

Prospectus for Kotak Secure Shield

Scope of Cover

We will pay the Sum Insured to the Insured Person on the first diagnosis of any of the following Illnesses/ Medical event or Surgical Procedures during the Policy Period, provided that the signs or symptoms of that Critical Illness first commenced at least 90 days after the commencement of the first Policy Period with Us and shall include:

Section I: Critical Illness Benefit

- First Diagnosis of the below-mentioned Illnesses more specifically described below
 - Cancer of specified severity
 - Kidney failure requiring regular dialysis;
 - Multiple Sclerosis with persisting symptoms;
 - Motor Neurone Disease with Permanent Symptoms;
 - Benign Brain Tumor;
 - Primary (Idiopathic) Pulmonary Hypertension;
 - End Stage Liver Failure
- Undergoing for the first time of the following surgical procedures, more specifically described below:
 - Major Organ / Bone Marrow Transplant;
 - Open heart replacement or repair of heart valves;
 - Open chest CABG;
 - Aorta Graft Surgery
- Occurrence for the first time of the following medical events, more specifically described below:
 - Coma of Specified Severity
 - Stroke resulting in permanent symptoms;
 - Permanent Paralysis of Limbs;
 - Myocardial Infarction (First Heart Attack of specific severity);
 - Third Degree Burns;
 - Deafness;
 - Loss of Speech

The Critical Illnesses and the conditions applicable to the same are described below:

(a) *Cancer of Specified Severity*

- (i) ***A malignant tumour characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.***

(ii) ***The following are excluded -***

- i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-

- invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - iii. Malignant melanoma that has not caused invasion beyond the epidermis;
 - iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
 - v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
 - vi. Chronic lymphocytic leukaemia less than RAI stage 3
 - vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
 - viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
 - ix. All tumors in the presence of HIV infection.

(b) Kidney Failure Requiring Regular Dialysis

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

(c) Multiple Sclerosis With Persisting Symptoms

- (i) The unequivocal diagnosis of multiple sclerosis confirmed and evidenced by all of the following:
 - i. investigations including typical MRI findings, which unequivocally confirm the diagnosis to be multiple sclerosis; and
 - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and

(ii) Other causes of neurological damage such as SLE and HIV are excluded.

(d) Motor Neurone Disease With Permanent Symptoms

Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

(e) Benign Brain Tumor

I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

- i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or

ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

III. The following conditions are **excluded**:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

(f) Primary (Idiopathic) Pulmonary Hypertension

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:

- i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

(g) End Stage Liver Failure

I. Permanent and irreversible failure of liver function that has resulted in all three of the following:

- i. Permanent jaundice; and
- ii. Ascites; and
- iii. Hepatic encephalopathy.

II. Liver failure secondary to drug or alcohol abuse is excluded

(h) Major Organ /Bone Marrow Transplant

(i) The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

(ii) The following are excluded:

- i. Other stem-cell transplants
- ii. Where only islets of langerhans are transplanted

(i) Open Heart Replacement Or Repair Of Heart Valves

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

(j) *Open Chest CABG*

- (i) The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- (ii) The following are excluded:
 - i. Angioplasty and/or any other intra-arterial procedures

(k) *Aorta Graft Surgery*

The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches.

- (i) *The following conditions are excluded:*
 - i. *Surgery performed using only minimally invasive or intra-arterial techniques.*
 - ii. *Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures.*
- (ii) *The diagnosis to be evidenced by any two of the following:*
 - i. *Computerized tomography (CT) scan*
 - ii. *Magnetic Resonance Imaging (MRI) scan*
 - iii. *Echocardiography (an ultrasound of the heart)*
 - iv. *Angiography (Injecting X ray dye)*
 - v. *Abdominal ultrasound*

(l) *Coma of Specified Severity*

- (i) *A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:*
 - i. *no response to external stimuli continuously for at least 96 hours;*
 - ii. *life support measures are necessary to sustain life; and*
 - iii. *permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.*
- (ii) *The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.*

(m) *Stroke Resulting in Permanent Symptoms*

- (i) *Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.*
- (ii) *The following are excluded:*
- i. *Transient ischemic attacks (TIA)*
 - ii. *Traumatic injury of the brain*
 - iii. *Vascular disease affecting only the eye or optic nerve or vestibular functions.*

(n) *Permanent Paralysis of Limbs*

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

(o) *Myocardial Infarction (First Heart Attack - of Specific Severity)*

- (i) *The first occurrence of heart attack or myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:*
- i. *a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)*
 - ii. *new characteristic electrocardiogram changes*
 - iii. *elevation of infarction specific enzymes, Troponins or other specific biochemical markers.*
- (ii) *The following are excluded:*
- i. *Other acute Coronary Syndromes*
 - ii. *Any type of angina pectoris*
 - iii. *A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure*

(p) *Third Degree Burns*

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

(q) *Deafness*

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist.

Total means “the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing” in both ears

(r) *Loss of Speech*

- I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.
- II. All psychiatric related causes are excluded.

Payment terms under Benefit I: Critical Illness

On payment of a Claim under Benefit I, the cover will cease in respect for that Insured Person.

Exclusions Applicable To Section I

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:

- (a) Any Pre-Existing Disease– Any Pre-Existing Disease until 48 months of continuous coverage has elapsed for the Insured Person, since the inception of the first Policy with Us. On Renewal of the Policy if an increased Sum Insured is requested then the elapsed period for Pre-Existing Diseases shall be limited to the Sum Insured of the immediately completed Policy Period. This exclusion shall not apply to Renewals of the Policy with Us or to any Insured Person having any health insurance policy in India at least for a period of 48 continuous months and, whose Policy has been accepted under the Portability Benefit under this Policy.
- (b) In respect of any insured event, as stated in this Section, occurred or suffered before the commencement of Period of Insurance or arising within first 90 days of the commencement of the Period of Insurance.
- (c) Any external Congenital Anomaly;
- (d) Any medical procedure or treatment, which is not Medically Necessary Treatment or not performed by a Medical Practitioner.
- (e) Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions.
- (f) Birth control procedures and hormone replacement therapy.
- (g) Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery /complications/illness arising as a consequence thereof.
- (h) Treatment by a family member and self-medication or any treatment that is not scientifically recognized.

Section II: Personal Accident Benefit

a)

- Death of the Insured Person directly on account of Injury sustained due to an Accident.
- Permanent Total Disablement (PTD) on account of Injury sustained due to an Accident resulting in the inability to remain gainfully employed.

- b)**
- Child Education Benefit
- (a) We will pay the Sum Insured if the Insured Person dies or suffers Permanent Total Disablement solely and directly due to an Injury sustained due to an Accident which occurs during the Policy Period provided that the Insured Person's death/Permanent Total Disablement occurs within 12 months of the Injury being sustained. On the payment of a Claim under this Benefit the Policy shall automatically terminate.

For the purposes of this Benefit, Permanent Total Disablement shall mean the total and irrecoverable loss of one of the following which as a direct consequence prevents the Insured Person from resuming his normal occupation or engaging in similar gainful employment:

- (i) Loss of sight of both eyes; or
 - (ii) Actual loss by Physical Separation of both hands or both feet or one entire hand and one entire foot; or
 - (iii) Loss of use of both hands or both feet or of one hand and one foot without Physical Separation;
- (b) Child Education Benefit: If We have admitted a Claim under Section II, We will pay the Child Education Benefit amount of 10% of Sum Insured under Section II (a), towards the education expenses of the Insured Person's child, provided that the Insured Person's child is less than 25 years of age on the date of the Accident.

** Child Education Benefit cover can be opted only if Personal Accident cover is chosen.

Payment terms under Benefit II: Personal Accident

On payment of a Claim under Benefit II (a): Death or Permanent Total Disablement, the cover will cease in respect of that Insured Person.

Exclusions Applicable To Section II

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:

- (a) the Insured Person operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in aviation or ballooning, or whilst the Insured Person is mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airline anywhere in the world;
- (b) Insured Person participating 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.

- (c) any Illness to any Insured Person;
- (d) directly or indirectly caused by venereal disease or insanity;

Section III: Loss of Job Benefit (Due to Illness/ Accident)

Benefits under Section III will be payable subject to the terms, conditions and exclusions of this Policy and the availability of the Loss of Job (Due to Illness/ Accident) Sum Insured specified in the Policy Schedule.

Our total liability under this Policy for payment of any and all Claims in the aggregate arising under Section III during the Policy Period shall not exceed the Loss of Job (Due to Illness/ Accident) Sum Insured specified in the Policy Schedule.

If the Insured Person is terminated or temporarily suspended from employment by his/her employer in accordance with the employer's rules/regulations or in accordance with applicable Indian law or the directives of any Public Authority due to an illness or due to any injury sustained during an Accident during the Policy Period, We will pay the Insured Person three EMI Amount(s) falling due in respect of the Loan (Loan account number as stated in the Policy Schedule) after the commencement of the event giving rise to a Claim under Section III of the Policy till the reinstatement of employment with the same employer or new employer, subject to a maximum of Sum Insured equivalent to three EMI's as stated under Section III of the Policy Schedule provided that:

- (a) If the EMI on the date of the Insured Person's termination or temporary suspension from employment is greater than the EMI payable under Loss of Job (Due to Illness/ Accident) Sum Insured specified in the Policy Schedule, then We shall be liable to pay the EMI or Pre EMI, on the loan or the Sum Insured, whichever is lower, on the date of the event giving rise to a Claim under this section.
- (b) The period of termination or temporary suspension from employment by the Insured Person's employer during the Policy Period is not less than 30 consecutive days.
- (c) The Insured Person is a salaried employee of the employer at the stage of termination or temporary suspension.

Exclusions Applicable To Section III

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:

- (a) The Insured Person's termination or temporary suspension from employment is due to any dishonesty or fraud or poor performance on the part of the Insured Person or his willful 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.
 - (i) The Insured Person being self employed;
 - (ii) 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;
 - (iii) Any voluntary unemployment;

- (iv) Unemployment at the time of inception of the Policy Period or arising within first three months of inception of the Policy Period.
- (b) The Insured Person's termination or temporary suspension from employment within 90 days of the commencement of the Policy Period.
- (c) Any unemployment from a job under which no salary or any remuneration is provided to the Insured Person.
- (d) Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority.
- (e) Any unemployment due to resignation, retirement whether voluntary or otherwise.
- (f) Any unemployment due to non-confirmation of employment after or during such period under which the Insured Person was under probation.

Note:

a. Section I is a mandatory cover.

b. Section II and III are optional cover's, where Section III can be selected by Salaried Person's opting for Loan.

c. Section I and Section II (a) shall always have same Sum Insured

d. Non-loan linked policies cannot opt for Loss of Job Benefit (Due to Illness/ Accident)

e. Child Education Benefit cover can be opted only if Personal Accident cover is chosen.

General Exclusions Applicable To The Policy:

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:

- (a) Arising or resulting from the Insured Person committing any breach of the law with criminal intent.
- (b) 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 detainment of all Heads of State and citizens of whatever nation and of all kinds and acts of terrorism.
- (a) ionising 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.
- (b) nuclear weapon materials.
- (c) usage, consumption or abuse of substances intoxicants, hallucinogens, alcohol and/or drugs.
- (d) self-destruction or self inflicted injury, attempted suicide or suicide.
- (e) Any sexually transmitted diseases. Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases caused by and/ or related to the HIV.
- (f) Any consequential or indirect loss or expenses arising out of or related to any event giving rise to a Claim under the Policy.
- (g) while serving in any branch of the Military or Armed Forces of any country during war or warlike operations.
- (h) any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. The Policy also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.

Salient Features:
a. Eligibility

Entry Age: Minimum 18 years, Maximum 65 years
 Renewal age: The policy offers lifelong renewals
 In case of Insured above 65 years of age only 1 year policy will be issued which can be renewed further on annual basis.

b. **Policy period:** 1, 2 or 3 years

c. Sum Insured

Sections	Name of Cover	Minimum Sum Insured	Maximum Sum Insured
Section I	Critical Illness Benefit	INR 10,000	INR 20,00,00,000
Section II	Personal Accident Benefit	INR 10,000	A INR 20,00,00,000
	Child education Benefit	10% of Section I Sum Insured	10% of Section I Sum Insured
Section III	Loss of Job Benefit (Due to Illness/ Accident)	3 EMI's	3 EMI's

Sum Insured would be offered in multiples of INR 1,000.

In Policies issued on the basis of loan amount can be apportioned between the applicant and co-applicant to form the basis of sum insured. The applicable limits under each cover are detailed below:

- **Section I – Critical Illness Benefit**

Non –loan linked – As per requirement

Loan linked: The Sum Insured for Critical Illness Benefit will be up to outstanding loan amount

- **Section II – Personal Accident Benefit**

Non –loan linked – As per requirement

Loan linked: The Sum Insured for Personal Accident Benefit will be up to outstanding loan amount

- **Section III - Loss of Job Benefit (Due to Illness/ Accident)**

Non-loan linked: are Not Applicable for selection and coverage under this Benefit
 Loan Linked: EMI Amount(s) falling due in respect of the Loan outstanding

Note: Section I is a mandatory cover.

Section II and III are optional covers, where Section III can only be selected by Salaried Person's opting for Loan.

One policy shall only cover One Insured Person

Section I and Section II (a) shall always have same Sum Insured Non-loan linked policies cannot opt for Loss of Job Benefit (Due to Illness/ Accident)

d. Underwriting

We may underwrite a proposal based on proposal form declarations or Medical Examination conducted by Us. Medical tests will be facilitated by us and conducted at Our network of diagnostic centres. The

validity of such tests will be up to 30 days. Full cost of such medical examination shall be borne by Us. We will inform You about the status of the proposal depending upon the Underwriting decision.

The following criteria would be applied for medical examination:

- Persons above the age of 55 years with a policy tenure of 3 years for non-loan based policies
- Have declared any pre-existing ailments in the proposal form
- Persons opting for a Sum Insured of
 - INR 15 lacs and above in non-loan based policies and aged above 55 years
 - INR 1 Crore and above in loan based policies

Criteria	Policy Basis	
	Non-Loan based	Loan based
Age	> 55 years	All Ages
Sum Insured (INR)	INR15 lacs and above	INR 1 Crore and above
Tests	CBC	CBC
	Urine Routine	Urine Routine
	ECG	ECG
	SGPT / SGOT	SGPT / SGOT
	Serum Creatinine	Serum Creatinine
	Lipid Profile	Lipid Profile
	HbA1c	HbA1c
	2D Echo	2D Echo
	USG Abdomen	USG Abdomen
	Chest X-Ray	Chest X-Ray
	Blood Glucose - Fasting	TMT
	MER	HbsAg
		Blood Glucose – Fasting
		MER
	TSH for females and PSA for Males	

e. Discounts under the Policy

- Discount for Kotak Group Employees: 5%

- Online Discount: 2.5%

f. Free Look Period

All new individual health insurance policies except those with tenure of less than a year shall have a free look period. The free look period shall be applicable at the inception of the policy and:

1. The insured will be allowed a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable
2. If the insured has not made any claim during the free look period, the insured shall be entitled to:
 - a. A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
 - b. Where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
 - c. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

g. Cancellation

(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 under the Policy.

h. Grace Period and Renewal:

- (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) The Policy is ordinarily renewable on mutual consent for life, subject to application of Renewal and realization of Renewal premium.
- (iv) Renewals will not be denied except on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material facts or non-co-operation by You.
- (v) If We have discontinued or withdrawn this product/plan You will have the option to renewal 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.
- (vi) You shall make a full disclosure to Us in writing of any material change in the health condition 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.
- (vii) 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.

- (viii) Alterations such as increase/ decrease in Sum Insured or change in covers within the policy 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 will carry out underwriting as per the underwriting policy of the company in relation to acceptance of request for changes on renewal. The terms and conditions of the existing policy will not be altered.

i. Mid-term Changes:

The Policy will allow the following changes during the term of the Policy. Any request for such changes must be made by You in writing. Any premium bearing endorsement would be effective from the date of the request as received from You, or the date of receipt of premium, whichever is later.

- Rectification in Name of the Proposer
- Rectification in Name of the Member
- Rectification in Gender of the Member
- Rectification in Relationship of the Member with the Proposer
- Change of Nominee / Relationship with Nominee
- 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
- Inclusion / Exclusion of a Pre-existing Condition for a Member (subject to approval by underwriter)
- Change in Occupation of Member (Subject to approval by underwriter)
- Rectification of Date of Birth of the Member

All requests may be assessed by the underwriting team and if required additional information/ documents may be requested.

j. Changes allowed on Renewal

Below mentioned changes impacting risk would be allowed at the time of renewal:

- Increase / Decrease in Sum Insured
- Change in covers within the Policy
- Inclusion / Exclusion of a Pre-existing Condition for a Member (subject to approval by underwriter)
- Change in Occupation (subject to approval by underwriter)
- Change of tenure
- Change in covers within the Policy

k. Portability

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:

- a) 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;
- b) We should have received Your application for Portability with complete documentation at least 45 days before the expiry of Your present period of insurance;
- c) If the Base Annual Sum Insured under the previous Policy is higher than the Base Annual Sum Insured chosen under this Policy, the applicable waiting periods shall be waived to the extent of the Base Annual Sum Insured and eligible cumulative bonus under the expiring policy with the previous insurer;
- d) In case the proposed Base Annual Sum Insured opted for under Our Policy is more than the insurance cover under the previous policy, then all applicable waiting periods shall be applicable afresh to the extent of the amount by which the Base Annual Sum Insured under this Policy exceed the total of Base Annual Sum Insured and eligible cumulative bonus under the expiring health insurance policy;
- e) All waiting periods shall be applicable individually for each Insured Person and claims shall be assessed accordingly.
- f) 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.
- g) 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.
- h) There is no obligation on Us to insure all Insured Persons on the proposed terms, even if You have given Us all documentation.
- i) We should have received the database and claim history from the previous insurance company for Your previous policy.

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,

- a) 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
- b) 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.

I. Condition of Average

If the EMI on the date of the Insured Person's termination, dismissal, temporary suspension or retrenchment from employment is greater than the EMI payable under Loss of Job Sum Insured specified in the Policy Schedule, then We shall be liable to pay the EMI or Pre EMI, on the loan or the Sum Insured, whichever is lower, on the date of the event giving rise to a Claim under Section III: Loss of Job.

m. Protection of policyholder's interest:

- (a) Unless otherwise provided, the IRDA (Policyholder Protection of Interest) Regulation, 2002 is applicable to all health insurance policies.
- (b) Every insured shall be provided with a Key Information Sheet setting out in simple language briefly but clearly all the important features of the policy, its claim limits, disallowances. The authority may prescribe such document.
- (c) The insurer shall establish necessary systems, procedures, offices and infrastructure to enable efficient issuance of pre-authorisations on a 24 hour basis and the prompt settlement of claims and grievances.
- (d) Settlement/Rejection of claim by insurer:
 - i. An insurer shall settle claims, including its rejection, within thirty days of the receipt of the last 'necessary' document.
 - ii. Except in cases where a fraud is suspected, ordinarily no document not listed in the policy terms and conditions shall be deemed 'necessary'. The insurer shall ensure that all the documents required for claims processing are called for at one time and shall not call for the documents in a piece meal manner.
 - iii. The information that the insurer has captured in the proposal form at the time of accepting the proposal, the terms & conditions offered under the policy, the medical history as revealed by earlier claims, if any, and the prior claims experience shall all be maintained by the insurer as an electronic record and shall not be called for again from the policyholder/insured at the time of subsequent claim settlements. If called, for such information will not be deemed 'necessary.'
 - iv. Insurer may stipulate a period within which all necessary claim documents should be furnished by the policyholder/insured to make a claim. However, claims filed even beyond such period should be considered if there are valid reasons for any delay.
- (e) Minimum Disclosures in Policy Document In addition to the requirements stipulated in IRDA(Protection of Policyholders' Interest) Regulations, 2000 the policy document shall contain:
 - i. List of disclosures required as per this regulation.
 - ii. Procedure for claims submission, time lines and possible course of action, if time lines for claim submission are not adhered to along with all the claim documents required for claim processing.
 - iii. Sub-limits applicable on any of the covers offered in the health insurance product and the impact of such sub-limits on other covers provided in the product, if any, shall be clearly spelt out.
 - iv. Penal interest provision shall invariably be incorporated in the policy document as per Regulation 9(6) of (Protection of Policyholders' Interests) Regulations, 2002.

n. Cause of Action/ Currency for payments

Claims under this Policy shall be payable if the cause of action arises anywhere in the world. All Claims shall be payable in India and shall be in Indian Rupees only.

o. Claims Process**I. Claims Procedure for Critical Illness Claims**

Claims shall be settled by Us, On the occurrence or discovery of any event that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed:

We shall be given written notice within 10 days of the Insured Person being first diagnosed with a Critical Illness and We shall be provided the following necessary information and documentation in respect of all Claims within 30 days of the Insured Person's diagnosis/ surgery/ treatment (as applicable):

(a) Common list of documents for all Critical Illness:

- (i) Certificate from the attending Medical Practitioner of the Insured Person confirming, inter alia,
 - i. Name of the Insured Person;
 - ii. Name, date of occurrence and medical details confirming the event giving rise to the Claim.
 - iii. Written confirmation from the treating Medical Practitioner that the event giving rise to the Claim does not relate to any Pre-Existing Disease or any Illness or Injury which was diagnosed within the first 90 days of commencement of first Policy Period with Us.
- (ii) Certificate, if applicable, from the Bank/Financial Institution stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.
- (iii) Original Policy document;
- (iv) Duly completed claim form;
- (v) Original Discharge Certificate/Death Summary/Card from the hospital/ Medical Practitioner;
- (vi) Original investigation test reports, indoor case papers;
- (vii) Photo ID Proof of Insured / nominee;
- (viii) Address Proof of Insured / nominee;
- (ix) KYC documents and 2 recent colored passport size photographs of Insured / nominee;
- (x) Signed NEFT mandate along cancelled cheque copy of Insured / nominee;
- (xi) In the cases where Critical Illness arises due to an Accident, FIR copy or medico legal certificate will also be required wherever conducted. We may call for any additional necessary documents/information as required based on the circumstances of the claim.
- (xii) Any other documents as may be required by Us.

If the Claim is not notified to Us within the time period specified above, 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.

(b) Additional Documentation Required for each of the Critical Illnesses

Please note that the following are illustrative lists and we may seek additional documentation based on the facts and circumstances of the Claim

(i) CANCER OF SPECIFIED SEVERITY

- i. Hospital Discharge Card photocopy
- ii. Hospital Bills photocopy
- iii. Pharmacy/Investigations Bills
- iv. Investigations Reports
- v. Details of the treatment received by the Insured Person from the inception of the ailment.
- vi. Letter from treating consultant stating presenting complaints with duration and the past medical history.
- vii. Histopathology / Cytology / FNAC / Biopsy / Immuno-histochemistry reports.
- viii. X-Ray / CT scan / MRI scan / USG / Radioisotope / Bone scan Reports.
- ix. Blood Tests.
 - x. Any other specific investigation done to support the diagnosis like the PAP Smear/ Mammography, etc.
- xi. Any other documents as may be required by Us.

(ii) KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

- i. Hospital Discharge Card photocopy
- ii. Photocopy Hospital Bills.
- iii. Pharmacy/Investigations Bills
- iv. Investigations Reports
- v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- vi. Blood Tests- Renal Function Tests specifically: Serum Creatinine, Blood Urea Nitrogen, Serum Electrolytes done in the recent past (Not more than Two Week period from the date of intimation of Loss)
- vii. Dialysis Papers/Receipts done in recent past.
- viii. Renal scan
- ix. Letter from the nephrologists stating the diagnosis of End Stage Kidney Failure.
- x. Any other documents as may be required by Us.

(iii) MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

- i. Hospital Discharge Card photocopy
- ii. Photocopy Hospital Bills.
- iii. Pharmacy/Investigations Bills
- iv. Investigations Reports
- v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- vi. MRI / CT Scan Report.
- vii. Electro-myogram report
- viii. Biopsy / Cytology Report
- ix. Specific Blood Tests: Creatinine Phosphokinase /Anti Nuclear Antibodies , C - reactive protein /Autoimmune work up
- x. Any other relevant Blood investigations.
- xi. Confirmation from the Central/State Government Hospital about diagnosis of Multiple Sclerosis and the duration of the same.
- xii. Any other documents as may be required by Us.

(iv) MOTOR NEURONE DISEASE WITH PERMANENT SYMPTOMS

- i. Hospital Discharge Card photocopy (in case of Hospitalization)
- ii. Investigations Reports like Blood tests, EEG, Nerve Conduction test, etc
- iii. MRI / CT scan Reports or any other Imaging technique Used during the diagnosis and treatment
- iv. Electro-myogram Report
- v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- vi. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Neurological deficit and the degree/current status
- vii. Any other document as may be required by the company

(v) BENIGN BRAIN TUMOR

- i. Hospital Discharge Card photocopy
- ii. Hospital Bills photocopy
- iii. Pharmacy/Investigations Bills
- iv. Investigations Reports
- v. Details of the treatment received by the Insured Person from the inception of the ailment.
- vi. Letter from treating consultant stating presenting complaints with duration and the past medical history.
- vii. Histopathology / Cytology / FNAC / Biopsy / Immuno-histochemistry reports.
- viii. X-Ray / CT scan / MRI scan / USG / Radioisotope / Bone scan Reports.
- ix. Blood Tests.
- x. Neurological examination report by Neurologist
- xi. Any other documents as may be required by Us.

(vi) PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION

- i. Hospital Discharge Card photocopy
- ii. Photocopy Hospital Bills.
- iii. Pharmacy/Investigations Bills
- iv. Investigations Reports
- v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- vi. MRI / CT Scan Report.
- vii. Echocardiography report
- viii. Computed tomography (CT), magnetic resonance imaging (MRI), and lung scanning
- ix. Pulmonary angiography
- x. Any other documents as may be required by Us.

(vii) END STAGE LIVER FAILURE

- i. Hospital Discharge Card photocopy
- ii. Photocopy Hospital Bills.
- iii. Pharmacy/Investigations Bills
- iv. Investigations Reports

- v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- vi. Ultrasound scan of liver
- vii. CT and/or MRI scan of the liver
- viii. X-ray and Liver function test
- ix. Biopsy / FNAC (where applicable)
- x. Any other documents as may be required by Us.

(viii) MAJOR ORGAN /BONE MARROW TRANSPLANT

- i. Hospital Discharge Card photocopy
- ii. Photocopy Hospital Bills.
- iii. Pharmacy/Investigations Bills
- iv. Investigations Reports
- v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- vi. Scan / Histopathology / Cytology / FNAC / Biopsy report suggesting irreversible & non-compensatory changes of the particular organ. 8 Bone Marrow Biopsy Reports (Specifically In Case of Bone Marrow Transplant)

- vii. Letter from a specialist Doctor confirming the need of transplantation(Organs Specified are: Heart , lung, Liver, pancreas, kidney, bone marrow)
- viii. Any other documents as may be required by Us.

(ix) OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

- i. Hospital Discharge Card photocopy
- ii. Photocopy Hospital Bills.
- iii. Pharmacy/Investigations Bills
- iv. Investigations Reports
- v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- vi. X-ray and 2D-Echocardiography Report.
- vii. Letter from the Cardiologist / Cardiothoracic Surgeon suggesting valve replacement with the type of valve to be used.
- viii. Any other documents as may be required by Us.

(x) OPEN CHEST CABG

- i. Photocopy Hospital Discharge Card
- ii. Photocopy Hospital Bills.
- iii. Pharmacy/Investigations Bills
- iv. Investigations Reports
- v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- vi. ECG at the time of detection of Coronary Artery Disease and Subsequent ECG's
- vii. Stress test/ Tread Mill Test
- viii. Letter from treating consultant suggesting Coronary Angiography and CABG

- ix. Coronary Angiography report / CT Angiography Report
- x. Cardiac Enzymes Tests: Troponin T/Troponin I, CPK / CPK-MB, SGOT / SGPT,
- xi. LDH / Electrolytes
- xii. X-ray / 2D-Echocardiography Report
- xiii. Thallium Scan Report
- xiv. Any other documents as may be required by Us.

(xi) AORTA GRAFT SURGERY

- i. Photocopy Hospital Discharge Card
- ii. Photocopy Hospital Bills.
- iii. Pharmacy/Investigations Bills
- iv. Investigations Reports
- v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- vi. ECG at the time of detection of Coronary Artery Disease and Subsequent ECG's
- vii. Stress test/ Tread Mill Test
- viii. Letter from treating consultant suggesting Coronary Angiography and CABG
- ix. Coronary Angiography report / CT Scan
- x. Cardiac Enzymes Tests: Troponin T/Troponin I, CPK / CPK-MB, SGOT / SGPT,
- xi. LDH / Electrolytes
- xii. X-ray / 2D-Echocardiography Report
- xiii. Thallium Scan Report
- xiv. Bio-markers for Aortic dissection
- xv. Any other documents as may be required by Us.

(xii) COMA OF SPECIFIED SEVERITY

- i. Hospital Discharge Card photocopy
- ii. Investigations Reports like Blood tests, EEG, etc
- iii. MRI / CT scan Reports or any other Imaging technique Used during the diagnosis and treatment
- iv. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Glasgow coma scale grading.
- v. Indoor case papers and / or ICU case papers indicating the history, signs, symptoms, line of treatment and daily charts like TPR, etc
- vi. FIR / MLC / Panch nama for accident induced coma
- vii. Any other document as may be required by the company

(xiii) STROKE RESULTING IN PERMANENT SYMPTOMS

- i. Hospital Discharge Card photocopy
- ii. Photocopy Hospital Bills.
- iii. Pharmacy/Investigations Bills
- iv. Investigations Reports
- v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- vi. Subsequent details of the Treatment, with the Consultation papers from the Treating

- Neurologist/ Physician stating the Neurological deficit.
- vii. MRI / CT scan/ 2D Echocardiography Reports or any other Imaging technique Used during the diagnosis and treatment of the Stroke
- viii. Blood tests (Lipid profile/Random Blood Sugar / Prothrombin Time/APTT/ Bleeding Time/ Clotting Time/Homocystiene levels)
- ix. Any other documents as may be required by Us.

(xiv) PERMANENT PARALYSIS OF LIMBS

- i. Hospital Discharge Card photocopy
- ii. Investigations Reports
- iii. MRI / CT scan Reports or any other Imaging technique Used during the diagnosis and treatment of the Stroke
- iv. Electro-myogram Report
- v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- vi. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Neurological deficit and the degree/current status and duration of the Paralysis.
- vii. Any other document as may be required by the company

(xv) MYOCARDIAL INFARCTION (FIRST HEART ATTACK - OF SPECIFIC SEVERITY)

- i. Hospital Discharge Card photocopy
- ii. Photocopy Hospital Bills.
- iii. Pharmacy/Investigations Bills
- iv. Investigations Reports
- v. Casualty Medical Officers/Emergency room papers with all details of Presenting Complaints and the Medical Examination by the attending physician.
- vi. Subsequent Consultation Papers with the treating Medical Practitioner and the treatment received
- vii. ECG on admission and subsequent ECG's
- viii. Stress test/ Tread Mill Test
- ix. Cardiac Enzymes Tests: Troponin T/Troponin I, CPK / CPK-MB, SGOT / SGPT, LDH / Electrolytes
- x. X-ray / 2D-Echocardiography Report
- xi. Thallium Scan Report
- xii. Any other documents as may be required by Us.

(xvi) THIRD DEGREE BURNS

- i. Hospital Discharge Card photocopy
- ii. Photocopy Hospital Bills.
- iii. Pharmacy/Investigations Bills
- iv. Investigations Reports, treatment papers
- v. Certificate from the treating specialist Doctor indicating the classification / degree of burns
- vi. Following medico-legal documents if applicable
 - (i) FIR

- (ii) Panchanama
- (iii) Inquest Panchanama
- (iv) Police Final Report/Charge Sheet (Based on FIR)
- vii. Any other documents as may be required by Us.

(xvii) DEAFNESS

- i. Hospital Discharge Card photocopy
- ii. Photocopy Hospital Bills.
- iii. Pharmacy/Investigations Bills
- iv. Investigations Reports
- v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- vi. Pure tone testing report
- vii. Audiometry report
- viii. Confirmation of Diagnosis by ENT specialist along with duration
- ix. *All treatment papers and medical investigation test reports*
- x. *Any other documents as may be required by Us.*

(xviii) LOSS OF SPEECH

- i. Hospital Discharge Card photocopy
- ii. Photocopy Hospital Bills.
- iii. Pharmacy/Investigations Bills
- iv. Investigations Reports
- v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- vi. Confirmation of Diagnosis by ENT specialist along with cause and duration
- vii. All treatment papers and medical investigation test reports
- viii. Any other documents as may be required by Us.

Payment terms under Benefit I: Critical Illness

b. On payment of a Claim under Benefit I, the cover will cease in respect for that Insured Person.

II. Claims Procedure for Personal Accident Claims

- (a) We shall be given written notice within 7 days of ANY Injury sustained by the Insured Person which will give rise or is likely to give rise to a Claim under the Policy.
- (b) We shall be provided with the following necessary information and documentation in respect of all Claims within 30 days of the Insured Person's Injury due to Accident:
 - i. Personal Accident – Death
 - i. Duly completed claim form
 - ii. FIR
 - iii. Panchanama
 - iv. Inquest Panchanama
 - v. Police Final Report/Charge Sheet (Based on FIR)
 - vi. PM Report having remark for FSLR or CA Report, the reports are must

- vii. Death Certificate issued by the Municipal authority
 - viii. Cause of death certificate issued by the hospital
 - ix. Original Policy Document
 - x. Age proof of Insured Person: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport
 - xi. Medical Practitioner's Report
 - xii. Certificate, if applicable, from the Bank/Financial Institution stating the amortization schedule, the EMI Amount, Principal Outstanding, etc.
 - xiii. Any other supporting documents as required by Us
 - xiv. RACT award (In case of Rail Accident)
 - xv. Any other document as required by Us to investigate the Claim or Our obligation to make payment for it
- ii. Permanent Total Disability*
- i. Claim form
 - ii. FIR
 - iii. Panchanama
 - iv. Disability Certificate from civil surgeon or from designated govt./competent authority
 - v. Hospitalization reports
 - vi. Hospitalization discharge card
 - vii. RACT award (In case of Rail Accident)
 - viii. Police Final Report/Charge Sheet (Based on FIR)
 - ix. Investigation report
 - x. Original Policy document.
 - xi. Age proof of Insured Person: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport
 - xii. Any other document as required by Us to investigate the Claim or Our obligation to make payment for it
- iii. Child Education Benefit*
- i. Documents for Personal Accident Death / Permanent Total Disability as applicable
 - ii. Proof to establish relationship – Passport/Education certificate establishing proof of relationship of child with parents/Birth Certificate or Adoption Papers (if adopted).
 - iii. Photo Identity Proof of Child
 - iv. Age proof of Child
 - v. Certificate from Educational Institution describing course details

If the Claim is not notified to Us within the time period specified above, 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.

III. Claims Procedure for Loss of Job (Due to Illness/ Accident) Claims

We shall be given written notice along with the following information and documentation within 30 days of the date of the Insured Person's termination or temporary suspension from employment due to illness/ accident:

- (a) Duly completed claim form.
- (b) Original Policy document.
- (c) Certificate from the Bank stating the amortization schedule, the EMI Amounts, and Principal Outstanding (if applicable).
- (d) Certificate from the employer of the Insured Person confirming the termination or temporary suspension from employment furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment with the reasons for the same. In case of temporary suspension the period of suspension and the reasons for the same should also be mentioned in such certificate.
- (e) Appointment letter.
- (f) Last 3 Months Salary Slip.
- (g) Form 16 for the last year.
- (h) Contact details of employer-phone no. mobile no., email ID, contact person in HR/Admin/Personnel dept.
- (i) VISA proof and Passport copy in case of Insured Person is not resident in India.
- (j) Age proof of Insured Person: Election ID Card / PAN Card/ School Leaving
- (k) Certificate / Copy of passport.
- (l) Any other document as required by Us to investigate the Claim or Our obligation to make payment for it.

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 1: 1800 266 4545 or may write an e- mail at care@kotak.com

In the event of claims, please send the relevant documents to:

Kotak Mahindra General Insurance Company Ltd.

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

p. Grievances

For resolution of any query or grievance, You/Insured Person may contact Our respective branch office 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 You/Insured Person is not satisfied with the response of the office, You/Insured Person may contact Our Grievance Officer at [27 BKC, C27, G Block, Bandra Kurla Complex, Bandra (East), Mumbai – 400 051]. 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 Annexure I of the Policy.