

Kotak Mahindra General Insurance Company Ltd.

Registered Office: 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra East, Mumbai – 400051. Maharashtra, India.

KOTAK GROUP ACCIDENT CARE PROSPECTUS

I. What is Kotak Group Accident Care?

This Policy is designed to cover Personal Accident with a range of extensions for groups. A Corporate can purchase this policy for their Employees and Dependents, or Groups with commonality of purpose can purchase this policy for their members and dependants.

II. What are the covers available under the Policy?

Extension / Benefit terms	Payment hospitalisation	On accidental
Section A: Benefits		
Accidental Death	Benefit	No
Permanent Total Disablement	Benefit	No
Permanent Partial Disablement	Benefit	No
Temporary Total Disablement	Benefit	No
Extensions under Section A		
Ambulance Charges	Indemnity	Yes
Modification Allowance	Indemnity	No
Cost of Support Items	Indemnity	No
Out-patient Treatment Cover	Indemnity	No
Child education grant	Benefit	No
Marriage Benefit for Children	Benefit	No
Disappearance Extension	Benefit	No
Compassionate Visit	Indemnity	No
Sports Activity Cover	Benefit	No
Carriage of Dead Body	Indemnity	No
Funeral Expenses	Indemnity	No
Section B: Benefits		
Accidental Hospital Daily Cash Benefit	Benefit	Yes
Convalescence Benefit	Benefit	Yes
Burns Benefit	Benefit	Yes
Broken Bones Benefit	Benefit	No
Coma Benefit	Benefit	No
Accidental Hospitalization	Indemnity	Yes
Domestic travel for medical treatment due to accident	Indemnity	Yes
Loss of Job due to Accident	Benefit	No

Section A: Coverage:

The following Benefits under Section A are applicable under the Policy only if We have received the applicable premium due for that Benefit in full and the Policy Schedule specifies that the Benefit is in force for the Insured Person.

The Benefits available under Section A of this Policy are described below. Benefits under this Section will be payable subject to the terms, conditions and exclusions of this Policy and the availability of the Sum Insured and subject always to any sub-limits specified in respect of that Benefit and any limits applicable under the Product in force for the Insured Person as specified in the Policy Schedule.

Our total liability under this Policy for payment of any and all Claims in the aggregate during each Policy Year of the Policy Period shall not exceed the Sum Insured:

Benefit 1: Accidental Death

We will pay the Sum Insured if the Insured Person dies solely and directly due to an Injury sustained in an Accident which occurs during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of that Accident.

Once a claim has been accepted and paid under this Benefit then this Policy will automatically terminate in respect of that Insured Person.

For this cover the cause of action shall be worldwide

Benefit 2: Permanent Total Disablement

We will pay the Sum Insured if the Insured Person suffers Permanent Total Disablement of the nature specified below solely and directly due to an Accident which occurs during the Policy Period provided that the Permanent Total Disablement occurs within 12 months from the date of that Accident:

- I. Loss of Use of both eyes, or Physical Separation/ Loss of Use of two entire hands or two entire feet, or one entire hand and one entire foot, or of such Loss of Use of one eye and such Physical Separation/ Loss of Use of one entire hand or one entire foot.
- II. Physical Separation/ Loss of Use of two hands or two feet, or of one hand and one foot, or of Loss of Use of one eye and Loss of Use of one hand or one foot.
- III. If such Injury shall as a direct consequence thereof, permanently, and totally, disable the Insured Person from engaging in any employment or occupation of any description whatsoever.

Once a claim has been accepted and paid under this Benefit then this Policy will automatically terminate in respect of that Insured Person.

For this Benefit the cause of action shall be worldwide

Benefit 3 Permanent Partial Disablement

We will pay the percentage of the Sum Insured specified below if the Insured Person suffers Permanent Partial Disablement of the nature specified below solely and directly due to an Accident which occurs during the Policy Period provided that the Permanent Partial Disablement occurs within 12 months of the date of that Accident.

Maximum amount payable in respect of multiple nature of disablement (more than 100%) would be restricted to Sum Insured opted by the Insured for this Benefit as mentioned in the Policy Schedule.

Sr No	Nature of the Permanent Partial Disablement	Percentage of Sum Insured payable	
(i)	Loss of Use/ Physical Separation - One entire hand	50	
	One entire foot	50	
	Loss of Use of one eye	50	
	Loss of toes – all	20	
	Great both phalanges	5	
	Great – one phalanx	2	
	Other than great if more than one toe lost each	1	
	(ii) Loss of Use of both ears	50	
	(iii) Loss of Use of one ear	20	
	(iv)	Loss of four fingers and thumb of one hand	40
		Loss of four fingers	35
(vi) Loss of thumb - Both phalanges		25	
	One phalanx	10	
(vii)	Loss of Index finger - Three phalanges	10	
	Two phalanges	8	
	One phalanx	4	
(viii)	Loss of middle finger - Three phalanges	6	
	Two phalanges	4	
	One phalanx	2	
(ix)	Loss of ring finger - Three phalanges	5	
	Two phalanges	4	
	One phalanx	2	
(x)	Loss of little finger - Three phalanges	4	
	Two phalanges	3	
	One phalanx	2	
(xi)	Loss of metacarpus - first or second (additional)	3	
	Third, fourth or fifth (additional)	2	

For this cover the cause of action shall be worldwide

Benefit 4: Temporary Total Disablement

If the Insured Person sustains an Injury in an Accident which occurs during the Policy Period and which completely incapacitates the Insured Person from engaging in any employment or occupation of any description whatsoever which the Insured Person was capable of performing at the

time of that Accident (Temporary Total Disablement), We will pay the weekly benefit specified in the Policy Schedule for each week for which the Temporary Total Disablement continues provided that:

- (i) We will not make payment for more than 100 weeks
- (ii) The Temporary Total Disablement is certified in writing by a Medical Practitioner to have commenced within 30 days from the date of that Accident.

The payment under this benefit is over and above the Sum Insured of the opted Benefits under any other Benefit.

For this Benefit the cause of action shall be worldwide

Extensions under Section A

The following Extensions under **Extension under Section A** are applicable under the Policy only if We have received the applicable premium due for that Extension in full and the Policy Schedule specifies that the Extension is in force for the Insured Person.

The Extensions available under **Extension under Section A** of this Policy are described below. Extensions under this Section will be payable subject to the terms, conditions and exclusions of this Policy and the availability of the Sum Insured and subject always to any sub-limits specified in respect of that Extension and any limits applicable under the Product in force for the Insured Person as specified in the Policy Schedule.

Our total liability under this Policy for payment of any and all Claims in the aggregate during each Policy Year of the Policy Period shall not exceed the Sum Insured:

Claims under any Extension will be accepted only if We have accepted a Claim under relative cover of Section A of this Policy.

Extension 1: Ambulance Charges

If we have admitted a claim under this Policy, then We will reimburse the Reasonable and Customary Charges incurred up to the limit specified in the Policy Schedule for this Extension towards transportation of the Insured Person by a registered healthcare or ambulance service provider to a Hospital for treatment of an Injury following an Accident.

The payment under this extension is over and above the Sum Insured of the opted Benefits under any other Benefit.

For this Benefit the cause of action shall be worldwide

Extension 2: Modification Allowance

If We have admitted a Claim for Permanent Total Disablement or Permanent Partial Disablement under Benefit 2 or 3 of Section A, then We will reimburse the costs incurred up to the limit specified in the Policy Schedule for this extension to allow for improvements to be carried out in the Insured Person's residence and/or vehicle which are certified in writing by a Medical Practitioner to be necessary following the Insured Person's Permanent Total Disablement or Permanent Partial Disablement.

The payment under this extension is over and above the Sum Insured of the opted Benefits under any other Benefit.

For this Benefit cause of action will be Restricted to India

Extension 3: Cost of Support Items

If We have accepted a claim for Accidental Death, Permanent Total Disablement, Permanent Partial Disablement or Temporary Total Disablement in accordance with Benefit 1, 2, 3 or 4 of Section A respectively, in respect of an Insured Person, then We will reimburse the amount up to the limit specified in the Policy Schedule towards:

Reasonable and Customary Charges for the purchase of support items such as artificial limbs, crutches, stretcher, tricycle, wheelchairs, intra-ocular lenses, spectacles or any other item which in the opinion of a Medical Practitioner is/ are necessary for the Insured Person due to the Injury sustained in the Accident.

The payment under this extension is over and above the Sum Insured of the opted Benefits under any other Benefit.

For this Benefit the cause of action shall be worldwide.

Extension 4: Out-patient Treatment Cover

If We have accepted a claim for Permanent Total Disablement, Permanent Partial Disablement or Temporary Total Disablement in accordance with Benefit 2, 3 or 4 of Section A respectively, in respect of an Insured Person, then We will reimburse the amount up to the limit specified in the Policy Schedule towards Medical Expenses incurred by You as Out-patient in respect of Medically Necessary treatment for the Injury sustained.

The payment under this extension is over and above the Sum Insured of the opted Benefits under any other Benefit.

For this Benefit action will be Restricted to India

Extension 5: Children's Education Grant

If We have accepted a claim for Accidental Death or Permanent Total Disablement in accordance with Benefit 1 or 2 of Section A in respect of an Insured Person then We will pay the amount up to the limit specified in the Policy Schedule, in respect of Insured Person's dependent child under the

Age of 25 and unmarried as on the date of Accident towards the Dependent child's education, irrespective of whether the child (children) is an Insured Person under this Policy.

This extension shall be payable subject to the dependent child pursuing an educational course as a full time student at an accredited educational institution and not have any independent source of income.

Any Claim towards this extension that becomes admissible where the Dependent child (children) is a minor, shall be payable to the legal guardian.

Irrespective of the number of Children, maximum amount payable is the Sum Insured as mentioned in the Policy Schedule.

The payment under this extension is over and above the Sum Insured of the opted Benefits under any other Benefit.

For this Benefit the cause of action shall be worldwide

Extension 6: Marriage Benefit for Children

If We have accepted a claim for Accidental Death or Permanent Total Disablement in accordance with Benefit 1 or 2 of Section A in respect of an Insured Person, then We will pay the amount up to the limit specified in the Policy Schedule, in respect of the Insured Person's Dependent child under the age of 25 and unmarried as on the date of Accident, irrespective of whether the Child is an Insured Person under this Policy.

Any Claim towards this extension that becomes admissible where the Dependent child (children) is a minor, shall be payable to the Legal Guardian.

Irrespective of the number of Children, maximum amount payable is the Sum Insured as mentioned in the Policy Schedule.

The payment under this extension is over and above the Sum Insured of the opted Benefits under any other Benefit.

For this Benefit the cause of action shall be worldwide

Extension 7: Disappearance Extension

If an Insured Person disappears during the Policy Period and is legally declared dead (declared death in absentia or legal presumption of death), then We will pay the amount as specified against this extension in the Policy Schedule to the Nominee provided that:

- Such disappearance should be certified by the local police authorities.
- The Insured Person's body cannot be located within 1 year after a forced landing, stranding, sinking or wrecking of a conveyance during the Policy Period;
- The legal representatives of the Insured Person's estate provide Us with a signed agreement stating that if it later transpires that the Insured Person did not die, or did not die due to an Accident during the Policy Period, the amount paid under this Cover will be reimbursed to Us immediately and without any deductions.
- The policy shall cease to exist on payment of claim under this Extension.

For this Benefit the cause of action shall be worldwide

Extension 8: Compassionate Visit

If We have accepted a claim for Accidental Death, Permanent Total Disablement, Permanent Partial Disablement or Temporary Total Disablement in accordance with Benefit 1, 2, 3 or 4 of Section A, then We will reimburse the costs of to and fro economy class ticket up to the limit specified in the Policy Schedule for one of the Insured Person's Immediate Relatives to travel from their place of residence to the location of the Insured Person.

For the purpose of this Extension, the term "Immediate Relative" would mean the Insured Person's spouse, children, siblings, parents or parents-in-law.

The payment under this extension is over and above the Sum Insured of the opted Benefits under any other Benefit.

For this Benefit the cause of action shall be worldwide

Extension 9: Sports Activity Cover

If an Insured Person suffers from an Accidental Injury resulting in Accidental Death or Permanent Total Disablement in accordance with Benefit 1 and 2 of Section A, due to an Injury sustained while engaged in a professional sport carried out in accordance with the guidelines, codes of good practice and recommendations for safe practices as laid down by a governing body or authority, then We will pay the amount as specified in the Policy Schedule.

If this Sports Activity Cover is in force in respect of the Insured Person, then Permanent Exclusion no. (viii), will not be applicable for the purpose of this Cover in respect of that Insured Person.

For this Benefit the cause of action shall be worldwide

Extension 10: Carriage of Dead Body

If We have admitted a Claim for Accidental Death in accordance with Benefit 1 of Section A, We will reimburse the costs incurred up to the limit specified in the Policy Schedule for this extension for transporting the Insured Person's body from the place of death to the place of residence

provided that as a Condition Precedent We are given a detailed account of the expenses incurred along with the supporting bills and documents, substantiating such expenses.

The payment under this extension is over and above the Sum Insured of the opted Benefits under any other Benefit.

For this Benefit the cause of action shall be worldwide

Extension 11: Funeral Expenses

In case of the unfortunate death of the Insured Person due to an Accident in accordance with Benefit 1 of Section A, We will reimburse the costs incurred up to the limit specified in the Policy Schedule for the funeral Expenses of the Insured Person. Provided that as a Condition Precedent We are given a detailed account of the expenses incurred along with the supporting bills and documents, substantiating such expenses.

The payment under this extension is over and above the Sum Insured of the opted Benefits under any other Benefit.

For this Benefit the cause of action shall be worldwide

Section B: Coverage:

The following Benefits under Section B are applicable under the Policy only if We have received the applicable premium due for that Benefit in full and the Policy Schedule specifies that the Benefit is in force for the Insured Person.

The Benefits available under Section B of this Policy are described below. Benefits under this Section will be payable subject to the terms, conditions and exclusions of this Policy and the availability of the Sum Insured and subject always to any sub-limits specified in respect of that Benefit and any limits applicable under the Product in force for the Insured Person as specified in the Policy Schedule.

Our total liability under this Policy for payment of any and all Claims in the aggregate during each Policy Year of the Policy Period shall not exceed the Sum Insured of the respective cover of Section B as mentioned in the Policy Schedule.

Benefit 1: Accidental Hospital Daily Cash Benefit

We will pay the Hospital Cash Benefit specified in the Policy Schedule for each and every completed day of the Insured Person's Hospitalization, for treatment of an Injury sustained during an Accident which occurs during the Policy Period provided that: :

- (i) The Insured Person's Admission to Hospital for Medically Necessary Treatment is within 7 days of the occurrence of the Accident.
- (ii) We shall not be liable to make payment for more than the maximum number of days specified in the Policy Schedule for this Benefit.
- (iii) Deductible, as mentioned in the Policy Schedule is applicable in respect of this cover.

The payment under this extension is over and above the Sum Insured of the opted Benefits under any other Benefit.

For this Benefit action will be Restricted to India

Benefit 2: Convalescence Benefit

We will pay the Convalescence Benefit specified in the Policy Schedule if the Insured Person is hospitalised, for treatment of an Injury sustained during an Accident which occurs during the Policy Period and the continuation of such Hospitalisation is Medically Necessary for at least 10 days, provided that the hospitalization occurs within 7 days of the occurrence of the Accident and is paid only once in a Policy Year towards an Insured Person.

The payment under this benefit is over and above the Sum Insured of the opted Benefits under any other Benefit.

For this Benefit action will be Restricted to India

Benefit 3: Burns Benefit

We will pay the amount specified in the table below to the Insured Person up to the limit specified in the Policy Schedule if an Insured Person sustains burns directly due to an Accident that occurs during the Policy Period which results in conditions specified in the table below, provided that:

- The burns are not self-inflicted by the Insured Person in any way; and
- A Medical Practitioner has confirmed the diagnosis of the burn and the percentage of the surface area of the burn to Us in writing.
- If the bodily injury results in more than one of the nature of burns specified below, We shall be liable to pay for only the highest benefit among all.

Maximum amount payable in respect of multiple nature of disablement (more than 100%) would be restricted to Sum Insured opted by the Insured for this Benefit as mentioned in the Policy Schedule.

Nature of Burns	Percentage of Sum Insured payable
1. Head	
a. Third degree burns of 8% or more of the total head surface area	100%
b. Second degree burns of 8% or more of the total head surface area	50%
c. Third degree burns of 5% or more, but less than 8% of the total head surface area	80%
d. Second degree burns of 5% or more, but less than 8% of the total head surface area	40%
e. Third degree burns of 2% or more, but less than 5% of the total head surface area	60%
f. Second degree burns of 2% or more, but less than 5% of the total head surface area	30%
2. Rest of the body	
a. Third degree burns of 20% or more of the total body surface area	100%
b. Second degree burns of 20% or more of the total body surface area	50%
c. Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
d. Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
e. Third degree burns of 10% or more, but less than 15% of the total body surface area	60%
f. Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
g. Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
h. Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

For this Benefit the cause of action shall be worldwide

Benefit 4: Broken Bones Benefit

We will pay the amount as specified in the Policy Schedule if an Insured Person sustains Broken Bones directly due to an Accident that occurs during the Policy Period and which results in conditions specified in the table below, :

1	Fractures of the Skull:	
	a) Compound fracture with damage to the brain tissue	100
	b) Compound fracture without damage to the brain tissue	75
	c) All other fractures	50
2	Fractures of hip or pelvis (excluding thigh or coccyx):	
	a) Multiple fractures (at least one compound & one complete)	100
	b) All other compound fractures	50
	c) Multiple fractures, at least one complete	30
	d) All other fractures	20
3	Fracture of thigh or heel:	
	a) Multiple fractures (at least one compound & one complete)	50
	b) All other compound fractures	40
	c) Multiple fractures, at least one complete	30
	d) All other fractures	20
4	Fracture of Lower Leg, Clavicle, Ankle, Elbow, Upper or Lower Arm (including wrist, but excluding Colles-type fracture):	
	a) Multiple fractures (at least one compound & one complete)	40
	b) All other compound fractures	30
	c) Multiple fractures, at least one complete	20
	d) All other fractures	12
5	Fractures of Lower Jaw:	
	a) Multiple fractures (at least one compound & one complete)	30
	b) All other compound fractures	20
	c) Multiple fractures, at least one complete	16
	d) All other fractures	8

6	Fractures of Shoulder Blade, Kneecap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes and heel):	
	a) All compound fractures	20
	b) All other fractures	10
7	Colles type fracture to the Lower Arm:	
	a) Compound	20
	b) Other	10
8	Fractures of Spinal Column (Vertebrae but excluding coccyx):	
	a) All compression fractures	50
	b) All spinous, transverse process or pedicle fractures	30
	c) All other vertebral fractures	20
9	Fractures of Rib or Ribs, Cheekbone, Coccyx, Upper Jaw, Nose, Toe and toes, finger or fingers:	
	a) Multiple fractures (at least one compound & one complete)	16
	b) All other compound fractures	12
	c) Multiple fractures, at least one complete	8
	d) All other fractures	4

The Benefit specified above will be payable provided that:

- Any Fracture which results due to any Illness or disease (including malignancy) or due to osteoporosis shall not be payable under this Cover;
- If an Insured Person suffers a Fracture not specified in the table above but the Fracture is due to an Injury that is suffered during the Policy Period solely and directly due to an Accident that occurs during the Policy Period, then Our medical advisors will determine the amount payable, if any

Maximum amount payable in respect of multiple nature of fracture (more than 100%) would be restricted to Sum Insured opted by the Insured for this Benefit as mentioned in the Policy Schedule.

For this Benefit the cause of action shall be worldwide

Benefit 5: Coma Benefit

If an Insured Person is rendered Comatose due to an Accident during the Policy Period, then We will pay a weekly benefit for as long as the Insured Person remains Comatose, provided that:

- The condition of Coma is confirmed by a Medical Practitioner in writing
- The Insured Person is rendered Comatose within 3 days of the occurrence of the Accident and continues to be Comatose for a period of at least 7 days thereafter, and
- Permanent neurological deficit is assessed at least 30 days after the onset of the Coma
- The Coma does not result from alcohol/ drug abuse or due to an Illness

Our liability to make payment shall be limited to 1% of the Sum Insured for each week that the Insured Person is Comatose for a period not exceeding 100 weeks from the date of the Accident, and If the Insured Person is Comatose for a part of a week, then only a proportionate part of the weekly benefit will be payable.

Under this benefit, 'Coma' means a profound state of unconsciousness where the patient cannot be awakened, fails to respond normally to pain or light, does not have sleep-awake cycles and cannot take voluntary actions.

The payment under this benefit is over and above the Sum Insured of the opted Benefits under any other Benefit.

For this Benefit the cause of action shall be worldwide.

Benefit 6: Accidental Hospitalization

If an Insured Person suffers an Injury due to an Accident during the Policy Period then, We shall reimburse the amount up to the limit specified against this benefit in the Policy Schedule, towards the Medical Expenses incurred in respect of a medical treatment or Surgery for the Injury sustained, provided that:

- The treatment is availed in a Hospital or Day Care Centre in India
- The Insured Person's Admission to Hospital for Medically Necessary Treatment is within 7 days of the occurrence of the Accident.
- The Medical Expenses incurred are Reasonable and Customary
- A deductible days are as mentioned in the policy schedule is applicable in respect of this cover.

The payment under this benefit is over and above the Sum Insured of the opted Benefits under any other Benefit.

For this Benefit action will be Restricted to India.

Benefit 7: Domestic travel for medical treatment due to accident

If an Insured Person suffers an Injury due to an Accident during the Policy Period, and the facilities or medical expertise are not available locally where Insured is admitted for treatment or in the city of residence of the Insured Person, then We will reimburse travelling expenses for the to and fro journey of the Insured Person incurred to move to the nearest city in India, capable of providing adequate medically necessary treatment as prescribed by treating Medical Practitioner.

The payment under this benefit is over and above the Sum Insured of the opted Benefits under any other Benefit.

Benefit 8: Loss of Job due to Accident

If the Insured Person is terminated, dismissed, temporarily suspended or retrenched from employment by his/her employer due to an injury sustained during an Accident during the Policy Period in accordance with the employer's rules/regulations or in accordance with applicable Indian law or the directives of any Public Authority, We will pay an amount as stated in the Policy Schedule to the Insured Person.

The payment under this extension is over and above the Sum Insured of the opted Benefits under any other Benefit.

We shall not be liable to make any payment under this Policy directly or indirectly for, caused by, based upon, arising out of or howsoever attributable to any of the following:

- The Insured Person's termination, dismissal, temporary suspension or retrenchment from employment is due to any dishonesty or fraud or poor performance on the part of the Insured Person or his wilful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured Person by the employer.
 - The Insured Person being self-employed;
 - Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
 - Any voluntary unemployment;
 - Unemployment at the time of inception of the Policy Period or arising within first 30 days of inception of the Policy Period.
- The Insured Person's termination, dismissal, temporary suspension or retrenchment from employment within 30 days of the commencement of the Policy Period.
- Any unemployment from a job under which no salary or any remuneration is provided to the Insured Person.
- Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority.
- Any unemployment due to resignation, retirement whether voluntary or otherwise.
- Any unemployment due to non-confirmation of employment after or during such period under which the Insured Person was under probation.

The payment under this benefit is over and above the Sum Insured of the opted Benefits under any other Benefit.

For this Benefit the cause of action shall be worldwide.

* Mandatory cover - Any one cover either from section A or B

** All members of the group will have the same cover under respective sections/extensions.

III. Special Conditions applicable for Multiple Claims

Claim amount payable under more than one below mentioned Benefits (Benefit 1, Benefit 2 & Benefit 3 of "Section A", Extension 7 & Extension 9 of "Extension under Section A" and Benefit 3 of "Section B") are subject to the following:

- No compensation would be payable under more than one Benefit pertaining to the same disablement.
- In calculating the amount available to the Insured person under any of these covers/benefits, We shall deduct the amount previously paid/utilized for any of these covers/benefits from the Sum Insured of the cover/benefit under which the claim has been lodged.
- Maximum amount payable would be the Sum Insured of the respective cover/benefit.

IV. Permanent Exclusions

We shall not be liable to make any payment under Section A, Extension under Section A and Section B of this Policy directly or indirectly for, caused by, based upon, arising out of or howsoever attributable to any of the exclusions listed below:

- Any Hospitalization consequent to any condition arising from or traceable to any disease of the organs of generation, malignant disease of mammary gland, pregnancy, childbirth, abortion or miscarriage or any complications and/or sequels arising from the foregoing.

- (ii) Disease, Injury, death or disablement directly or indirectly due to war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other end's invasion, act of foreign enemy hostilities or civil commotion or rebellion, military, naval or air service or breach of law, hunting, steeple chasing, revolution, insurrection, mutiny, engaging in aviation other than as a passenger (fare paying or otherwise) in any licensed standard type of aircraft.
- (iii) Circumcision or strictures, vaccination, inoculation, sex change, beauty treatment of any description, intentional self-injury, insanity, dissipation, nervous breakdown (which expression shall cover also general debility, "run down" conditions and "general overhaul"), venereal disease, intemperance, use of intoxicating drugs, liquors or any diseases, Injury, death or disablement directly or indirectly due to any one or more of them.
- (iv) Dental treatment, eye treatment and plastic surgery unless necessitated as a consequence of an Injury.
- (v) Any Injury present prior to the commencement of Policy Period, whether or not if the same has been treated, or for which medical advice, diagnosis, care or treatment has been sought before the commencement of this Policy. Any illness, complication or ailment arising out of or connected to such Injury.
- (vi) Any Medical Expenses not incurred in a Hospital and Day Care Centre.
- (vii) Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, illness, Hospitalization of Insured Person
- (a) from intentional self-injury, suicide or attempted suicide;
- (b) whilst under the influence of intoxicating liquor or drugs;
- (c) whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world, or engaging in any kind of adventure sports for personal gratification.
- [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 Scheduled Airline or whether such an aircraft has a single engine or multiengine;]
- (d) directly or indirectly caused by venereal disease or insanity or mental, nervous or emotional disorder;
- (e) arising or resulting from the Insured Person committing any breach of law.
- (viii) Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), of Insured Person from participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which the Insured Person is untrained, unless specifically covered under the Policy.
- (ix) Payment of compensation in respect of Injury, disease, illness, Hospitalization of Insured Person from participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which the Insured Person is untrained, unless specifically covered under the Policy.
- (x) Arising from ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission or nuclear fusion.
- (xi) Nuclear weapon materials.
- (xii) Death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, illness, Hospitalization of Insured Person 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 (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

- (a) For the purpose of this exclusion "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 organization(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.
- (b) "Chemical" agent shall mean any compound, which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants, or material property.
- (c) "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.

V. Salient Features

a. Eligibility

This cover is available to all Employer- Employee and Non-Employer groups (whose members have a commonality other than employment) which are registered in India.

Minimum & maximum Entry ages

- The minimum age of entry for a member for entering into this policy is 5 years and the maximum age of entry is 80 years.

Renewals will be available for lifetime.

b. Cover Type

The policy provides cover on an Individual basis where each member has a separate Sum Insured.

c. Policy Period

Policy Period: 1 year

Policy payment type – Annual

Minimum Group Size – 10 Members

Maximum Group Size - As per group requirement

d. Fixation of Sum Insured:

Earning member: Salaried/Self Employed	As per the Sum Insured opted
Non-earning dependents	20% of Primary Insured's Sum Insured (subject to a maximum of 10 Lacs)

Eligibility of Sum Insured for an earning member will be up to a maximum of 5 times of Annual Income of the in case of a Salaried Individual and up to 10 times of Annual Income of a Self-employed Individual.

Min Sum Insured and Maximum Sum Insured: As per Annexure

*Sum Insured means the amount specified in the Policy Schedule which is Our maximum, total and cumulative liability for any and all Claims during the Policy Year in respect of the Insured Person. If the Policy Period is more than one year, then the Sum Insured will apply afresh to each Policy Year in the Policy Period, but any portion of the Sum Insured which remains unutilized (either fully or partially) in any Policy Year shall not be carried forward to any subsequent Policy Year in the Policy Period.

e. Premium

The premium for each policy will be determined based on the available data of each group and applicable discounts and loadings.

f. Discounts

The premium payable can be discounted based on the size of the Group. The discount structure is given below:

Group Size	Selected Group Discount Factor (Upto)
0 – 500	0.0%
501 – 2,000	5.0%
2,001 – 5,000	10.0%
5,001 – 10,000	20.0%
10,001 – 50,000	30.0%
50,001 – 100,000	40.0%
> 100,000	50.0%

VI. What is the Claim Process?

a. Claim Reporting

On the occurrence or discovery of any Injury that may give rise to a Claim under this Policy, We shall be given the intimation within 10 days on our toll free number

<<18002664545>> or email <<care@kotak.com>> or by registered post at our office address and provided with the following necessary information and documentation in respect of the Claims within 30 days, of the Insured Person's Injury occurring:

Address:

Kotak Mahindra General Insurance Company Ltd.
8th Floor, Zone IV, Kotak Infiniti, Bldg. 21, Infinity IT Park,
Off WEH, Gen. AK Vaidya Marg, Dindoshi, Malad (E),
Mumbai – 400097. India.

b. Claims administration

The fulfilment of the terms and conditions of this Policy (including payment of premium by the due dates mentioned in the Policy Schedule) by You or any Insured Person shall be conditions precedent to admission of Our liability under this Policy:

- (i) On the occurrence or discovery of any Injury that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed;
- (ii) The directions, advice and guidance of the treating Medical Practitioner shall be strictly followed. We shall not be obliged to make any payments that are brought about or contributed to as a consequence or failure to follow such directions, advice or guidance;
- (iii) If requested by Us and at Our cost, the Insured Person must submit to medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment and to investigate the facts surrounding the Claim;
- (iv) We/Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of such Claim;

c. Claims Intimation

On the occurrence or discovery of any Injury that may give rise to a Claim under this Policy, We shall intimated within 10 days from the date of occurrence of such Accident, provided the following necessary information and documentation in respect of the Claims is within 30 days of the Insured Person's occurred Injury:

- a) Policy Number
- b) Name of the Policyholder
- c) Name of the Insured Person in whose relation the Claim is being lodged
- d) Nature of Accident
- e) Name and address of the attending Medical Practitioner and Hospital (if admission has taken place)
- f) Date of Admission if applicable
- g) Any other information, documentation as requested by Us

If the Claim is not notified to Us within these specified timeframes, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

d. Claims Documents

d.1 Basic documents required for all claims:

- (i) Photo Identity Proof (Any one) - Voter ID, Passport, PAN Card, Driving License, Ration Card, Aadhar, any other proof accepted by the KYC norms as approved by the Company and which is admissible in court of law
- (ii) Duly completed and signed claim form in original as prescribed by Us.
- (iii) Copy of FIR/ Panchnama /Police Inquest Report (if conducted) duly attested by the concerned Police Station;
- (iv) Copy of Medico Legal Certificate(if conducted) duly attested by the concerned Hospital,

d.2 In case of Accidental Death

- (i) Original Death certificate issued by the office of Registrar of Birth & Deaths;
- (ii) Death summary issued by a Hospital;
- (iii) Post Mortem Report (if conducted);
- (iv) 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.
- (v) Certificate, if applicable, from the Bank/Financial Institution stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.

d.3 Documents required in case of Permanent Total Disablement/Partial Disablement/ Temporary Total Disablement

- (i) Original treating Medical Practitioner's certificate describing the disablement;
- (ii) Original Discharge summary from the Hospital;
- (iii) Photograph of the Insured Person reflecting the disablement;
- (iv) Prescriptions and consultation papers of the treatment; Disability certificate issued by civil surgeon or equivalent appointed by the District/State or Government Board.
- (v) Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable

d.4 Additional documents required in case of Temporary Total Disablement

- (i) Leave/Absence Certificate from Employer (If Employed)
- (ii) Medical Practitioner's certificate confirming the Injury and advising rest/ unfit to work for specified number of days
- (iii) Fitness Certificate

The above list is indicative and We may call for any additional documents/ information or subject the Insured Person to additional medical examinations as required to ascertain the admissibility of any Benefit, based on the circumstances of the claim on a case to case basis.

e. Additional documents for Benefits (as applicable under each Section):

Ambulance Charges	a. Original Bill from a certified Ambulance Service Provider or Hospital
Modification Allowance	a. Original invoice of actual expenses incurred
Cost of Support Items	a. Prescriptions of treating Medical Specialist for support items b. Original invoice of actual expenses incurred
Out-patient Treatment Cover	a. Original copies of Consultations, Hospital bills, receipts, investigation reports & bills, prescriptions and invoices
Children's Education grant	a. Proof to establish relationship – Passport/Education certificate establishing proof of relationship of child with parents/ Birth Certificate or Adoption Papers (if adopted). b. Photo Identity Proof of Child c. Age proof of Child d. Certificate from Educational Institution describing course details
Marriage Benefit for Dependent Children	a. Proof of relationship with the Insured and Photo Identity Proof of Child/ Age proof of the dependent child
Disappearance Benefit	a. FIR/ Missing complaint b. Confirmation of Death/ Certificate of Death (legal assumption) (if applicable)
Compassionate Visit	Original invoice of ticket expenses incurred
Sports Activity Cover	a. List of documents as enumerated under Accidental Death or Permanent Total Disablement
Carriage of dead body	a. Documents as enumerated under claim for Accidental Death Claim b. Original receipts of expenses incurred for carriage of dead body/ repatriation of remains
Funeral Expenses	a. Original invoice of expenses incurred during funeral
Accidental Hospital	a. Discharge Summary of Hospital Daily Cash Benefit b. Original hospitalization Bills & Investigation reports stating cause of Hospitalization
Convalescence Benefit	a. Discharge Summary of Hospital b. Original hospitalization Bills & Investigation reports stating cause of Hospitalization
Burns Benefit	a. Certificate from the treating doctor certifying the extent of burns injury
Broken Bones Benefit	a. X-Ray/ MRI/ CT-Scan/ Radiology Films/ Reports confirming the extent of fracture
Coma Benefit	a. Certificate from the treating doctor certifying the cause and severity of Coma
Accidental Hospitalization	a. Original copies of Hospitalization bills, Consultations, investigation reports & bills, prescriptions and invoices
Domestic travel for medical treatment due	a. Original invoice of the ticket expenses incurred

to accident	b. Prescription from the medical practitioner stating the line of medical treatment and city where medical treatment needs to be sought and its unavailability in the current city of treatment
Loss of Job due to the Accident	<p>a. Medical Practitioner's certificate confirming Injury and advising unfit to work</p> <p>b. Proof of Employment</p> <p>c. Certificate from the employer of the insured confirming the termination, dismissal, temporary suspension or retrenchment from employment of the Insured furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment of the Insured with the reasons for the same.</p> <p>d. Salary Slip of last 3 months</p> <p>e. Last year's Form 16 issued by the employer</p> <p>f. Income Tax Return attested copy</p>

In case of Non-Employer Employee Groups - Claims shall be payable to the Insured Person/ Claimant only.

VII. Endorsements

The Policy will allow Addition/Deletion of Employees and/or Dependents during the term of the Policy. In case of Employer – employee policies, any request for endorsement must be made in writing by the Group Policy Holder only. Any endorsement would be effective from the date of the request as received from them, or the date of receipt of premium, whichever is later.

- i. Non-Financial Endorsements – which do not affect the premium
 - Rectification in Name of the Proposer/Insured Person
 - Rectification in Gender of the Proposer/Insured Person
 - Rectification in Relationship of the Insured Person with the Proposer
 - Rectification of Date of Birth of the Insured Person
 - Change in the correspondence address of the Proposer
 - Change/Updation in the contact details viz., Phone No., E-mail Id, etc.
 - Updation of alternate contact address of the Proposer
 - Change in Nominee Details
- ii. Financial Endorsements – which result in alteration in premium
 - Addition/Deletion of Members & Dependents to the group. (pro-rata basis)
 - Change in Sum Insured (pro-rata basis)

VIII. Grace Period, Revival and Renewal Terms

- (i) The Policy will automatically terminate at the end of the Policy Period and must be renewed within the Grace Period for continuity of cover.
- (ii) The Policy may be renewed by mutual consent and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days from the expiry of the Policy. We will not be liable to pay for any claim arising out of an Injury/Hospitalisation that occurred during the Grace Period. The provisions of Section 64VB of the Insurance Act 1938 shall be applicable. All policies Renewed within the Grace Period shall be eligible for continuity of cover.
- (iii) For instalment premium policies, the revival period shall be 15 days. Wherever premiums are not received within the revival period the policy will be terminated and all claims that fall beyond such instalment due date shall not be covered as part of the policy. However, We will be liable to pay in respect of all claims where the treatment/admission/accident has commenced/occurred before date of termination of such policies
- (iv) The Policy is ordinarily renewable on mutual consent for life, subject to application of Renewal and realization of Renewal premium.
- (v) Renewals will not be denied except on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material facts or non-cooperation by You.
- (vi) If We have discontinued or withdrawn this product You will have the option to renew under the nearest substitute Policy being issued by Us, provided however benefits payable shall be subject to the terms contained in such other policy which has been approved by IRDAI.
- (vii) You shall make a full disclosure to Us in writing of any material change in the health condition or occupation of any Insured Person at the time of seeking Renewal of this Policy, irrespective of any claim arising or made. The terms and condition of the existing policy will not be altered.
- (viii) We may, revise the Renewal premium payable under the Policy or the terms of cover, provided that all such changes are approved by IRDAI and in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premium will not alter based on individual

claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.

- (ix) Alterations such as increase/ decrease in Sum Insured or change in covers within the product will be allowed at the time of Renewal of the Policy. You can submit a request for the changes by filling the proposal form before the expiry of the Policy. We reserve Our right to carry out underwriting in relation to acceptance of request for changes on renewal. The terms and conditions of the existing policy will not be altered.

IX. Portability and Continuity Benefits

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

It is further agreed and understood that:

You have been covered under an Indian health insurance policy from a non-life insurance company or Health Insurance company registered with IRDAI without any break;

- i. We should have received Your application for Portability with complete documentation at least 45 days before the expiry of Your present period of insurance;
- ii. Portability benefit will be offered to the extent of sum of previous Base Annual Sum Insured (if opted for), and Portability shall not apply to any other additional increased Base Annual Sum Insured.
- iii. You shall make a full disclosure to us in writing of any material change in occupation and in the health condition.
- iv. We may subject Your proposal to Our medical underwriting, restrict the terms upon which We may offer cover, the decision as to which shall be as per our underwriting practices and underwriting policy of the Company.
- v. There is no obligation on Us to insure all Insured Persons on the proposed terms, even if You have given Us all documentation.
- vi. We should have received the database and claim history from the previous insurance company for Your previous policy.
- vii. After maintaining the Policy with Us for the Policy Period You may port the Policy to any other similar product offered by us or any other Insurers in the market.

The Portability provisions will apply to You, if You wish to migrate from this Policy to any other health insurance policy on Renewals. In case You have opted to switch to any other insurer under Portability provisions and the outcome of acceptance of the Portability request is awaited from the new insurer on the date of renewal,

- i. We may upon Your request extend this Policy for a period of not less than one month at an additional premium to be paid on a pro-rata basis
- ii. If during this extension period a claim has been reported, You shall be required to first pay the full premium so as to make the Policy Period of full 12 calendar months. Our liability for the payment of such claim shall commence only once such premium is received. Alternately We may deduct the premium for the balance period.

X. Cancellations

- (i) For Policyholder's initiated cancellation, the Company would compute refund amount as pro-rata (for the unexpired duration) premium further deducted by 25% towards management expenses.
- (ii) No Refund is applicable when policy is cancelled by the Insurer on grounds of misrepresentation, fraud, nondisclosure of the Insured.

This is provided no claim has been made by the Insured under the Policy.

XI. Grievances

For resolution of any query or grievance, insured may contact the respective branch office of the Company or may call at 18002664545 or may write an e- mail at care@kotak.com.

For senior citizens, please contact the respective branch office of the Company or call at 18002664545 or may write an e- mail at seniorcitizen@kotak.com.

In case the insured is not satisfied with the response of the office, insured may contact the Grievance Officer of the Company at grievanceofficer@kotak.com. In the event of unsatisfactory response from the Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. The details of the Insurance Ombudsman is available at website: www.kotakgeneralinsurance.com The updated details of Insurance Ombudsman offices are also available at the IRDA website: www.irdaindia.org, or on the website of General Insurance Council: www.generalinsurancecouncil.org.

XII. Contribution

Multiple Policies:

- i. If two or more policies are taken by an Insured during a period from one or more insurers, the contribution clause shall not be applicable where the cover/benefit offered:
 1. Is fixed in nature;
 2. Does not have any relation to the treatment costs;
- ii. In case of multiple policies which provide fixed benefits, on the occurrence of the Insured event in accordance with the terms and conditions of the policies, the insurer shall make the claim payments independent of payments received under other similar policies.
- iii. If two or more policies are taken by an insured during a period from one more insurers to indemnify treatment costs, the insurer shall not apply the contribution clause, but the policyholder shall have the right to require a settlement of his claim in terms of any of his policies
 1. In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim without insisting on the contribution clause as long as the claim is within the limits of and according to the terms of the chosen policy.
 2. If the amount to be claimed exceeds the Base Annual Sum Insured under a single policy after considering the deductible or co-pays, the policy holder shall have the right to choose insurers by whom the claim to be settled. In such cases, the insurer may settle the claim with contribution clause.

Except in benefit policies, in cases where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the policy.

XIII. Underwriting

We may apply an additional risk loading for Insured persons buying the Policy for the first time based on occupation. These loadings will be applied from the Inception Date of the first Policy including subsequent Renewals with Us. We will inform You about the applicable risk loading through a counter offer letter and We will only issue the Policy once We receive your consent and applicable additional premium. In such cases, 100% loading of premium will be applied against occupation. There will be no loadings

based on individual claims experience. These loadings will be applied on all the covers (Section A, Extension under Section A and Section B) opted.

XIV. Assignment

An assignment of this policy of insurance, wholly or in part, whether with or without consideration, may be made only by an endorsement upon the policy itself or by a separate instrument, signed in either case by the assignor and attested by at least one witness, specifically setting forth the fact of transfer or assignment and the reasons thereof, the antecedents of the assignee and the terms on which the assignment is made. Such assignment shall be operative as against the Company effective from the date the Company receives a written notice of the assignment/request and endorses the same on the Policy.

The Company may, accept the assignment, or decline to act upon any endorsement, where it has sufficient reason to believe that such transfer or assignment is not bona fide or is not in the interest of the policyholder or in public interest or is for the purpose of trading of insurance policy. However, by recording the assignment the Company does not express any opinion upon the validity nor accepts any responsibility on the assignment.

The Assignment of policy is subject to Sections 38, 39 and 40 of the Insurance Act, 1938 as amended from time to time.

Disclaimer

This is only a summary of the product features. The actual benefits available shall be described in the policy, and will be subject to the policy terms, conditions and exclusions.

Prohibition of Rebates (under section 41 of Insurance Act, 1938)

- 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.

Illustration

Premium Computation

Risk Category - I
Policy Tenure 1 year

Section	Covers	Base Rate	Sum Insured	Remarks	Premium ₹
Section A Benefits	Accidental Death	0.0800%	1,000,000	-	800
	Permanent Total Disablement	0.0160%	1,000,000	-	150
	Permanent Partial Disablement	0.0300%	1,000,000	-	300
	Temporary Total Disablement	0.1000%	1,000,000	₹ 10,000/- per week for a maximum of 100 weeks	1,000
Extension to Section A	Ambulance Charges	2.0000%	1,000	-	20
	Modification Allowance	0.0450%	5,000	-	2
	Cost of Support Items	0.0450%	5,000	-	2
	Out-patient Treatment Cover	2.100%	2,500	-	53
	Children's Education Grant	0.0950%	100,000	-	95
	Marriage Benefit for Children	0.0950%	100,000	-	95
	Disappearance Extension	0.0060%	1,000,000	-	60
	Compassionate Visit	0.1575%	10,000	-	16
	Sports Activity Cover	0.2375%	1,000,000	-	2,375
	Carriage of Dead Body	0.0800%	10,000	-	8
Funeral Expense	0.0800%	10,000	-	8	
Section B Benefits	Accidental Hospital Daily Cash Benefit	12.6000%	1,000	₹ 1000 per day for a maximum of 30 days with a deductible of 2 ddays	126
	Convalescence Benefit	0.3000%	20,000	Minimum 10 days of continuous hospitalization	60
	Burns Benefit	0.2100%	1,000,000	-	2,100
	Broken Bones Benefit	0.8400%	100,000	-	840
	Coma Benefit	0.2100%	1,000,000-	-	2100
	Accidental Hospitalisation	1.8000%	10,000	Upto ₹ 10,000 with a minimum period of hospitalisation of 1 day	180
	Domestic travel for medical treatment due to accident	0.2100%	10,000	Upto ₹ 10,000 with a minimum period of hospitalisation of 1 day	21
Loss of Job	0.0600%	20,000	-	12	

Total Premium 10,423
(Applicable Taxes extra)