

Policy Wording**Individual Personal Accident Rider**

The Individual Personal Accident Rider can only be bought along with the Base Plan and cannot be bought in isolation or as a separate product. The Rider is subject to the terms and conditions stated below and also the Policy terms, conditions, exclusions and applicable endorsements of the Base Plan. This Rider shall be available only if the same is specifically mentioned in the Policy Schedule.

SECTION A. DEFINITIONS

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

I. Standard Definitions

Def. 1. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Def. 2. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Def. 3. **Disclosure of information** norm means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Def. 4. **Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period. the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received. (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received).

Def. 5. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock,
- has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
- has qualified Medical Practitioner(s) in charge round the clock,

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- has a fully equipped operation theatre of its own where surgical procedures are carried out,
- maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

Def. 6. Hospitalisation or Hospitalised means admission in a Hospital for a minimum of 24 consecutive hours except for specified procedures / treatments, where such admission could be for a period of less than 24 consecutive hours.

Def. 7. Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

Def. 8. Medical Advise means any consultation or advise from a Medical Practitioner including the issue of any prescription or repeat prescription.

Def. 9. Medical Practitioner means a person who holds a valid registration from the medical council of any state or medical council of India or council for Indian medicine or for homeopathy set up by the government of India or a state government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. Medical Practitioner who is sharing the same residence with the Insured Person's and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.

Def. 10. Notification of Claim means the process of notifying a claim to the insurer or TPA by specifying the timeliness as well as the address / telephone number to which it should be notified.

Def. 11. Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

Def. 12. Surgery or Surgical Procedure means manual and/or operative procedure(s) required for treatment of an Illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.

II. Specific Definitions

Def. 1. Adventure sports (also called are action sport, agro sports and extreme sports) are popular term for certain sport/recreational activities perceived as involving a high degree of risk. These activities often involve speed, height, a high level of physical exertion, and highly specialized gear such as racing on wheels or horseback, skydiving, wind surfing, wakeboarding, scuba diving, surfing, wind surfing, kiteboarding, winter sports, parachuting, river rafting, canoeing involving rapid water current, rock climbing, pot holing, bungee jumping, ice hockey, ballooning, hand gliding, diving or under water activity, polo etc.

Def. 2. Age or Aged means completed years as at the Commencement Date.

Def. 3. Base Plan means any retail indemnity health Insurance policy issued by HDFC ERGO General Insurance Company Limited including its terms and conditions, any annexure thereto and the

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Policy Schedule (as amended from time to time), the information statements in the proposal form and the Policy wording (including endorsements, if any) and to which this Rider is attached.

Def. 4. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.

Def. 5. **Insured Person** means You and the persons named in the Schedule.

Def. 6. **Nominee** means the person named in the Policy Schedule who is nominated to receive the benefits under this Policy in accordance with the terms of the Policy, if the Policyholder is deceased.

Def. 7. **Policyholder** means the person named in the Policy Schedule as the policyholder

Def. 8. **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any) and the policy schedule (as the same may be amended from time to time).

Def. 9. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.

Def. 10. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.

Def. 11. **Professional Sport** means a sport which is the primary livelihood earning of a sportsperson.

Def. 12. **Spouse** means Your legally married spouse as long as she continues to be married to You.

Def. 13. **Sum Insured** means, in respect of each Benefit, the sum shown in the Schedule against that Benefit and such sum represents Our maximum liability for each Insured Person for any and all claims made during the Policy Period under that Benefit, provided that Our maximum liability for each Insured Person for any and all claims made during the Policy Period for any and all Benefits shall be limited to the Accidental Death Sum Insured unless expressly stated to the contrary.

Def. 14. **We/Our/Us** means the HDFC ERGO General Insurance Company Limited.

Def. 15. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

SECTION B. BENEFITS

We will provide the following benefits if an Insured Person suffers an injury due to an Accident. Sum Insured under this Policy shall be 5 (five) times the Sum Insured offered under the Base Plan up to a maximum of Rs. 1 Crore. Our liability to make payment in respect of any and all the benefits mentioned below shall be limited to the Sum Insured mentioned for this rider in the Policy Schedule.

a) Accidental Death

If an Insured Person suffers an injury due to an Accident during the Policy Period which is the sole and direct cause of his death within 365 days from the date of the Accident, then We will pay 100% of Sum Insured as specified in Policy Schedule for this rider to the assignee or the Nominee or the legal representative, as the case may be. On payment of claim under this benefit this policy shall terminate.

b) Permanent Total Disablement



If an Insured Person suffers an injury due to an Accident during the Policy Period and this is the sole and direct cause of his permanent total disablement within 365 days from the date of the Accident, then We will pay the percentage of the Sum Insured as per the loss shown in the table.

	% of Sum Insured
Loss of 2 Limbs (both hands or both feet or one hand and one foot)	100%
Loss of a Limb and an eye	100%
Complete and irrecoverable loss of sight of both eyes	100%
Complete and irrecoverable loss of speech & hearing of both ears	100%
Loss of a Limb	50%
Complete and irrecoverable loss of sight of an eye	50%

In this Benefit:

- a)** Limb means a hand at or above the wrist or a foot above the ankle.
- b)** Loss of Limb means:
 - i)** the physical separation of a Limb above the wrist or ankle respectively, or
 - ii)** the total loss of functional use of a Limb for at least 365 days from the date of onset of such disability provided that We must be satisfied at the expiry of the 365 days that there is no reasonable medical hope of improvement.
- c)** Includes cover for Paralysis Including Paraplegia, Quadriplegia with loss of functional use of limbs.

Any claim made under this benefit will not terminate this policy until total claim amount paid under this benefit equals the Sum Insured mentioned for this rider in the Policy Schedule.

c) Permanent Partial Disablement

If an Insured Person suffers an injury due to an Accident during the Policy Period and this is the sole and direct cause of his permanent partial disablement within 365 days from the date of the Accident, then We will pay the percentage of the Sum Insured as per the loss shown in the table.

Loss of:	% of Sum Insured
Each arm at the shoulder joint	70%
Each arm to a point above elbow joint	65%
Each arm below elbow joint	50%
Each hand at the wrist	50%
Each thumb	20%
Each index finger	10%



Each other finger	5%
Each leg above center of the femur	70%
Each leg up to a point below the femur	65%
Each leg to a point below the knee	50%
Each foot at the ankle.	40%
Each big toe	5%
Each other toe	2%
Each eye	50%
Hearing in each ear	30%
Sense of smell	10%
Sense of taste	5%

In this Benefit:

- a)** Loss means:
 - i) the physical separation of a body part, or
 - i) the total loss of functional use of a body part or organ provided this has continued for at least 365 days from the onset of such disability provided that We are satisfied at the expiry of the 365 days that there is no reasonable medical hope of improvement.
- b)** If an Insured Person suffers a loss not mentioned in the table above, then We will assess the degree of disablement with independent medical advisors and determine the amount of payment to be made.
- c)** If a claim in respect of a whole member (any organ, organ system or a limb) also encompasses some or all of its parts, Our liability to make payment will be limited to the member only and not any of its parts or constituents.

Any claim made under this benefit will not terminate this policy until total claim amount paid under this benefit equals the Sum Insured mentioned for this rider in the Policy Schedule.

**SECTION C. SPECIFIC EXCLUSIONS**

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. War, civil war, hostile aggression by other countries, domestic riots, insurgency, insurrection, public defence, nuclear material and radiation of any kind.
2. Intentional involvement of Insured person in any unlawful activity.
3. Intentional self-injury or attempted suicide.
4. If the following activities are done as a professional or as profession: naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing, white water rafting, motor racing, bungee jumping, rappelling, abseiling, zip lining, parasailing, paragliding.
5. Injury sustained whilst engaging in Adventure Sports.
6. Accidents due to use of alcohol, tobacco, narcotic or psychotropic substances by the Insured.
7. Any Injury that has occurred prior to the commencement of this Policy whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought.
8. Diseases spread/ caused through an insect bite by transfer of organisms for which the insect is a known carrier or host.

SECTION D. GENERAL CONDITIONS**I. Standard General conditions****A. Condition precedent**

The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule and the correct disclosures in a complete manner in the proposal form) insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability.

B. Fraudulent Claims:

If any claim is in any manner fraudulent, or is supported by any fraudulent means or devices, whether by You or the Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be:

- Cancelled (without any refund of premium) ab-initio from the inception date or the renewal date (as the case may be), upon a 30 day notice by sending an endorsement to Your address shown in the Schedule
- all benefits payable, if any, under such Policy shall be forfeited with respect to such claim.

C. Premium Payment in Instalments (monthly, quarterly, semi-annually):

Policyholder has the option to pay the premium in instalments on monthly, quarterly and semi-annual basis apart from lump sum payment. However, premium payment mode under this rider



Policy will be same as that of premium payment mode chosen in Base Plan or it can be lump sum payment. Kindly note:

- i.** If payment towards the instalment premium is not received on or before the due date, a relaxation period of 15 days for monthly, quarterly, semi-annual payment mode will be given to make the payment. If payment is not made within this period, policy will be terminated and no benefits shall be payable thereunder.

Please Note:

If the instalment premium is not paid on or before the due date, but paid within the period of relaxation period,

- a)** no interest will be levied on the premiums for the period of delay;
- b)** insured continues to be covered during the relaxation period for purpose of giving credit for Pre-Existing Diseases, time bound exclusions and for all waiting period;
- c)** If premium is paid in instalments then coverage will be available during the grace period also. (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received).
- d)** no fresh underwriting during relaxation period will be done;
- e)** any incidence of claim during the relaxation period will be processed as per Policy terms and conditions independent of instalment premium payment option. However, an amount equivalent to the balance of the instalment premiums payable in the Policy Year, would be recoverable from the admissible claim amount payable in respect of the Insured Person.

- ii.** Policyholder has an option to withdraw from the auto deduction mode at least 15 days prior to the due date of instalment premium. In this case, payment for the remaining instalments will have to be made at the time of withdrawal for the continuation of the Policy.
- iii.** There is no obligation on Us to remind the insured person/Policy holder of the due dates.

D.**Nomination**

You can change the nominee to whom such payment is to be made at any time during the Policy Period, provided that such change shall only be effective when You have notified Us and We have recorded the change by an endorsement to this effect.

E.**Renewal**

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to conditions stated under Moratorium clause

- a)** Renewal of a health insurance policy shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy like critical illness policies.



- b)** The company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.
- c)** No loading shall apply on renewals based on individual claims experience
- d)** The Company shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the Policyholder, the Insurer may underwrite only to the extent of increased sum insured.

Renewal premium due can be paid prior to the due date as per norms set out by the Company.

F. Termination or Cancellation

The Policyholder may cancel this policy by giving 7 days' written notice and in such an event, the Company shall refund to the Insured a pro-rata premium for the unexpired Policy Period.

Note : For Policies where premium is paid by instalment : In case of admissible claim under the Policy, future instalment for the current Policy Year will be adjusted in the claim amount and no refund of any premium will be applicable during the Policy Year.

- 1.** The Company may cancel the Policy at any time on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of established fraud or non-disclosure or misrepresentation
- 2.** Refund of Policy premium in case of death of Insured Person/s: Policy premium shall be refunded proportionately for the deceased Insured Person, for the unexpired Policy Period in case of death of any Insured Person/s
- 3.** Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where any claim has been admitted or any benefit has been availed by the Insured Person under the Policy.

G. Free Look Period

You have a period of 30 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately cease on the free look cancellation of the Policy.

**H. Grievance Redressal Procedure**

In case of any grievance the insured person may contact the company through:

First Point of Contact	Call us at 022 6158 2020 / 022 6234 6234 / www.hdfcergo.com
Level 1	<p>For lack of a response or if the response provided does not meet your expectation, you can:</p> <ol style="list-style-type: none"> 1. Write to The Complaints & Grievance Cell (C&G Cell) HDFC ERGO General Insurance Company Limited, D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra 2. You can also write an email to grievance@hdfcergo.com 3. Call on 18002677444 (operational Monday - Saturday 9AM to 6PM)
Level 2	<p>If you're not satisfied with the resolution or if no response was received within 15 days, you can:</p> <ol style="list-style-type: none"> 1. Write to the Chief Grievance Officer HDFC ERGO General Insurance Company Limited, D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra 2. You can also write an email to cgo@hdfcergo.com
Level 3	<p>In case grievance is not resolved at the above escalation levels, you can also lodge an online complaint through the website of Council for Insurance Ombudsmen (CIO) www.cioins.co.in</p>

Dedicated Helpline For	Email ID	Contact Number
Senior Citizen	seniorcitizen@hdfcergo.com	022 6158 2026
Women	-	022 6158 2055

You may also refer the Grievance Redressal Escalation matrix on our website <https://www.hdfcergo.com/customer-voice/grievances>

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

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://bimabharosa.irdai.gov.in>

**II. Specific General Terms & Conditions****A. Notification of Claims**

We must be informed of any event or occurrence that may give rise to a claim under this Policy within 30 days of its occurrence.

B. Claims Payment Terms & Conditions

- i.** We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- ii.** If We accept a claim and become liable to make payment under Benefits 1.b) or 1.c) (the first claim) and there is a subsequent claim under any of these Benefits or Benefit 1.a) in respect of the same Accident within 365 days of the date of the Accident (the second claim), We will only be liable to pay the difference between the amount payable during the first claim and the amount payable for the second claim subject to the Sum Insured limit mentioned for this rider in the Policy Schedule.
- iii.** We will only make payment to or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In the event of the death of an Insured Person, We will make payment to the Nominee (as named in the Policy Schedule) or assignee as the case may be. In absence of nominee or assignee and You are deceased, We will make payment to the Your legal heir, executor or appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
- iv.** Payments under this Policy shall only be made in Indian Rupees irrespective of the location of accident which has given rise to the claim.
- v.** We shall make the payment of claim that has been admitted as payable by Us or reject the claim as per the Policy terms and conditions within 15 days from the date of receipt of intimation.
- vi.** In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder from the date of receipt of intimation to the date of payment of claim at a rate 2% above the Bank Rate..
- vii.** The assignment of benefits of the policy shall be subject to applicable law.
 - Claims Payment Terms & Conditions for instalment payments

Please note that following conditions will be applied for monthly, Quarterly and Half-yearly premium payment options:

 - i.** In case of any claim under this Policy, an amount equivalent to the balance of the instalment premiums payable in the Policy Year, would be recoverable from the admissible claim amount payable in respect of the Insured Person.



ii. If the claim amount is lesser than the balance premium payable, then no claims would be payable till the applicable premium is recovered.

C. Geography

This Policy applies to events or occurrences taking place anywhere in the world unless limited by Us through an endorsement.

D. Insured Person

Only those persons named as an Insured Person in the Policy shall be covered under this Policy.

If an Insured Person dies, he will cease to be an Insured Person upon Us receiving all relevant particulars in this regard. We will return a rateable part of the premium received for such person IF AND ONLY IF there are no claims in respect of that Insured Person under this Policy.

E. Policy Period

The policy will be issued for a period of 1, 2 & 3 year(s) period depending on the period of Base Plan.

F. Loading

There are no loadings applicable in this Policy.

G. Discount

i. Discount of 7.5% on 2 years and 10% on 3 years policy premiums when paid on lump sum payment mode.

ii. Family Discount of 10% if 2 or more family members are covered under Individual Sum Insured Plan of this Policy.

H. Waiting Period

There are no waiting periods in this Policy.

I. Non-Disclosure or Misrepresentation:

If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:

- cancelled ab initio from the inception date or the renewal date (as the case may be), upon a 30 day notice by sending an endorsement to Your address shown in the Schedule, or the Policy may be modified by Us with the consent of the Proposer and
- the claim under such Policy if any, shall be rejected/repudiated forthwith.

J. Change of Sum Insured in the base policy

If your Sum Insured of the base policy is changed (increased/decreased), your sum insured of Individual Personal Accident Rider Sum Insured will be adjusted accordingly.

K. Alterations to the Policy



This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by any one (including an insurance agent or broker) except Us, and any change we make will be evidenced by a written endorsement signed and stamped by Us.

L. Notices

Any notice, direction or instruction under this Policy shall be in writing and if it is to:

- i)** Any Insured Person, it would be sent to You at the address specified in Schedule / endorsement
- ii)** Us, shall be delivered to Our address specified in the Schedule.
- iii)** No insurance agents, brokers, other person/ entity is authorised to receive any notice on Our behalf.

M. Dispute Resolution Clause

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

SECTION E. OTHER TERMS & CONDITIONS**ANNEXURE A****Ombudsman Details**

The contact details of the Insurance Ombudsman offices are as below-

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills	Madhya Pradesh, Chhattisgarh.



Office Details	Jurisdiction of Office Union Territory, District)
<p>Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in</p>	
<p>BHUBANESWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	<p>Odisha.</p>
<p>CHANDIGARH Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in</p>	<p>Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>
<p>CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in</p>	<p>Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).</p>
<p>DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.</p>
<p>GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar , S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom , A. C. Guards, Lakdi-Ka-Pool,</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>



Office Details	Jurisdiction of Office Union Territory, District)
Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in	
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
KOCHI Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, Kolkata - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahrach, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	List of wards under Mumbai Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N, S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri,



Office Details	Jurisdiction of Office Union Territory, District)
<p>4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>	<p>Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>	<p>Bihar, Jharkhand.</p>
<p>PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in</p>	<p>State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region</p>
<p>THANE Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West)- 400604 Tel.: 022-20812868/69 Email: bimalokpal.thane@cioins.co.in</p>	<p>Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T."</p>

Claim Procedure

What do I do in case of a claim or any assistance?

- Please quote your member ID/policy number in all your correspondences.
- Please use the Claim Intimation Form (available on our website under Other Forms in the Downloads section) for intimation of a claim
 - For claims related to Planned Hospitalization: contact us at least 48 hours prior to hospitalization
 - For claims related to unplanned or Emergency Hospitalization: contact us within 24 hours of hospitalization
- Please send the duly signed claim form and all the information/ documents mentioned* therein to us within 15 days of the completion of the treatment

* Please refer to claim form for complete documentation

- If there is any deficiency in the documents/information submitted by you, We will send the

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deficiency letter within 7 days of receipt of the claim documents

- We shall make the payment of claim that has been admitted as payable by Us or reject the claim as per the Policy terms and conditions within 15 days from the date of receipt of intimation.
- The payment will be made in the name of the proposer
- We can be contacted through:

	Within India
Claim Intimation:	Customer Service No. 022-62346234 / 0120-62346234 Email: healthclaims@hdfcergo.com Reimbursement Claim Intimation: Visit www.hdfcergo.com - > Help - > Claim Registration
Claim document submission at address:	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1 5th Floor, C - 25, Sector 62 Noida – 0120 398 8360

Claims Payment Supporting Documentation & Examination

We must be provided with any documentation and information We may request to establish the circumstances of the claim, its quantum or Our liability for it including Our claim form duly completed. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.

Following is the list of mandatory documents that need to be submitted with every claim.

For claim under Accidental Death Benefit-

- Our claim form, duly completed and signed for on behalf of the Insured Person.
- Copy of FIR (First Information Report) /Spot Panchnama / Inquest Panchnama
- Death Certificate
- Original death summary
- Post Mortem Report if conducted
- Original legal heir certificate (in case nomination has not been filed by deceased)
- Regulatory requirements as amended from time to time, currently mandatory NEFT (to enable direct credit of claim amount in bank account) and KYC (recent ID/Address proof and photograph) requirements

For claim under Permanent Total Disablement & Permanent Partial Disablement Benefits-

- Our claim form, duly completed and signed for on behalf of the Insured Person.
- Copy of MLC (Medico legal certificate) and FIR (First information report)

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- Original Discharge summary from the hospital
- Disability certificate issued by Civil Surgeon or equivalent as authorized by State Government
- Medical reports, case histories, investigation reports, treatment papers, all x-ray films as applicable
- Original photograph of the injured reflecting disablement (If claiming for PTD/PPD)
- Original treating doctor certificate describing disablement
- Prescription and consultation papers
- Regulatory requirements as amended from time to time, currently mandatory NEFT (to enable direct credit of claim amount in bank account) and KYC (recent ID/Address proof and photograph) requirements

Please note that in case of a non-disclosure or a fraud suspicion or in any other situation where we find difficulty in assessing claim, we may ask for additional documentation/ reports which are not listed above.

The Insured Person will have to undergo medical examination by Our authorised Medical Practitioner, as and when We may reasonably require, to obtain an independent opinion for the purpose of processing any claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured Person.

Schedule of Benefits

Benefits	Sum Insured
Accidental Death	- 5 (five) times the Sum Insured of Base Plan up to a maximum of Rs 1 Crore
Permanent Total Disablement	- 5 (five) times the Sum Insured of Base Plan up to a maximum of Rs 1 Crore
Permanent Partial Disablement	- 5 (five) times the Sum Insured of Base Plan up to a maximum of Rs 1 Crore