INDUSIND CRITICAL ILLNESS - POLICY WORDING

SECTION-1 PREAMBLE

This Policy is a contract of insurance issued by IndusInd General Insurance Company Limited (hereinafter called the 'Company') to the Proposer mentioned in the Policy Schedule to cover the person(s) named in the Policy Schedule (hereinafter called the 'Insured Person(s)'). The Policy is based on the statements, declarations provided in the Proposal Form and any other information provided by the Proposer to the Company for issuance of this Policy, and is subject to receipt of the requisite premium.

NOW THIS POLICY WITNESSETH that subject to the terms, conditions, exclusions and definitions contained herein or endorsed or otherwise expressed hereon the Company, undertakes, that if during the Policy Period as specified in the Schedule, the Insured is diagnosed with any Critical Illness or undergoes any surgery as specifically defined below, under the Insured Event, then the Company will pay to the Insured or his nominee/legal heir as the case may be the compensation benefit as mentioned in the schedule, for the period and to the extent of the Sum Insured as specified in the Policy

Any word or expression to which a specific meaning has been assigned in any part of this Policy or the Schedule shall bear the same meaning wherever it appears. For purposes of this Policy, the terms specified below shall have the meanings set forth:

1. “Accident(al)” is a sudden, unforeseen and involuntary event caused by external, visible & violent means.
2. Congenital Anomaly” refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a. Internal Congenital anomaly which is not in the visible and accessible parts of the body.

b. External Congenital anomaly which is in the visible and accessible parts of the body

3. "Hospital" means any institution established for in-patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration & Regulation) Act, 2010 or under enactments specified under the Schedule of Section 56 (1) of the said Act or complies with all minimum criteria as under:

i. has qualified nursing staff under its employment round the clock;

ii. has at least 10 inpatient beds, in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;

iii. has qualified medical practitioner(s) in charge round the clock;

iv. has a fully equipped operation theatre of its own where surgical procedures are carried out

v. maintains daily records of patients and make these accessible to the Insurance company's authorized personnel

4. "Hospitalisation" means admission in a hospital for a minimum period of 24 consecutive hours for Inpatient care except for day care treatment , where such admission could be for a period of less than 24 consecutive hours.
5. "Illness" means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
6. "Injury" means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a medical practitioner.
7. “Insurer” means Company i.e., IndusInd General Insurance Co. Ltd.
8. "Insured Person/Insured" means the person specifically named as such in the Schedule to this Policy, who has a permanent place of residence in India and for whom the insurance is proposed and the appropriate premium paid.
9. Medical Advise” means any consultation or advice from a medical practitioner including the issue of any prescription or repeat prescription.
10. "Medical Practitioner" is a person who holds a valid registration from the Medical Council of any state or Medical Council of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license and should not be the policy holder/ insured or close family member of the policyholder/ insured.

IRDAI Registration No. 103. IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. IndusInd CRITICAL ILLNESS UIN: RELHLGP08003V010708 RGI/MCOM/CO/HL-23/PW/Ver. 1.0/120424.

11. “Medically necessary treatment” is any treatment, tests, medication, or stay in hospital or part of stay in a hospital which

II. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;

III. Must have been prescribed by a medical practitioner;

II. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

12. “Policy” is the Company's contract of insurance with the policyholder providing cover as detailed in this Policy Terms & conditions, the Proposal Form, Policy Schedule, Endorsements, if any and Annexures, which form part of the contract and must be read together

13. "Policy period" means the period between the start date and the end date as specified in the Schedule to this Policy or the cancellation of this policy, whichever is earlier

14. "Pre-existing Disease" means any condition, illness or injury or related condition(s) for which the Insured/Insured person had signs or symptoms and/or were diagnosed and/or received medical advice/ treatment, within 48 months prior to the first policy under which the Insured Person was covered with us

15. “Reasonable & Customary charges” means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/injury involved.

16. "Schedule" means the document attached name so and to and the forming part of this Policy mentioning the details of the Insured/ Insured Person/s, the Sum Insured, the period and the limits to which benefits under the Policy are subject to.

17. "Sum Insured" means the sum as specified in the schedule, which sum represents the Company's maximum liability for any or all claims under this Policy during the Policy period.

18. “Surgery” 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

19. "Unproven/ Experimental treatment" is treatment including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

SECTION-2 DEFINITIONS

For the purpose of this Policy and the determination of the Company's liability under it , the Insured Event (Critical Illness) in relation to an Insured Person/Insured shall mean any illness, medical event or surgical procedure as specifically defined below whose first signs or symptoms first commence more than 90 days after the commencement of Policy Period and is diagnosed, occurs or conducted within the Policy Period and shall only include the following:

3.1. CATEGORY 1

The payment of claim under this Category 1 shall be subject to survival of the Insured Person for more than 30 days post diagnosis, occurrence or undergoing of the Insured Event covered under this Category

3.1.1. CANCER OF SPECIFIED SEVERITY

I. A malignant tumour characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

II. The following are excluded —

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(i). Tumors showing the malignant changes of carcinoma in situ & tumors which are histologically described as pre-malignant or non invasive, including but not limited to: Carcinom in situ of breasts, Cervical dysplasia CIN-1, CIN-2 & CIN-3.

(ii). Any skin cancer other than invasive malignant melanoma

(iii). All tumors of the prostrate unless histologically classified as having a Gleason score greater than 6 or having progressed to atleast clinical TNM classification T2N0M0

(v). Chronic lymphocyctic leukaemia less than RAI stage 3

(vi). Microcarcinoma of the bladder

(vii). All tumors in the presence of HIV infection

SECTION-2 DEFINITIONS

I. The actual undergoing of a transplant of:

(i). One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible endstage failure of the relevant organ, or

(ii). Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

(i). Other stem-cell transplants

(ii). Where only islets of langerhans are transplanted

3.1.3. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

I. The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

(i). Investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis

(ii). There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of atleast 6 months, and

(iii). Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart.

II. Other causes of neurological damage such as SLE and HIV are excluded

3.1.4. THIRD DEGREE BURNS

First occurrence of burns that affect the epidermis, dermis and hypodermis, causing charring of skin or a translucent white colour, with coagulated vessels visible just below the skin surface usually resulting in extensive scarring and covering atleast 45% of the body evidenced by any one of the following:

- Hard, leather-like eschar, purple fluid and no sensation (insensate)
- Conditions resulting in the skin or muscle being irretrievably lost
- Conditions resulting in charring of bones

3.1.5. AORTA GRAFT SURGERY

The actual surgical repair of an aortic aneurysm (an abnormal bulge in the wall of the aortic blood vessel causing the aorta to dilate or widen and the aortic valve to leak leading to bursting of arterial wall) for the first time by a surgeon. The diagnosis to be evidenced by any two of the following

- Computerized tomography (CT) scan
- Magnetic Resonance Imaging (MRI) scan
- Echocardigraphy (an ultrasound of the heart)
- Angiography (an x-ray of blood vessels)
- Abdominal ultrasound

3.2 CATEGORY 2

The payment of claim under this Category II shall be subject to survival of the Insured Person for more than 60 days post diagnosis, occurrence or undergoing of the Insured Event covered under this Category.

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3.2.1. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

The actual undergoing of open heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, ballon valvotomy/ valuloplasty are excluded.

3.2.2. COMA OF SPECIFIED SEVERITY

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following

(i). No response to external stimuli continuously for atleast 96 hours

(ii). Life support measures are necessary to sustain life; and

(iii). Permanent neurological deficit which must be assessed atleast 30 days after the onset of the coma The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded

3.2.3. QUADRIPLEGIA / PERMANENT PARALYSIS OF ALL FOUR LIMBS

Total and irrecoverable loss of use of all four limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

3.2.4. TOTAL BLINDNESS

The existence of complete lack of form and light perception in both eyes, clinically recorded as “NLP” , no light perception. This cover excludes

1. Genetic defects that are congenital and develop into total blindness
2. Total Blindness caused due to intake of Methylated alcohol (adulterated alchohol)

3.2.5. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

In case of kidney transplant under this condition the benefit shall be payable under Major Organ Transplant (Category I) and not under this Insured Event.

SECTION-4 POLICY EXCLUSIONS

4.1. GENERAL EXCLUSIONS

The Company shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. Pre-existing diseases / illness / injury / conditions – All diseases, illnesses, injuries which are pre-existing when the cover incepts for the first time under this Policy.
2. Critical illness contracted or evident through Sign and symptoms within 3 months of the inception date of this policy. This exclusion doesn't apply for subsequent renewal with the Company without a break.
3. Certification / diagnosis by a family member or any diagnosis that is not scientifically recognized.
4. Certification / diagnosis from a person not registered as Medical Practitioners under respective medical councils.
5. Accidental injury leading to any condition/complication that is not listed in Categories I and II dealt with under the scope of coverage above.
6. Any critical illness arising out of any congenital illness or condition or disorder whether internal or external.

7. Critical illness/condition resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.
8. Any critical illness due to alcohol, smoking, other tobacco intake or drug abuse.
9. Any treatment/surgery for change sex or any cosmetic surgery or treatment/surgery /complications/illness arising as a consequence thereof.
10. Critical illness acquired as a consequence of Human Immuno deficiency Virus (HIV) infection.
11 Critical illness due to:

(i). intentional self-injury, suicide or attempted suicide

(ii). self exposure to needless perils except in an attempted to save human life.

11. Critical illness due to:

i) intentional self-injury, suicide or attempted suicide
ii) self exposure to needless perils except in an attempted to save human life.

12. Proposer or any of his family members whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports.
13. Disease critical illness, directly or indirectly, caused by or arising form or attributable to foreign, invasion, act of foreign enemies, hostilities (whether war be declared or not), civil war, revolution, insurrection, military or usurped power, riot or civil commotion, act of terrorism.
14. Critical illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
15. Critical illness, directly or indirectly, caused by or contributed to by nuclear weapons/materials or radioactive contamination.
16. Any critical illness arising or resulting from the Import committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion.
17. Reimbursement for any treatment of illness/procedure performed outside India.

No Claim will be payable in the event of death of the insured within the stipulated survival period applicable under each category.

SECTION-5 CLAIMS PROCEDURE

The fulfillment of the terms and conditions of this Policy (including the realization of premium by their respective due dates) in so far as they relate to anything to be done or complied with by the Policyholder or any Insured Person, including complying with the following steps, shall be the condition precedent to the admissibility of the Claim.

Upon the discovery or happening of any Illness / Injury that may give rise to a Claim under this Policy, then as a condition precedent to the admissibility of the Claim, the Policyholder/ Insured Person shall undertake the following:

5.1. CLAIM INTIMATION

In the event of any Illness or Injury or occurrence of any other contingency which has resulted in an Insured Event resulting in a Claim or may result in a Claim covered under the Policy, the Policyholder/ Insured Person, must notify the Company either at the call center or in writing immediately and within 7 days of occurrence of such insured event.

The following details are to be provided to the Company at the time of intimation of Claim:
- Policy Number
- Name of the Policyholder
- Name of the Insured Person in whose relation the Claim is being lodged
- Nature of Illness / Injury
- Name and address of the attending Medical Practitioner and Hospital
- Date of Admission
- Any other information as requested by the Company

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5.2. CLAIMS PROCEDURE

In case of any Claim for the Insured Events the list of documents as mentioned below shall be provided by the Policyholder/ Insured Person, immediately but not later than 15 days of discharge from the Hospital, at the Policyholder's/ Insured Person's expense to avail the Claim.

5.3 CLAIM DOCUMENTS

The Policyholder / Insured Person shall submit to the Company/ Network Hospital (as applicable) the following documents for or in support of the Claim:

- Duly completed and signed Claim Form, in original
- Medical Practitioner's referral letter advising Hospitalization
- Medical Practitioner's prescription advising drugs / diagnostic tests / consultation
- Discharge card from the Hospital / Medical Practitioner
- Original pathological / diagnostic test reports and payment receipts
- Indoor case papers
- First Information Report/ Final Police Report, if applicable
- Post mortem report, if available
- Any other document as required by the Company to assess the Claim

a) The Policyholder / Insured Person must take reasonable steps or measures to avoid or minimize the quantum of any Claim that may be made under this Policy.
b) Fourth with intimate / file / submit a Claim in accordance with Clause 4 of this Policy.
c) If so requested by the Company, the Insured Person will have to submit himself for a medical examination by the Company's nominated Medical Practitioner as often as it is reasonable and necessary. The cost of such examination will be borne by the Company.
d) On occurrence of an insured event which will lead to a Claim under this Policy, the Policyholder/ Insured Person shall:

- Allow the Medical Practitioner or any of the Company's representatives to inspect the medical and Hospitalization records, investigate the facts and examine the Insured Person.
- Assist and not hinder or prevent the Company's representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy

If the Policyholder / Insured Person does not comply with the provisions of these conditions all benefits under this Policy shall be forfeited at the Company's option.

5.5. PAYMENT TERMS

This Policy covers medical treatment taken within India, and payments under this Policy shall be made in Indian Rupees within India.

Claims shall not be admissible under this Policy unless the Company has been provided with the complete documentation / information which the Company has requested to establish its liability for the Claim, its circumstances and its quantum unless the Policyholder / Insured Person have complied with the obligations under this Policy.

The Policy will terminate forthwith on a claim being paid under any category where payment is for 100% compensation benefit.

The company's total liability in aggregate for all claims under the policy for a specific insured shall not exceed the respective Sum Insured of that Insured.

SECTION-6 TERMS AND CONDITIONS

1. DUTY OF DISCLOSURE

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

In the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a Claim being fraudulent or any fraudulent means or device being used by the Policyholder/ Insured Person or any one acting on his/ their behalf to obtain a benefit under this Policy, the Company may cancel this Policy at its sole discretion and the premium paid shall be forfeited in its favor.

2. OBSERVANCE OF TERMS AND CONDITIONS

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

3. REASONABLE CARE

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

4. MATERIAL CHANGE

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

5. RECORDS TO BE MAINTAINED

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

6. NO CONSTRUCTIVE NOTICE

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

7. COMPLETE DISCHARGE

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

8. SUBROGATION

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

The Policyholder/Insured Person shall at his own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which the Company is / or would become entitled upon the Company paying for a Claim under this Policy, whether such acts or things shall be or become necessary or required before or after its payment. Neither the Policyholder nor any Insured Person shall prejudice these subrogation rights in any manner and shall at his own expense provide the Company with whatever assistance or cooperation is required to enforce such rights. Any recovery the Company makes pursuant to this clause shall first be applied to the amounts paid or payable by the Company under this Policy and any costs and expenses incurred by the Company of effecting a recovery, where after the Company shall pay any balance remaining to the Policyholder. This clause shall not apply to any Benefit offered on a fixed benefit basis

9. CONTRIBUTION

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

This clause shall not apply to any Benefit offered on a fixed benefit basis.

10. FRAUDULENT CLAIMS

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

11. POLICY DISPUTES

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

12. FREE LOOK PERIOD

The Policyholder would be given a period of 15 days (Free Look Period) from the date of receipt of the Policy to review the entire Policy. Where the Policyholder disagrees to any of those terms or conditions, the Policyholder has the option to return the Policy stating the reasons for his objection and the Policyholder shall be entitled to a refund of the premium paid, provided no Claim has been incurred under this Policy, subject only to a deduction of the expenses incurred by the Company on medical examination and the stamp duty charges. In cases where the risk has already commenced when the option of returning this Policy is exercised, within the free look period, by the Policyholder, the refund of the premium paid will also be subject to a deduction for proportionate risk premium for the period on cover. Where only part of the risk (e.g. only accidental hospitalization risk) has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such periods.

This clause shall not be applicable on renewal of this Policy and Portability cases.

13. RENEWAL NOTICE

a. This Policy will automatically terminate at the end of the Policy Period. All renewal applications should reach the Company before the end of the Policy Period.

b. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein prior mentioned and that nothing is known to the Policyholder/ Insured Person(s) that may result in enhancing the Company's risk

c. This Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Company on or before the date of expiry of this Policy and in any case not later than the expiry of the Grace Period. Grace period refers to a period of 30 days immediately following the premium due date during which a payment can be made to renew this Policy without loss of continuity benefits such as Waiting Periods and coverage of Pre- existing Disease. Coverage is not available for the period for which Premium is not received by the Company The Company shall not be liable for any Claims incurred during such period.

d. Ordinarily renewals will not be refused by the Company except on grounds of fraud, moral hazard or misrepresentation.

e. Renewal premium can vary subject to prior regulatory approval

f. Renewal Discount

   a. For Annual Policy equivalent to 5%, on cumulative basis, of renewal premium for each continuous claim free year will be offered as No claim Discount subject to maximum up to 50%, where the Policy which is claim free & is renewed without a break.

   b. For Policy with 3 year Term : 10% on cumulative basis on every claim free block of 3 completed years renewable for a further period of 3 years will be offered as No claim Discount subject to a maximum discount of up to 50%, of the renewal premium where the Policy which is claim free is renewed without a break.

g. This policy shall not be renewed and the Insured shall not be eligible for any new Critical Illness or similar policies if a claim is paid or admitted under this Policy.

14. CANCELLATION / TERMINATION

- The Company may at any time, cancel this Policy on grounds as specified in Clause “Duty of Disclosure” above , by giving 15 days' notice in writing by Registered Post Acknowledgement Due / recorded delivery to the Policyholder at his last known address.

- The Policyholder may also give 15 days' notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice, cancel the Policy and refund the premium for the unexpired period of this Policy at the short period scales as mentioned below, provided no Claim has been made under the Policy by the Policyholder/ Insured Person.

REFUND % TO BE APPLIED ON POLICY PREMIUM

Policy Tenure->	**1 year**
Cancellation date up to (x months) From Policy Period Start Date	Refund
Upto 1 month	75.0%
Upto 3 month	50.0%
Upto 6 month	25.0%
Beyond 6 Months	0.0%

In case of demise of the Policyholder, this Policy shall continue till the end of Policy Period or next premium due whichever is earlier. In case the other Insured Person want to continue with the same Policy, the Company would renew the Policy providing all continuity benefits, subject to there being atleast one adult member as an Insured Person who would then become the Policyholder. This will be subject to the Company receiving a written application in this regard before Policy Period End Date.

For long term contracts (greater than 1 year), the Company shall, from the date of receipt of notice cancel the Policy after retaining proportionate premium for the covered period and 30% of the premium relating to the balance premium for the unexpired period.

15. LIMITATION PERIOD

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

16. COMMUNICATION

Any communication meant for the Company must be in writing and be delivered to its address shown in the Policy Schedule. Any communication meant for the Policyholder will be sent by the Company to his last known address or the address as shown in the Policy Schedule.

All notifications and declarations for the Company must be in writing and sent to the address specified in the Policy Schedule. Agents are not authorized to receive notices and declarations on the Company's behalf.

Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

17. ALTERATIONS IN THE POLICY

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

18. CAUSE OF ACTION

Claims shall be payable under this Policy only if the cause of action arises in India.

19. OVERRIDING EFFECT OF POLICY SCHEDULE

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

20. ELECTRONIC TRANSACTIONS

The Policyholder/ Insured Person agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

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21. SPECIAL PROVISIONS

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

22. PORTABILITY

Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if he/she chooses to switch from one Insurer to another.

If the Policyholder/ Insured Person renew with the Company, without break, any similar individual health insurance policy from any insurance company registered with IRDA, then the Waiting Periods as defined in exclusions shall be reduced by the number of years of continuous coverage under such health insurance policy with the previous insurer(s).

The Company's total liability for payment of all claims in aggregate, incurred during the Policy Period, on account of Portability shall not exceed Sum Insured Limit for Portability as defined in Policy Schedule.

The Waiting Periods as defined in policy exclusions shall be applicable individually for each Insured Person and Claims shall be assessed accordingly

23. WITHDRAWAL/REVISION/MODIFICATION OF THE PRODUCT

The Company reserves the right to withdraw, revise or modify this product /policy in the future. The revision/modification may be in respect of Benefits, coverages, premiums, policy terms and conditions &/or exclusions.

In the event of any such withdrawal of product the company will notify in advance to the policyholder providing him the option to port to the specified existing health products of the company with continuity benefit. In the event of any revision or modification of the product/terms of policy/premium , the company will notify the policyholder 3 months in advance of such changes.

24. PAYMENT OF INTEREST

In case of delay of seven days or more in payment of claim after the acceptance by the insured, the Company will pay interest on the claim amount at a rate which is 2% above the bank rate for the period of delay

25. PRE- POLICY HEALTH CHECK-UP

The prospect whose medical test is conducted and for whom the company grants an insurance cover under this policy and whose name specifically appears as Insured person in the schedule, the company shall reimburse 50% of the cost of such medicals conducted at the Company's designated centre.

26. ARBITRATION CLAUSE

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act,1996. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

27. GRIEVANCES

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

Website : indusindinsurance.com
e-mail : services@indusindinsurance.com
Telephone : 022 4890 3009 (paid)
Post/Courier : Any branch office, the correspondence address, during normal business hours
Write to us at : IndusInd General Insurance, (Correspondence Only) Correspondence Unit, 301 302, Corporate House RNT Marg, Opp. Jhabua Tower, Indore, Madhya Pradesh, India – 452001

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For further details on Grievance redressal procedure please refer:
indusindinsurance.com/Insurance/About-Us/Grievance-Redressal.aspx

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

OMBUDSMAN OFFICE			
Office of the Ombudsman	**Address**	**Contact Details**	**Areas of Jurisdiction**
AHMEDABAD	Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 001.	Tel.: 079 - 27546150/27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Office of Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560078.	Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL	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@cioins.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneshwar – 751 009.	Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneshwar@cioins.co.in	Orissa
CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017.	Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018.	Tel.: 044 - 24333668 / 24335284 Fax: 044 – 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, UT - Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.	Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@cioins.co.in	Delhi
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar Over Bridge, S.S. Road, Guwahati – 781001 (ASSAM).	Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	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 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana and UT of Yanam - a part of UT of Pondicherry.

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JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.	Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan
ERNAKULAM	Office of the Insurance Ombudsman, LIC OF INDIA, 10th Floor, 'Jeevan Prakash', Divisional Office, M. G. Road, Ernakulam, Kochi – 682011.	Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, UT of (a) Lakshadweep, (b) Mahe-a part of UT of Pondicherry.
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, Kolkata - 700 072.	Tel.: 033 - 22124339 / 22124340 Fax: 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, UT of Andaman & Nicobar Islands, Sikkim
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001.	Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkar Nagar, Sultanpur, Maharajgang, Sant Kabir Nagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharath Nagar.
MUMBAI	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@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Dist: Gautam Buddh Nagar, U.P. - 201301.	Tel.: 0120 - 2514252 / 2514253 Email: bimalokpal.noida@cioins.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, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Budha Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiram Nagar, Saharanpur.

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PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006.	Tel.: 0612 - 2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE	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.@cioins.co.inpune	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman are available on IRDAI website: www.irdai.gov.in, on the website of General Insurance Council: www.giccouncil.in, our website www.indusindinsurance.com

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