock,
- has a fully equipped operation theatre of its own where surgical procedures are carried out,
- maintains daily records of patients and will make these accessible to Insurance company's authorized personnel.

**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.

- a) **Acute condition** - Acute condition is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his/her state of health immediately before suffering the disease/Illness/Injury which leads to full recovery.
- b) **Chronic condition** - A chronic condition is defined as a disease, Illness, or Injury that has one or more of the following characteristics:
  - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
  - it needs ongoing or long-term control or relief of symptoms
  - it requires Your rehabilitation or for you to be specially trained to cope with it
  - it continues indefinitely
  - it recurs or is likely to recur

**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.

**Inpatient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

**Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

**Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident 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 doctors in the same locality would have charged for the same medical treatment. **Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence and is not a member of the Insured Person's Family.

**Notification of Claim** is the process of notifying a claim to the insurer or TPA through any of the recognized modes of communication.

**Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the Renewal continuous for the purpose of gaining credit for pre- existing diseases, time-bound exclusions and for all waiting periods.

- Pre-Existing Disease (PED):** Pre-existing disease means any condition, ailment, injury or disease
- a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or
  - b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.

**Reasonable and 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 for identical or similar services, taking into account the nature of the Illness / Injury involved.

## **C.2. Specific Definitions:**

**Accidental Death** means Death resulting from Bodily Injury solely and independently of any other cause except Illness directly resulting from, or medical or surgical treatment rendered necessary for such Injury, occasions the Death of the Insured Person within 12 months from the date of Accident.

**Adventure Sports:** Participation in sports activities such as bungee jumping, sky diving, white water canoeing/rafting and engaging in racing, hunting, mountaineering, ice hockey, winter sports and the like.

**Ambulance** means any vehicle used solely for the conveyance of injured persons from Accidental location or Your residential place or Hospital to any Hospital in emergency cases.

**Bodily Injury** means accidental physical bodily Injury solely and directly caused by external, violent visible cause.

**Break in Policy** occurs at the end of the existing Policy term, when the premium due for Renewal on a given Policy is not paid on or before the premium Renewal date or within 30 days thereof.

**Capital Sum Insured** means the monetary amounts shown against Insured Person(s) which is the maximum limit of our liability against said Insured Person.

**Contribution** is essentially the right of an insurer to call upon other insurers liable to the same Insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

**Insured** means the individual whose name is specifically appearing in the Schedule herein after referred as "You"/"Your"/"Yours"/"Yourself".

**Insured Person:** The person(s) named as Insured Person in the Schedule which will include you and your family inclusive of dependent parents.

**Nominee** means the person(s) nominated by the Insured Person to receive the insurance benefits under this Policy payable on his/her death.

**Period of Insurance:** The time period for which the contract of insurance is valid as shown in the Policy Schedule.

**Permanent Total Disablement:** The bodily Injury that totally, irrecoverably and absolutely prevents you from engaging in any kind of occupation.

**Permanent Partial Disability:** The bodily Injury that results in total, irrevocable, absolute and continuous loss of or impairment of a body part or sensory organ specified under the Table of Benefits.

**Proposal:** The application form you sign for this insurance and/or any other information you give to us or which is given to us on your behalf.

**Policy:** Policy wording, the Schedule, the Proposal form and Endorsement / Memoranda, if any.

**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 would be payable.

**Subrogation** means the right of the insurer to assume the rights of the Insured Person to recover expenses paid out under the Policy that may be recovered from any other source.

**Temporary Total Disablement:** The bodily Injury that prevents you from engaging in your occupation for a period not exceeding 104 weeks since the date of Injury to the time you are fit enough to resume your occupation as certified by Medical Professional

**Terrorism/Terrorist activity:** means any actual or threatened use of force or violence directed at or causing damage, Injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered Terrorist activity. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism.

**You/Your/Yours/Yourself** means the person(s) that We insure and is/are specifically named as Insured in the Schedule.

**We/Our/Ours/Us** mean Universal Sampo General Insurance Company Limited.

**War** means War, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

#### D. BENEFITS:

WHAT WE COVER
<p>Accidental bodily Injury directly resulting in the death or disablement to Insured Person as per the Table of Benefits.</p> <p>The scope of coverage shall depend on the benefit selected by you and as described in the Schedule</p> <p>A) Basic Cover–Death only            B) Wider Cover--- Death + Permanent Total Disability + Permanent Partial Disability            C) Comprehensive Cover ---- Death + Permanent Total Disability + Permanent Partial Disability + Temporary Total Disability</p> <p>We shall pay to the Insured Person or his/her legal personal representative / assignee, the compensation set forth in Table of Benefits (as percentage of Capital Sum Insured).</p>

S. No.	Table of Benefits	Percentage of Capital Sum Insured
1	<b>Accidental Death</b>	100
2	<b>Permanent Total Disability:</b>	
a)	Loss of sight (both eyes)	100
b)	Loss of two limbs	100
c)	Loss of one limb and one eye	100
d)	Permanent Total and absolute disablement as certified by Medical Practitioner	100
3	<b>Permanent Partial Disability:</b>	

A	Loss of sight of one eye	50
B	Loss of one limb	50
C	Loss of toes-all	20
D	Great-both phalanges	5
E	Great-one phalanx	2
F	Other than great, if more than one toe lost each	1
G	Loss of hearing - both ears	50
H	Loss of hearing - one ear	15
I	Loss of Speech	50
J	Loss of four fingers and thumb of one hand	40
K	Loss of four fingers	35
L	Loss of thumb-both phalanges	25
M	Loss of thumb-one phalanx	10
N	Loss of index finger	
	i) Three phalanges	10
	ii) Two phalanges	8
	iii) One phalanges	4
O	Loss of middle finger	
	i) Three phalanges	6
	ii) Two phalanges	4
	iii) One phalanges	2
P	Loss of ring finger	
	i) Three phalanges	5
	ii) Two phalanges	4
	iii) One phalanges	2
Q	Loss of little finger	
	i) Three phalanges	4
	ii) Two phalanges	3
	iii) One phalanges	2
R	Loss of Metacarpals	
	(i) First or second (additional)	3
	(ii) Third, fourth or fifth (additional)	2
S	Any other permanent partial disablement	% as assessed by Medical Practitioner appointed by us
4	<b>Temporary Total disablement benefit at the rate per week for period of confinement or part thereof.</b>	1% of C.S.I or Rs 5000/- whichever is lower for 104 weeks max.

Extra Benefits under the Policy in addition to capital Sum Insured, in case the liability under the Policy for Accidental Claim has been admitted.

A. Transportation cost for carriage of dead body to Home including funeral charges.	1% of Capital Sum Insured or 2,500/- (Two thousand five hundred) whichever is lower.
---	--

B. Cost of Clothing damaged in the Accident as described above and liability is admitted by US.	Actual expenses subject to maximum of Rs 1000/
C. Ambulance charges for transportation of Insured person to Hospital following Accident	Actual expenses subject to maximum of Rs 1000/
D. Education Fund: In the event of Death, permanent total disablement of the proposer that is the first Insured Person, We will approve compensation towards Education Fund for up to two dependent children as below	5% (Five percent) of C.S.I Subject to a maximum of Rs. 15000/-
E. Loss of Employment In the event of Accident leading to loss of employment as a consequence of Permanent Total Disability as per the table of benefits.	2% of Basic Sum Insured subject to a maximum of Rs 25000/-

Add-on Covers: (applicable only to Comprehensive Policy and on receipt of additional premium specifically shown under the Schedule)

**A) Medical Expenses Extension:** In consideration of payment of additional premium as shown in the Schedule, the Policy is extended to cover the Medical Expenses Reasonably and customarily incurred by you towards Medical Expenses as a result of an Accident resulting in the bodily Injury, death or disablement. The compensation under this extension is restricted to 40% of Personal Accident Claim or actual Medical Expenses whichever is less.

**B) Hospital Confinement Allowance:** In consideration of payment of additional premium as shown in the Schedule, we undertake to pay a daily allowance of Rs 500/- per day to a maximum of 30 days if you or any of the Insured Person(s) is hospitalised as a result of an Accident resulting in the bodily Injury, death or disablement.

## E. EXCLUSIONS

We will not pay for any compensation in respect of death, Injury or disablement of the Insured Person arising out of:

### E.1. Specific Definitions:

- War, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny military or usurped power, confiscation, seizure, capture, assault, restraint, nationalization, civil commotion or loot or pillage in connection herewith.
- 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 exclusion, combustion shall include any self-sustaining process of nuclear fission.
- The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.
- Air travel except as a passenger on a recognized airline operating on regular scheduled air routes and air travel by any charter aircraft duly licensed as a recognized air carrier and flown by professional crews between properly established and maintained airports.
- Participation in any kind of motor speed contest (including trial, training and qualifying heats)
- This Insurance does not cover any loss, damage, cost or expense directly or indirectly arising out of
  - a) Biological or chemical contamination
  - b) Missiles, bombs, grenades, explosives due to any act of terrorism
- Natural Death
- Compensation under more than one of the benefits mentioned in Table of Benefits in respect of same period of disablement.
- Any other payment after a claim under one of the benefits 1,2, 3 and 4 in Table of benefits has been admitted and becomes payable.
- Any payment in case of more than one claim under this Policy during any one period of Insurance by which our liability in that period would exceed CSI
- Payment of compensation in respect of death or Injury as a consequence of/resulting from
  - a) Committing or attempting suicide, intentional self-Injury.
  - b) Whilst under influence of intoxicating liquor or drugs.
  - c) Drug addiction or alcoholism.
  - d) Whilst engaged in any adventurous sports and/or hazardous activities.
  - e) Committing any breach of law with criminal intent.
  - f) War, Civil War, invasion, act of foreign enemies, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint, or detainment, confiscation, or nationalisation or requisition by or under the order of any government or public authority.
- Consequential loss of any kind and/or any legal liability
- Pregnancy including child birth, miscarriage, abortion or complication arising there from.
- Participation in any naval, military or air force operations.
- Curative treatments or interventions
- Venereal or sexually transmitted diseases.

## F. GENERAL TERMS AND CLAUSES

Policy Wording- CSC - Individual Accident Policy

## **F.1. Specific General Terms and Clauses:**

### **1. Notice**

Every notice and communication to the Company required by this Policy shall be in writing. Initial notification can be made by telephone

### **2. Fraud**

All benefit under this Policy shall be forfeited and the Policy shall be treated as void in case of any fraudulent claims or if any fraudulent means are used by You or anyone acting on Your behalf to obtain any benefit under this Policy.

### **3. Renewal**

- i. This Policy shall ordinarily be renewable for lifetime except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by You
- ii. The Renewal of the Policy sought by You shall not be denied arbitrarily. If denied, We shall provide You with cogent reasons for such denial of Renewal.
- iii. We shall not deny the Renewal of the Policy on the ground that You had made a claim or claims in the previous or earlier years, except for Death or Permanent Total Disablement claims where the Policy terminates following payment of the benefit covered iv. No loading on premium shall be applied on Your individual claims experience basis
- v. The premium of the Policy may be revised subject to approval from Insurance Regulatory Development Authority

### **4. Free Look-up period**

1. The Policy shall have a free look period. The free look period shall be applicable at the inception of the Policy and:
  - i. You will be allowed a period of at least 15 days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable
2. If You have not made any claim during the Free Look period, You shall be entitled to
  - i. A refund of the premium paid less any expenses incurred by Us on Your medical examination and the stamp duty charges or;
  - ii. Where the risk has already commenced and the option of return of the Policy is exercised by You, a deduction towards the proportionate risk premium for period on cover or; iii. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

### **5. Cancellation**

We may cancel this Policy by sending 15 days notice in writing by recorded delivery to You at Your last known address. You will then be entitled to a pro-rata refund of premium for the un-expired period of this Policy from the date of cancellation, which We are liable to pay on demand.

You may cancel this Policy by sending a written notice to Us. Retention premium for the period we were on risk will be calculated based on following short period table and the balance will be refunded to You subject to the condition that no claim has been preferred on us:

<b>Period of Risk</b>	<b>Rate of premium to be charged</b>
Upto 1 month	25% of annual premium
Upto 3 months	50% of annual premium
Upto 6 months	75% of annual premium
Above 6 months	100% of annual premium



## 6. Three Months Notice:

We shall give You notice in the event We may decide to revise, modify or withdraw the product. Such notice shall be given to You at least three months prior the date when such modification or revision or withdrawal comes into effect. We shall adhere to the following:

- i) In case of modification or revision, the notice given to You shall detail the reasons for such revision or modification, in particular the reason for an increase in premium (if any) and the quantum of such increase. ii) The product shall be withdrawn only after due approval from the Insurance Regulatory and Development Authority. However, if You do not respond to Our intimation in case of such withdrawal, the Policy shall be withdrawn on the renewal date and We shall provide You with an option to migrate to a substitute product offered by Us.

## 7. Nomination

The Policy has provision of nomination, In absence of Your declaring Nomination at the time of Proposal, then all benefits accrued under the Policy if any, shall be given to Your legal heir/ dependants.

## 8. Substitute Product

In case We may decide to withdraw this product under which this Policy is issued to You or where the children have attended maximum eligibility age under the Policy, if covered, We shall provide You with an option to buy a similar substitute Accident insurance Policy from Us.

## 9. Compensation:

- i. In case of claim by death or permanent total disablement compensation will be made only after deleting by an endorsement the name of the deceased/ Injured person in respect of whom such sums shall become payable.
- ii. In case of claim by permanent partial disablement i.e. Benefit 3 of Table of Benefits compensation will be made only after reduction of Capital Sum Insured by an endorsement by the amount admissible under the claim in respect of the injured person.
- iii. In case of Temporary Total Disablement Benefit i.e. 4 of Table of Benefits compensation will be made only upon termination of such disablement in respect of Injured Person or on the expiry of 104 weeks of disablement whichever occurs earlier.

## 10. Notices and Claims

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

### **Universal Sampo General Insurance Co. Ltd.**

Unit No. 601 & 602, 6<sup>th</sup> Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane- Belapur Road, Airoli, Navi Mumbai- 400708

**Toll Free Numbers:** 1-800-224030 (For MTNL/BSNL Users) or 1- 800-2004030 Senior Citizen 1800-267- 4030

**Landline Numbers:** (022)-41659800 or (022)-41659900 (Local Charges Apply)

**E-mail Address:** [contactus@universalsompo.com](mailto:contactus@universalsompo.com).

**Note:** Please include Your Policy number for any communication with us.

### **Claims Disclaimer**

In the unfortunate event of any loss or damage to the insured property resulting into a claim on this policy, please intimate the mishap IMMEDIATELY to our Call Centre at Toll Free Numbers on 1-800-22-

4030 (for MTNL/BSNL users) or 1-800-200-4030 (other users) or on chargeable numbers at +91-22- 41659800/+91-22-41659900. Please note that no delay should be allowed to occur in notifying a claim on the policy as the same may prejudice liability.

In case of any discrepancy, complaint or grievance, please feel free to contact us within 15 days of receipt of the Policy.

### 11. Grievances

In case You are aggrieved in any way, You may register a grievance or Complaint by visiting Our website or write to us on [contactus@universalsompo.com](mailto:contactus@universalsompo.com).

You may also contact the Branch from where You have bought the Policy or the Complaints Coordinator who can be reached at Our Registered Office.

You may also contact on Our Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-

2004030 or on chargeable numbers at +91-22-41659800/+91-22-41659900

- You can also visit Our Company website and click under links [Grievance Notification](#)
- If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of Your grievance.
- The updated details are also available on: [http://www.irdaindia.org/ins\\_ombusman.htm](http://www.irdaindia.org/ins_ombusman.htm)

### 12. Mis-description

This Policy shall be void and premium paid shall be forfeited to US in the event of misrepresentation, mis-description or non-disclosure of any materials facts by You.

Non-disclosure shall include failure on Your part to intimate us in writing and obtaining written approval from us in respect of Changes in Circumstances arising out of changes in the duty, business, occupation of the Insured Person(s).

### 13. Contribution and Subrogation

Subrogation and Contribution provisions are not applicable to the Policy.

### 14. Discounting under the product

We shall offer You the below mentioned discounts under the Policy

a) **Family package discount:** We shall offer You discount as under for covering more than two family members under the Policy.

i) More than 3 family Members	10.00%
ii) More than 4 family Members	12.50%
iii) More than 5 family Members	15.00%

NB: Family means Proposer, spouse, dependent children and dependent parents.

b) **Loyalty Discount:** We shall offer You loyalty discount on the premium in respect of individual and family package cover at the following rate in case the Policy is renewed with us within 7 days after the expiry of the Policy:

1 <sup>st</sup> year	05%
2 <sup>nd</sup> year	10%
3 <sup>rd</sup> year	15%

### 15. Loading under the Policy

We shall apply a loading of 10% on Your Renewal premium if You seek Renewal of Your Policy from Us beyond 65 years of age.

We will inform You about the applicable risk loading through a counter offer letter. You have to revert to Us with consent and additional premium (if any) within 15 days of issuance of such counter letter. In case, You neither accept the counter letter from Us nor revert to Us within 15 days, We shall cancel Your application and refund the premium within next 7 days.

**Please note** We shall issue Policy only after getting Your consent

### **17. Disclaimer Clause**

In case of any claim under the Policy which is not admitted by us and such claim shall not have been made subject matter of a suit in a court of law within 12 months from the date of disclaimer, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

### **18. Geographical Scope:**

The geographical scope of this Policy will be worldwide unless otherwise stated in the Policy schedule; however the claims shall be settled in India in Indian rupees. The provisions of this Policy shall be governed by the laws of India for the time being in force. The parties hereto unconditionally submit to the jurisdiction of the courts in India.

### **19. Policy Disputes**

It has been agreed between the parties that though the geographical scope of the Policy is Worldwide, any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to be adjudicated or interpreted in accordance with Indian Laws and only competent Indian courts shall have the exclusive jurisdiction to try all or any matters arising hereunder. The matter shall be determined or adjudicated in accordance with the law and practice of such Court.

### **20. Sum Insured Enhancement:**

Sum Insured can be enhanced only upon renewal, subject to Our underwriter's approval.

## **CLAIM PROCEDURE**

A) Upon happening of any Accident and/or Injury which may give rise to a claim under this Policy

- You shall give us a notice to our call centre immediately and also intimate in writing to our Policy issuing office. In case of death, written notice also of death must, unless reasonable cause is shown, be given before interment/ cremation and in any case, within one calendar month after the death, and in the event of loss of sight or amputation of limbs, written notice thereof must also be given within one calendar month after such loss of sight or amputation.
- All certificates, information and evidence from the attending Medical Practitioner shall be provided by You.

B) On receipt of intimation from You regarding a claim under the Policy, we are entitled to carry out examination and ascertain details and in the event of death get the post-mortem examination done in respect of deceased person.

C) The steps for lodging the claim shall be as under:

- Notify Us immediately on occurrence of a claim and in any case within 7 days giving full description of the medical treatment undertaken and the cause.
- Submit the completed and signed claim form, provide all the relevant documents as mentioned below in support of Your claim not later than 30 days from the date of intimation. D) Following documents shall be required in the event of a claim. **For Death Claim**

#### **Claim**

- Duly filled up claim form
- Death Certificate
- Original FIR
- Original Panchnama
- Post mortem report

#### **For Permanent Total disablement/Permanent Partial Disablement**

- Duly filled up claims form

- Original FIR
- Panchnama
- Hospitalization Report
- Hospital discharge card
- Original Certificate from Doctor of Govt. Hospital stating the degree of disability
- Termination letter for claim under “Loss of Employment” **For Temporary Total Disablement**
- Duly filled up claims form
- Original FIR
- Panchnama
- Hospitalization Report
- Hospital discharge card
- Original Certificate from Doctor of Govt. Hospital stating the degree of disability

We shall settle claim(s), including its rejection, within thirty days of the receipt of the last necessary claim document.

Wherever details pertaining to happening of claim are conveyed by You to Us after reasonable period, You shall provide the reasons of such delay to Us and We may on analysis of reasons provided by You, may condone the delay in intimation of claim or delay in providing the required information/documents to Us.

**E) Position after claim:**

The maximum liability of the Company for each of the benefit opted is limited to its Sum Insured as reflected in the Schedule of the Policy and if a claim is made for more than one of the covered benefits resulting from any Accident, only one benefit amount which is the largest among the admissible benefits, will be paid. Regardless of one or more claim during the Policy period, the maximum amount payable towards any admissible benefit covered shall be restricted to Sum Insured for the Death/Permanent total disability benefit as reflected in the Schedule of the Policy.

**F) Claim Payment:**

All admissible claims under this Policy shall be paid by Us within 7 working days from date of acceptance of such a claim. In case of delay in the payment, We shall be liable to pay interest at a rate which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Us.

**The details of Insurance Ombudsman are available below:**

Office Details	Jurisdiction of Office (Union Territory, District)
<b>AHMEDABAD - Shri Kuldip Singh</b> Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 <a href="mailto:bimalokpal.ahmedabad@ciains.co.in">Email: bimalokpal.ahmedabad@ciains.co.in</a>	Gujarat, Dadra & Nagar Haveli, Daman and Diu.

<p><b>BENGALURU -</b> Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 <a href="mailto:bimalokpal.bengaluru@cioins.co.in">Email: bimalokpal.bengaluru@cioins.co.in</a></p>	<p>Karnataka.</p>
<p><b>BHOPAL -</b> Office of the Insurance Ombudsman,  Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 <a href="mailto:bimalokpal.bhopal@cioins.co.in">Email: bimalokpal.bhopal@cioins.co.in</a></p>	<p>Madhya Pradesh Chattisgarh.</p>
<p><b>BHUBANESHWAR - Shri Suresh Chandra Panda</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">Email: bimalokpal.bhubaneswar@cioins.co.in</a></p>	<p>Orissa.</p>
<p><b>CHANDIGARH -</b> Office of the Insurance Ombudsman,  S.C.O. No. 101, 102 &amp; 103, 2nd Floor,  Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 <a href="mailto:bimalokpal.chandigarh@cioins.co.in">Email: bimalokpal.chandigarh@cioins.co.in</a></p>	<p>Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu &amp; Kashmir,  Ladakh &amp; Chandigarh.</p>
<p><b>CHENNAI -</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453,</p>	<p>Tamil Nadu, Tamil Nadu PuducherryTown and</p>

<p>Anna Salai, Teynampet,  CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 <a href="mailto:bimalokpal.chennai@cioins.co.in">Email: bimalokpal.chennai@cioins.co.in</a></p>	<p>Karaikal (which are part of Puducherry).</p>
<p><b>DELHI - Shri Sudhir Krishna</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Delhi &amp;  Following Districts of Haryana - Gurugram, Faridabad, Sonapat &amp; Bahadurgarh.</p>
<p><b>GUWAHATI -</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM).</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh,</p>
<p>Tel.: 0361 - 2632204 / 2602205 <a href="mailto:bimalokpal.guwahati@cioins.co.in">Email: bimalokpal.guwahati@cioins.co.in</a></p>	<p>Nagaland and Tripura.</p>
<p><b>HYDERABAD -</b> Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace,  A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 <a href="mailto:bimalokpal.hyderabad@cioins.co.in">Email: bimalokpal.hyderabad@cioins.co.in</a></p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>
<p><b>JAIPUR -</b> Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 <a href="mailto:bimalokpal.jaipur@cioins.co.in">Email: bimalokpal.jaipur@cioins.co.in</a></p>	<p>Rajasthan.</p>
<p><b>ERNAKULAM - Ms. Poonam Bodra</b> Office of the Insurance Ombudsman,</p>	<p>Kerala, Lakshadweep,</p>

<p>2nd Floor, Pulinat Bldg.,  Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 <a href="mailto:bimalokpal.ernakulam@cioins.co.in">Email: bimalokpal.ernakulam@cioins.co.in</a></p>	<p>Mahe-a part of Union Territory of Puducherry.</p>
<p><b>KOLKATA - Shri P. K. Rath</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor,  4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 <a href="mailto:bimalokpal.kolkata@cioins.co.in">Email: bimalokpal.kolkata@cioins.co.in</a></p>	<p>West Bengal, Sikkim, Andaman &amp; Nicobar Islands.</p>
<p><b>LUCKNOW -Shri Justice Anil Kumar Srivastava</b>  Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Districts of Uttar Pradesh :</p> <p>Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
<p><b>MUMBAI -</b> Office of the Insurance Ombudsman,  3rd Floor, Jeevan Seva Annexe,  S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 <a href="mailto:bimalokpal.mumbai@cioins.co.in">Email: bimalokpal.mumbai@cioins.co.in</a></p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai &amp; Thane.</p>

<p><b>NOIDA - Shri Chandra Shekhar Prasad</b></p> <p>Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: <a href="mailto:bimalokpal.noida@cioins.co.in">bimalokpal.noida@cioins.co.in</a></p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p><b>PATNA - Shri N. K. Singh</b></p> <p>Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a></p>	<p>Bihar, Jharkhand.</p>
<p><b>PUNE - Shri Vinay Sah</b></p> <p>Office of the Insurance Ombudsman,  Jeevan Darshan Bldg., 3rd Floor,  C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: <a href="mailto:bimalokpal.pune@cioins.co.in">bimalokpal.pune@cioins.co.in</a></p>	<p>Maharashtra, Area of Navi Mumbai and Thane  excluding Mumbai Metropolitan Region.</p>