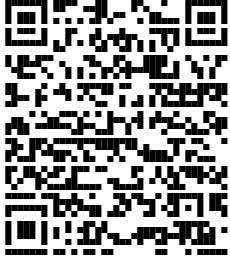



| | | |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |  IFFCO-TOKIO GENERAL INSURANCE CO.LTD Regd. Office: IFFCO Sadan C1 Distt. Centre, Saket, New Delhi - 110017 INDIVIDUAL PERSONAL ACCIDENT POLICY Policy Schedule CUM TAX INVOICE Corporate Identification Number (CIN) U74899DL2000PLC107621, IRDA Reg. No. 106 | Servicing Office IFFCO TOKIO GEN INS CO LTD Office No 4 & 5,3rd Floor ABC East,Plot No.D-5/1A,1B&1C Chikalthana MIDC AURANGABAD MAHARASHTR GSTIN : 27AAACI7573H1ZC Accident and Health Insurance Services : 997133 Agent No. A9000194 Agent First Name JAINUINE INSURANCE BROKERS PVT Agent Last Name x Agent Mobile No. NA |
| | | Insured's Name: RAHUL BABAN DHATRAK Address: CHINTAMANI NAGARI. S. P S GANGAPUR ROAD VAIJAPUR AURANGABAD MAHARASHTR INDIA Pin Code 423701 Phone #: XXXXXXXX002 XXXXXXXX 22 State Code : 27 GSTIN : Country : INDIA Place of Supply : MAHARASHTRA |

| Coverage Details -Plan 300A | | | | | | |
|-----------------------------|-----|----------|-------------------------------------|------------------|----------------------------|--------------------------------------|
| Insured | Age | Relation | Nominee Name | Nominee-Relation | Benefits | Capital Sum Insured (Rs) |
| RAHUL BABAN DHATRAK | 29 | Self | CHINTAMANI NAGRI S PAT LTD VAIJAPUR | Others | DEATH PTD PPD TTD | 400000 200000 200000 100000 |

| Benefits Description | | |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| S No. | Benefits Description | Amount of Compensation |
| 1 | Death | 100% of sum insured mentioned under death benefit mentioned above |
| 2 | Loss of two limbs, two eyes, or one limb and one eye | 100% of sum insured mentioned under permanent total disablement benefit mentioned above. |
| 3 | Loss of one limb or One eye. | 50% of sum insured mentioned under permanent total disablement benefit mentioned above. |
| 4 | Permanent total Disablement (PTD) from injuries other than those named under S No 2&3 above which permanently totally and absolutely disable the insured from engaging in any employment or occupation of any description whatsoever. | 100% of sum insured mentioned under permanent total disablement benefit mentioned above. |
| 5 | Permanent Partial Disablement (PPD) | Disablement Percentage (as mentioned in policy wordings) of the sum insured mentioned under Permanent Partial Disablement benefit mentioned above. |
| 6 | Temporary Total Disablement (TTD) | Weekly benefit of 1% of Sum insured mentioned under Temporary Total Disablement benefit mentioned above. |
| 7 | Medical expenses necessarily incurred by the insured in connection with the injury, provided the claim otherwise is admissible under the policy. | Actual expenses incurred, or 20% of the death benefit or 50% of the admissible personal accident claim amount, whichever is less. |

| Cover Premium (Rs) | Discount/Loading | Premium/Taxable Value (Rs) | Gross Premium Payable / Invoice Value (Rs) |
|--------------------|------------------|----------------------------|--------------------------------------------|
| 262.71 | | 262.71 | 310.00 |

| GSTDetails | | | | | |
|------------|---------|---------|------|------|------|
| Percentage | CGST | SGST | UGST | IGST | CESS |
| | 9 | 9 | | | 0 |
| Amount | 23.6439 | 23.6439 | | | 0 |

"Whether GST is Payable on Reserve Charges Basis – No"

NOTE: As per Government of India guidelines, a new levy-Krishi Kalyan Cess is made effective from 01.06.2016, resulting in effective rate of service tax to 15%.Service Tax-14%,Swachh Bharat Cess-.50%,Krishi Kalyan Cess-.50%.In case you are paying premium after 1st June, 2016. Please pay service tax @ of 15.

The Coverage is as per Policy wordings/Endorsements/Clauses attached. Please go through the Policy and in case of any discrepancy. Please inform us.

Notwithstanding anything to the contrary, it is hereby declared and agreed that the coverage under the policy includes the risk arising from or as a result of terrorism.

S.Tax.No. AAACI7573HST001



In witness whereof this policy has been signed at 06/05/2022
Toll Free: 1-800-103-5499 ; Other : (0124) 428-5499 ; SMS "claim" to 56161
Policy Issuing Office: Delhi Service Tax No. D-III/ST/R-IV/GEN INS/01/13
Consolidated Stamp Duty deposited as per the order of Government of National Capital Territory of Delhi

For IFFCO-TOKIO General Insurance Co. Ltd

Name - Subrata Mondal
Authorised Signatory



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017 **ITGI / PA /03**

INDIVIDUAL PERSONAL ACCIDENT POLICY

UIN: IRDAN106P0010V01200102

Policy Wording

This policy is evidence of the contract between you and us. The proposal form along with any written statement(s) declaration(s) of yours for purpose of this policy forms part of this contract.

This policy witnesses that in consideration of your having paid the premium for the period stated in the schedule or for any further period for which we may accept the payment for renewal of this policy. we will insure the Insured Person(s) and accordingly we will pay to you or your legal personal representative(s) as the case may be in respect of events occurring during the period of insurance in the manner and to the extent set forth in the policy including endorsements provided that all the terms, conditions, provisions, and exceptions of this policy in so far as they relate to anything to be done or complied with by you have been met.

The Schedule shall form part of this policy and the term 'policy' whenever used shall be read as including the Schedule.

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.

The policy is based on information which has been given to us about Insured Person(s) pertaining to risk insured under the policy and the truth of this information shall be condition precedent to your right to recover under this policy.

DEFINITION OF WORDS:

1. **Proposal**

It means any signed proposal by filling up the questionnaires and declarations written statements and any information in addition thereto supplied to us by you.

2. **Policy**

It means the policy booklet, the Schedule and any applicable endorsement or memoranda. The policy contains details of the extent of cover available to insured person (s), what is excluded from the cover and the conditions on which the policy is issued.

3. **Schedule**

It means latest Schedule issued by us as part of the policy. It provides details of the insured person(s), which are in force and the level of cover Insured Person(s) have.

4. **Capital Sum Insured**

It means the monetary amount shown against Insured Person.

5. **We/Our/Us**

It means IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.

6. **You/Your**

It means the person(s) named as Insured in the Schedule.

7. **Insured Person**

It means the person(s) named as Insured person(s) in the Schedule lodged with us by you which will include you, your family inclusive of dependent parents, blood relatives i.e. dependent brothers, sisters.

8. **Period of Insurance**

It means the duration of this policy as shown in the Schedule.

9. **Standard Type of Aircraft**

It 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.

10. **Injury**

It 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. **Accident**

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

12. **Air Accident**

It shall mean an accident while the Insured Person is on board the standard type of Aircraft and the Aircraft meets with an accident causing injury to Insured Person.

13. **Loss Of Limbs**

It shall mean physical separation of one or both hands or feet or permanent and total loss of use of one or both hands or feet.

14. **Physical Separation**

It shall mean separation at or above the wrist and/or of the foot at or above the ankle respectively.

15. **Permanent Total Disablement**

The bodily injury, which as its direct consequence immediately and/or in foreseeable future, will permanently, totally and absolutely prevent Insured Person from engaging in any kind of occupation.

16. **Temporary Total Disablement**

The bodily injury which as its direct consequence will prevent the Insured Person from engaging in all types of the occupation or any employment whatsoever for a period not exceeding 104 weeks since the date of injury to the time, Insured Person is fit enough to resume duty or engage in any kind of occupation as certified by Medical practitioners.

17. **Dependent child**

It means a child (natural or legally adopted), who is financially dependent on the primary insured or

proposer and does not have his/her independent sources of income.

18. Medical Practitioner

A 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 license.

19. Reasonable and Customary Charges

It 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 injury involved.

20. Medical Expenses

It means those expenses that an Insured Person has/you have necessarily and actually incurred for medical treatment on account of 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.

21. Cumulative Bonus

It means any increase in the Basic Sum Insured granted by us without an associated increase in premium.

22. Notification of Claim

It means the process of notifying a claim to us by specifying the timelines as well as the address / telephone number to which it should be notified.

23. Disclosure to information norm

This means the Policy shall be void and all premium paid hereon shall be forfeited to us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

24. Renewal

It means the terms on which the contract of insurance can be renewed on mutual consent.

25. Alternative treatments

It means forms of treatments other than treatment "Allopathic" or "modern medicine" and includes Ayurvedic, Unani, Sidha and Homeopathy in the Indian context.

COVERAGE

| <u>What Is Covered</u> | <u>What Is Not Covered</u> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>If following Bodily injury which solely and directly causes death or disablement to insured person within 12 months of injury as stated in Table of Benefits, we shall pay to you or your legal representative / assignee / nominee the sum or sums hereinafter set forth in Table of Benefits.</p> | <p>We will not liable for</p> <ol style="list-style-type: none"> 1. Compensation under more than one of the benefits mentioned in Table of Benefits in respect of the same period of disablement. 2. 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. |

| | |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <p>3. Any payment in case of more than one claim under this section during any one period of Insurance by which OUR liability in that period would exceed the sum payable under benefit(1) of this policy.</p> <p>4. Payment of compensation in respect of injury as a consequence of</p> <ul style="list-style-type: none"> a) Committing or attempting to commit suicide or intentional self-injury. b) Whilst under influence of intoxicating liquor. c) Drug addiction or alcoholism. d) Whilst engaging in Aviation or Ballooning or whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as passenger (fare paying or otherwise) in any duly licensed standard type of aircraft. e) Pregnancy or childbirth. f) Venereal disease or insanity. g) Contracting any illness directly or indirectly arising from or attributable to HIV and/or any HIV related illness including AIDS and /or any mutant derivative or variation of HIV or AIDS. h) Committing any breach of law with criminal intent. |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| TABLE OF BENEFITS | PERCENTAGE OF CAPITAL SUM INSURED |
|---------------------------------------------|------------------------------------------|
| 1. Death | 100 |
| 2. a) Loss of sight (both eyes) | 100 |
| b) Loss of two limbs | 100 |
| c) Loss of one limb and one eye | 100 |
| 3. a) Loss of sight of one eye | 50 |
| b) Loss of one limb | 50 |
| 4. Permanent Total and absolute disablement | 100 |

| | | |
|----|-------------------------------------------------|----|
| 5. | i) Loss of toes-all | 20 |
| | ii) Great-both phalanges | 5 |
| | iii) Great-one phalanx | 2 |
| | iv) Other than great, if more than one toe lost | 1 |
| | each | |
| | i) Loss of hearing – both ears | 50 |
| | ii) Loss of hearing – one ear | 15 |
| c) | Loss of Speech | 50 |
| d) | Loss of four fingers and thumb of one hand | 40 |
| e) | Loss of four fingers | 35 |
| f) | Loss of thumb | |
| | i) Both phalanges | 25 |
| | ii) One phalanx | 10 |
| g) | Loss of index finger | |
| | i)Three phalanges | 10 |
| | ii)Two phalanges | 8 |
| | iii)One phalanx | 4 |
| h) | Loss of middle finger | |
| | i) Three phalanges | 6 |
| | ii) Two phalanges | 4 |
| | iii) One phalanx | 2 |
| i) | Loss of ring finger | |
| | i)Three phalanges | 5 |
| | ii)Two phalanges | 4 |

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| ii)One phalanx | 2 |
| j) Loss of little finger | 4 |
| i)Three phalanges | 3 |
| ii)Two phalanges | 2 |
| iii)One phalanx | |
| k) Loss of Metacarpals | |
| i) First or second (additional) | 3 |
| ii)Third, fourth or fifth (additional) | 2 |
| l) Any other permanent partial disablement | % as assessed by Doctor |
| 6. Temporary Total disablement benefit at the rate per week | 1% of C.S.I or Rs.25,000 whichever is lower. |
| Special Inbuilt Benefits Under The Policy In Addition To Capital Sum Insured | |
| A. <u>Expenses For Carriage of Dead Body</u> In the event of death of Insured Person outside his/her Home, transportation cost for carriage of dead body to Home including funeral charges is payable. | 2% of Capital Sum Insured or 2,500/- (Two thousand five hundred) whichever is lower. |
| B. <u>Damage to Clothes</u> Cost of Clothing damaged in the Accident as described above and liability is admitted by us. | Rs. 1000 (one thousand) per insured person any one accident or actual expenses whichever is lower. |
| C. <u>Ambulance charges</u> for transportation of Insured person to Hospital following Accident which results in liability having been admitted by us as per 1 to 6 of "Table of Benefits". | Rs. 1000 (one thousand) per insured person any one accident or actual expenses whichever is lower. |
| D. <u>Education Fund</u> | |

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <p>In the event of death, permanent total disablement i.e. 1 to 4 of "Table of Benefits" of Insured Person, we will approve compensation towards Education Fund for dependent children as below:</p> <p>a) For one child upto the age of 23 yrs.</p> <p>b) For more than one children upto the age of 23 yrs.</p> | <p>-10% (Ten percent) of C.S.I Subject to a maximum of Rs. 5000/-</p> <p>-10% (Ten percent) of C.S.I Subject to a maximum of Rs. 10000/-</p> |
| <p>E. <u>Loss of Employment</u></p> <p>In the event of accident leading to loss of employment as a consequence of 2, 3 and 4 of Table of Benefits.</p> | <p>- Rs. 15000 or 1% of CSI whichever is lower.</p> |
| <p>F. <u>Cumulative Bonus</u></p> <p>Compensation for individual policies and family package covers under 1 to 4 of Table of Benefits shall be increased by 5%(five percent) of Capital Sum Insured in respect of each completed year subject to following;</p> <p>I. Maximum accumulation: 50%(fifty percent)</p> <p>II. Bonus is permissible on renewals of other insurers</p> <p>III. Bonus is permissible only when the policy is renewed within 90(ninety) days from the date of expiry.</p> <p>IV. In case Capital Sum Insured is increased at the time of renewal, the bonus will be allowed only on the previous years CSI at the above rate. Cumulative bonus on the additional sum insured will be allowed next year at 5%(five percent) and such percentage that the insured has earned on the CSI of previous year policy. The cumulative bonus will accordingly be increased in subsequent years.</p> | |

EXTENSIONS

- I. **Medical Benefit Extension**: A policy can be extended on payment of extra premium to cover medical expenses necessarily incurred by the insured in connection with the injury, provided the claim otherwise is admissible under the policy.
- The table for loading on premium and benefit limits for Medical extension is mentioned against the respective opted benefits-

| Benefits Opted | Loading for Medical Extension | Limits |
|----------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Benefit 1 | 10% | 1. Actual Expenses or 2. 10% of capital sum insured or 3. 25% of the admissible PA claim whichever shall be less. |
| Benefit 1 to 4 | 25% | 1. Actual Expenses or 2. 20% of capital sum insured or 3. 50% of the admissible PA claim whichever shall be less. |
| Benefit 1 to 5 | 50% | 1. Actual Expenses or 2. 35% of capital sum insured or 3. 75% of the admissible PA claim whichever shall be less. |
| Benefit 1 to 6 | 100% | 1. Actual Expenses or 2. 50% of capital sum insured or 3. 100% of the admissible PA claim whichever shall be less. |

Note: The Medical benefit under Option 3 and Option 4 will be restricted to the maximum benefit prescribed under Option 2 unless the Insured Person has been hospitalized.

- II. Indian Personnel working abroad:** In respect of Indian personnel Corporate/Professionals working in a foreign country on civilian duties, the cover may be granted for personal accident on payment of additional premium as under:-

| Circumstances | Chargeable Additional Premium |
|---------------------------------------------|-------------------------------|
| a) During Normal Times | 50% of Premium |
| b) During apprehensive or Disturbance times | 200% of premium |

- III. Cost of Travel:** The Policy can be extended to cover the cost of travel for one person (a relative, friend, or colleague of insured) to meet the insured person who has been injured due to accident and the claim has been admitted under the Table of Benefit and also for return travel expenses for injured insured person. The scheme is as under: -

- a) Cost of travel for any relation, friend, colleague or any other nominated person by the Insured person or his/her spouse:-** In the event of insured person meeting with an accident

outside the city/town, where his/her principal place of residence is located and claim having been admitted under 'Table of Benefits' '1 to 6' and becomes payable; the Company would reimburse the cost of travel expenses for one of the relation, friend, colleague of insured person or a nominated person by a insured person or his/her spouse to join him/her for both outward/return journey . This extension is available only if the Insured Person is hospitalized in consequence of Accident. The maximum liability of the Company would be limited to 2% (two percent) of the Capital Sum Insured or Rs. 10,000 or actual expenses whichever is lower within the period of insurance. The prescribed rates would be Rs. 7.50 per insured person.

b) Cost of travel for insured person. In the event of insured person meeting with an accident outside the city/town, where his/her principal place of residence is located and claim having been admitted under 'Table of Benefits' '1 to 6' and becomes payable; the Company would reimburse the cost of travel expenses for insured person to his / her principal place of residence or any other location for emergency treatment. The extension is available only if the Insured Person is hospitalized as a consequence of Accident. The maximum liability of the company would be limited to 1.00% of the Capital Sum Insured or Rs. 5,000 or actual expenses, whichever is lower. The Prescribed Rate would be Rs.4.00 per Insured Person.

IV. Cost of Supporting Items:- In the event of Insured person meeting with an accident and liability having been admitted under Table of Benefits, 2 to 5, the Company would reimburse the cost of purchase of supporting items such as artificial limb, crutches, stretcher, tricycle, wheelchairs, intra-ocular lenses, spectacles or any other items which in the opinion of Medical Practitioner is necessary for insured person. The Company's maximum liability would be limited to Rs. 10,000 (Ten thousand) or 2% of sum insured or actual expenses, whichever is lower in addition to CSI in any one period of Insurance. The Prescribed Rate would be Rs.10.00 per Insured Person.

PROVISIONS

Provided That All Sums Payable Hereunder Shall Be Payable :

- (i) In case of claim by death or permanent total disablement i.e. Benefit 1) to Benefit 4) of Table of Benefits only after deleting by an endorsement the name of Insured Person(s) in respect of whom such sums shall become payable without any refund of premium.
- (ii) In case of claim by permanent partial disablement i.e. Benefit 5) of Table of Benefits only after reduction by an endorsement of Capital Sum Insured by the amount admissible under the claim in respect of Insured person in respect of whom such sum shall become payable.
- (iii) In case of Temporary Total Disablement Benefit i.e. 6) of Table of Benefits only upon termination of such disablement in respect of Insured person for whom the claim has been lodged.

GENERAL CONDITIONS:

1. **Reasonable Precaution**

You/Insured Person shall take all reasonable precautions to prevent injury or damage in order to minimize claims.

2. **Notice**

you will give every notice and communication in writing to OUR office through which this insurance is affected.

3. **Mis-description**

The Policy shall be void and all premium paid by you to us be forfeited in the event of misrepresentation or concealment of any material information.

4. **Disclosure to information norm**

This means the Policy shall be void and all premium paid hereon shall be forfeited to us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

5. **Free Lookup Period:**

You will be allowed a period of at least 15 (fifteen) 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 stating the reasons therein for doing so.

If you have not made any claim during the free look period, then you shall be entitled to :

- i) A refund of the premium paid less any expenses incurred by us
- 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 less any expenses incurred by us
- iii) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period less any expenses incurred by us on medical examination of the insured persons and the stamp duty charges

6. **Changes in Circumstances:**

you must inform us, as soon as reasonably possible of any change in information you have provided to us about Insured person(s) which may affect the Insurance cover provided e.g. duty, business, occupation and obtain from us an endorsement to this effect.

7. **Claim Procedure and Requirements**

An event, which might become a claim under the policy, must be reported to us as soon as possible. In case of death, written notice also of death must, unless reasonable cause is shown, be given before

internment/ 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. A written statement of the claim will be required and a claim form will be provided.

You or Your personal representative must give immediate written notice but within 14(fourteen) days of occurrence of injury, disease.

All certificates, information and evidence from a Medical Attendant or otherwise required by us shall be furnished by you, your personal representative/assignee in the manner and form as we may prescribe. In such claims your legal representative, Nominee, beneficiary will allow OUR representative to carry out examination and ascertain details if and when we may reasonably require and in the event of death get the post-mortem examination done in respect of body of Insured Person(s). In the event of claim in respect of loss of sight and loss of speech, the Insured person(s) shall undergo at your expenses such operations or treatment as we may reasonably deem desirable.

8. **Fraud**

If a claim is fraudulent in any respect or supported by any fraudulent statement or device with or without your knowledge, all benefit(s) under this Policy shall be forfeited.

9. **Renewal**

Renewal shall not be refused unless justified on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured, provided, however, that you apply for renewal and remit the requisite premium before the expiry of this policy.

The Policy has to be renewed within the expiry date or within a maximum of 90(ninety) days from the expiry date, beyond which the continuity benefit (Cumulative Bonus earning) will not be available and any insurance cover thereafter will be treated as fresh cover.

In any case, we shall not be liable to pay claim occurring during the period of break in insurance i.e. up to 90(ninety) days from the due date of renewal.

10. **Cancellation**

a) We may cancel the policy on grounds of fraud, moral hazard or misrepresentation or non-cooperation by you by sending 30(thirty) days notice by registered post to your last known address. You will then be entitled to, except in case of fraud or illegality on your part, a pro-rata refund of premium for unexpired period of this policy in respect of such insured person(s) in respect for whom no claim has arisen.

b) You may cancel the policy by sending written notice to us under registered post. We will then allow a refund on following scale, except for those insured person(s) for whom claim has been preferred on us under the current policy:

| Period of cover up to | Refund of annual premium rate (%) |
|------------------------------|------------------------------------------|
| 1(one) month | 75% (seventy five percent) |
| 3(three) months | 50% (fifty percent) |

| | |
|----------------------|---------------------------|
| 6(six) months | 25% (twenty five percent) |
| Exceeding six months | Nil |

11. **Automatic Termination of Insurance**

The coverage for the Insured Person(s) shall automatically terminate in the case of his/ her (Insured Person) demise or exhaustion of Sum Insured. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other insured persons may also apply to renew the policy. In case, the other insured person is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application.

Provided no claim has been made, and termination takes place on account of death of the insured person, due to reasons apart from what stands covered under the policy, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.

12. **Notice of Charge**

We will not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealings with or relating to this policy. Your receipt or receipt of insured person shall in all cases be an effective discharge to us.

13. **Arbitration**

If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of the sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 (thirty) days of any party invoking arbitration the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by two such 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 herein before provided, if we have disputed or not accepted liability under or in respect of this policy. It is understood, however, that the insured shall have the right at all times during currency of the policy to communicate only, with the leading or issuing office in all matters pertaining to this insurance.

14. **Disclaimer Clause**

If we shall disclaim our liability in any claim and such claim shall not have been made subject matter of suit in a court of law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this policy.

15. No sum payable under this policy shall carry any interest/ penalty.
16. The geographical scope of this policy will be worldwide, 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.
17. **Withdrawal & Alteration of Policy Conditions:** The policy terms and conditions may undergo alteration as per the IRDA Regulation. However the same shall be duly notified to you at least three months prior to the date when such alteration or revision comes into effect by registered post at your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Regulation.
A product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to you in advance as per the IRDA guidelines with details of options provided by us. If we do not receive your response on the intimation of withdrawal, the existing product shall be withdrawn on the renewal date and you shall have to take a new policy available with us, subject to terms & conditions.
18. **Protection of Policy Holder's Interest:** in the event of a claim, if the same is found admissible under the policy, we shall make an offer of settlement or convey the rejection of the claim within 30(thirty) days of receipt of all relevant documents and investigation/ assessment report (if required). In case the claim is admitted, the claim proceeds shall be paid within 7(seven) days of your acceptance of our offer. In case of delay in payment, we shall be liable to pay interest at a rate which is 2.0% (two percent) above the bank rate prevalent at the beginning of financial year in which the claim is received by us.
19. **Grievance or Complaint:** You may register a grievance or complaint by visiting our website www.itgi.co.in you may also contact the branches from where you have bought the policy or grievance officer who can be reached at our corporate office.
20. **Sum Insured Enhancement:** In case of increase in Capital Sum Insured more than 10% (ten percent) of last year capital Sum Insured at the time of renewal, subject to underwriter's discretion.
21. **Payment of premium:** The premium payable shall be paid in advance before commencement of risk. No receipt for premium shall be valid except on our official form signed by our duly authorized official. In similar way, no waiver of any terms, provision, conditions and endorsements of this policy shall be valid unless made in writing and signed by our authorized official.
22. **Insurance Ombudsman:** If you are not satisfied with any issue pertaining to the insurance, you can approach the insurance ombudsman in the respective area for resolving the issue. The contact details of the ombudsman offices is mentioned below:

| Office Details | Jurisdiction of Office (Union Territory, District) |
|---------------------------------------------------------------------|----------------------------------------------------------|
| AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, | Gujarat, Dadra & Nagar Haveli, |

| Office Details | Jurisdiction of Office (Union Territory, District) |
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| <p>Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in</p> | Daman and Diu. |
| <p>BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in</p> | Karnataka. |
| <p>BHOPAL - Shri Guru Saran Shrivastava 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 Email: bimalokpal.bhopal@ecoi.co.in</p> | Madhya Pradesh Chattisgarh. |
| <p>BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455, Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in</p> | Orissa. |
| <p>CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468, Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in</p> | Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh. |
| <p>CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284, Fax: 044 - 24333664</p> | Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry). |

| Office Details | Jurisdiction of Office (Union Territory, District) |
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| Email: bimalokpal.chennai@ecoi.co.in | |
| DELHI - Shri Sudhir Krishna 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@ecoi.co.in | Delhi. |
| GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in | Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura. |
| HYDERABAD - Shri I. Suresh Babu 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 - 67504123 / 23312122, Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in | Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry. |
| JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363, Email: Bimalokpal.jaipur@ecoi.co.in | Rajasthan |
| ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338, Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in | Kerala, Lakshadweep, Mahe-a part of Pondicherry. |
| KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. | West Bengal, Sikkim, Andaman & Nicobar Islands. |

| Office Details | Jurisdiction of Office (Union Territory, District) |
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| Tel.: 033 - 22124339 / 22124340, Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in | |
| LUCKNOW -Shri Justice Anil Kumar Srivastava 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@ecoi.co.in | Districts of Uttar Pradesh : Laitpur, 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. |
| MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in | Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane. |
| NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in | 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, |

| Office Details | Jurisdiction of Office (Union Territory, District) |
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| | Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur. |
| PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in | Bihar, Jharkhand. |
| PUNE - Shri Vinay Sah 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: bimalokpal.pune@ecoi.co.in | Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region. |

GENERAL EXCLUSIONS

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

1. As consequence of 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.
2. Directly or indirectly caused by contributed to by or arising from:
 - (a) 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.

(b) The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.