

INDUSIND - JANATA PERSONAL ACCIDENT POLICY (GROUP) - PROSPECTUS

SECTION-1 INTRODUCTION

Janata Personal Accident policy provides financial assistance to employees/members of corporate / association / club, it covers physical loss to an insured person due to an accident (including fatal).

The Policy provides cover for death due to accident or disablement as specified in scope of cover due to injury occurring anywhere in the world.

SECTION-2 SCOPE OF COVER

The company undertakes that in consideration of the payment made or to be made, in such manner and within such time, as may be prescribed under the provisions of the Insurance Act, 1938, and the rules made thereunder to the Company, of the premium for the period stated in the Schedule or for any further period for which the Company may accept payment for the renewal of this policy and subject to the terms, provisions, exceptions and conditions herein expressed or contained or here on endorsed, the Company shall, if any of the Insured Persons shall sustain any injury resulting solely and directly from accident during the Policy Period, pay to the Insured Person or his legal heir, as the case may be, to the extent and manner in respect of such Insured Person specified in the Policy-

Options	Covers
Option-1	Accidental Death
Option 2	Accidental Death Permanent Total Disablement Permanent Partial Disablement

The company's total liability in aggregate for all claims paid pertaining to that insured under the policy shall not exceed the Sum Insured.

SECTION-3 ELIGIBILITY

The Policy is issued to group of persons, and may be availed of either by employers for their employees or by any Institution/Society/ Club for their members. The sum insured ranges from Rs 10,000 and Maximum Sum Insured available is Rs 25,00,000 (in multiples of Rs 5,000).

Minimum entry age for adult is 18 years and maximum entry age is 70 years

Dependent Child covered from 3years till 25 years.

The Group formed should be as per the definition of Group Guidelines as defined by IRDA from time to time. The Proposer/Policyholder shall ensure that all eligible members are eligible as per the defined Group.

A Group shall fall under any one of the following categories:

- Non-Employer-Employee (NEE) Groups in line with Guidelines on Group Insurance Policies (No. 015/IRDA/Life/Circular/GI Guidelines/2005) dated 14th July 2005

The Group shall fall under any of the following categories but not limited to:

- Pre-defined segments or groups where the premium is to be paid by the state/ central govt.
- Members of registered co-operative societies/ primary Agriculture credit societies.
- Members of registered service clubs.
- Holders of kisan credits.
- Holders of deposit certificates issued by co-operative banks/ regional rural banks/ other banks
- Employer Employee (EE) Groups, covering
- Permanent Employees of the Employer
- Dependent family members of Employee
- Contractual Employees and their dependent family members (restricted to approval by Corporate Underwriter)
- Group Members of any institution, society or club

SECTION-4 TENURE

1 year and upto 5 years for Credit Linked Insured Scheme.

SECTION-5 BENEFITS

Accidental Death

The Company shall pay the benefit equal to 100% of Sum Insured to the Nominee /Legal Heir/Assignee as specified in the Policy Schedule/Certificate of Insurance, on Death of the Insured Person, due to an Injury sustained in an Accident during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of the Accident.

Permanent Total Disablement

The Company shall pay the benefit equal to 100% of Sum Insured, specified in the Policy Schedule/Certificate of Insurance, if an Insured Person suffers Permanent Total Disablement of the nature specified below, solely and directly due to an Accident during the Policy Period, provided that the Permanent Total Disablement occurs within 12 months from the date of the Accident.

The total and irrecoverable loss of:

- Sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of one entire hand or one entire foot or
- Use of two hands or two feet, or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot
- If such Injury shall as a direct consequence thereof, permanently, and totally, disables the Insured Person from engaging in any employment or occupation of any description whatsoever.



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Permanent Partial Disablement

The Company shall pay the benefit equal to 50% of Sum Insured, specified in the Policy Schedule/Certificate of Insurance, if the Insured Person suffers Permanent Partial Disablement of the nature specified below solely and directly due to an Accident during the Policy Period, provided that the Permanent Partial Disablement shall occur within 12 months of the date of the Accident.

The total and irrecoverable loss of:

- Sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot or
- Use of a hand or a foot without physical separation

Note: For the purpose of above Benefit, 'physical separation' of a hand means separation at or above the wrist and of the foot means at or above the ankle.

SECTION- 6 EXCLUSIONS

The Company shall not be liable for payment of any claim under this benefit directly or indirectly arising out of or relating to:

1. Standard Exclusions

1.1 Hazardous or Adventure sports (Code: Excl 09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

1.2 Breach of law (Code: Excl 10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

2. Specific Exclusions

2.1 Any injury or physical condition Pre-Existing at the time of Policy/Certificate Period Start Date.

2.2 Any claim for Death, Disablement of Insured Person

- from intentional self-injury unless in self-defense or to save life, suicide or attempted suicide.
- whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury/accident through under influence of intoxication;

- whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (farepaying or otherwise) in any Scheduled Airlines in the world.

[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 multi engine;]

2.3 Death or disablement resulting from pregnancy or childbirth.

2.4. Any claim for death or disablement, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

2.5. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:

- Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.
- Nuclear weapons material
- The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
- Nuclear, chemical and biological terrorism

2.6. Any loss arising out of the Insured Person's actual or attempted commission of or wilful participation in an illegal act or any violation or attempted violation of the law.

SECTION- 7 PREMIUM RATING

- The proposer can contact the agent/intermediary/any of our offices/website for a quote and premium applicable.
- The premium applicable (for fresh/renewal policies) would be as per the prevailing rate & age, Sum Insured, Risk Category, group size, past claims experience etc.
- The Company reserves the right to change renewal premium, coverage, policy terms & conditions as per Underwriting Policy or regulatory approvals wherever applicable.
- Mid term changes in SI is not allowed.
- For premium rate and applicable discount/load-ing, please refer premium chart.

SECTION- 8 CLAIM PROCEDURE

1. 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 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 happening of any **Accident/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/ Legal** heir shall undertake the following:

2. Notification of Claim

In the event of **Accident** or **Injury** which has resulted in a Claim or may result in a **Claim** covered under the **Policy**, the **Policyholder/Insured Person/Legal** heir must notify to the **Company** either at the call center or in writing immediately. In case of Death, written notice of the Death must, unless reasonable cause is shown, be so 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 limb(s), written notice thereof must be given within one calendar month after such loss of sight or amputation.

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 **Accident/Injury**
- Name and Address of the attending **Medical Practitioner** and **Hospital**
- Date of **Accident**
- Any other information as requested by the **Company**

3. Policyholder's/Insured Person's duty at the time of Claim

- The **Policyholder/Insured Person** must take reasonable steps or measure to avoid or minimize the quantum of any **Claim** that may be made under this **Policy**.
- Forthwith intimate/file/submit a **Claim** in accordance with Clause 6.1.1 and 6.1.3 of this section.
- 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 considers reasonable and necessary. The cost of such examination will be borne by the **Company**.
- Proof satisfactory to the **Company** shall be furnished on all matters upon which a claim is based. Any Medical or other agent of the Company shall be allowed to examine the Insured Person 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. On occurrence of an 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 any relevant document pertaining to the injury/accident/ incident, 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/ legal** heir does not comply with the provisions of these conditions all benefits under this Policy shall be forfeited at the **Company's** option.

4. CLAIM DOCUMENTS

Covers	List of Documents
Accidental Death	i. Duly completed claim form ii. Photo Identity Proof of the Insured person iii. Copy of FIR/ Panchnama /Police Inquest Report (wherever these reports are required as per the circumstance of the Accident) duly attested by the concerned Police Station iv. Copy of Medico Legal Certificate (wherever it is required as per the circumstance of the Accident) duly attested by the concerned Hospital
	v. Death certificate; vi. Post Mortem Report (if conducted); vii. Identity proof of Nominee or Original Succession Certificate/Original Legal Heir Certificate or any other proof to the satisfaction of the Company for the purpose of a valid discharge in case nomination is not filed by deceased.
Permanent Total Disablement and Permanent Partial Disablement	i. Duly completed claim form ii. Photo Identity Proof of the insured person iii. Copy of FIR/ Panchnama /Police Inquest Report (wherever these reports are required as per the circumstance of the Accident) duly attested by the concerned Police Station iv. Copy of Medico Legal Certificate (wherever it is required as per the circumstance of the Accident) duly attested by the concerned Hospital v. Original treating Medical Practitioner's certificate describing the disablement vi. Original Discharge summary from the Hospital vii. Disability certificate issued by treating Medical Practitioner viii. Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable.
Note - The Company may call for any other documents as required by the Company to assess the Claim .	

5. Payment of Claim

- 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.

- ii. The Sum Insured, if any, of the Insured Person shall be reduced by the amount payable/paid under the Benefit(s) and the balance Sum Insured shall be available for the unexpired Policy Period.
- iii. The Company will pay the Policyholder/Insured Person or the Nominee/ legal heir as the case may be and a discharge by them shall discharge the Company of all its liability under the Policy for that claim.
- iv. The Company will only be liable to pay for such Benefits for which the Policyholder has specifically claimed in the Claim Form.
- v. The maximum liability of the Company to pay the claims under the Policy is limited to Sum Insured(Under Plan B, there is single S.I for all the three covers)
- vi. All claims shall be paid in India and in Indian Rupees.

6. ANNEXURE-I COVERAGE SUMMARY

Product Type	Group	
Basis of Payment	Benefit	
Sum Insured	Rs 10,000 to Rs 25,00,000 (in multiples of Rs 5,000)	
Policy Type	Individual and Family basis Sum Insured shall apply to each individual family member	
Options	Covers	Limit
Option-1	Accidental Death	100% of Sum Insured
	Accidental Death	100% of Sum Insured
Option-2	Permanent Total Disablement	100% of Sum Insured
	Permanent Partial Disablement	50% of Sum Insured
Sum Insured	0,0	0,0
*Policyholder can opt either Option-1 or Option-2 under the Policy.		
Note - The maximum liability of the Company during the lifetime of any one Insured Person for all the covers put together (Accidental Death, Permanent Total Disablement and Partial Disablement) shall be limited to 100% of Sum Insured		

7. PREMIUM ILLUSTRATION

Benefit Illustration in respect of policies offered on Individual and Family Floater basis

Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
51 years	21	1,00,000	21		21	1,00,000				
44 years	21	1,00,000	21	0%	21	1,00,000				
23 years	21	1,00,000	21		21	1,00,000				
18 years	21	1,00,000	21		21	1,00,000				
Total Premium for all members of the family is Rs. 84 when each member is covered separately.			Total Premium for all members of the family is Rs. 84 when they are covered under a single policy.				Not Applicable			
Sum insured available for each individual is Rs. 1 lakh			Sum insured available for each family member is Rs. 1 lakh							

Note: Premium rates specified in the above illustration are base premium rates without any discounts or loadings.


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SECTION-9 GENERAL TERMS AND CLAUSES

Standard Terms and Conditions

1. Disclosure of Information

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

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

2. Condition Precedent

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

3. Complete Discharge

Any payment to the **Policyholder, Insured Person** or his/her nominees or his/her legal representative or assignee or to the **Hospital**, as the case may be, for any benefit under the **policy** shall be a valid discharge towards payment of **Claim** by the **Company** to the extent of that amount for the particular **claim**.

4. 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 fixed

5. Contribution

It is Essentially the right of an Insurer to call upon other Insurer liable to the same Insured to share the cost of an indemnity claim on a rate able 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 fixed benefit basis.

6. Fraudulent Claims

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this Policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/Policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the Hospital/Doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an Insurance Policy:

- the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- any other act fitted to deceive; and
- any such act or omission as the law specially declares to be fraudulent.

The company shall not repudiate the claim and/or forfeit the Policy benefits on the ground of Fraud, if the **Insured Person**/beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

7. Cancellation (other than Free Look Period)

- The **Master Policyholder** may cancel this **Master Policy** by giving 15days' written notice to the **Company** and there would be no refund of premium on such cancellation request.
- The Certificate holder may cancel the **Certificate of Insurance** by giving 15days' written notice, and in such an event, the **Company** shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below:

Refund %

Refund of Premium (basis Policy Period)

Timing of Cancellation

1 Yr

Up to 30 days

75.0%



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31 to 90 days	50.0%
3 to 6 months	25.0%
Above 6 months	0.00%

Certificate level cancellations shall be subject to a minimum premium retention of Rs. 10 per life.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

Long term policies may be cancelled at the request of the Certificate holder after retaining the premium for the expired risk on annual basis (part of a year shall also be recorded as one year).

- c. The Company may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

8. Nomination

The Policyholder is required at the inception of the policy, to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

9. Free Look Period

The Free Look Period will be applicable on the new policy and not on renewals

- i. The insured will be allowed a period of fifteen days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable.
- ii. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to
 - a. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or;
 - b. where the risk has already commenced and the option of return of the Policy is exercised by the insured, a deduction towards the proportionate risk premium for period of cover or;
 - c. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

10. 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.

11. Renewal Notice

Renewal of the Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iii. At the end of the policy period, the policy shall terminate and can be renewed within the Grace period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- iv. No loading shall apply on renewals based on individual claims experience.
- v. The cover for the Insured shall terminate immediately in the event of admissible claim and settlement of 100% Sum Insured under Coverage Death or Permanent Total Disablement and no Renewal of contract will be permissible.
- vi. The insured may also avail an optional cover or opt out of the optional cover at the time of renewal.

12. Cancellation/Termination

- a. The **Master Policyholder** may cancel this **Master Policy** by giving 15days' written notice to the **Company** and there would be no refund of premium on such cancellation request.
- b. The Certificate holder may cancel the **Certificate of Insurance** by giving 15days' written notice, and in such an event, the **Company** shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below:

Refund %	
Refund of Premium (basis Policy Period)	
Timing of Cancellation	1 Yr
Up to 30 days	75.0%
31 to 90 days	50.0%
3 to 6 months	25.0%
Above 6 months	0.00%

- a. Certificate level cancellations shall be subject to a minimum premium retention of Rs. 10 per life. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.
Long term policies may be cancelled at the request of the Certificate holder after retaining the premium for the expired risk on annual basis (part of a year shall also be recorded as one year).
- b. The Company may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

13. 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.

14. 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.

15. Withdrawal/Revision/Modification of the Product

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

In the event of any such withdrawal of product/ policy, the company will notify in advance to the policyholder.

In the event of any revision/ modification of the product/ terms of policy/ premium, the company will notify the policyholder of such changes 3 months in advance.

16. Material Change

The Insured Person shall immediately notify the Company in writing of any change in his business or occupation or physical defect or infirmity with which he has become affected since the payment of last preceding premium

17. Records to be maintained

The Policyholder/ Insured Person shall keep an accurate record containing all relevant medical records until final adjustment (if any) and resolution of all Claims under this Policy and shall allow the Company or its representative(s) to inspect such records. The Policyholder/ Insured Person shall furnish such information as the Company may require under this Policy.

18. Automatic Termination of Insurance

The coverage under this Policy shall automatically terminate. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period

19. Claim Settlement (provision of Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the Bank Rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the Bank Rate from the date of receipt of last necessary document to the date of payment of claim.

20. Grievances

If the Policyholder/Insured Person have a grievance that Insured Person wish the Company to redress, Insured Person may contact the Company with the details of the Insured grievance through:

Website: www.indusindinsurance.com

Telephone: 022 4890 3009 (paid)

Dedicated Senior Citizen helpline: 022-33834185 (paid line)

E-mail: services@indusindinsurance.com

Fax: +91 22 3303 4662 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

Insured Person may also approach the grievance cell at any of the Our branches with the details of grievance.

If the Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured may contact the grievance officer at:

Grievance Redressal Officer

The Grievance Cell, IndusInd General Insurance Co. Limited
 No. 1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe
 Sapphire, Madhapur, Hyderabad – 500 081

Grievance Redressal officer email ID: headgrievances@indusindinsurance.com

(For updated details of grievance officer, kindly refer the link.
<https://indusindinsurance.com/Insurance/About-Us/Grievance-Redressal.aspx>)

If Insured is not satisfied with the redressal of grievance through above methods, Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

The contact details of the Insurance Ombudsman offices have been provided as Annexure-B

Grievance may also be lodged at IRDAI Integrated Grievance Management System <https://igms.irda.gov.in/>

STATUTORY WARNING:

Section 41 of Insurance Act 1938 as amended by Insurance Laws (Amendment) Act, 2015. (Prohibition of Rebates)

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

SECTION-10 CONTACT US

Contact details for Policy Servicing	Contact details for Claim Servicing
Name- IndusInd General Insurance Company Limited	Name- IndusInd General Insurance Company Limited
Correspondence Address - IndusInd General Insurance. No. 1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block Krishe Sapphire, Madhapur, Hyderabad-500081	Correspondence Address - IndusInd General Insurance. No. 1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block Krishe Sapphire, Madhapur, Hyderabad-500081
Email ID- services@indusindinsurance.com	Email ID- healthcare@indusindinsurance.com
Contact No.- 022-41112600	Contact No.- 022-41112600
Website - www.indusindinsurance.com	Website - www.indusindinsurance.com
Telephone: 022 4890 3009 (paid)	Telephone: 022 4890 3009 (paid)

Registered & Corporate Office:

6th Floor, OberoiCommerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East), Mumbai – 400 063

IndusInd Centre, South Wing, 4th Floor, Off.Western Express Highway, Santacruz (East), Mumbai - 400055.

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