

**ICICI Lombard Accident Care Policy**

**ENDORSEMENTS**

It is hereby agreed that subject to the terms & conditions, exclusions under the policy, any endorsements issued with this policy shall modify the scope of coverage to the extent as specified in the endorsement wording. The Company's liability arises only when requisite additional premium if applicable for such endorsement has been realized.

All other Policy Terms, conditions and exclusions shall remain unaltered.

**CASUALTY SECTIONS**

**1. ACCIDENTAL DEATH**

If any Insured Person sustains Injury during the policy period which directly and independently occurs from accident and of all other causes results in death within 12 Months from the date of occurrence of an accident, the Company agrees to pay to the Insured Person's nominee, beneficiary or legal representative, the sum insured as specified in the Schedule of Insurance.

**2. PERMANENT TOTAL DISABLEMENT (PTD)**

If any Insured Person sustains Injury during the policy period which directly and independently of all other causes result in any of the disablement stated in the table below and opted for by the Policyholder/Insured Person as indicated in the Policy Schedule, within twelve months from the date of occurrence of accident, the company agrees to pay to the Insured Person, the Sum Insured as specified in the Schedule to the extent stated in the table below.

<b>Disablement</b>	<b>% of PTD SI</b>
Loss of or/and use of 2 limbs ( both hands, both feet or one hand and one foot)	100%
Loss of or/use of one limb and one eye	100%
Complete and irrecoverable loss of sight of both eyes	100%
Loss of Speech and hearing of both ear	100%
Incurable Insanity as a result of Injury	100%
Complete Removal of Lower Jaw	100%
Total Loss of Mastication	100%
Total Loss of the central nervous system or the thorax and all abdominal organs	100%

Quadriplegia (Paralysis) due to Injury	100%
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In this Benefit:

Loss of Limb means physical separation of a Limb above the wrist or ankle respectively.

Use of Limb means permanent, irreversible and total loss of functional use of a limb with no reasonable medical hope of improvement

Insured has an option to choose any or all the disablement mentioned in the aforesaid table.

### 3. PERMANENT PARTIAL DISABLEMENT (PPD)

If any Insured Person sustains Injury during the policy period which directly and independently of all other causes result in any of the disablement stated in the table below and opted for by the Policyholder/Insured Person as indicated in the Policy Schedule, within twelve months from the date of accident, the company agrees to pay to the Insured Person, the Sum Insured specified in the Schedule to the extent stated in the table below.

Disablement	% of PPD SI
Hearing of both ears	75%
An arm at the shoulder joint	70%
A leg above mid-thigh (Above center of femur)	70%
An arm above the elbow joint	65%
An arm beneath the elbow joint	60%
A leg up to mid-thigh (below the femur)	65%
Four Fingers and thumb of One hand	40%
Four Fingers of One hand	35%
A hand at the wrist	55%
A leg up to beneath the knee	50%
An eye	50%
Loss of Lens of One Eye	25%
A leg up to mid-calf (Mid Tibia)	50%
A foot at the ankle	50%
Hearing of one ear	30%
A thumb (Both Phalanges)	25%
A thumb (One Phalanx)	20%
An index finger (Three Phalanges)	10%
An index finger (Two Phalanges)	10%
An index finger (One Phalanx)	10%

Thumb & Index Finger of Same Hand	25%
Sense of smell	10%
Sense of taste	5%
Any other finger	5%
Middle Finger (Three Phalanges)	6%
Middle Finger (Two Phalanges)	4%
Middle Finger (One Phalanges)	2%
Ring Finger (Three Phalanges)	5%
Ring Finger (Two Phalanges)	4%
Ring Finger (One Phalanx)	2%
Little Finger (Three Phalanges)	4%
Little Finger (Two Phalanges)	3%
Little Finger (One Phalanx)	2%
Loss of Toe – All	20%
A large (One Joint)	5%
A large (Two Joints)	2%
Any other toe	2%
Loss of Metacarpus- First & Second	3%
Loss of Metacarpus- Third, Fourth & Fifth	2%
Paraplegia (Paralysis)	50%
Hemiplegia (Paralysis)	50%
Uniplegia (Paralysis)	25%

In this Benefit:

Loss of Limb means physical separation of one Limb above the wrist or ankle.

Use of Limb means permanent, irreversible and total loss of functional use of one limb with no reasonable medical hope of improvement

Insured has an option to choose any or all the disablement mentioned in the aforesaid table

#### 4. TEMPORARY TOTAL DISABLEMENT (OPTIONAL)

If any Insured Person sustains Injury during the policy period which directly and independently of all other causes results in temporary total disablement that prevents him from performing each and every duty that pertains to his employment or occupation immediately after the date of accident, the company agrees to pay weekly benefit to the Insured Person provided that:

The Company's liability shall be restricted to defined percentage of Sum Insured for each week during the period of disablement not exceeding number of weeks from the date of loss as specified in the Policy Schedule.

The weekly benefit payable shall not exceed the Insured person's actual weekly income i.e., including but not limited to fixed income, overtime, bonuses, tips, commissions or any other incentives as specified by the Policyholder at the time of purchase of this Policy.

The Company is not liable to pay for the period a deductible/franchise is applicable and specified under the Policy Schedule.

This is an optional benefit and cannot be opted on standalone basis.

## 5. BROKEN BONES

If any Insured Person sustains Injury during the policy period which directly and independently of all other causes result in complete fracture to the bone by way of bone break or dislocations requiring surgery under anesthesia, the company agrees to pay to the Insured Person, the Sum Insured specified in the Policy Schedule to the extent stated in the table below

<b>Bone Break</b>	<b>% of SI for this Section</b>
Complete break of Neck, skull or spine	100%
Complete break of Hip	75%
Complete break of Jaw, pelvis, leg, ankle or knee	50%
Complete break of Cheekbone or shoulder	30%
Complete break of nose or collarbone	20%
Complete break of foot or hand bone	5%
Additional compensation if non-union of bone is established in any of the above breaks other than Neck, skull or Spine.	5%

If an insured person suffers broken bone not stated in the table above, then the quantum of compensation will be assessed by a panel of Medical practitioners representing the Company.

In this Benefit:-

Complete fracture of bone means snapping up of the bone in two or more parts.

Claim shall be payable for Break of teeth in the event of complete break of Jaw and not otherwise.

If the injury results in complete break of more than one of the Bones above of more than one part mentioned above, then the Company's liability shall be restricted to the maximum compensation available against any one Bone.

## 6. BURNS

If any Insured Person sustains Injury during the policy period which directly and independently of all other causes result in second and third degree burns, the company agrees to pay to the Insured Person, the Sum Insured specified in the Schedule to the extent stated in the table below:

Degree of Burns/Body Parts	Surface area damaged	% of Burns SI
3 <sup>rd</sup> Degree Burn of Head	8% or above	100%
2 <sup>nd</sup> Degree Burn of Head	8% or above	50%
3 <sup>rd</sup> Degree Burn of Head	Minimum 5% to less than 8%	80%
2 <sup>nd</sup> Degree Burn of Head	Minimum 5% to less than 8%	40%
3 <sup>rd</sup> Degree Burn of Head	Minimum 2% to less than 5%	60%
2 <sup>nd</sup> Degree Burn of Head	Minimum 2% to less than 5%	30%
3 <sup>rd</sup> Degree Burn of Other Body Parts	20% or above	100%
2 <sup>nd</sup> Degree Burn of Other Body Parts	20% or above	50%
3 <sup>rd</sup> Degree Burn of Other Body Parts	15% to less than 20%	80%
2 <sup>nd</sup> Degree Burn of Other Body Parts	15% to less than 20%	40%
3 <sup>rd</sup> Degree Burn of Other Body Parts	10% to less than 15%	60%
2 <sup>nd</sup> Degree Burn of Other Body Parts	10% to less than 15%	30%
3 <sup>rd</sup> Degree Burn of Other Body Parts	Minimum 5% to less than 10%	20%
2 <sup>nd</sup> Degree Burn of Other Body Parts	Minimum 5% to less than 10%	10%

In this benefit:

2<sup>nd</sup> Degree Burn shall mean partial thickness burns which affect the epidermis and the dermis (Lower layer) which causes redness, swelling and blistering to the skin.

3<sup>rd</sup> Degree Burn shall mean full thickness burns which go through the dermis and affect deeper tissues. They result in white or blackened, charred skin that may lead to numbness.

If the injury results in burns to more than one body part above, then the Company's liability shall be restricted to the maximum compensation available against any one body part.

## 7. COMATOSE BENEFIT

If any Insured Person sustains Injury during the Policy Period which directly and independently of all other causes results in Hospitalization in a Comatose state, then the Company agrees to pay fixed weekly allowance as

compensation not exceeding specified maximum number of weeks subject to deductible/franchise as specified in the Policy Schedule.

During the Comatose state the Insured Person must be in the Intensive Care Unit of the hospital for the duration of comatose state for any benefits to be payable.

The Insured Person is rendered Comatose within 3 days of the occurrence of the Accident and continues to be Comatose for a period of at least 7 days thereafter, and

In this benefit:

Comatose State means a state of profound unconsciousness, characterized by the absence of spontaneous eye openings, response to painful stimuli, and vocalization.

If there is a recurrence of successive Comatose with less than 10 days between each one for the same accident, the deductible/franchise shall apply only once, as Comatose state shall be deemed as one.

## **8. DISAPPEARANCE**

If during the Policy period an Insured Person's body cannot be located within 365 days as a result of an Act of God peril or forced landing, stranding, sinking or wrecking of a conveyance as a result of accident or in which the Insured Person was travelling as a passenger, in such case it shall be deemed that the Insured person has suffered loss of life.

The liability of the company shall be restricted to the Sum Insured specified in the Policy Schedule against the Disappearance Section.

## **9. ADVENTURE SPORTS BENEFIT (OPTIONAL)**

The Company extends coverage against Injury sustained during the policy period whilst the Insured Person is engaged in adventurous sports in a non-professional capacity and under the supervision of a trained professional which directly and independently of all other causes results in Death or Permanent Total Disablement within twelve months from the date of Accident.

Restricted Benefit for Accidental Death or Permanent Total Disablement Benefit shall be extended to the extent as specified in the Policy Schedule.

The liability of the Company arises only if there is an admissible claim under Accidental Death or Permanent Total Disablement taking into account the waiver of the below exclusion. This is an optional benefit and cannot be opted on standalone basis.

The Exclusion “Whilst engaging in Adventure Sports”. The list of adventurous sports are Water Rafting, Wildlife/Jeep Safaris, Trekking, Camping, Boat safaris, Parasailing, Paragliding, Elephant/Camel/Horse/Yak Safaris, Cycling, House Boat stays, Motor Bike tours, Kayaking, Rock Climbing, Artificial Wall Climbing, Bungee Jumping, Paintball, Suba Diving, Hot Air Ballooning, Canoeing, Mountain Biking, Rappelling, Snorkeling, Zip wires & high Rope course, Abseiling, Surfing, Water Skiing, Skiing, Caving, Self-Drive tours, Mountaineering/Hiking, All Terrain Vehicle, Hang Gliding, Snowboarding, Ultra-Light flying, Heli-skiing, Sky Diving stands modified to the extent specified in context to this endorsement.

## **MEDICAL SECTIONS**

### **10. IN-HOSPITAL MEDICAL EXPENSES (INPATIENT)**

If any Insured Person sustains Injury during the Policy Period which directly and independently occurs from accident and is hospitalized as an In-patient, then the Company shall reimburse the Insured Person all necessary Usual and Reasonable In-Hospital Medical Expenses, incurred immediately after the Date of Accident insured under the policy up to the amount specified in the Schedule, subject to the Co-Payment/Deductible/Franchise and Terms and Conditions of this Policy

In-Hospital Medical Expenses shall include Room, ICU & Boarding expenses, Medical Practitioner’s fees, Surgeon’s Fees, Nursing Charges, X-Ray, laboratory & charges, prescribed drugs and medicines, therapeutics, anesthetics (including administration of anesthetics), blood transfusions.

The liability of the Company arises and admissibility of the claim under this section shall be determined based on the admissibility of named events under Casualty Sections of the selected plan The liability of the Company shall be restricted to minimum of the below:

In-Hospital Medical Sum Insured

Actual expenses incurred on In-Hospital Medical Expenses

20% of the Sum Insured subject to minimum either Accidental Death or Permanent Disablement (Partial or Total) or Temporary Total Disablement.

50% of the admissible claim amount under either Accidental Death or Permanent Disablement (Partial or Total) or Temporary Total Disablement.

## **11. IN-HOSPITAL MEDEX (INPATIENT)**

If any Insured Person sustains Injury during the Policy Period which directly and independently occurs from accident and is hospitalized as an In-patient, then the Company shall reimburse the Insured Person all necessary Usual and Reasonable In-Hospital Medical Expenses, incurred immediately after the Date of Accident insured under the policy up to the amount specified in the Schedule, subject to the Co-Payment/Deductible/Franchise and Terms and Conditions of this Policy

In-Hospital Medical Expenses shall include Room, ICU & Boarding expenses, Medical Practitioner's fees, Surgeon's Fees, Nursing Charges, X-Ray, laboratory & charges, prescribed drugs and medicines, therapeutics, anesthetics (including administration of anesthetics), blood transfusions.

## **12. OUTPATIENT MEDICAL EXPENSES**

If any Insured Person sustains Injury during the Policy period which directly and independently occurs from accident which requires treatment in Outpatient then the Company shall reimburse the Insured Person all necessary Usual and Reasonable Medical Expenses, incurred immediately after the Date of Loss up to the amount specified in the Policy Schedule, subject to the Co-Payment/Deductible/Franchise and Terms and Conditions of this Policy

Outpatient Medical Expenses shall include OPD Consultancy Charges, X-Ray, laboratory & charges, prescribed drugs and medicines and therapeutics.

The liability of the Company arises and admissibility of the claim under this section shall be determined based on the admissibility of named events under Casualty Sections of the selected plan. The liability of the Company shall be restricted to minimum of the below:

Outpatient Medical Expenses Sum Insured

Actual expenses incurred on Outpatient Medical Expenses.

20%of the Sum Insured under either Accidental Death or Permanent Disablement (Partial or Total) or Temporary Total Disablement.

50% of the admissible claim amount under either Accidental Death or Permanent Disablement (Partial or Total) or Temporary Total Disablement

## **13. OUTPATIENT MEDEX (OPD)**

If any Insured Person sustains Injury during the Policy period which directly and independently occurs from accident which requires treatment in Outpatient then the Company shall reimburse the Insured Person all necessary Usual and Reasonable Medical Expenses, incurred immediately after the Date of Loss up to the



amount specified in the Schedule/Certificate of Insurance, subject to the Co-Payment/Deductible/Franchise and Terms and Conditions of this Policy

Outpatient Medical Expenses shall include OPD Consultancy Charges, X-Ray, laboratory & charges, prescribed drugs and medicines and therapeutics.

#### **14. HOSPITAL CASH**

If any Insured Person sustains injury during the Policy period which directly and independently occurs from accident that requires hospitalization as In-Patient, The Company shall pay a daily allowance for each continuous and completed period of 24 hours not exceeding maximum number of days and subject to Deductible/Franchise specified in the Policy Schedule.

#### **15. HOME CONVALESCENCE (OPTIONAL)**

If any Insured Person sustains injury during the Policy period which directly and independently occurs from accident that requires hospitalization as In-Patient, the Company shall also pay an allowance for specified period till the Insured person completely recovers at home beyond a defined period of continuous hospitalization as In-Patient that is specified in the Policy Schedule.

This is an optional benefit and cannot be opted on standalone basis.

#### **16. REHABILITATION COVER(OPTIONAL)**

If any Insured Person sustains injury during the Policy period which directly and independently occurs from accident that requires rehabilitation immediately post discharge from the hospital not exceeding maximum number of days specified in the Policy Schedule, The Company agrees to reimburse the actual costs of such treatment up to the amount subject to Co-payment/deductible/franchise specified in the Policy Schedule.

In this benefit

Rehabilitation means treatment by a physiotherapist licensed, registered, or certified to provide such treatment; or

treatment in an institution which is licensed to provide such treatment,

Rehabilitation should be intended to restore the functional ability of the Insured Person to a condition where he is able to resume his occupational & daily activities as normal as possible.

The liability of the Company arises and admissibility of the claim under this section shall be determined based on the admissibility of named events under Casualty Sections of the selected plan.

This is an optional benefit and cannot be opted on standalone basis.

#### Specific Exclusion

Chiropractic and any unproven treatment are specifically excluded.

### **17. RECONSTRUCTIVE SURGERY COVER(OPTIONAL)**

If any Insured Person sustains injury during the Policy period which directly and independently occurs from accident where reconstructive Surgery is advised medically necessary by the treating surgeon, then the Company agrees to reimburse the actual cost of such reconstructive surgery up to the amount subject to Co-payment/deductible/franchise specified in the Policy Schedule.

In this benefit

Reconstructive Surgery means an operative procedure meant to restore the form and function of the body part affected by injury

The Surgery shall be meant to improve the functional ability of the body part.

The Surgery should have been performed by a registered and licensed Cosmetic surgeon

#### Specific Exclusion

Any Cosmetic Surgery not medically necessary or performed in order to improve the aesthetic appearance of the body part.

The liability of the Company arises and admissibility of the claim under this section shall be determined based on the admissibility of named events under Casualty Sections of the selected plan.

This is an optional benefit and cannot be opted on standalone basis.

The Exclusion “Charges related to Aesthetic treatment, cosmetic surgery and plastic surgery unless specifically covered under the policy.” stands modified to the extent specified in context to this endorsement.

### **18. EXTERNAL AIDS AND APPLIANCES**

If any Insured Person sustains Injury during the Policy period which directly and independently occurs from accident and advised by the treating medical practitioner to use wheelchair/clutches or conduct the daily

activities through artificial limb/prosthetic device as a result of a body part displaced/medically removed due to the accident. The Company shall reimburse the actual cost of such External Aids and appliances subject to Co-payment/Deductible/Franchise & Sum Insured as specified in the Schedule.

The liability of the Company arises and admissibility of the claim under this section shall be determined based on the admissibility of named events under Casualty Sections of the selected plan. The Exclusion “Expenses incurred on neck belts, wrist bandages, walking sticks, abdomen belts, CPAP and any other similar external aid /devices, the use of which has been necessitated following an accident unless specifically covered under the policy” stands modified to the extent specified in context to this endorsement.

## **ADD ON BENEFITS**

### **19. ASSAULT**

The Company agrees to pay fixed compensation as specified in the schedule in the event of Accidental Death or Permanent Total Disablement as a result of or arising from an Assault.

In this benefit:

Assault means any willful or unlawful use of force inflicted upon an Insured Person that is a criminal offence in the jurisdiction in which it occurs and which results in Accidental Death or Permanent Total Disablement to an Insured Person.

Compensation payable under this section shall be independent to compensation payable under Accidental Death or Permanent Total Disablement.

The liability of the Company arises and admissibility of the claim under this section shall be determined based on the admissibility of named events under Casualty Sections of the selected plan.

#### **Specific Exclusion:**

Any Assault by an Insured Person’s Immediate Family Members, Relatives, Business Associate or anyone known to the Insured Person at the time of Assault is not covered.

### **20. ANIMAL ATTACK**

The Company agrees to pay fixed compensation as specified in the Policy Schedule in the event of an injury during the policy period which directly and independently occurs from accident to the Insured Person and subsequent In-patient hospitalization for 72 Continuous hours as a result of or arising from an Animal Attack.

In this definition:

Animal shall mean a four limbed creature that is not an insect or a reptile.

Compensation payable under this section shall be independent to compensation payable under Casualty Section of the Policy.

## **21. COMMON CARRIER**

The Company agrees to pay fixed Compensation as specified in the schedule in the event of Accidental Death or Permanent Total Disablement whilst travelling in a Common Carrier.

In this benefit:

Common Carrier means any land, sea or air conveyance operated under a license issued by a governmental authority having jurisdiction, for the transportation of fare paying passengers and which has fixed, established routes only.

The liability of the Company arises and admissibility of the claim under this section shall be determined based on the admissibility of named events under Casualty Sections of the selected plan. Compensation payable under this section shall be independent to compensation payable under Accidental Death or Permanent Total Disablement.

## **22. LAST RITES COSTS**

If any Insured Person sustains Injury during the Policy period which directly and independently of all other causes results in Death within twelve months from the Date of Accident, then the Company agrees to reimburse to the Insured Person's Beneficiary or legal representative the Compensation specified in the Policy Schedulee towards the cost of the last rites of the Insured Person.

Last rites costs shall include coffin, charges at the crematorium/burial ground/cemetery.

Compensation payable under this section shall be independent to compensation payable under Accidental Death.

## **23. TRANSPORTATION OF MORTAL REMAINS**

If any Insured Person sustains Injury during the Policy period which directly and independently of all other causes results in Death within twelve months from the Date of Accident, then the Company agrees to reimburse

to the Insured Person's Beneficiary or legal representative the Compensation specified in the Schedule towards the transportation of mortal remains of the Insured Person

Transportation of Mortal remains shall include cost to transport the Insured Person's mortal remains from the Hospital to the place of residence/crematorium/burial ground/cemetery in ambulance/hearse or place of residence to the crematorium/burial ground/cemetery in ambulance/hearse.

Compensation payable under this section shall be independent to compensation payable under Accidental Death.

#### **24. HOME & VEHICLE MODIFICATION**

If any Insured Person sustains Injury during the Policy Period which directly and independently of all other causes results in Permanent Disablement (Partial or Total) within twelve months from the Date of Accident, then the Company agrees to reimburse cost of modification done on home and vehicle following an accidental bodily injury subject to Co-Payment/deductible/franchise and maximum amount specified in the Policy Schedule. Such modification should be medically necessary for easy movement of the insured to exhibit the routine daily activities.

The modifications made to the Home and Vehicle should be compliant with the applicable laws in India.

The liability of the Company arises and admissibility of the claim under this section shall be determined based on the admissibility of named events under Casualty Sections of the selected plan

Compensation payable under this section shall be independent to compensation payable under Permanent Disablement (Partial or Total).

In this benefit:

The maximum payment made to the workshop/contractor as cash payment shall not exceed the maximum limit as allowed by the regulations.

If cost of modification under any of Home/Vehicle exceeds INR. 2 Lacs, the payment to the workshop/contractor should be made through payment modes other than cash.

Cost of Modification of Home including raw material and labour work shall not exceed INR. 200 per square feet for Metro and INR. 150 per square feet for Non Metros.

Purchase of new vehicle or home is not covered.

#### **25. AMBULANCE COST**

If any Insured Person sustains Injury during the Policy Period which directly and independently occurs from accident, the Company agrees to reimburse expenses upto the limit specified and incurred on a surface transport ambulance offered by registered healthcare or ambulance service provider used to transfer the Insured Person to the nearest hospital requiring emergency care or if advised by medical practitioner following an accident.

The Sum Insured limit applicable for Ambulance Cost Benefit shall be payable on per event basis.

The liability of the Company arises and admissibility of the claim under this section shall be determined based on the admissibility of named events under Casualty Sections of the selected plan.

Compensation payable under this section shall be independent to compensation payable under Casualty Section.

## **26. AIR AMBULANCE**

If an Insured Person sustains an Injury during the Policy period which directly and independently occurs from accident which requires emergency transportation in an airplane or helicopter for rapid transportation from the site of accident to the nearest hospital under life threatening situation. The Company shall reimburse the actual expenses upto the amount specified under the Policy Schedule.

Under this benefit:

Return transportation to the Insured Person's home by air ambulance is excluded

Compensation payable under this section shall be independent to compensation payable under Casualty Section.

## **27. SPOUSE OR DEPENDENT CHILD CONSOLATION BENEFIT**

If any Insured Person's Spouse or Dependent Children sustains Injury during the Policy period which directly and independently of all causes results in Death within twelve month from the date of loss, then the Company agrees to pay to the Insured Person the Compensation specified in the Policy Schedule.

The Spouse and Dependent Children must be insured under the policy to avail this benefit.

## **28. INSURED AND FAMILY COUNSELLING COVER**

If any Insured Person's Spouse or Dependent Children sustains Injury during the Policy period which directly and independently of all causes results in Death within twelve month from the date of loss, then the Company agrees to reimburse to the Insured Person the actual cost of professional counseling for the Insured Person up to the Compensation specified in the Policy Schedule.

Alternatively, If the Spouse and Dependent Children are insured under the policy and if the Insured Person sustains Injury during the Policy period which directly and independently of all causes results in Death within twelve month from the date of loss, then the Company agrees to reimburse to the Insured Person's Beneficiary or legal representative the actual cost of professional counseling for the Insured Person's Spouse and Dependent Children up to the Compensation stated in the Policy Schedule.

The Exclusion "Mental or nervous disorder, anxiety, stress or depression" stands modified to the extent specified in context to this endorsement.

### **29. MEDICAL EVACUATION COVER(OPTIONAL)**

If any Insured Person sustains Injury during the Policy period which directly and independently occurs from accident as a result of Catastrophe like flood, tsunami, earthquake, volcanic eruption, storm, hurricane, landslide/ Mudslide, riots, terrorist attacks and that requires immediate evacuation in order to avoid risking the life. The Company agrees to reimburse the actual cost incurred to avail the services by a professional Emergency Assistance Company up to the Compensation specified in the Policy Schedule.

The benefit shall be payable whilst the injury is sustained in the territorial limits stated in the Policy Schedule for this Section.

#### **Specific Definition**

Emergency Assistance Service Provider is a company that provides professional emergency assistance during catastrophe that the insured person can avail on paid basis during the course of the policy

During the aforesaid event, the Company shall facilitate the emergency evacuation services for professional Emergency Assistance Company upon request from the Insured Person or his/her representative. However the payment has to be initially borne by the Insured or his/her representative and then later reimbursed with the Company subject to admissibility based on policy coverage, exclusions and conditions. The Company shall work on best effort basis.

Adverse Weather & Disturbed Areas: On occasion of adverse weather conditions such as floods, heavy rain, thunder / lightening or any geo-political disturbances or other external factors may affect our ability to facilitate the services and it may become impossible to assist until the condition improves.

This is an optional benefit and cannot be opted on standalone basis.

### **30. DEPENDENT CHILD EDUCATION BENEFIT**

If any Insured Person sustains Injury during the Policy period which directly and independently of all causes results in Death within twelve months from the date of loss. The Company agrees to pay the compensation

specified in the Policy Schedule for his/her Dependent Children's education. The coverage under this section is allowed up to maximum of 2 Dependent Children.

The Benefit shall be payable for Dependent Children with a sublimit on Sum Insured per child for maximum number of child stated in the Policy Schedule.

### **31. WIDOWHOOD BENEFIT**

If any Insured Person sustains Injury during the Policy period which directly and independently of all causes results in Death within twelve months from the date of loss, The Company agrees to pay the compensation specified in the Policy Schedule to his/her spouse.

Compensation payable under this section shall be independent to compensation payable under Accidental Death Section.

### **32. HOME TUITION BENEFIT(OPTIONAL)**

If any Insured Person's Dependent Children sustains Injury during the Policy period which directly and independently occurs from accident and has been advised by the treating medical practitioner to stay at home till recovery, then the Company agrees to pay a fixed daily allowance to take care the home tuition fees not exceeding the period and subject to deductible/franchise specified in the Policy Schedule.

The liability of the Company arises and admissibility of the claim under this section shall be determined based on the admissibility of named events under Casualty Sections of the selected plan.

This is an optional benefit and cannot be opted on standalone basis.

### **33. PARENTAL CARE BENEFIT**

If any Insured Person sustains Injury during the Policy period which directly and independently of all other causes results in Death within twelve months of the Date of Accident, then the Company agrees to pay the Compensation specified in the Policy Schedule in equal shares to each Dependent Parent of the Insured Person.

In this benefit

A Dependent Parent is eligible for this benefit if he or she, at the time of loss, is receiving financial support and care provided by the Insured Person or Spouse.

In case one of the parent is not alive, the total compensation shall be payable to the surviving parent.



#### **34. COMPASSIONATE VISIT**

If any Insured person sustains Injury during the Policy period which directly and independently of all other causes results in In-patient hospitalization that lasts continuously for specified period. The Company agrees to reimburse the actual expenses upto compensation specified in the Policy Schedule and incurred in transporting one Immediate Family Member to the Hospital where the Insured Person is admitted following an accident, provided that such Hospital is located at least 200 Kilometers from the Immediate Family member's place of residence.

The benefit shall be payable whilst the injury is sustained in the territorial limits stated in the Policy Schedule for this Section.

#### **35. LOSS OF JOB COVER(OPTIONAL)**

If any Insured Person sustains Injury during the policy period which directly and independently of all other causes results in permanent partial disablement rendering the Insured Person unfit for job. The Company agrees to pay compensation stated in the Policy Schedule to sustain the livelihood of his family.

The liability of the Company arises and admissibility of the claim under this section shall be determined based on the admissibility of named events under the policy ie., PERMANENT PARTIAL DISABLEMENT (PPD) regardless of the fact that the cover for these sections may not have been extended under the Policy Schedule.

This is an optional benefit and cannot be opted on standalone basis.

Compensation payable under this section shall be independent to compensation payable under Permanent Partial Disablement Section.

#### **36. LEGAL EXPENSES**

The Company agrees to pay the actual legal costs and expenses upto compensation specified in the Policy Schedule which is incurred by the Insured Person or the legal representative of the Insured Person with consent from the Company, as the case may be, towards claim from the third party who is involved in the accident which has resulted in the accidental death or Permanent Total Disablement of the Insured Person.

The liability of the Company arises and admissibility of the claim under this section shall be determined based

TOTAL DISABLEMENT (PTD) regardless of the fact that the cover for these sections may not have been extended under the Policy Schedule.

Compensation payable under this section shall be independent to compensation payable under Accidental Death or Permanent Total Disablement Section.

### **37. EMI PROTECTION COVER(OPTIONAL)**

If any Insured Person sustains Injury during the Policy period which directly and independently of all other causes results in Permanent Partial Disability and it completely prevents the Insured Person from performing each and every duty that pertains to his employment or engaging in occupation for a minimum period of one month. In such an event, the Company will pay the amount in commensuration with the Insured Person's contribution in EMI of the loan account linked with this policy, provided the claim is accepted and paid under Permanent Partial Disability Section and subject to a compensation specified in the Policy Schedule.

In this Benefit:

The liability of the Company shall cease on the occurrence of any of the following events:

- Once the Insured Person engages in the same or alternative occupation
- Upon payment of 3 EMI beginning from the date of accident

The Company is not liable to pay for any penalty or arrears which may have accumulated due to delayed or missed EMI's prior to the date of accident.

This is an optional benefit and cannot be opted on standalone basis.

### **38. HEALTH INSURANCE PREMIUM INDEMNITY**

If any Insured Person sustains Injury during the Policy period which directly and independently of all other causes results in Death or Permanent Total Disablement within 12 months from the date of accident, the Company agrees to pay an amount equivalent to the subsequent three year's renewal premium for any ongoing Health Insurance Policy for the Insured Person's surviving Family members covered under the Health Insurance Policy.

The liability of the Company arises only if there is an existing Health Insurance Policy prior to the date of accident and there is an admissible claim under Accidental Death or Permanent Total Disablement. The liability

of the Company arises and admissibility of the claim under this section shall be determined based on the admissibility of named events under the policy ie., ACCIDENTAL DEATH, PERMANENT TOTAL DISABLEMENT (PTD) regardless of the fact that the cover for these sections may not have been extended under the Policy Schedule. The benefit payable under the policy is subject to Sum Insured opted under this Section.

If at the time of claim, the Insured Person has multiple Health Insurance Policies, the Company agrees to pay for the highest compensation against any one Health Insurance Policy.

### **39. DEPENDENT CHILD'S MARRIAGE BENEFIT**

If any Insured Person sustains Injury during the Policy period which directly and independently of all other causes results in Death within 12 months from the date of accident, the Company agrees to pay the compensation as specified in the Policy Schedule in equal shares to each Dependent Child of the Insured Person.

The liability of the Company arises and admissibility of the claim under this section shall be determined based on the admissibility of named events under the policy ie., ACCIDENTAL DEATH, PERMANENT TOTAL DISABLEMENT (PTD) regardless of the fact that the cover for these sections may not have been extended under the Policy Schedule. Compensation payable under this section shall be independent to compensation payable under Accidental Death or Permanent Total Disablement Section.

## **ENDORSEMENTS – GENERAL**

### **Endorsement 1: Floater Sum Insured**

The policy covers the Primary Insured and his/her Dependents/Companions/relatives under a floater Sum Insured. The definition of “Sum Insured” shall stand replaced with “Floater Sum Insured” as mentioned below

“Floater Sum Insured” represents the Company’s maximum liability for any and all claims made by any one Insured and/or all Insured Person(s) together during the Policy Period.

The liability of the Company shall never exceed the quantum of sum insured that floats among the Insured Person’s. However this limit will be applicable on per floater basis and shall not apply individually to each member.

For the purpose of sections where benefit is payable as daily or weekly allowance, the liability of Company shall not exceed the no. of days/weeks specified under the policy Schedule exhausted by any or all the Insured Persons together.