

युनाइटेड इंडिया इन्श्योरेन्स कं. लि.

(भारतीय साधारण बीमा निगम की सहायक)

पंजीकृत व प्रधान कार्यालय : युनाइटेड इंडिया हाऊस, 24, व्हाइट्स रोड, चेन्नई- 600 014.

UNITED INDIA INSURANCE CO. LTD.

(A Subsidiary of General Insurance Corporation of India)

Regd. & Head Office : United India House, 24, Whites Road, CHENNAI-600 014.

जारीकर्ता कार्यालय का पता / ISSUING OFFICE ADDRESS



मेडीक्लेम बीमा पालिसी दावा प्रपत्र

MEDICLAIM INSURANCE POLICY CLAIM FORM

दावा सं./CLAIM No.

इस प्रपत्र को जारी करने का तात्पर्य बीमाकर्ता की ओर से दावे के अंतर्गत किसी दायित्व को स्वीकृति प्रदान करना नहीं है।

Issuance of this form does not amount to admission of any liability under the claim on the part of the Insurers.

कृपया निम्नलिखित जानकारी सही और पूर्ण रूप में दें जिससे आपके दावे पर शीघ्र कार्रवाई करने में कंपनी को मदद मिल सके।

Please give the following information correctly and completely to enable the Company to process your claim promptly.

केवल कार्यालय प्रयोग के लिए
FOR OFFICE USE ONLY

1.	बीमाधारक का नाम Name of the Insured : <input type="text"/>	<input type="text"/>	<input type="text"/>	
	(जिसके नाम से पालिसी जारी की गई) (in whose name policy is issued)	उपनाम SURNAME	आद्यक्षर INITIALS	
2.	बीमाधारक व्यक्ति के विवरण Details of the Insured person : (जिसके संबंध में दावा किया गया हो) (in respect of whom claim is made)			
	क. नाम और बीमाधारक के साथ संबंध a. Name & relationship to the insured :			
	ख. वर्तमान पूर्ण आयु b. Present Completed Age :			
	ग. व्यवसाय c. Occupation :			
	घ. घर का पता (d) Residential address :			
3.	पालिसी संख्या/Policy No. :	<input type="text"/>	<input type="text"/>	
4.	संसर्गजन्य रोग/बीमारी या लगी हुई चोट का प्रकार Nature of Disease/illness contracted or injury suffered :			
5.	वह दिनांक जिस दिन चोट लगने या रोग/बीमारी होने का पहली बार पता चला Date of injury sustained of Disease/illness first detected. :	<input type="text"/>	<input type="text"/>	
		दिनांक/Date	माह/Month	वर्ष/Year
6.	क. उपचार करने वाले चिकित्सक का नाम और पता (a) Name & address of the attending Medical Practitioner :			
		पिन कोड/Pin Code		
		राज्य/संघशासित प्रदेश/State/U.Territory		
	ख. शैक्षणिक अर्हता और फोन नंबर (b) Qualifications & Telephone No. :			
	ग. पंजीकरण संख्या (c) Registration No. :	<input type="text"/>		
7.	क. अस्पताल/नर्सिंगहोम/क्लिनिक का नाम, पता (a) Name and full address of the Hospital/ Nursing Home/Clinic :			
		पिन कोड/Pin Code		
		राज्य/संघशासित प्रदेश/State/U.Territory		
	ख. भर्ती होने का दिनांक (b) Date of Admission :	<input type="text"/>	<input type="text"/>	<input type="text"/>
		दिनांक/Date	माह/Month	वर्ष/Year
	ग. छोड़े जाने का दिनांक (c) Date of Discharge :	<input type="text"/>	<input type="text"/>	<input type="text"/>
		दिनांक/Date	माह/Month	वर्ष/Year

8. यदि दावा आवासीय अस्पतालभर्ती के लिए है तो कृपया बताएं

If the claim is for Domociliary Hospitalisation, Please indicate

क. उपचार के प्रारंभ का दिनांक

(a) Date of Commencement of treatment

दिनांक/Date

माह/Month

वर्ष/Year

ख. उपचार समाप्त होने का दिनांक

(b) Date of Completion of treatment

दिनांक/Date

माह/Month

वर्ष/Year

ग. उपचार करने वाले चिकित्सक का नाम और पता

(c) Name and Address of attending Medical Practitioner :

पिन कोड/Pin Code

राज्य/संघशासित प्रदेश/State/U.Territory

घ. फोन नंबर

(d) Telephone No.

ड. पंजीकरण संख्या

(e) Registration No.

मैंने उपर उल्लिखित रोग/बीमारी/दुर्घटना के उपचार, अगले पृष्ठपर दिए गए खर्चों की अनुसूची में अपने द्वारा दिए गए विवरण अनुसार खर्चें वहन किए हैं।
I have incurred on the treatment of Disease/illness/Accident referred of above, the expenses as per the _____ given by me in the Schedule of Expenses given overleaf.

उपर्युक्त दावे के समर्थन में मैं निम्नलिखित दस्तावेज संलग्न करता हूँ (कृपया (✓) द्वारा दर्शाएं)

In support of the above claim, I enclose following documents [Please Indicate (✓)]

1. अस्पताल के बिल्स, रसीद और छोड़े जाने का प्रमाणपत्र/कार्ड।

Bills, Receipts and Discharge Certificate/card from the Hospital.

2. उचित प्रिस्क्रिपशन के साथ अस्पताल/केमिस्ट से प्राप्त केश मेमो।

Cash memos from the Hospital/Chemist(s), supported by the proper prescription.

3. पैथोलॉजिकल जाँच रिपोर्ट की माँग की जाने पर उपचार करने वाले चिकित्सक सर्जन से नोट के साथ पैथोलॉजिकल जाँच की रसीद और पैथोलॉजिकल रिपोर्ट।

Receipt and Pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner/ Surgeon demanding such Pathological tests.

4. किए गए ऑपरेशन का स्वरूप दर्शाने के लिए सर्जन का प्रमाणपत्र और सर्जन का बिल तथा रसीद

Surgeon's certificate stating nature of operation performed and surgeon's bill and receipt.

5. उपचार करने वाले डॉक्टर/परामर्शदाता/विशेषज्ञ/एनेस्थेतिस्ट का बिल और रसीद तथा रोगनिदान से संबंधित प्रमाणपत्र

Attending Doctor's/Consultant's/Specialist's/Anaesthetist's bill and receipt and certificate regarding diagnosis.

6. आवासीय अस्पताल भर्ती के संबंध में मरीज के घर में उसकी देखभाल करने वाली प्रशिक्षित नर्स से प्राप्त रसीद जिसके साथ उपचार करने वाले चिकित्सक का प्रमाणपत्र हो।

In case of Domociliary Hospitalisation, Receipt from a qualified nurse who attended the patient at his/her residence duly supported by a certificate from attending Medical Practitioner.

7. उपचार करने वाले चिकित्सक से प्राप्त प्रमाणपत्र जिसमें पालिसी के आवासीय अस्पताल भर्ती क्लॉज के अंतर्गत उपचार करने के लिए कारण दिये गये हों।

Certificate from the attending Medical Practitioner giving reasons for treatment under Domociliary Hospitalisation Clause of policy.

8. उपचार करने वाले चिकित्सक/सर्जन से यह प्रमाणपत्र कि मरीज रोगमुक्त हुआ है।

Certificate from the attending Medical Practitioner/Surgeon that the Patient is fully cured.

मैं एतद्वारा वारंटी देता/देती हूँ कि उपर्युक्त विवरण सभी प्रकार से सच है और मैं स्वीकार करता/करती हूँ कि यदि मैंने कोई झूठा और असत्य कथन किया हो या करूँ, उसे दबाऊँ या छिपाऊँ तो उक्त खर्चों के लिए किए गए प्रतिपूर्ति के दावे के लिए मेरी हकदारी पूर्णरूप से समाप्त समझी जाए। मैं आगे घोषणा करता/करती हूँ कि उपर्युक्त इलाज के संबंध में कोई भी लाभ किसी अन्य चिकित्सा योजना या बीमा के अंतर्गत प्राप्त नहीं हैं।

I hereby warrant the truth of foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statements, suppression or concealment, my right to claim reimbursement of the said expenses shall be absolutely forfeited. I further declare that, in respect of the above treatment, no benefits are admissible under any other Medical Scheme or Insurance.

स्थान

आज

दिनांक

Dated at _____ this _____ day of _____ 2000

दावाकर्ता के हस्ताक्षर

Signature of the Claimant

कार्यालयीन प्रयोग के लिए

FOR OFFICE USE :

दावे का दिनांक/Date of Claim

पॉलिसी संख्या : _____
POLICY NUMBER : _____

चुनी गई बीमित धनराशि
SUM INSURED OPTED _____

दावा संख्या/CLAIM NO. :

दावाकर्ता द्वारा उठाए गए खर्चों की सूची :
SCHEDULE OF EXPENSES INCURRED BY THE CLAIMANT

केवल कार्यालयीन प्रयोग के लिए
FOR OFFICE USE ONLY

अस्पताल भर्ती/आवासीय अस्पताल भर्ती के अंतर्गत दावा किए गए खर्चों का विवरण (बिल्ल्स/रसीदें/कैश मेमो आदि के साथ) Details of expenses claimed under Hospitalisation/ Domiciliary Hospitalisation (To be supported by Bills/Receipts Cash Memos etc.)	दावा की गई धनराशि Amount Claimed (1)	धनराशि जो देय नहीं हैं Amount not payable (2)	(1) - (2) (3)	देय धनराशि Amount Payable (3)
<p>I. क. अस्पताल भर्ती के लाभ :</p> <p>A. HOSPITALISATION BENEFITS :</p> <p>1. (क) _____ रु. प्रतिदिन की दर से _____ दिनों के लिए कमरे, बोर्डिंग और नर्सिंग के खर्च</p> <p>1. (a) Room Board, Nursing expenses for _____ days @ Rs. _____ Per day</p> <p>(क) _____ रु. प्रतिदिन की दर से _____ दिनों के लिए आई. सी. युनिट</p> <p>(b) I.C. Unit for _____ days @ Rs. _____ per day</p>			<p><input type="text"/></p> <p><input type="text"/></p>	
<p>ख. अस्पताल भर्ती के लाभ: उपर्युक्त के अतिरिक्त : (पूर्व और पश्चात् अस्पताल भर्ती सहित)</p> <p>B. HOSPITALISATION BENEFITS : OTHER THAN ABOVE (Including pre & Post Hospitalisation)</p> <p>1. सर्जन, ऐनेस्थेटिस्ट, चिकित्सक, परामर्शदाता, विशेषज्ञों का शुल्क Surgeon, Anaesthetist, Medical Pratictioner, Consultants, Specialists fees</p> <p>2. ऐनेस्थेशिया, खून, ऑक्सिजन, ऑपरेशन थिएटर प्रभार, शल्य चिकित्सा उपकरण, दवाइयां और ड्रग्स, रोगनिदान की सामग्री और एक्स-रे, डाइलेसिस, केमोथेरापी, रेडिओथेरापी, पेसमेकर का मूल्य, कृत्रिम अवयव और ऑग्रेन्स का मूल्य और इसी प्रकार के अन्य खर्चें Aneasthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Applicances, Medicines & Drugs. Diagnostic materials & X-ray, Dialysis, Chemotheraphy, Radiotherapy, Cost of Pacemaker, Artificial Limbs & Similar Other expenses.</p> <p style="text-align: right;">कुल/TOTAL :</p>			<p><input type="text"/></p> <p><input type="text"/></p>	
<p>II. आवासीय अस्पतालभर्ती लाभ (केवल गैर शल्य चिकित्सीय उपचार) DOMICILIARY HOSPITALISATION BENEFITS : (Non-Surgical Treatment only)</p> <p>1. चिकित्सक, परामर्शदाता और विशेषज्ञ की विजिट फीस आदि Medical Practitioners Consultants & Specialists fees for visits etc.</p> <p>2. खून, ऑक्सिजन, रोगनिदान सामग्री, एक्स-रे, प्रशिक्षित नर्स, दवाइयां, और ड्रग्स के खर्च और इसी प्रकार के अन्य खर्चें Blood, Oxygen, Diagnostic material, X-ray Employment of Qualified Nurses, Medicines & Drugs & Similar expenses.</p> <p style="text-align: right;">कुल/TOTAL :</p>			<p><input type="text"/></p> <p><input type="text"/></p>	

	(1)	(2)	(3)	(4)
III. प्रसूति खर्चों के लाभ का विस्तार III. MATERNITY EXPENSES BENEFIT EXTENTION क. _____ रु. प्रतिदिन की दर से _____ दिनों के लिए कमरा, बोर्डिंग और नर्सिंग के खर्च a. Room, Board & Nursing expenses <input type="checkbox"/> <input type="checkbox"/> for _____ days @ _____ perday ख. स्त्रीरोग विशेषज्ञ/प्रसूति विशेषज्ञ/सर्जन/ फिजीशियन/एनेस्थेतिस्ट का शुल्क : सामान्य प्रसूति, गर्भपात और गर्भस्राव, सिजेरियन विभाग/ अतिरिक्त युटेरिन प्रसूति के लिए एबडोमिनल ऑपरेशन b. Gynaecologist/Obstetrician/Surgeon/ Physician/Anaesthtist fees : <input type="checkbox"/> <input type="checkbox"/> Normal Delivery, Miscarriage and Abortion, Caesarian section/abdominal operation for extra uterine pregnancy. <input type="checkbox"/> <input type="checkbox"/> ग. रोगनिदान की सामग्री, एक्स-रे, दवाइयां और ड्रज, इंजेक्शन आदि c. Diagnostic materials, X-ray, Medicines & Drugs, injections etc. <input type="checkbox"/> <input type="checkbox"/>				
कुल/Total :				

बीमाधारक कर्मचारी के हस्ताक्षर
Signature of the Insured Employee

दिनांक/Date :

स्थान/Place :

घटाएं : पॉलिसी के आरंभ से भुगतान की गई धनराशि
Less : Amount paid since inception of the policy

शुद्ध देय धनराशि
Net Payable _____

केवल कार्यालयीन प्रयोग के लिए For Office Use Only

तैयारकर्ता/Prepared by : _____

जांचकर्ता/Checked by : _____

भुगतान के लिए पारित रुपये
Passed for payment of Rs. _____

अनुमोदितकर्ता/Approved by : _____

यदि संपूर्ण दावा मंजूर नहीं किया गया है तो उसका कारण
In case entire claim is not admissible reasons thereof

दावे के अंतर्गत देय कुल धनराशि रु.
Total amount payable under the claim रु./Rs. _____

घटाएं : लेखागत अदायगी यदि कोई है, तो रु.
Less : Part payment if any रु./Rs. _____

शुद्ध देय धनराशि रुपये
Net amount payable Rs. _____

सक्षम प्राधिकारी
COMPETENT AUTHORITY

UNI STUDY CARE GROUP POLICY

WHEREAS the Insured named in the Schedule herein has made or caused to be made to the United India Insurance Co. Ltd., (herein after called 'the Company') written proposal dated as stated in Schedule herein (Warranting the truth of the statements contained therein) which is the basis of this contract and is deemed to be incorporated herein and has paid to the Company the Premium herein started for the insurance hereinafter for the period started in the Schedule.

NOW THIS POLICY WITNESSETH that subject to the terms, provisions, exclusions, definitions and conditions contained herein or endorsed or otherwise expressed hereon the Company will pay the insured as hereinafter mentioned :

1. If at anytime during the currency of this policy the insured shall sustain any bodily injury resulting solely and directly from accident caused by external violent and visible means, then the company shall pay to the insured or his legal personal 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 month of its occurrence be the sole and direct cause to the death of the insured persons the Capital Sum insured stated in the Schedule herein.
 - 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 the actual loss by physical separation of two entire hands or two entire feet, or one-entire hand and one entire foot or of such loss of sight of one eye and such loss of one entire foot, the capital sum insured stated in the Schedule herein.
 - ii. Use of hands or two feet, or of one hand one foot or such loss of sight of one eye and such loss of use of one hand or one foot, the capital sum insured stated in the Schedule herein.
 - c) 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. The sight of one eye or of the actual loss by physical separation of one entire hand or one entire foot, fifty percent (50%) of the capital sum insured stated in the Schedule herein.
 - ii. Total and irrecoverable loss of use of a hand or a foot without physical separation, fifty percent (50%) of the capital sum insured stated in the Schedule herein.

Note :

For the purpose of clause (b) and (c) above, physical separation of a hand or feet means separation of hands at or above the wrist and or of the foot at or above the ankle respectively.

- d) If such injury shall as a direct consequence thereof immediately permanently totally and absolutely, disable the insured person from engaging in any employment or occupation of any description whatsoever, then a lump sum equal to hundred percent (100%) of the Capital Sun insured.
- e) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of use or the actual loss by physical separation of the following then the percentage of the Capital Sum insured as indicated below shall be payable:

SI No.	Item	% of Capital Sum Insured
i	a. Loss of toes -all b. Greet -both phalanges c. Greet -one phalanx d. Other than greet, of more than one toe lost each	20 5 2 1
ii	Loss of hearing -both ears	50
iii	Loss of hearing -one ear	15
iv	Loss of 4 fingers and thumb of one hand	40
v	Loss of 4 fingers	35
vi	a. Loss of thumb -both phalanges b. Loss of thumb -one phalanx	25 10
vii	a. Loss of index finger -three phalanges b. Loss of index finger -two phalanges c. Greet -one phalanx	10 8 4
viii	a. Loss of middle finger - 3 phalanges b. Loss of middle finger - 2 phalanges c. Loss of middle finger - 1 phalanx	6 4 2
ix	a. Loss of ring finger - 3 phalanges b. Loss of ring finger - 2 phalanges c. Loss of ring finger - 1 phalanx	5 4 2
x	a. Loss of little finger - 3 phalanges b. Loss of little finger - 2 phalanges c. Loss of little finger - 1 phalanx	4 3 2
xi	a. Loss of metacarpals - first or second (additional) b. Loss of metacarpals - third, fourth or fifth (additional)	3 2
xii.	any other permanent partial disablement	% as assessed by the Doctor

- f) If such injury shall be the sole and direct cause of temporary total disablement, then so long as the insured person shall be totally disabled from engaging in any employment or occupation of any description whatsoever a sum at the rate of one percent (1%) of the capital sum insured stated in the schedule herein per week, but in any case not exceeding Rs.5000/- per week in all under all policies per week in any case not exceeding 25% of the monthly salary.

Provided that the compensation payable under the foregoing sub-clauses (f) shall not be payable for more than 100 weeks in respect of any one injury calculated from the date of commencement of the disablement and in no case shall exceed the Capital sum insured .

- g) In the event of Death of the insured person due to accident as defined in the policy outside her/his residence the company shall reimburse expenses incurred for transportation of insured 'persons dead body to the place of residence subject to a maximum of 2% of capital sum insured or Rs.2,500/- which ever is less.

- h) In the event of death or permanent total disablement of the insured due to accident as defined in the insured due to accident as defined in the tariff, the policy shall also provide compensation towards Education Fund for the dependent children as below :
- If the insured person has one dependent child below the age of 23 years, an amount equal to 10% of the CSI subject to a maximum of Rs.5,000/-.
 - If the insured person has more than one dependent child below the age of 23 years, an amount equal to 10% of the CSI subject to a maximum of Rs.10,000/-.

The payment as above will be made along with the CSI of the same person/s who is/are entitled to receive the CSI

Note:1. The benefit under this extension will be available on the basis of the original CSI only and not on the cumulative Bonus.

2. The age limit of 23 years shall apply on the date of accident and not at the beginning of the policy year.

Provided that there be an any other subsisting PA Insurance/s in the name of the insured and benefit under this Regulation becoming payable under all such policies, the total amount so payable shall be limited to a maximum of Rs.5000/- in case there is one dependent child and Rs.10,000/- in case there is more than one dependent child. The amount so payable shall be borne by all the policies in proportion to the original sum insured.

EXCEPTION

PROVIDED ALWAYS THAT

The company shall not be liable under this policy for:

- Compensation under more than one of the foregoing sub-clauses in respect of the same period of disablement.
- Any other payment to the same person after a claim under one of the sub-clauses (a), (b), (c) or (d) has been admitted and become payable.
- Any payment in case of more than one claim under this Policy during any one period of insurance by which the maximum liability of the company in that period would exceed the sum payable under sub-clause (a) of the Policy.
- Payment of weekly compensation until the total amount shall have been ascertained and agreed.
- Payment of compensation in respect of death, injury or disablement of insured (a) from intentional self-injury, suicide or attempted suicide (b) whilst under the influence of intoxicating liquor or drugs (c) whilst engaging in aviation or Ballooning, whilst mounting / 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 anywhere in the world (d) directly or indirectly caused by venereal disease or insanity (e) arising or resulting from the insured committing any breach of the law with criminal intent.

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 multiengine.

- Payment of compensation in respect of Death, Injury or disablement of the insured due to arising out of or directly or indirectly connected with or traceable to war invasion, act of foreign enemy, Hostilities (whether war be declared or not) War, Rebellion, Revolution, Insurrection, Mutiny, Military or usurped Power, Seizure, Capture Arrests, Restraints and Detainment of all Kings, Princes and people of whatever nation, condition or quality so ever.
- Payment of compensation in respect of Death of, or bodily injury or any disease or illness of the insured persons
 - directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radio activity sustains 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 self sustaining process of nuclear fission.
 - directly or indirectly caused by or contributed to by or arising from nuclear weapon materials.

Provided also that the due observance and fulfillment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this policy) shall so far as they relate to anything to be done or not to be done by the insured be a condition precedent to any liability of the company under this Policy.

- Pregnancy Exclusion Clause :** The Insurance under this Policy shall not extend to cover death disablement resulting directly or indirectly from pregnancy or in consequence thereof.

CUMULATIVE BONUS

Compensation payable under clause (a) (b) (c) and (d) of the policy viz. death, loss of limb(s) sight and permanent total disablement arising out of accidental injuries shall be increased by 5% thereof in respect of each completed year, during which, the policy shall have been in force, prior to the occurrence of an accident for which capital sum becomes payable but amount of such increase shall not exceed 50% of the capital sum insured stated in the schedule herein.

This clause shall not in any way alter the annual character of the insurance for the right of the company to decline to renew or to cancel this policy as hereinafter provided. The earned cumulative bonus will not be lost if the policy is renewed within 90 days after its expiry

CONDITION

- Upon the happening of any event, which may give rise to claim under this Policy, written notice with full particulars must be given to the company immediately. In case of death, written notice also of the death must, unless reasonable cause is shown, be so 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 a sight or amputation.
- Satisfactory Proof to the Company shall be furnished of all matter upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the Persons of the insured on the occasion of any alleged injury or disablement when and so often as the same may reasonably be required on behalf of the company and in the event of death to make a post-mortem examination of the body of the insured persons. Such evidence as the company may from time to time require shall be furnished and a post-mortem examination report if necessary be furnished within the space of fourteen days after demand in writing and in the event of a claim in respect of loss of sight of the insured person(s) shall undergo at the insured's expense such operation or treatment as the company may reasonably deem desirable provided that in case of claim by death or permanent total disablement, all sums payable hereunder shall be payable only on the delivery of this policy for cancellation and discharge and in the case of a temporary total disablement only upon the termination of such disablement.

In the case of permanent partial disablement all sums payable hereunder shall be payable on the delivery of this policy for reduction of the sum insured by the amount admission under the claim.

- 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 statement or device, whether by the insured or by any person on behalf of the insured persons.

4. a) The Insured shall give immediate notice to the Company on any change in his business or occupation.
- b) The insured shall on tendering any premium for the renewal of this policy give notice in writing to the Company of any disease physical defect or infirmity with which any of the insured person(s) have become affected since the Payment of the last preceding premium.
5. This policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to the Company on or before the date of expiry of the policy or of the subsequent renewal thereof. The Company shall not, however be bound to give notice that such Renewal Premium is due.
6. The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by the insured by sending fifteen days notice in writing by Registered A/D to the insured at his last known address in which case the Company shall return to the insured a proportion of the last premium corresponding to the unexpired period of insurance if no claim has been paid under the policy. The insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's short period rates provided no claim has occurred upto the date of cancellation.
7. The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this policy but the receipt of the insured shall in all cases be an effective discharge to the Company.
8. 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 to or if they cannot agree upon a single arbitrator within 30 days of any party invoking 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

It is also hereby expressly agreed and declared that If the Company shall disclaim liability to the Insured for any claim herein under, and such claim shall not, within 12 calender months from the date of such disclaimed have been made the subject matter of a suit in a court of law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

DEFINITIONS:

1 ACCIDENT

Accident - An accident is a sudden, unforeseen and involuntary event caused by external and visible and violent means

"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 or 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 -

- i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests -
- ii. it needs ongoing or long-term control or relief of symptoms
- iii. it requires your rehabilitation or for you to be specially trained to cope with it
- iv. it continues indefinitely
- v. it comes back or is likely to come back.

2 CONGENITAL ANOMALY

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 CONDITION PRECEDENT

Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

4 CONTRIBUTION

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.

5 DAY CARE CENTRE

Day Care centre means any institution established for day care treatment of illness and/or injuries or a medical set-up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under :

- a. Has qualified nursing staff under its employment
- b. Has qualified Medical Practitioner(s) in charge
- c. Has a fully equipped operation theatre of its own where surgical procedures are carried out-
- d. Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

6 DAY CARE TREATMENT - Day Care treatment means the medical treatment and/or surgical procedure which is -(i). Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological and (ii) which would have otherwise required a hospitalisation of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

7 DEDUCTIBLE

Deductible is a cost sharing requirement under a Personal Accident Insurance Policy that provides that the Insurer will not be liable for a specified rupee amount in case of Indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.

8 HOSPITAL/NURSING HOME

A 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 in-patient beds in towns having a population of less than 10 lacs and at least 15 in-patient 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 makes these accessible to the insurance company's authorized personnel.

The term 'Hospital / Nursing Home ' shall not include an establishment which is a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel or a similar place.

9 HOSPITALISATION

Means admission in a Hospital/Nursing Home 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.

10 INJURY

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.

11 IN-PATIENT CARE

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.

12 INTENSIVE CARE UNIT

The term "Intensive Care" unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

13 MEDICAL ADVISE

Medical Advise - Any consultation or advice from a Medical Practitioner including the issue of a any prescription or repeat prescription.

14 MEDICAL EXPENSES

Medical expenses - 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.

15 MEDICALLY NECESSARY

Medically Necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- a. Is required for the medical management of the illness or injury suffered by the insured;
- b. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
- c. Must have been prescribed by a Medical Practitioner;
- d. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

16 MEDICAL PRACTITIONER

A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State of India 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.

The term Medical Practitioner would include Physician, Specialist and Surgeon. (The Registered Practitioner should not be the insured or close family members such as parents, in-laws, spouse and children).

17 NOTIFICATION OF CLAIM

Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address/telephone number to which it should be notified.

18 ROOM RENT

Room rent shall mean the amount charged by a hospital for the Occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

19 SUBROGATION

Subrogation shall mean 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.

20 SURGERY OR SURGICAL PROCEDURE

Surgery or Surgical Procedure 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.

Disclosure to Information Norm

The policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of mis-representation, mis-description, or non-disclosure of any material fact.