

GROUP PERSONAL ACCIDENT INSURANCE POLICY

IMPORTANT

This Policy has been issued based on information provided by You or on Your behalf. Please read this Policy carefully and make sure that You understand it. If You have any doubts about the Policy, please call Our toll free number or write to Our nearest Policy issuing office.

1. THE INSURANCE CONTRACT

- 1.1. The Policy is an evidence of the contract between You (the Policyholder) and Us.
- 1.2. The proposal and Disclosure to Information Norm and any other information supplied by You forms the basis of this Policy.
- 1.3. The Policy, the Schedule and any endorsement are to be read as one document and any word or expression used with a specific meaning in any of them has the same meaning wherever it appears.
- 1.4. This Policy has been issued on receipt of premium from You for the period stated in the Schedule. Any subsequent Renewal will require Our acceptance of Your proposal and Your payment of premium for the renewal period.
- 1.5. The terms, conditions and exceptions that appear in the Policy or in any endorsement are part of the Policy and must be complied with. Failure to comply may result in the claim being denied.
- 1.6. The Policy extends cover to the person(s) mentioned as Insured Person(s) in the Schedule attached to and forming part of this Policy.

2. BENEFITS

If at any time during the currency of the Policy, an Insured Person sustains any Injury resulting solely and directly from an Accident caused by external violent and visible means, anywhere in the world, then We shall pay the Insured Person or their Nominee(s)/legal heir(s), the following benefits subject to the Policy terms and conditions.

DEATH:

- 2.1. If such Accident shall within twelve calendar months of its occurrence-be the sole and direct cause of the death of the Insured Person, We will pay the Nominee, the sum stated in the relevant section of the Schedule.

PERMANENT TOTAL DISABLEMENT:

- 2.2. If such Injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of:
 - 2.2.1.Sight in 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 such loss of sight in one eye and such loss of one entire hand or one entire foot of the Insured Person, We will pay the sum stated in the relevant section of the Schedule.

2.2.2. Use of two hands or two feet or of one hand and one foot or of such loss of sight in one eye and such loss of use of one hand or one foot of the Insured Person, We will pay the sum stated in the relevant section of the Schedule.

2.3. If such Accident shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of:

2.3.1. Sight in one eye, or of the actual loss by Physical Separation of one entire hand or of one entire foot, of the Insured Person, We will pay fifty percent (50%) of the sum stated in the relevant section of the Schedule.

2.3.2. Use of a hand or a foot without Physical Separation of the Insured Person, We will pay, fifty percent (50%) of the sum stated in the relevant section of the Schedule.

Note: For the purpose of clause 2.2 and 2.3 above, 'Physical Separation' of a hand means separation at or above the wrist and of the foot means separation at or above the ankle.

2.4. If such Injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely disable the Insured Person from engaging in any gainful employment or occupation of any description whatsoever, then We will pay a lump sum equal to the sum stated in the relevant section of the Schedule.

PERMANENT PARTIAL DISABLEMENT:

2.5. If such Accident shall within twelve calendar months of its occurrence-be the sole and direct cause of the total and / or partial and irrecoverable loss of use or of the actual loss by physical separation of the following, then We will pay the Insured Person the percentage of the Sum Insured as indicated below:

Table of Benefits			% of Sum Insured
i)	Loss of toes	all	20
	Great	both phalanges	5
	Great	one phalanx	2
	Other than Great, if more than one toe lost	for each toe	1
ii)	Loss of hearing	both ears	75
		one ear	30
iii)	Loss of four fingers and thumb of one hand		40
iv)	Loss of four fingers		35
v)	Loss of thumb	both phalanges	25
		one phalanx	10
vi)	Loss of index finger	one or more phalanges	10
vii)	Loss of middle finger	one or more phalanges	6
viii)	Loss of ring finger	one or more phalanges	5

ix)	Loss of little finger	one or more phalanges	4
x)	Loss of metacarpals	first or second (addl)	3
		third ,fourth or fifth (addl)	
xi)	Any other permanent partial disablement		% as assessed by Our Medical Practitioner

TEMPORARY TOTAL DISABLEMENT:

2.6. If such Injury solely and directly prevents the Insured Person from engaging in his/her occupation We will pay the Insured Person, the lower of a sum equivalent to 1% of the Sum Insured or **Rs 5000/-** per week for a period not exceeding 104 weeks since the date of Injury to the time he/she is fit enough to resume his/her occupation as certified by Our Medical Practitioner.

3. SPECIAL BENEFITS:

In addition to the Benefits specified in Section 2 , We will pay for the following:

- 3.1. Actual costs incurred on ground ambulance charges for transporting the Insured Person to a Hospital following an Accident subject to the maximum limit as stated in the Schedule.
- 3.2. Loss or damage to the Insured Person's clothing in an Accident subject to the maximum limit as stated in the Schedule .
- 3.3. Actual costs incurred on transporting the Insured Person's mortal remains and for funeral expenses subject to the maximum limit of the lower of 1% of the Sum Insured or the amount as stated in the Schedule.
- 3.4. Costs incurred for educational assistance for the Insured Person's Dependent Children in the event of the Insured Person's death or permanent total disablement subject to the maximum limit as stated in the Schedule, provided that We shall not be liable to provide this assistance for more than two Dependent Children of the Insured Person .
- 3.5. Loss of employment due to permanent total disablement following an Accident subject to the maximum limit of the percentage of the Sum Insured as stated in the Schedule .

4. ADD- ON COVERS:

The following add on covers shall be applicable only if We have received additional premium for the add-on cover and the Schedule specifies that the add-on cover is in force:

- 4.1 **Medical Expenses Extension:** We will reimburse Reasonable Charges for Medical Expenses incurred subject to the maximum amount specified in the Schedule following Medical Necessary treatment of an Injury caused solely and directly due to

an Accident provided that there is a valid Personal Accident claim admissible under the Policy.

- 4.2 **Hospitalisation Allowance:** We will pay the Insured Person a daily allowance up to the amount and for the number of days stated in the Schedule provided that there is a valid Personal Accident claim under the Policy.

5 EXCLUSIONS:

We shall not be liable under this Policy for:

- 5.1 Compensation under more than one of the foregoing benefits. This will not apply for benefits 2.3 and 2.5, special benefits and any add on covers, , in respect of the same incident.
- 5.2 Any other payment after a claim under one of the foregoing benefits 2.1, 2.2 or 2.4 has been admitted and become payable. This would not apply to any claim under special benefits and add-on covers.
- 5.3 Any payment in case of more than one claim under the Policy during anyone period of insurance, by which Our maximum liability in that period for death and disablement payable shall exceed the sum stated in the relevant section of the Schedule. This would not apply to any claim admitted under clause 2.5 as mentioned above.

However in the event of a death claim, the sum payable shall be the Sum Insured under the relevant section of the Schedule after deducting the amount already paid for the earlier disablement claim, if any.

- 5.4 Payment of compensation in respect of death, Injury or disablement of the Insured Person
- 5.4.1 from intentional self-injury, suicide or attempted suicide.
- 5.4.2 whilst under the influence of intoxicating liquor or drugs.
- 5.4.3 whilst engaging in aviation, whilst mounting into or dismounting from or travelling in any aircraft other than as passenger (fare paying or otherwise) in any duly licensed Standard Type of Aircraft anywhere in the world.
- 5.4.4 directly or indirectly caused by venereal diseases, AIDS or insanity.
- 5.4.5 arising or resulting from the Insured Persons committing any breach of law with criminal intent.
- 5.4.6 as a result of or which is contributed to by, the Insured Person suffering from any Pre-existing Disease or pre-existing physical or mental defect or infirmity. Complications arising from the Pre-existing Disease or mental defect or infirmity will be considered as part the Pre-existing Disease.
- 5.4.7 In the event the Insured Person is a victim of culpable homicide, i.e. where the Insured Person dies due to act committed against him, which act is

committed with the intention of causing death or with the intention of causing Injury as is likely to cause death, or with the knowledge that such act is likely to cause death.

5.5 Payment of compensation in respect of death, Injury or disablement of the Insured Person due to or arising out of or directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainments.

5.6 Payment of compensation in respect of death of or Injury or any disease or Illness to the Insured Person.

5.6.1 directly or indirectly caused by or contributed to by or arising from ionising 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 exception, combustion shall include any self-sustaining process of nuclear fission.

5.6.2 directly or indirectly caused by or contributed to by or arising from nuclear weapon material.

5.7 Pregnancy Exclusion Clause: This Policy shall not extend to cover death or disablement resulting directly or indirectly caused by or contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.

5.8 Persons whilst working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high tension supply, jockeys, circus personnel. Persons engaged in activities like racing on wheels or horseback, big game hunting, mountaineering, winter sports, rock climbing, pot holing, bungee jumping, skiing, ice-hockey, ballooning, hand gliding, river rafting, polo and activities of similar hazard.

5.9 Nuclear, Chemical, Biological Terrorism Exclusion Clause: This Policy shall not extend to cover death, disablement injury or medical expenses resulting directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any act of Nuclear, Chemical, Biological Terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

5.10 Terrorism Exclusion Clause:

This Policy shall not extend to cover death, disablement injury or medical expenses resulting directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any Act of Terrorism.

5.11 Any costs or expenses specified in the List of Expenses Generally Excluded at Annexure B.

6 CONDITIONS

6.1 Upon the happening of any event which may give rise to a claim under the Policy, the Notification of Claim along with a written notice with full particulars must be given to Us immediately, and in any case, not later than 30 days after the death/disablement/ Injury.

6.2 It is agreed and understood that, proof to Our satisfaction shall be furnished with all necessary supporting documents for all matters upon which a claim is based.

6.2.1 Any Medical Practitioner or Our other agents shall be allowed to examine the Insured Person on sustaining any alleged Injury or disablement when and so often as the same may reasonably be required on Our behalf.

6.2.2 In the event of a claim in respect of loss in sight the Insured Person shall undergo at his own expense such Medically Necessary tests as We may reasonably deem desirable to establish loss of vision.

6.2.3 Such necessary evidence as We may from time to time require shall be furnished and postmortem examination report if necessary be furnished within a period of fourteen days after demand in writing.

Provided that all sums hereunder shall be payable.

6.2.3.1 In case of death or permanent total disablement (except for loss of sight of one eye or loss of one limb), only after deleting by an endorsement the name of the Insured Person in respect of whom such amount shall become payable without any refund of premium.

6.2.3.2 In case of any permanent partial disablement and permanent total disablement (for loss of sight of one eye or loss of one limb) only after reduction of sum stated in the relevant section of the Schedule by an endorsement by the amount admissible under the claim in respect of the Insured Person to whom, such sum shall become payable.

The necessary documents generally required in case of death claims are:

- a) Death certificate
- b) Post mortem report.
- c) Chemical analysis report / viscera report.
- d) Inquest Panchanama report issued by the Police.
- e) First information report.
- f) Admission/Discharge/Death summary (if applicable)
- g) English translation of vernacular documents
- h) Legal Heir Certificate/ Succession Certificate where nomination has not been made

The necessary documents generally required in case of disablement claims are:

- a) Medical Certificate forming part of the claim form.
- b) Investigation reports (Laboratory tests, X- rays and reports essential for confirmation of the injury such as MRI report CAT Scan etc.)
- c) First Information Report where applicable.
- d) Medical bills and cash receipts.
- e) Admission/ Discharge summary.
- f) English translation of vernacular documents.

6.3 Acceptance and Payment of Claims: It is agreed and understood that:

- 6.3.1 If a claim is accepted, the payment of the due amount shall be made within 30 days from the date of acceptance of the claim.
- 6.3.2 Claims shall be paid by Us only in Indian currency to the Insured Person or his/her Nominee/legal heir for claims pertaining to the Injury,
- 6.3.3 It is further agreed and understood that in the event of any delay in the payment of the due claim amount, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us.

6.4 We shall not be liable to make any payment under this Policy in respect of any claim, if such claim be in any manner fraudulent or supported by any fraudulent statement or device whether by the Insured Person(s) or by any person acting on behalf of the Insured Person(s).

6.5 The Insured Person(s) shall give immediate notice to Us of any change in his/their/her business or occupation.

You shall on tendering any premium for the Renewal of the Schedule, give notice in writing to Us of any disease, physical defect or infirmity with which the Insured Person's become affected since the payment of last preceding premium

6.6 This Policy may be cancelled by either by Us or by You by giving 15 days notice in writing of such cancellation. If cancelled by Us, We will return a pro rata portion of the premium in respect of the unexpired period of the Policy. If cancelled by You, We will retain short term premium scale as follows:

Upto 1 month	25% of annual premium
Above 1 month and upto 3 months	50% of annual premium
Above 3 months and upto 6 months	75% of annual premium
Above 6 months	100% of annual premium

No refund will be made for such Insured Person(s) where a claim has been intimated, paid or admitted under the Policy during such period.

6.7 Renewals

We shall not be bound to accept any renewal premium nor give notice that such is due. 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 before mentioned and that nothing is known to You that may result to enhance Our risk under the insurance. Nothing herein or otherwise shall oblige Us to offer Renewal or restrict any Renewal as to premium or otherwise. We agree to Renew the Policy on payment of renewal premium. However We may exercise the option not to Renew the Policy on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the You.

6.8 We shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or any other dealings with or relating to this Policy but the receipt of the Insured Person(s) or his/her Nominee(s)/legal heir(s) shall in all cases be effective discharges to Us.

6.9 Withdrawal of product: You understand and agree that:

6.9.1 We may with the prior approval of the Insurance Regulatory and Development Authority withdraw the Policy during the Period of Insurance.

6.9.2 If We, in Our discretion and with the prior approval of the Insurance Regulatory and Development Authority choose to withdraw this Policy, then:

6.9.2.1 We will inform You of the reasons for such withdrawal in writing at least 15 days prior to the withdrawal of this Policy, provided that the Policy will be withdrawn only on the date of Renewal of the Policy specified in the Schedule.

6.9.2.2 For any claim under this Policy that has been notified during the period of insurance, We will continue to process such a claim as if the Policy were in force, provided all necessary supporting documents specified under Clause 6.2.3 of the Policy have been submitted.

6.9.2.3 It is further agreed and understood that You have the right to shift to any other product offered by Us or any other insurance company in accordance with the portability provisions under that product.

6.10 Nomination: At the inception of the Policy, the Insured Person shall make a nomination for the purpose of payment of claims under the Policy in the event of his death.

6.10.1 We will be informed in writing of any change of nomination and such new nomination shall only be effective provided We ratify the same by way of endorsement on the Policy.

6.11 Assignment: This Policy and the benefits under the Policy cannot be assigned by You or the Insured Person.

6.12 Free Look Cancellation:

6.12.1 If You have any objections to any of terms and conditions of the Policy, You may cancel the Policy within 15 days of receipt of the Policy document stating the reasons for cancellation and provided that no claims have been made under the Policy, We will cancel the Policy and refund the premium paid by You after deducting the amounts spent on stamp duty charges and proportionate risk premium for the period on cover.

7 Disputes Settlement

7.1 If any difference shall arise as to the claim or quantum thereof, such difference shall be governed in accordance with Indian law and subject to the jurisdiction of the Indian Law.

7.2 Grievance

In case the Insured Person/You are aggrieved in any way, the Insured Person/You may contact Us at the specified address, during normal business hours for the following grievances:

- 7.2.1 Any partial or total repudiation of claims by Us.
- 7.2.2 Any dispute regard to premium paid or payable in terms of the Policy.
- 7.2.3 Any dispute on the legal construction of the policies in so far as such disputes relate to claims.
- 7.2.4 Delay in settlement of claims.
- 7.2.5 Non-issue of any insurance document to customer after receipt of the premium.

If the Insured Person/You are not satisfied with Our the decision, the Insured Person/You are entitled to refer his/her case to the Insurance Ombudsman as enlisted in "Annexure A"

8 Definitions

- 8.1 **ACCIDENT or ACCIDENTAL** means a sudden, unforeseen and involuntary event caused by external and visible means.
- 8.2 **BIOLOGICAL AGENT** shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.
- 8.3 **CHEMICAL AGENT** shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

- 8.4 **DEPENDENT CHILD** means a child (natural or legally adopted), who is financially dependent on the primary insured proposer and does not have his/her independent sources of income.
- 8.5 **DISCLOSURE TO INFORMATION NORM** means 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.
- 8.6 **HOSPITAL** means any institution established for Inpatient care and day care treatment of sickness and / or injuries and which has been registered as a hospital with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:
- a) has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
 - b) has Qualified Nurse under its employment round the clock;
 - c) has qualified Medical Practitioner (s) in charge round the clock;
 - d) has a fully equipped operation theatre of its own where surgical procedures are carried out
 - e) maintains daily records of patients and will make these accessible to Our authorized personnel.
- 8.7 **HOSPITALISATION or HOSPITALISED** means the admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.
- 8.8 **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.
- 8.9 **INSURED PERSON** means the person named as insured in the Schedule.
- 8.10 **ILLNESS** means a sickness or a disease or pathological condition leading to the impairment o f normal physiological function which manifests itself during the Policy Period and requires medical treatment.
- 8.10.1 **ACUTE CONDITION** - Acute condition is a medical condition that can be cured by Treatment
 - 8.10.2 **CHRONIC CONDITION** - A chronic condition is defined as a disease, illness, or injury that has one or more o f the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests—it needs ongoing or long-term control or relief o f symptoms— it requires Your rehabilitation or for You to be specially trained to

cope with it—it continues indefinitely—it comes back or is likely to come back.

- 8.11 **MEDICAL EXPENSES** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if You had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- 8.12 **MEDICALLY NECESSARY** treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
- is required for the medical management of the illness or injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner,
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 8.13 **MEDICAL PRACTITIONER** is a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.
- 8.14 **NOMINEE** means the person named in the Schedule.
- 8.15 **NOTIFICATION OF CLAIM** is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
- 8.16 **NUCLEAR, CHEMICAL, BIOLOGICAL TERRORISM** shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical Agent and/or Biological Agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
- 8.17 **POLICY** means these terms and conditions, the Proposal Form, the Schedule and any endorsements issued by Us.
- 8.18 **PRE – EXISTING DISEASE** means any condition, ailment or injury or related condition(s) for which You had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the first policy issued by the insurer.

- 8.19 **REASONABLE CHARGES** mean 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 among comparable providers, taking into account the nature of the illness involved.
- 8.20 **RENEWAL** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the renewal continuous for the purpose of all waiting periods.
- 8.21 **SCHEDULE** means the Schedule issued by Us, and, if more than one, then the latest in time.
- 8.22 **SUM INSURED** means the amount specified in the Schedule for an Insured Person which represents Our maximum total and cumulative liability for any and all claims made by that Insured Person under the Policy.
- 8.23 **STANDARD TYPE OF AIRCRAFT** means an aircraft duly licensed to carry passenger (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.
- 8.24 **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.
- 8.25 **TERRORISM AND/OR ACT OF TERRORISM** shall for the purpose of this endorsement mean an act, including but not limited to the use of force or violence and / or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organization (s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.
- 8.26 **WE/OUR/US** means Raheja QBE General Insurance Company Limited.
- 8.27 **YOU/YOUR** means the person named in the Schedule who has concluded this Policy with Us.

Terrorism Inclusion Endorsement:

It is hereby declared and agreed that exclusion no. 5.10 is deleted from the Policy and that this Policy will extend to cover death, disablement, Injury or Medical Expenses resulting directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any Act of Terrorism.

Annexure A

Office of the Ombudsman	Name of the Ombudsman	Contact Details	Areas of Jurisdiction
Ahmedabad	Shri P. Ramamoorthy	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, <u>AHMEDABAD-380 014.</u> Tel.:- 079-27546840, Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
Bhopal		Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, <u>BHOPAL(M.P.)-462 023.</u> Tel.:- 0755-2569201 , Fax : 0755-2769203 Emailbimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
Bhubaneshwar	Shri B. P. Parija	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, <u>BHUBANESHWAR-751 009.</u> Tel.:- 0674-2596455, Fax : 0674-2596429 Email ioobbsr@dataone.in	Orissa
Chandigarh	Shri Manik Sonawane	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, <u>CHANDIGARH-160 017.</u> Tel.:- 0172-2706468, Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
Chennai		Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, <u>CHENNAI-600 018.</u> Tel.:- 044-24333668 /5284 Fax : 044-24333664 Email: <u>chennaiinsuranceombudsman@gmail.com</u>	Tamil Nadu, UT– Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
New Delhi	Shri Surendra Pal Singh	Shri Surendra Pal Singh Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, <u>NEW DELHI-110 002.</u>	Delhi & Rajasthan

		Tel.:- 011-23239633, Fax : 011-23230858 Email iobdelraj@rediffmail.com	
Guwahati	Shri D. C. Choudhury	Shri D.C. Choudhury, Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5 th Floor, Near Panbazar Overbridge, S.S. Road, <u>GUWAHATI-781 001 (ASSAM)</u> . Tel.:- 0361-2132204/5, Fax : 0361-2732937 Emailombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
Hyderabad		Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, <u>HYDERABAD-500 004</u> . Tel : 040-65504123 , Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
Kochi	Shri R. Jyothindranathan	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, <u>ERNAKULAM-682 015</u> . Tel : 0484-2358759, Fax : 0484-2359336 Email iokochi@asianetindia.com	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry
Kolkata	Ms. Manika Datta	Ms. Manika Datta, Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, <u>Kolkatta – 700 072</u> , Tel: 033 22124346/(40) Fax:033 22124341 Email:iombsbpa@bsnl.in	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim
Lucknow	Shri G. B. Pande	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6 th Floor, Nawal Kishore Road, Hazaratganj, <u>LUCKNOW-226 001</u> . Tel : 0522 -2231331, Fax : 0522-2231310 Emailinsombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
Mumbai		Insurance Ombudsman, Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), <u>MUMBAI-400 054</u> . Tel : 022-26106928; Fax : 022-26106052 Emailombudsmanmumbai@gmail.com	Maharashtra , Goa

Annexure B

SNO	List of Expenses Generally Excluded ("Non-Medical")in Hospital Indemnity Policy -	SUGGESTIONS
TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	M01STUR1SER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine.
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable

28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in

		case of upper arm fractures should be considered
ITEMS SPECIFIC ALL Y EXCLUDED IN THE POLICIES		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Exclusion in policy unless otherwise specified
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not payable - Exclusion in policy unless otherwise specified

73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
74	STEM CELL IMPLANTATION/ SURGERY and storage	Not Payable except Bone Marrow Transplantation where covered by policy
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges, not payable separately
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not payable separately
79	SURGICAL DRILL	Payable under OT Charges, not payable separately
80	EYE KIT	Payable under OT Charges, not payable separately
81	EYE DRAPE	Payable under OT Charges, not payable separately
82	X-RAY FILM	Payable under Radiology Charge s, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges, not seperately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	Antiseptic or disinfectant lotions	Not Payable -Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES,SYRINGES	Not Payable -Part of Dressing Charges
88	COTTON	Not Payable -Part of Dressing Charges
89	COTTON BANDAGE	Not Payable -Part of Dressing

		Charges
90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable -Part of Hospital Services/Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable (service is charged by hospitals,consumables can not be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
96	LUXURY TAX	Actual tax levied by government is payable .Part of room charge for sublimits
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of room charge not payable separately
102	ATTENDANT CHARGES	Not Payable - Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET ^	Part of Laundry/Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET ADMINISTRATIVE OR NON-MEDICAL CHARGES	Not Payable- part of room charges
107	ADMISSION KIT	Not Payable

108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTENANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs,shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS Device	Not Payable
135	INFUSION PUMP - COST Device	Not Payable

136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES Device	Not Payable
138	SPACER	Not Payable
139	SPIROMETRE Device	Not Payable
140	SP0 2PROB E	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBOSACRAL BELT	Essential and should be paid specifically for cases who have undergone surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal liver transplant etc. obstruction,
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		

156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\DISINFECTANTS ETC	May be payable when pre sc rib ed for patien t, not payable for hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES CHARGES-SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGESDIET CHARGES	Patien t Diet provided by hospital is payable
159	SUGAR FREE Tablets	Payable -Sugar free variants of admissable medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toileteries are not payable,only prescribed medical pharmaceuticals payable)	Payable when prescribed
161	Digestion gels	Payable when prescribed
162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT o r ICU. For longer stay in ICU, may req u ire a change and at least one set every second day must be payable.
163	GLOVES Sterilized Gloves	payable /unsterilized gloves not payable
164	HIV KIT	Payable - payable Preop e ra tiv e screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization is payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PA YA BLE		
173	AHD	Not Payable - Part of Hospita l's internal Cost

174	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
OTHERS		
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
186	186 OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PIVI) requiring traction as this is generally not reused
189	REFERRAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometry/ Strips)	Not payable prehospitalisation or post hospitalisation / Reports and Charts required / Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Not Payable
196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs

197	URINE BAG P	Payable where medicaly necessary till a reasonable cost - maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc. where it should be paid.