

COCO CRITICARE – NAVI GENERAL INSURANCE

POLICY WORDINGS

1. TERMS & CONDITIONS

This is Your **Critical Illness Insurance Policy**, which has been issued by **Us** relying on the Information disclosed by **You** in **Your** Proposal for this **Policy** or its preceding **Policy**/Policies of which this is a **Renewal**. The insurance cover is provided under this **Policy** to the **Insured Person/s** up to the **Sum Insured** and shall be subject to (a) the terms, conditions and exclusions to this **Policy** (b) the receipt of premium, and (c) **Disclosure to Information Norm** for Yourself and on behalf of each of the **Insured Persons**.

2. INTERPRETATIONS & DEFINITIONS

For easy understanding of this **Policy**, the following words or phrases shall have the meanings attributed to them wherever they appear in this **Policy**. For this purpose and where the context permits the singular shall include the plural, the male gender shall include the female, and references to any statutory enactment shall include subsequent amendments to the same.

S. No	Words/Phrases	Definition
1.	Accident/Accidental	means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2.	Activities of Daily Living	<p>means daily self-care activities within an individual's place of residence, in outdoor environment or both.</p> <p><u>The Activities of Daily Living are:</u></p> <ul style="list-style-type: none"> i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; iv. Mobility: the ability to move indoors from room to room on level surfaces; v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; vi. Feeding: the ability to feed oneself once food has been prepared and made available.

3.	Adjuvant Therapy	means is an additional supportive treatment given after the curative surgical treatment of the primary cancer, to reduce the risk of local and distant recurrence and/or improve survival. Adjuvant Therapy includes - Chemotherapy, Targeted Therapy, Hormone Therapy, Immunotherapy, Radiation Therapy.
4.	Adventure Sports	Adventure sports (also called action sports, aggro sports, and extreme sports) are a popular term for certain activities perceived as having a high level of inherent danger. These means those sports / activities often which involves speed, height, a high level of physical exertion and highly specialised gear such as high degree of inherent danger. Such sports are racing on wheels or horseback, power boat racing, ski racing, hunting or equestrian activities, big game hunting, rock climbing/trekking/mountaineering, winter sports, Skydiving, Parachuting, paragliding/parapenting, Scuba Diving, ski doo riding, cavin/pot holing, bungee jumping, hell skiing, ski acrobatics, ski jumping, water ski jumping, ice hockey, ice speedway, ballooning, hand gliding, river rafting, black water rafting, yachting or boating outside coastal waters, canoeing involving rapid waters, micro-lighting, riding or driving in races or motor rallies, piloting aircraft, power lifting, quad biking, river boarding, river bugging, rodeo, roller hockey.
5.	Age or Aged	means the completed Age in years as at the Commencement Date.
6.	Authority	means the Insurance Regulatory and Development Authority of India established under the provisions of section 3 of the Insurance Regulatory and development Authority Act, 1999 (41 of 1999).
7.	Bank Rate	means Bank Rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
8.	Cashless Facility	means a facility extended by the Insurer to the Insured where the payments, of the costs of treatment undergone by the Insured in accordance with the Policy terms and conditions, are directly made to the Network Provider by the Insurer to the extent pre-authorization is approved.
9.	Cancellation (of policy)	means the terms on which the policy contract can be terminated either by the insurer or the insured by giving sufficient notice to other which is not lower than a period of fifteen days. The terms of cancellation may differ from insurer to insurer.
10.	Complaint or Grievance	means written expression (includes communication in the form of electronic mail or other electronic scripts), of dissatisfaction by a Complainant with insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities.

11.	Complainant	means a Policyholder or prospect or any beneficiary of an insurance Policy who has filed a Complaint or Grievance against an insurer or a distribution channel.
12.	Commencement Date	means the start date of this Policy as specified in the Policy Schedule.
13.	Condition Precedent	means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
14.	Congenital Anomaly	means a condition which is present since birth, and which is abnormal with reference to form, structure or position <ul style="list-style-type: none"> i. Internal Congenital Anomaly: Congenital Anomaly which is not in the visible and accessible parts of the body. ii. External Congenital Anomaly: Congenital Anomaly which is in the visible and accessible parts of the body.
15.	Covered Critical Illness	means the critical Illness(es) specified in your policy schedule.
16.	Diagnosis	means conclusion drawn by a registered Medical Practitioner , supported by acceptable clinical, radiological, histological, histo-pathological, and laboratory evidence wherever applicable.
17.	Date of Diagnosis	means - <ul style="list-style-type: none"> i. the day when the Diagnosis as per Our definition of Covered Critical Illness is established by a Specialist Medical Practitioner through the use of the clinical and/or laboratory findings as supported by the Insured medical records. ii. In the case of a Surgery or a Surgical Procedure, the Date of Diagnosis is the Date of performance of the surgical treatment as defined in the Policy. iii. In the case of a Major Organ transplant, the Date of Diagnosis is the date the Insured has been registered and duly authorized as per the Transplantation of Human Organs Act 1994 and its subsequent amendment.
18.	Disclosure to Information Norm	The Policy shall be void and all premium paid thereon shall be forfeited to Us in the event of misrepresentation, mis-description or non-disclosure of any material fact.
19.	Family	means the persons named in the Policy Schedule who are the Insured Person's: <ul style="list-style-type: none"> i) Spouse – The Insured's legally married spouse as long as she continues to be married to the Primary Insured. ii) Children – The Insured's children as long as they are financially dependent on him/her with no source of independent income and have not established their own independent households. iii) Parents – The Insured's natural parents or parents that have legally adopted him iv) Siblings – The Insured's siblings as long as they are unmarried and financially dependent on him/her with no source of

		<p>independent income and have not established their own independent households.</p> <p>v) Parents in Law – The Insured's Parents in Law.</p>
20.	Educational Institute	means any accredited institution that provides education or training, including but not limited to, any technical / vocational school.
21.	Grace Period	means 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.
22.	Hospital	<p>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 Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act or complies with all minimum criteria as under:</p> <ul style="list-style-type: none"> i. has qualified nursing staff under its employment round the clock; ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places; iii. has qualified Medical Practitioner(s) in charge round the clock; iv. has a fully equipped operation theatre of its own where Surgical Procedures are carried out; v. maintains daily records of patients and makes these accessible to the Our authorized personnel.
23.	IRDAI	means the Insurance Regulatory and Development Authority of India.
24.	Illness	<p>means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.</p> <ul style="list-style-type: none"> i. Acute condition - Acute condition is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ Illness/ Injury which leads to full recovery ii. Chronic condition - A chronic condition is defined as a disease, Illness, or Injury that has one or more of the following characteristics: <ul style="list-style-type: none"> a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests b. it needs ongoing or long-term control or relief of symptoms c. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it d. it continues indefinitely e. it recurs or is likely to recur

25.	Injury	means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner .
26.	Insured Person (Insured)	means a person whose name specifically appears in the Policy Schedule and with respect to whom the premium has been received by Us.
27.	Material Fact	means a fact deemed so important that it would change the decision made by an Insurer if it were kept hidden.
28.	Medical Advice	means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
29.	Medical Practitioner	is 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 Homoeopathy 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 its scope and jurisdiction of license. Medical Practitioner should not be the Insured Person or his/her immediate Family Member or anyone who is living in the same household as the Insured Person .
30.	Network Provider	means hospital enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an Insured by a cashless facility.
31.	Non-Network Provider	means any Hospital, Day Care Centre or other provider that is not part of the network.
32.	Nominee/ Assignee	means the person named in the Policy Schedule who is nominated by the Policyholder/Insured Person , to receive the benefits under this Policy in accordance with the terms of the Policy , if the Policyholder/Insured Person is deceased.
33.	Notification of Claim	means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
34.	Policy	means this Policy document together with the Policy Schedule, Your Proposal Form including any attachment like endorsement, rider, condition, warranty, declaration etc.
35.	Policyholder	means the person named in the Policy Schedule as the Policyholder .
36.	Policy Period	means the period commencing from Policy start date and time as specified in the Schedule and terminating at midnight on the Policy end date as specified in the Schedule to this Policy.
37.	Policy Schedule	means the document attached to and forming part of this Policy mentioning the details of the Insured Persons , the Sum Insured , the Policy Period and the limits, conditions etc. to which benefits under the Policy are subject to including any annexures and / or endorsements.
38.	Policy Year	means a period of 12 consecutive months commencing from the Policy Period Start Date and such 12 consecutive months thereafter but not beyond the Policy Period .

39.	Portability	means the right accorded to an individual health insurance policyholder (including family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions from one insurer to another or from one plan to another plan of the same insurer.
40.	Pre-Existing Disease	means any condition, ailment, injury or disease - a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
41.	Proposal Form	means a form to be filled in by the prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, benefits, terms and conditions of the cover to be granted.
42.	Relapse or Re-occurrence of Cancer	means a sequential increase in serum cancer marker or a 25% or greater increase in tumor size, appearance of new lesions after completion of initial primary therapy or complete remission with treatment free period.
43.	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 gaining credit for Pre-Existing Diseases , time-bound exclusions and for all waiting periods.
44.	Relaxation Period	means the specified period immediately following the premium instalment due date during which a payment can be made to continue a Policy in force without loss of continuity of waiting periods and coverage of Pre-existing diseases .
45.	Specialist Medical Practitioner	is a person who holds a master's degree in the field of medicine or Surgery and valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.
46.	Specified Critical Illness	means the Diagnosis /occurrence of any listed Critical Illness as per the definition provided under Section 3.1- Critical Illness and/or 3.2 - SheSmart and /or 3.3 - Additional Critical Illness and/or 3.4 - Second Critical Illness , whilst the Insured is alive.
47.	Second Primary Cancer	means the diagnosis of new case of cancer of specified severity or major Cancer in a tissue arisen independently and not as a result of Relapse , nor as a result of metastasis from the first primary cancer of specified severity.
48.	Service Provider	means any person, clinic, organization, institution that has been empaneled with Us to provide services as specified under Section - 3.8 / 3.12 / 3.15 & 6.4) v) j) in this Policy .

49.	Sum Insured	means the sum as specified in the Policy Schedule against each of the Insured Persons/cover . It is Our maximum liability for the Insured Person for all benefits claimed for during the Policy Period .
50.	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 from suffering and prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner .
51.	Unproven/Experimental treatment	means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
52.	Waiting Period	means the specified period from the commencement date of the policy during which we shall not be liable to make any payment for any claim. Any Critical Illness diagnosed during the Waiting Period shall be excluded from coverage for the entire Policy Period including renewals.
53.	We/Our/Us/Insurer	means Navi General Insurance Limited.
54.	You/Your/Policyholder	means the Policyholder or Primary Insured named in the Policy Schedule .

3. SCOPE OF COVER

This **Policy** provides coverage(s) as specified in the **Policy Schedule** for the events described below and occurring during the **Policy Year**. Each coverage is subject to terms, conditions and exclusions of this Policy.

Company's liability under Section 3.1 to Section 3.4 shall be subject to the following conditions -

- A. The **Insured Person** is diagnosed with a **Covered Critical Illness** specifically listed and defined in the **Policy**; and
- B. Such **Covered Critical Illness** occurs or manifests itself as a first incidence; and
- C. Such **Covered Critical Illness** is diagnosed after "number of days" as specified in the **Policy Schedule** or in the respective section of the coverage as **waiting period** from the date of commencement of first **Policy**;

3.1. CRITICAL ILLNESS

We will pay the sum insured as specified in the policy schedule, If an Insured person is diagnosed to be suffering from a **Covered Critical Illness** (as defined below).

The Critical Illnesses are classified into five (5) groups as mentioned hereunder:

Covered Critical Illness	
Group I – Cancer	
1	Cancer of Specified Severity / Major Stage Cancer
Group II - Heart Related Illnesses	
2	Myocardial Infarction (First Heart Attack of Specific Severity)
3	Open Chest CABG
4	Pulmonary Artery Graft Surgery
5	Open Heart Replacement or Repair of Heart Valves
6	Aorta Graft Surgery
7	Cardiomyopathy
8	Primary (Idiopathic) Pulmonary Hypertension
9	Coronary Artery Disease
Group III - Nervous System & Related Illness	
10	Stroke Resulting in Permanent Symptoms
11	Permanent Paralysis of Limbs
12	Motor Neuron Disease with Permanent Symptoms
13	Coma of Specific Severity
14	Bacterial Meningitis
15	Benign Brain Tumor
16	Encephalitis
17	Multiple Sclerosis with Persisting Symptoms
18	Major Head Trauma
19	Progressive Supranuclear Palsy
20	Primary Parkinson's Disease
21	Multiple System Atrophy
22	Alzheimer's Disease
23	Apallic Syndrome
24	Spinal Stroke
25	Creutzfeldt-Jakob Disease
Group IV - Major Organ Related Illnesses	
26	Kidney Failure Requiring Regular Dialysis
27	End Stage Liver Failure
28	End Stage Lung Disease
29	Major Organ / Bone Marrow Transplant
30	Systemic Lupus Erythematosus
31	Aplastic Anaemia
32	Good Pasture's Syndrome
33	Progressive Scleroderma
34	Medullary Cystic Disease

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Group V - Disability Related Illness	
35	Loss of Limbs
36	Blindness
37	Deafness
38	Loss of Speech
Group VI - Other Major Illness	
39	Third Degree Burns
40	Pneumonectomy
41	Muscular Dystrophy

3.1.1 - CANCER OF SPECIFIED SEVERITY / MAJOR STAGE CANCER	
Critical Illness	Exclusions
<p>A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This Diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma.</p>	<p>The following are excluded –</p> <ul style="list-style-type: none"> i. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, 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 tumours 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 Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs; ix. All tumours in the presence of HIV infection.

3.1.2 - MYOCARDIAL INFARCTION (First Heart Attack of Specific Severity)	
Critical Illness	Exclusions
<p>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:</p> <ul style="list-style-type: none"> 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. 	<p>The following are excluded:</p> <ul style="list-style-type: none"> 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
3.1.3 - OPEN CHEST CABG	
Critical Illness	Exclusions
<p>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.</p>	<p>The following are excluded:</p> <ul style="list-style-type: none"> i. Angioplasty and/or any other intra- arterial procedures
3.1.4 - OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES	
Critical Illness	Exclusions
<p>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.</p>	<p>Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.</p>

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3.1.5 - AORTA GRAFT SURGERY	
Critical Illness	Exclusions
<p>The actual undergoing of Surgery for a disease or Injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. Realization of the aortic Surgery has to be confirmed by a Specialist Medical Practitioner (Cardiologist/Cardiac Surgeon).</p>	<p>The following are excluded:</p> <ul style="list-style-type: none"> i. Any other minimally invasive Surgical Procedure like insertion of stents or endovascular repair.
3.1.6 - CARDIOMYOPATHY	
Critical Illness	Exclusions
<p>There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities to at least Class three (3) of the New York Heart Association classification of functional capacity (Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms), for at least six (6) months. The Diagnosis of Cardiomyopathy has to be supported by echocardiographic findings of compromised ventricular performance.</p>	<p>The following are excluded:</p> <ul style="list-style-type: none"> i. Cardiomyopathy secondary to alcohol or drug abuse. ii. All other forms of heart disease, heart enlargement and myocarditis
3.1.7 - PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION	
Critical Illness	Exclusions
<ul style="list-style-type: none"> 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 Catheterization. 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: <ul style="list-style-type: none"> i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms. 	<p>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.</p>

<p>ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p>	
3.1.8 - CORONARY ARTERY DISEASE	
Critical Illness	Exclusions
<p>The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary arteriography, regardless of whether or not any form of coronary artery Surgery has been performed. Coronary arteries herein refer to left main stem, left anterior descending circumflex and right coronary artery.</p>	<p>Not Applicable</p>
3.1.9 - PULMONARY ARTERY GRAFT SURGERY	
Critical Illness	Exclusions
<p>The undergoing of Surgery requiring median sternotomy on the advice of a Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.</p>	<p>The following is excluded:</p> <p>i. Any other Surgical Procedure for example the insertion of stents or endovascular repairs.</p>
3.1.10 - STROKE RESULTING IN PERMANENT SYMPTOMS	
Critical Illness	Exclusions
<p>Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization 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 three (3) months has to be produced.</p>	<p>The following are excluded:</p> <p>i. Transient ischemic attacks (TIA)</p> <p>ii. Traumatic Injury of the brain</p> <p>iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.</p>
3.1.11 - MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS	
Critical Illness	Exclusions
<p>Motor neuron 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</p>	<p>Not Applicable</p>

<p>permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least (three) 3 months.</p>	
3.1.12 - PERMANENT PARALYSIS OF LIMBS	
Critical Illness	Exclusions
<p>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 three (3) months.</p>	<p>Not Applicable</p>
3.1.13 - BACTERIAL MENINGITIS	
Critical Illness	Exclusions
<p>Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least six (6) weeks. This Diagnosis must be confirmed by:</p> <ul style="list-style-type: none"> i. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; ii. A Neurologist. 	<p>Not Applicable</p>
3.1.14 - BENIGN BRAIN TUMOR	
Critical Illness	Exclusions
<p>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/ MRI. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical Specialist.</p> <ul style="list-style-type: none"> i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least Ninety (90) consecutive days or ii. Undergone surgical resection or radiation therapy to treat the brain tumor. 	<p>The following conditions are excluded: Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumours, tumours of skull bones and tumours of the spinal cord</p>

3.1.15 - ENCEPHALITIS	
Critical Illness	Exclusions
<p>I. It is a severe inflammation of brain tissue, resulting in permanent neurological deficit lasting for a minimum period of thirty (30) days. This must be certified by a Specialist Medical Practitioner (Neurologist).</p> <p>II. The permanent neurological deficit must result in an inability to perform at least three (3) of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons.</p>	Not Applicable
3.1.16 - MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS	
Critical Illness	Exclusions
<p>The unequivocal Diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:</p> <p>i. investigations including typical MRI findings which unequivocally confirm the Diagnosis to be multiple sclerosis and</p> <p>ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least six (6) months.</p>	Other causes of neurological damage such as SLE and HIV are excluded
3.1.17 - MAJOR HEAD TRAUMA	
Critical Illness	Exclusions
<p>I. Accidental head Injury resulting in permanent Neurological deficit to be assessed no sooner than three (3) months from the date of the Accident. This Diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The Accident must be caused solely and directly by Accidental, violent, external and visible means and independently of all other causes.</p> <p>II. The Accidental Head Injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for</p>	<p>The following are excluded:</p> <p>i. Spinal cord Injury;</p>

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<p>disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.</p> <p>III. The Activities of Daily Living are:</p> <ul style="list-style-type: none"> i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; iv. Mobility: the ability to move indoors from room to room on level surfaces v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; vi. Feeding: the ability to feed oneself once food has been prepared and made available. 	
3.1.18 - PROGRESSIVE SUPRANUCLEAR PALSY	
Critical Illness	Exclusions
<p>A Diagnosis of progressive supranuclear palsy by a Specialist Medical Practitioner (Neurologist). There must be permanent clinical impairment of eye movements and motor function for a minimum period of thirty (30) days.</p>	<p>Not Applicable</p>
3.1 19 - APALLIC SYNDROME	
Critical Illness	Exclusions
<p>Universal necrosis of the brain cortex with the brainstem remaining intact. The Diagnosis must be confirmed by a Neurologist and condition must be documented for at least thirty (30 days) with no hope of recovery.</p>	<p>Not Applicable</p>

3.1.20 - SPINAL STROKE	
Critical Illness	Exclusions
<p>I. Death of spinal cord tissue due to inadequate blood supply or haemorrhage within the spinal column resulting in permanent neurological deficit with persisting clinical symptoms</p> <p>II. Evidence of permanent neurological deficit lasting for at least three (3) months has to be produced.</p>	Not Applicable
3.1.21 - KIDNEY FAILURE REQUIRING REGULAR DIALYSIS	
Critical Illness	Exclusions
<p>End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out.</p> <p>Diagnosis has to be confirmed by a Specialist Medical Practitioner.</p>	Not Applicable
3.1.22 - END STAGE LUNG FAILURE	
Critical Illness	Exclusions
<p>End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:</p> <ul style="list-style-type: none"> i. FEV1 test results consistently less than 1 litre measured on three (3) occasions three (3) months apart; and ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); and iv. Dyspnea at rest. 	Not Applicable
3.1.23 - END STAGE LIVER FAILURE	
Critical Illness	Exclusions
<p>Permanent and irreversible failure of liver function that has resulted in all three of the following:</p> <ul style="list-style-type: none"> i. Permanent jaundice; and ii. Ascites; and iii. Hepatic encephalopathy. 	Liver failure secondary to drug or alcohol abuse is excluded.

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3.1.24 - MAJOR ORGAN / BONE MARROW TRANSPLANT	
Critical Illness	Exclusions
<p>The actual undergoing of a transplant of:</p> <ul style="list-style-type: none"> 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. 	<p>The following are excluded:</p> <ul style="list-style-type: none"> i. Other stem-cell transplants ii. Where only islets of langerhans are transplanted
3.1.25 - COMA OF SEPCIFIED SEVERITY	
Critical Illness	Exclusions
<p>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:</p> <ul style="list-style-type: none"> i. no response to external stimuli continuously for at least ninety-six (96) hours; ii. life support measures are necessary to sustain life; and iii. permanent neurological deficit which must be assessed at least thirty (30) days after the onset of the coma. <p>The condition has to be confirmed by a Specialist Medical Practitioner.</p>	<p>Coma resulting directly from alcohol or drug abuse is excluded.</p>
3.1.26 - PNEUMONECTOMY	
Critical Illness	Exclusions
<p>The undergoing of Surgery on the advice of an appropriate Specialist Medical Practitioner to remove an entire lung for disease or traumatic Injury.</p>	<p>The following conditions are excluded:</p> <ul style="list-style-type: none"> i. Removal of a lobe of the lungs (Lobectomy) ii. Lung resection or incision

3.1.27 - APLASTIC ANAEMIA	
Critical Illness	Exclusions
<p>A Chronic persistent bone marrow failure which results in total aplasia of the bone marrow and requires treatment with at least two of the following:</p> <ul style="list-style-type: none"> i. Regular blood product transfusion ii. Marrow stimulating agents iii. Immunosuppressive agents iv. Bone marrow transplantation <p>The Diagnosis and suggested line of treatment must be confirmed by a Specialist Medical Practitioner (Haematologist) using relevant laboratory investigations including Bone Marrow Biopsy. Two out of the following three values should be present:</p> <ul style="list-style-type: none"> i. Absolute Neutrophil count of 500 per cubic millimetre or less; ii. Absolute Reticulocyte count of 20,000 per cubic millimetre or less; iii. Platelet count of 20,000 per cubic millimetre or less. 	<p>Temporary or reversible Aplastic Anaemia is excluded.</p>
3.1.28 - BLINDNESS	
Critical Illness	Exclusions
<ul style="list-style-type: none"> i. Total, permanent and irreversible loss of all vision in both eyes as a result of Illness or Accident. ii. The Blindness is evidenced by: <ul style="list-style-type: none"> a. corrected visual acuity being 3/60 or less in both eyes or; b. the field of vision being less than 10 degrees in both eyes. <p>The Diagnosis of blindness must be confirmed and must not be correctable by aids or Surgical Procedure.</p>	<p>Not Applicable</p>

3.1.29 - DEAFNESS	
Critical Illness	Exclusions
<p>Total and irreversible loss of hearing in both ears as a result of Illness or Accident.</p> <p>This Diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) Specialist.</p> <p>Total means “the loss of hearing to the extent that the loss is greater than ninety (90) decibels across all frequencies of hearing” in both ears.</p>	Not Applicable
3.1.30 - LOSS OF LIMBS	
Critical Illness	Exclusions
<p>The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of Injury or disease. This will include medically necessary amputation necessitated by Injury or disease. The separation has to be permanent without any chance of surgical correction.</p>	Loss of Limbs resulting directly or indirectly from self-inflicted Injury , alcohol or drug abuse is excluded
3.1.31 - LOSS OF SPEECH	
Critical Illness	Exclusions
<p>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 twelve (12) months. This Diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) Specialist.</p>	All psychiatric related causes are excluded.
3.1.32 - THIRD DEGREE BURNS	
Critical Illness	Exclusions
<p>There must be third-degree burns with scarring that cover at least 20% (twenty) of the body’s surface area. The Diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% (twenty) of the body surface area.</p>	Not Applicable

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3.1.33 - PRIMARY PARKINSON'S DISEASE	
Critical Illness	Exclusions
<p>The unequivocal Diagnosis of progressive, degenerative idiopathic Parkinson's Disease (all other forms of Parkinsonism are excluded) by a Neurologist acceptable to us. The Diagnosis must be supported by all of the following conditions:</p> <ul style="list-style-type: none"> i. The disease cannot be controlled with medication; ii. Signs of progressive impairment; and iii. Inability of the Insured Person to perform at least three (3) of the six (6) Activities of Daily Living for a continuous period of at least one hundred eighty (180) days. 	<p>The following conditions are excluded:</p> <ul style="list-style-type: none"> i. Drug induced or toxic causes of Parkinsonism.
3.1.34 - MULTIPLE SYSTEM ATROPHY	
Critical Illness	Exclusions
<p>A Diagnosis of multiple system atrophy by a Specialist Medical Practitioner (Neurologist). There must be evidence of permanent clinical impairment for a minimum period of thirty (30) days of bladder control with postural hypotension and any 2 of the following:</p> <ul style="list-style-type: none"> i. Rigidity ii. Cerebellar Ataxia iii. Peripheral Neuropathy 	<p>Not Applicable</p>
3.1.35 - ALZHEIMER'S DISEASE	
Critical Illness	Exclusions
<p>Alzheimer's Disease is a progressive degenerative Illness of the brain, characterized by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes.</p> <p>Deterioration of loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The Diagnosis must be supported by the clinical confirmation of a Neurologist.</p> <p>The Diagnosis must be supported by inability of the Insured Person to perform at least three (3) of the six (6) Activities of Daily Living for</p>	<p>The following are excluded:</p> <ul style="list-style-type: none"> i. Non-organic diseases ii. Alcohol related brain damage; and iii. Any other type of irreversible organic disorder/dementia.

a continuous period of one hundred and eighty (180) days.	
3.1.36 - CREUTZFELDT-JAKOB DISEASE	
Critical Illness	Exclusions
A Diagnosis of Creutzfeldt-Jakob disease must be made by a Specialist Medical Practitioner (Neurologist). There must be permanent clinical loss of the ability in mental and social functioning to do all of the following: remember, reason and perceive, understand, express and give effect to ideas for a minimum period of thirty (30) days to the extent that permanent supervision or assistance by a third party is required.	The following are excluded: i. Other type of dementia
3.1.37 - SYSTEMIC LUPUS ERYTHEMATOSUS	
Critical Illness	Exclusions
<p>A multi-system, multifactorial, autoimmune disease characterized by the development of autoantibodies directed against various self-antigens. Systemic Lupus Erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification. The final Diagnosis must be confirmed by a Specialist Medical Practitioner (Rheumatologist and Immunologist) supported by a positive antinuclear antibody test.</p> <p>The WHO Classification of Lupus Nephritis is as follows:</p> <p>Class I: Minimal change Lupus Glomerulonephritis- Negative, normal urine.</p> <p>Class II: Mesangial Lupus Glomerulonephritis- Moderate Proteinuria, active sediment</p> <p>Class III: Focal Segmental Proliferative Lupus Glomerulonephritis- Proteinuria, active sediment.</p> <p>Class IV: Diffuse Proliferative Lupus Glomerulonephritis- Acute nephritis with active sediment and / or nephritic syndrome.</p>	The following are excluded: 1. Other forms, discoid lupus, and those forms with only haematological and joint involvement.

Class V: Membranous Lupus Glomerulonephritis- Nephrotic Syndrome or severe proteinuria.	
3.1.38 - GOOD PASTURE'S SYNDROME	
Critical Illness	Exclusions
<p>Good Pasture's syndrome is an autoimmune disease in which antibodies attack the lungs and kidneys, leading to permanent lung and kidney damage. The permanent damage should be for a continuous period of at least thirty (30) days.</p> <p>The Diagnosis must be proven by Kidney biopsy and confirmed by a Specialist Medical Practitioner (Rheumatologist).</p>	<p>Not Applicable</p>
3.1.39 - PROGRESSIVE SCLERODERMA	
Critical Illness	Exclusions
<p>A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This Diagnosis must be unequivocally confirmed by a Specialist Medical Practitioner and supported by biopsy and serological evidence. The disorder must have reached systemic proportions to involve the heart, lungs or kidneys.</p>	<p>The following conditions are excluded:</p> <ul style="list-style-type: none"> i. Localized scleroderma (linear scleroderma or morphia); ii. Eosinophilic fasciitis; and iii. CREST syndrome
3.1.40 - MEDULLARY CYSTIC DISEASE	
Critical Illness	Exclusions
<p>A progressive hereditary disease of the kidneys characterized by the presence of multiple cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic renal failure.</p> <p>The Diagnosis must be confirmed by a Specialist Medical Practitioner supported by renal biopsy.</p>	<p>Not Applicable</p>

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3.1.41 - MUSCULAR DYSTROPHY	
Critical Illness	Exclusions
<p>Muscular Dystrophy is a disease of the muscle causing progressive and permanent weakening and atrophy of certain muscle groups based on three (3) out of four (4) of the following conditions:</p> <ol style="list-style-type: none"> 1. Family history of the other affected individuals 2. Clinical presentation including absence of sensory disturbances, normal cerebrospinal fluid and mild tendon reflex reduction; 3. Characteristic electromyogram; or 4. Clinical suspicion confirmed by muscle biopsy <p>The Diagnosis of Muscular Dystrophy must be confirmed by a Neurologist, and confirmed with the appropriate laboratory, biochemical, histological, and electromyographic evidence.</p> <p>The disease must result in the permanent inability of the Insured Person to perform (whether aided or unaided) at least three (3) of the six (6) "Activities of Daily Living" for a continuous period of six (6) months.</p>	Not Applicable

3.2. SHESMART

We will pay the sum insured as specified in the policy schedule, If an Insured person is diagnosed to be suffering from a **Covered Critical Illness** (as defined below).

Please be noted that the below coverages are applicable for female **Insured Person(s)** only who are in the age group of 18 years to 55 years at the time of taking the **Policy**.

1) SEVERE OSTEOPOROSIS

Severe Osteoporosis	
Critical Illness	Exclusions
<p>Osteoporosis is a degenerative bone disease that results in loss of bone. The Diagnosis of Severe Osteoporosis must be confirmed by a Specialist Medical Practitioner and supported with:</p>	Not Applicable

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<p>1. Bone density reading T-score of less than -2.5 (minus 2.5)</p> <p>2. History of at least 3 or more osteoporotic fractures involving vertebral body and neck of femur and/or wrist. These fractures must directly cause the Insured's permanent inability to perform at least one (1) Activity of Daily Living.</p>	
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2) **MATERNITY BENEFIT**

We will pay for these conditions and treatments subject to waiting period of at least 10 months from the date of commencement of the first **Policy**.

i. **COMPLICATION OF PREGNANCY**

1. Disseminated Intravascular Coagulation	
Critical Illness	Exclusions
<p>Disseminated intravascular coagulation (DIC) is the overactivation of the coagulation and fibrinolytic system resulting in microvascular thrombosis, consumption of platelets and coagulation factors and major haemorrhage requiring treatment with frozen plasma and platelets concentrates.</p> <p>The Diagnosis of the DIC must be confirmed by a Specialist Medical Practitioner by the demonstration of reduced levels of fibrinogen and platelets, prolongation of the thrombin, prothrombin and partial thromboplastin times, and the presence of fibrin/fibrinogen degradation products (FDP) in the serum.</p>	<p>Any disseminated intravascular coagulation arising during the first seven months of pregnancy is excluded.</p>
2. Eclampsia of Pregnancy	
Critical Illness	Exclusions
<p>The development of seizure or coma associated with hypertension after 20 weeks of pregnancy.</p> <p>The Diagnosis must be made by a Specialist Medical Practitioner with a systolic blood pressure of at least 170 mmHg or diastolic blood pressure of at least 110 mmHg recorded on 2 successive measurements of at least 6 hours apart, as well as proteinuria of more than 3+ on random urine sample.</p>	<p>Pre-Eclampsia is not covered</p>
3. Malignant Hydatidiform Mole	
Critical Illness	Exclusions
<p>The development of fluid-filled cysts in the uterus after the degeneration of the chorion during pregnancy and shows evidence of malignancy.</p> <p>The Diagnosis must be confirmed by histopathological evidence of spread to Uterine muscles and vessels by a Specialist Medical Practitioner.</p>	<p>Molar Pregnancy or Non-Invasive Hydatidiform mole is not covered</p>

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4. Gestational Choriocarcinoma	
Critical Illness	Exclusions
<p>A Gestational Choriocarcinoma is a trophoblastic malignant tumor arising from any gestational event during pregnancy.</p> <p>The Diagnosis of Gestational Choriocarcinoma must be made by a Specialist Medical Practitioner and evidenced by:</p> <ul style="list-style-type: none"> i. Spread of the disease out of the uterus to the degree of at least stage II of the FIGO staging of Choriocarcinoma as confirmed by imaging studies such as CT scan or MRI and ii. Presence of Beta HCG marker. <p>The FIGO staging of Choriocarcinoma are as follows:</p> <p>Stage I: disease limited to the uterus</p> <p>Stage II: disease out of the uterus but limited to the female genital tract</p> <p>Stage III: metastasis in the lung with or without involvement of female genital tract</p> <p>Stage IV: all metastasis at other locations</p>	<p>Gestational Choriocarcinoma arising from Molar Pregnancy or Hydatidiform mole is not covered</p>

ii. **CONGENITAL ANOMALY**

We will pay on the birth of the child with any one or more of the Congenital Anomalies listed below. This benefit will be available for first two children only.

1. Down Syndrome	
Critical Illness	Exclusions
<p>Down syndrome is a genetic condition caused by abnormal cell division in the egg, sperm, or fertilized egg. This results in an extra or irregular chromosome in some or all the body's cells, causing varying levels of intellectual disability and physical problems.</p> <p>The Diagnosis must be confirmed by chromosomal analysis showing trisomy 21 pattern (an extra chromosome), translocation (a breaking off of one chromosome and attaching to another), or mosaicism (some cells have 46 chromosomes, and some have 47) performed by a Specialist Medical Practitioner.</p>	<p>Not Applicable</p>
2. Congenital Heart Disease	
2.1 - Congenital Heart Disease - Tetralogy of Fallot	
Critical Illness	Exclusions
<p>Cyanotic congenital heart condition and classically characterized by the combination of ventricular septal defect (VSD), right ventricular outflow tract obstruction (RVOTO), overriding aorta, and a late right ventricular hypertrophy.</p>	<p>Not Applicable</p>

The Diagnosis must be supported by Echocardiography performed by a Specialist Medical Practitioner (Cardiologist).	
2.2 - Congenital Heart Disease: Transposition of Great Arteries	
Critical Illness	Exclusions
Transposition of the great vessels (TGV) is a group of congenital heart defects involving an abnormal spatial arrangement of any of the great vessels: superior and/or inferior venae cavae, pulmonary artery, pulmonary veins, and aorta The Diagnosis must be supported by Echocardiography performed by a Specialist Medical Practitioner (Cardiologist).	Not Applicable
2.3 - Congenital Heart Disease: Ebstein Anomaly	
Critical Illness	Exclusions
Ebstein's anomaly is a rare congenital heart defect of the tricuspid valve that occurs during fetal development, characterized by apical displacement of the septal and posterior tricuspid valve leaflets, leading to atrialization of the right ventricle with a variable degree of malformation and displacement of the anterior leaflet . The Diagnosis must be supported by Echocardiography performed by a Specialist Medical Practitioner (Cardiologist).	Not Applicable
3. Spina Bifida	
Critical Illness	Exclusions
Spina bifida is a birth defect where the bones in the vertebral column do not fully cover the spinal cord, leaving it exposed leading to rare and severe form of meningocele and/or myelomeningocele. The Diagnosis of spina bifida myelomeningocele and/or meningocele must be confirmed by a Specialist Medical Practitioner .	Spina bifida occulta

3.3. ADDITIONAL CRITICAL ILLNESS

We will pay the **Sum Insured** as specified in the **Policy Schedule**, if the Insured person is diagnosed to be suffering from a **Covered Critical Illness** (as defined below).

1. EARLY STAGE CANCER	
Critical Illness	Exclusions
Early Stage Cancer - which shall mean the presence of one of the following malignant conditions: <ul style="list-style-type: none"> a. Chronic Lymphocytic Leukaemia classified as RAI stage I or II; Hodgkin's lymphoma Stage I by the Cotswolds classification staging system. b. Carcinoma-in-situ: Carcinoma-in-situ shall mean a histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or involved (in the sense of infiltrating and / or 	<ul style="list-style-type: none"> a. Cancer with stage of T0 and Tx according to the TNM classification, are excluded. b. Clinical Diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I and CIN II (where there is severe dysplasia

<p>actively destroying) the surrounding tissues or stroma. The tumor must be classified as Tis according to TNM staging or FIGO stage 0.</p> <p>The Diagnosis must be based on histopathological features and confirmed by a Specialist Medical Practitioner (Pathologist).</p>	<p>without carcinoma in situ) are specifically excluded.</p> <p>c. Carcinoma in Situ of the Skin and Prostate are specifically excluded.</p>
2. INTERMEDIARY STAGE CANCER	
Critical Illness	Exclusions
<p>The actual undergoing of a Radical Surgery to arrest the spread of malignancy in that specific organ, which must be considered as appropriate and necessary treatment. "Radical Surgery" is defined in this policy as the total and complete removal of one of the following organs:</p> <ul style="list-style-type: none"> ▪ Breast (Mastectomy), ▪ Prostate (Prostatectomy), ▪ Corpus Uteri (Hysterectomy), ▪ Ovary (Oophorectomy), ▪ Fallopian Tube (Salpingectomy), ▪ Colon (Colectomy) or ▪ Stomach (Gastrectomy). <p>Prostatectomy must be carried out as a result of early prostate cancer that is histologically described using the TNM Classification as T1a or T1b or Prostate cancers described using another equivalent classification.</p> <p>With the exception of prostatectomy, the Radical Surgery must be performed as a result of Carcinoma-in-situ which has been positively established by microscopic examination of fixed tissues and additionally supported by a biopsy of the removed organ.</p>	<p>a. Partial removal of an organ will not be covered.</p> <p>b. All grades of cervical intraepithelial neoplasia (CIN) and prostatic intraepithelial neoplasia (PIN) are specifically excluded.</p>
3. ANGIOPLASTY	
Critical Illness	Exclusions
<p>Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).</p> <p>Coronary arteries herein refer to left main stem, left anterior descending circumflex and right coronary artery.</p>	<p>Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded</p>

Please be informed that:

- a. We will not pay for Early Stage Cancer & / or Intermediary Stage Cancer, if your earlier claim for Cancer of specified severity/ Major Stage Cancer was reported under section 3.1.1 for the same organ of the body or the malignant cells.
- b. We will not pay for Angioplasty, if your earlier claim for Coronary Artery Disease was reported under section 3.1.8.

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3.4. SECOND CRITICAL ILLNESS

We will pay the **Sum Insured** as specified in the **Policy Schedule**, if the **Insured Person** is diagnosed with a **Second Critical Illness** as specified under Section – 3.1.

Please be informed that:

- i. This benefit can be availed only once by **Insured Person** during the lifetime of a **Policy** provided **Policy** is renewed continuously without any break.
- ii. The second **critical Illness** claim should be diagnosed one (1) year after the **Diagnosis** of the **First Critical Illness**.
- iii. After a Cancer claim, if the **Insured** claims for **second critical Illness** from Group IV (as listed in Section 3.1), then the **Date of Diagnosis** of such **second critical Illness** must be at least four (4) years after the **Date of Diagnosis** of the immediately preceding Cancer.
- iv. After a claim for End Stage Lung Disease, if the **Insured** claims for Pneumonectomy as **second critical Illness**, then the date of actual undergoing of Pneumonectomy must be at least four (4) years after the **Date of Diagnosis** of the immediately preceding End Stage Lung Disease.

3.5. PERSONAL ACCIDENT

We will pay the **Sum Insured** as specified in the **Policy Schedule**, If the **Insured Person** suffers an **Injury** due to an **Accident** during the **Policy Period** which is the sole and direct cause of his death within twelve (12) months from the date of the **Accident**.

Disappearance

We will also pay –

- i. If **Insured Person's** body has not been found within twelve (12) months after the forced landing, stranding, sinking or wrecking of a conveyance in which **Insured Person** was a passenger or as a result of any Acts of God peril, in which case it shall be deemed, subject to all other terms and provisions of the **Policy**, that **Insured Person** has suffered loss of life within the meaning of the **Policy** due to an **Accident** that occurred during the **Policy Period**.
- ii. If at any time, after the payment for loss of life, it is discovered that **Insured Person** is still alive, then all payments made under this coverage to **Your** nominee shall be reimbursed in full to **Us**.

3.6. MEDICAL INFLATION BONUS

We will enhance the **Renewal Policy Sum Insured** by 10% of the previous **Policy Sum Insured**, on cumulative basis for each **Policy Year** irrespective of a claim in the expiring **Policy year**. The benefit is subject to the following:

- a. The accumulated Medical Inflation shall not exceed 50% of the **Sum Insured** or ₹ 7.5 lakh whichever is lower, in any **Policy Year**.
- b. The entire Medical Inflation will be lost if the **Policy** is not renewed on or before the end of the **Grace Period**.
- c. The Medical Inflation shall be applicable on annual basis subject to continuation of the **Policy**.

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- d. This clause does not alter **Our** rights to decline **Renewal** or cancellation of the **Policy**. If the **Sum Insured** under the **Policy** is decreased at **Renewal**, then the applicable Medical Inflation shall also be proportionally reduced to the **Sum Insured**.
- e. If the **Sum Insured** under the policy is increased at **Renewal**, then the Medical Inflation shall be applicable separately to the previous **Policy Sum Insured** and to the enhanced **Sum Insured**.

3.7. CHILD TUITION BENEFIT

We will pay the amount stated in the **Policy Schedule** to the Insured Person's dependent child(ren) if **We** have accepted a claim under:

- a. Section 3.1 Critical **Illness**
- b. Section 3.4 Second Critical **Illness**
- c. Section 3.5 Personal Accident

This benefit is subject to the following:

- a. **We** will pay this benefit once for each claim accepted under section 3.1;3.4 and 3.5 during the lifetime of a **Policy**.
- b. **We** will pay the benefit to **Your** dependent child who is a full-time student in any **Educational Institute** at the time of such **Accidental Death** or **Critical Illness**.
- c. **We** will pay this benefit to the bank account of Eligible child(ren). In case the child is a minor, the benefit will be given to the joint account of the legal guardian and the minor child.
- d. In case of more than one child, the payable amount will be paid equally to the eligible children.

3.8. MEDICAL SECOND OPINION

If the **Insured Person** is diagnosed with **Specified Critical Illness** during the **Policy Period** and opts to obtain medical Second opinion related to such **Critical Illnesses**, **We** will organize the same by Our **Service Provider** provided that:

- a. **We** have received a request from **You** to exercise this option immediately not exceeding two (2) days after **You** had given intimation of the Claim as specified under section 5.4) v) b) - Claim Intimation.
- b. That the Second opinion will be based only on the information and documentation provided by the **Insured Person** that will be shared with the **Specialist Medical Practitioner**.
- c. This benefit can be availed only once each for section 3.1 Critical Illness, section 3.2 SheSmart; 3.3 Additional Critical Illness and 3.4 Second Critical Illness by Insured Person during the lifetime of a **Policy**, provided **Policy** is renewed continuously without any break.
- d. This benefit is only a value-added service provided by **Us** and does not deem to substitute the Insured Person's visit or consultation to an independent Medical Practitioner.
- e. The Insured Person is free to choose whether to obtain the Second opinion or not, and if obtained, then whether to act on it or not.
- f. **We** shall not, in any event, be responsible for any actual or alleged errors or representations made by Medical Practitioner in any Medical Second opinion or for any consequence of actions taken or not taken in reliance thereon.
- g. The Second opinion under this **Policy** shall be limited to **covered Critical Illnesses** as listed in the **Policy Schedule** and not be valid for any medico legal purposes.

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- h. **We** do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

3.9. HEALTH CHECK UP

If no claim has been made under this **Policy** for continuously Two (2) years and the **Policy** is renewed with **Us** without any break then at the end of every two (2) claim free policy years, **We** will provide Health check-up benefit to the **Insured Person** as specified below:

Age / Sum Insured	Up to 5 Lac	5-10 Lac	10-25 Lac
18 - 45 yrs.	Set 1	Set 1	Set 2
46-50 Years	Set 1	Set 2	Set 3
51 Years and above	Set 2	Set 3	Set 3
Set	List of Medical Tests		
Set-I	Medical Examination, Complete Blood Count, Routine Urine Examination, Hb1Ac, Total Cholesterol, Sr. Creatinine, SGOT, SGPT, ECG		
Set-II	Medical Examination, Complete Blood Count, Routine Urine Examination, Hb1Ac, Total Cholesterol, GGT, Sr. Creatinine, SGOT, SGPT, ECG, Ultrasound		
Set-III	Medical Examination, Complete Blood Count, Routine Urine Examination, Hb1Ac, Total Cholesterol, GGT, Sr. Creatinine, SGOT, SGPT, ECG, Ultrasound, Hs CRP, PAP smear (Females)/PSA (Males)		

A. Locations where Our Network Providers are available -

- i. Health check Up benefit shall be available on cashless basis at **Our Network Providers** only as per the grid mentioned above.
- ii. **We** will arrange for the **Insured Person's** Health Check-up at **Our Network Provider** as per the above grid.
- iii. After completion of the Health Check-up, the **Insured Person** needs to sign the application form, thereafter **We** will provide the Original Copies of all the reports to You, while retaining a copy of the same with Us.

B. Locations where Our Network Providers are not available:

- a. The benefit will be available on reimbursement basis if, there is no **Network Provider** within the municipal limits of the **Insured's** City of residence.
- b. The **Insured Person** can opt for Health Check-up at any of the Diagnostic Centre of his choice near to his/her residence, as per the grid mentioned above.
- c. **We** will pay the amount towards the cost of health check up to the limit defined in the below grid or at actuals, whichever is lesser.

Age / Sum Insured	Up to 5 Lac	5-10 Lac	10-25 Lac
18 - 45 yrs.	₹ 750	₹ 750	₹ 1500
46-55 yrs.	₹ 750	₹ 1500	₹ 2500
Above 55 yrs.	₹ 1500	₹ 2500	₹ 2500

Please be informed that:

- a. If this benefit is not claimed within a year from the date it becomes applicable, then this benefit cannot be carried forwarded further.
- b. This benefit will not be available, if the Policy is not renewed further.

3.10. COUNSELLING

To cope with the social emotional and psychological stress, **We** will cover the cost incurred for the counselling session taken by the **Insured Person** or his **Family** (member 18 years and above) if the **Insured Person** is diagnosed with a **Specified Critical Illness** in the **Policy Year**.

- i. A total of 5 sessions is allowed to **Insured person** and his **Family** once in a lifetime of a **Policy** provided **Policy** is renewed continuously without any break.
- ii. Our liability is limited to ₹ 1500/- per session or actuals, whichever is lower.

3.11. FIXED PREMIUM GUARANTEE

We will guarantee fixed **Policy** premium for a period of six (6) consecutive years subject to the following:

- a. This benefit will be effective only if **Policy** is renewed continuously without any break.
- b. There is no change in plan or coverages at the time of **Renewal** of **Policy**.

3.12. CANCER SEEK

If no claim has been made under this **Policy** for continuously Three (3) years and the **Policy** is renewed with **Us** without any break then at the end of every Three (3) claim free policy years, **We** will provide Cancer screening benefit to the **Insured Person** as specified below through our empanelled **Service Provider**:

Set	List of Medical Tests
Male	Complete Physical Examination, Consultation by Specialist, Clinical Examination of Oral Cavity, Digital rectal Examination, Ultrasound Whole Abdomen, Stool Occult & Blood, Chest X-ray, Prostate Specific Antigen
Female	Complete Physical Examination, Consultation by Specialist, Clinical Examination of Oral Cavity, Digital rectal Examination, Ultrasound Whole Abdomen, Stool Occult & Blood, Chest X-ray, Mammography, Pap Smear

3.13. CANCER RELAPSE:

We will pay the **Sum Insured** as stated in the **Policy Schedule** if the **Insured Person** is diagnosed with **Relapse or Re-occurrence of cancer**, provided that -

- i. **We** have paid a claim earlier as a first incidence for the **Relapse or Re-occurrence of cancer** under section 3.1.1 – Cancer of Specified Illness or Major stage of cancer

Please be informed that:

- i. This benefit can be availed only once by **Insured Person** during the lifetime of a **Policy** provided **Policy** is renewed continuously without any break.

- ii. The **Relapse or Re-occurrence of cancer** is diagnosed itself after a period of 2 years post complete remission or from the last treatment/therapy received.

3.14. ADJUVANT THERAPY

If the **Insured Person** is diagnosed with Cancer of Specified Severity / Major cancer and after undergoing primary surgical treatment , **Adjuvant Therapy**, is advised by the Specialist Medical Practitioner, then **We** will pay the **Sum Insured** as stated in the **Policy Schedule**, provided that -

- i. **We** have paid a claim earlier for cancer under section 3.1.1 – Cancer of Specified Illness or Major stage of cancer

Please be informed that:

- i. This benefit can be availed only once by **Insured** Person during the lifetime of a **Policy** provided **Policy** is renewed continuously without any break.
- ii. We will not pay in case only primary medical or surgical treatment is advised or in case of Adjuvant therapy is advised before the primary treatment (Neo-Adjuvant Therapy)

3.15. CANCER SUPPORT

If We have accepted a claim under Section 3.3)1) - Early Stage Cancer, Section 3.3)2) - Intermediary Stage of Cancer, section 3.3.1 - Cancer of Specified Severity / Major Stage Cancer, We will provide below mentioned additional support to the Insured person:

A. Expert Opinion

If the **Insured Person** opts to obtain Expert opinion , **We** will organize the same by **Our Service Provider** provided that:

- a. **We** have received a request from **You** to exercise this option immediately not exceeding two (2) days after **You** had given intimation of the Claim as specified under section 5.4)v)b) - Claim Intimation.
- b. That the Expert opinion will be based only on the information and documentation provided by the **Insured** Person that will be shared with the **Specialist Medical Practitioner**.
- c. This benefit can be availed only once under each Section of the policy - Section 3.3)1) - Early Stage of Cancer; Section 3.3)2) - Intermediary Stage of cancer; Section 3.1.1) - Cancer of specified Severity/ Major Stage Cancer, by the Insured Person during the lifetime of a Policy provided Policy is renewed continuously without any break.
- d. This benefit is only a value-added service provided by **Us** and does not deem to substitute the **Insured** Person's visit or consultation to an independent Medical Practitioner.
- e. The **Insured** Person is free to choose whether to obtain the Expert opinion or not, and if obtained, then whether to act on it or not.
- f. **We** shall not, in any event, be responsible for any actual or alleged errors or representations made by Medical Practitioner in any Expert opinion or for any consequence of actions taken or not taken in reliance thereon.
- g. The Expert opinion under this **Policy** shall be limited to cancer as defined in the **Policy** and not be valid for any medico legal purposes.

- h. **We** do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

B. Cancer Counselling

To cope with the difficulties during and after Your cancer diagnosis, **We** will cover the cost incurred for the following counselling session:

a. Genetic Counselling

We will provide to the **Insured Person** or His Family member, Pre-Genetic Test or Post-Genetic test consultative service that includes clinical assessment to support treatment decision.

b. Psychological Counselling

To cope with the social emotional and psychological distress and to determine targets of health and quality of life, We will provide Psychological counselling to the **Insured Person** or his **Family** (18 years and above).

c. Lifestyle Counselling

We will provide lifestyle & dietary counselling to the **Insured Person** in order to have a healthy lifestyle during and after cancer, associated with improved physical and psychological well-being, reduced risks of treatment, enhanced self-esteem, reduced risk of recurrence and improved survival.

Please be informed that:

- i. A total of 10 sessions is allowed to **Insured person** and his **Family** in a lifetime of a **Policy** provided **Policy** is renewed continuously without any break.
- ii. Our liability is limited to ₹ 1500/- per session or actuals, whichever is lower.
- iii. Cost of any Genetic tests are not covered under this benefit.

3.16. CARE RESTORE

We will restore the **Sum Insured** as stated in the **Policy Schedule** if the **Insured Person** is diagnosed with **Second Primary Cancer**, provided that -

- ii. **We** have paid a claim earlier as a first incidence for the cancer under section 3.1.1 – Cancer of Specified Illness or Major stage of cancer.

Please be informed that:

- iii. This benefit can be availed only once by **Insured Person** during the lifetime of a **Policy** provided **Policy** is renewed continuously without any break.
- iv. The **Second Primary Cancer** is diagnosed after a period of 3 years from the last diagnosis of Cancer of Specified Severity

3.17. REDUCTION OF WAITING PERIOD

90 days “Initial Waiting Period” under Section 4.1 stands reduced to the duration as specified in the Policy Schedule for all Insured Persons covered under this Policy.

4. WAITING PERIODS

All waiting Periods shall apply individually for each Insured Person and claims shall be assessed accordingly.

- 4.1 Initial Waiting Period** – We shall not be liable to make any payment in respect of any Critical Illness which is diagnosed within ninety (90) days from the date of commencement of first Policy. This shall not apply to the subsequent renewals with us without a break or renewals within grace period.
- 4.2 Waiting Period for Pre-Existing Disease / Condition** – 48 months waiting period from policy commencement date for all Pre-Existing Conditions declared and/or accepted at the time of application.

5. EXCLUSIONS

We will not make payment for a claim in respect of any **Insured Person** in any way resulting directly or indirectly from or attributable to any of the following unless specifically covered elsewhere in this **Policy**:

5.1. STANDARD EXCLUSIONS

- i. **Substance related and Abusive Disorders** - Dependency on or abuse of intoxicants or hallucinogenic substances or drugs (unless prescribed by Medical Practitioner) and any Illness or Injury arising directly or indirectly from such dependency or abuse.
- ii. **Breach of Law** - Insured Person committing or attempting to commit a breach of law with criminal intent.
- iii. **Chemical and Nuclear Exposure** - Nuclear Weapons/materials, radiations of any kind, contamination by radioactive material, nuclear waste, nuclear fuel or from the combustion of nuclear fuel, chemical or biological Weapons.
- iv. **War** - War, invasion, act of foreign enemy, civil war, public defence, rebellion, revolution, insurrection, military or usurped acts.

5.2. EXCLUSIONS SPECIFIC TO THE POLICY WHICH CANNOT BE WAIVED

- i. **Pre-Existing Disease** – Any **Covered Critical Illness** arising out of **Pre-Existing Disease** prior to first **Policy Period** Start Date.
- ii. **Self-Inflicted Injuries or Attempted Suicide** - Self-inflicted Injury or suicide, attempted suicide while sane or insane.
- iii. **External Congenital anomaly, disease or defects**
- iv. **Dangerous Acts (Adventure/Professional Sports/Defence Operation)** - Participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing etc. in a professional nature. Participation in

any flying activity, except as a bonafide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.

- v. **Unrecognized Physician** - Certification/Diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/she is licensed for.
- vi. **Maternity and Pregnancy** - Pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including Caesarean section), abortion or complications of any of these.
- vii. **Experimental or Unrecognized Treatment** - Treatments which are experimental, investigational or unproven, which are not consistent with or incidental to the Diagnosis and treatment of the positive existence, pharmacological regimens, stem cell implantation/ therapy or Surgery.

6. GENERAL TERMS & CONDITIONS

6.1. CONDITIONS PRECEDENT TO THE POLICY

i. AGE

A person shall be eligible to become an **Insured Person** if he is of an age group of Eighteen (18) years to sixty-five (65) years.

ii. CONDITION PRECEDENT

This **Policy** requires fulfilment of the terms and conditions of this **Policy** at all times by **You** or any of the **Insured Persons**, payment of premium (including payment of instalment premium by the due dates as mentioned in the **Policy Schedule**) and **Disclosure to Information Norm**. This is a precondition to any liability under the **Policy**.

iii. DISCLOSURE TO INFORMATION NORM

The **Policy** shall be void and all premium paid shall be forfeited to **Us**, in the event of misrepresentation, mis-description or non-disclosure of any **Material Fact**. In the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a Claim being fraudulent or any fraudulent means or device being used by the **Policyholder/ Insured Person** or any one acting on his/ their behalf to obtain a benefit under this **Policy**, **We** may cancel this **Policy** at **Our** sole discretion. In such a case, the premium paid shall be forfeited and any benefit paid under the **Policy** shall also be forfeited and (if appropriate) shall be recoverable.

iv. ELECTRONIC TRANSACTIONS

The Policy holder / Insured Person agrees to adhere to and comply with all terms and conditions as may be imposed for electronic transactions from time to time. The Policyholder hereby agrees and confirms that all transactions effected by or through facilities including the Internet, , call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of automated machines network or through other means of telecommunication, established by or on behalf of Us, for and in respect of the Policy or its terms, shall constitute legally binding and valid

COCO CritiCare - Navi General Insurance | UIN : NAVHLIP21361V022021

Registered & Corporate Office: Navi General Insurance Limited
402, 403 & 404, A & B Wing, 4th Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai -400099
Toll-free number: 1800 123 0004 | Fax: 022-4001 8251 | Website: www.naviinsurance.com | Email: mycare@navi.com
CIN: U66000MH2016PLC283275 | IRDAI Registration Number: 155

when done in adherence to and in compliance with the terms and conditions for such facilities and as may be prescribed from time to time and shall be within the terms and conditions of this contract. However, these terms and condition shall not override provisions of any law(s) or statutory regulations as amended from time to time.

v. NO CONSTRUCTIVE NOTICE

Any knowledge or information of any circumstance or condition in relation to the **Policyholder/ Insured Person** which is in **Our** possession and not specifically informed by the **Policyholder/ Insured Person** shall not be held to bind or prejudicially affect **Us** notwithstanding subsequent acceptance of any premium.

6.2. CONDITIONS APPLICABLE DURING THE CONTRACT

i. ALTERATIONS TO THE POLICY

The proposal form, declaration, **Policy Schedule** and **Policy** constitutes the complete contract of insurance. This **Policy** cannot be changed by any one (including an insurance agent or broker) except **Us**. Any change that **We** make will be communicated to **You** by a written endorsement signed and stamped by **Us**.

ii. CANCELLATION OF POLICY

a. We may cancel this **Policy** on grounds of misrepresentation, fraud, non-disclosure of **Material Facts**, non-cooperation by **You** or anyone acting on **Your** behalf. When such cancellation of the **Policy** will be on the grounds of misrepresentation, fraud, non-disclosure of **Material Facts**, it will be from inception date or the **Renewal** date (as the case may be) upon 15 days' notice, delivered to or mailed to **Your** last address as shown in the records followed by an endorsement without refund of any premium.

In case of cancellation of the **Policy** by **Us** on account of non-cooperation, **You** shall be entitled to refund of pro-rata premium for the unexpired portion of the **Policy** on the date of cancellation except for those **Insured Person(s)** for whom a claim has been paid or is payable under the **Policy**.

b. You may cancel this **Policy** at any time by sending fifteen (15) days' notice in writing to **Us** stating when cancellation is to take effect. In the event of such cancellation, **We** shall retain premium for the period that this **Policy** has been in force calculated in accordance with the short period rate table.

However, there will be no refund of premium in respect of the **Insured Person** for whom a claim has been paid or is payable under the **Policy**.

Rate of Premium to be Refunded			
Month	1 Year Policy	2 Year Policy	3 Year Policy
1	83%	89%	91%
2	75%	85%	88%
3	68%	81%	86%
4	60%	77%	83%
5	53%	73%	81%
6	45%	70%	78%

7	38%	66%	75%
8	30%	62%	73%
9	23%	58%	70%
10	15%	54%	68%
11	8%	50%	65%
12	0%	46%	62%
13		43%	60%
14		39%	57%
15		35%	55%
16		31%	52%
17		27%	49%
18		23%	47%
19		19%	44%
20		15%	42%
21		12%	39%
22		8%	36%
23		4%	34%
24		0%	31%
25			29%
26			26%
27			23%
28			21%
29			18%
30			16%
31			13%
32			10%
33			8%
34			5%
35			3%
36			0%

iii. COMMUNICATIONS & NOTICES

- a. Any notice, direction or instruction under this **Policy** shall be in writing and if it is:
 - To any **Insured Person**, then it shall be sent to **You** at **Your** last updated address as shown in **Our** records and **You** shall act for all **Insured Persons** for these purposes.
 - To **Us**, it shall be delivered to **Our** address specified in the Schedule.
- b. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on **Our** behalf unless **We** have expressly stated to the contrary in writing.
- c. Notice and instructions will be deemed served ten (10) days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail after posting.
- d. **You** must immediately bring to **Our** notice any change in the address or contact details. If **You** fail to inform **Us**, **We** shall send notice to the last known address and it would be considered that the notice has been sent to **You**.
- e. **You** must include Your **Policy** number for any communication with **Us**.

COCO CritiCare - Navi General Insurance | UIN : NAVHLIP21361V022021

Registered & Corporate Office: Navi General Insurance Limited
 402, 403 & 404, A & B Wing, 4th Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai -400099
 Toll-free number: 1800 123 0004 | Fax: 022-4001 8251 | Website: www.naviinsurance.com | Email: mycare@navi.com
 CIN: U66000MH2016PLC283275 | IRDAI Registration Number: 155

iv. **FREE LOOK PERIOD**

You have a period of 15 days from the date of receipt of the **Policy** Documents to review the terms and conditions of the **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 stand extinguished on the free look cancellation of the **Policy**. Free look provision is not applicable for **Portability** and at the time of **Renewal** of the **Policy**

v. **GEOGRAPHY**

This **Policy** applies to events or occurrences taking place anywhere in the world unless limited under this **Policy** in a particular benefit or definition. All payments under this **Policy** will only be made in Indian Rupees.

vi. **INSTALMENT PREMIUM**

In case premium is payable in instalments as specified in the **Policy Schedule**, then:

- a. Instalments shall be payable on or before the due date for continuity of coverage under the **Policy**.
- b. **You** will have **Relaxation Period** of 15 days from the due date for payment of instalment. **We** will not charge interest on the instalment premium paid during the **Relaxation Period** and there will be no impact on coverage of **Pre-Existing Disease** and continuity of waiting periods
- c. In case **We** do not receive the premium within the **Relaxation Period**, the **Policy** will be terminated and in the event of a claim during the **Relaxation Period**, all the subsequent premium instalments shall immediately become due and payable.
- d. **We** shall have the right to recover and deduct any or all the pending instalments from the claim amount due under the **Policy**.

If **You** are opting for Electronic Clearing Service for Instalment premium payment, then kindly ensure that:

- a. Electronic Clearing Service (ECS) Mandate form is completely filled & signed by **You**.
- b. The Premium amount which would be auto debited & frequency of instalment is duly filled in the ECS Mandate form.
- c. New ECS Mandate Form is required to be filled in case of any change in the Premium due to change of **Sum Insured** / age / plan / coverages/revision in premium.
- d. **You** need to inform us at least 15 days prior to the due date of instalment premium if **You** wish to discontinue with the ECS facility.
- e. Non-payment of premium on due date as opted by **You** in the mandate form subject to an additional 15 days of **Relaxation Period** will lead to termination of the policy.

vii. **POLICY DISPUTES**

Any and all disputes or differences concerning the interpretation of the coverage, terms, conditions, limitations and/ or exclusions under this **Policy** shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

viii. **PROTECTION OF POLICY HOLDERS INTEREST**

This **Policy** is subject to IRDAI (Protection of **Policyholders'** Interest) Regulation, 2017 or any amendment thereof.

ix. **RECORDS TO BE MAINTAINED**

You or the **Insured Person**, as the case may be shall keep an accurate record containing all relevant medical records pertaining to the treatment taken for any liability under the **Policy** and shall allow **Us** or **Our** representative(s) to inspect such records. **You** or the **Insured Person** as the case may be, shall furnish such information as may be required by **Us** under this **Policy** at any time during the **Policy Period** and up to three years after the **Policy** expiration, or until final adjustment (if any) and resolution of all claims under this **Policy**.

x. **REVISION & MODIFICATION OF PRODUCT**

Any revision or modification will be done with the approval of the **Authority**.

We shall notify **You** about revision / modification in the product including premium. Such information shall be given to **You** at least ninety (90) days prior to the effective date of modification or revision coming into effect.

xi. **TERMINATION OF POLICY**

This **Policy** terminates on earliest of the following events-

- a. Cancellation of **Policy** as per the cancellation provision.
- b. On the **Policy** expiry date.

xii. **WITHDRAWAL OF THE PRODUCT**

The product may be withdrawn after due approval from the **Authority**. In such case, **We** will provide one-time option to all the **Policyholders** whose **Policy** is falling due for **Renewal** within 90 days of withdrawal of the product to renew the existing **Policy** or migrate to modified or other suitable Individual Health **Policy** with **Us** subject to Migration norms in vogue. All those **Policyholders** who choose to renew the existing **Policy** will be migrated to modified or other suitable Individual Health Insurance **Policy** at the time of next **Renewal**. However, if the **Policyholder** do not respond to **Our** intimation in case of such withdrawal, the **Policy** will be withdrawn on the **Renewal** date. All those **Policyholders** whose **Renewal** fall after 90 days of withdrawal of product will require to migrate to modified or other suitable Individual Health Insurance **Policy**.

Insured Person(s) who migrates to the similar Health Insurance product available with Us, will be entitled for the accrued waiting period for Pre-existing disease so that the total waiting period for pre-existing disease does not exceed the waiting period applicable in the withdrawn product.

6.3. **CONDITIONS FOR RENEWAL OF CONTRACT**

i. **CONTINUITY**

Insured Person would have an option to migrate to **Our** other individual Critical **Illness** insurance product(s), if available, subject to **Our** underwriting guidelines. Likewise, children covered under the **Policy** when exiting on account of being not dependent on parents will also be given an option to migrate to **Our** individual critical **Illness** insurance plans subject to **Our** underwriting guidelines.

Insured Person will be entitled for accrued continuity benefits as per prevailing Portability and Migration guidelines issued by the regulator.

ii. RENEWAL TERMS

The **Policy** can be renewed on or before the end of the **Policy Period** subject to realization of Renewal premium. However, **We** shall not be bound to give notice that such **Renewal** premium is due. **We** may exercise option of not renewing the **Policy** on grounds of fraud, misrepresentation, non-cooperation, moral hazard or suppression of any Material Fact either at the time of taking the **Policy** or any time during the currency of the **Policy**.

A **Grace Period** of 30 days from the premium due date is allowed where **you** can still pay **your** premium and continue **your** Policy. Coverage would not be available for the period for which no premium has been received. Post 30 days from premium due date, if the premium is not paid, the **Policy** will lapse i.e. be terminated.

Your Renewal premium for this **Policy** will not change unless **We** have revised the premium and obtained due approval from **Authority**. Premium otherwise will only change on account of age or if **You** opt for a change in the **Sum Insured**/ plan /tenure of the **Policy**.

We will not apply any additional loading on **Your Policy** premium at **Renewal** based on **Your** claim experience.

You may change the plan or add or delete **Insured Persons** (except due to marriage or death) only at the time of **Renewal** of the **Policy**. However, such changes shall be subject to underwriting guidelines of the company.

iii. CHANGE OF POLICYHOLDER

The **Policyholder** may be changed only at the time of **Renewal**. The new **Policyholder** must be a member of insured person's **Family**.

The **Policyholder** may be changed during the **Policy Period** upon request in case of death of the **Policyholder**, emigration of **Policyholder** from India or in case of divorce of the **Policyholder**.

6.4. CONDITIONS WHEN A CLAIM ARISES

i. ARBITRATION

If **We** admit liability for any claim but any difference or dispute arises as to the amount payable for any claim the same shall be decided by reference to Arbitration. The Arbitrator shall be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996 or any amendment thereto. No reference to Arbitration shall be made unless **We** have admitted **Our** liability for a claim in writing.

ii. DISCLAIMER OF CLAIM

If **We** shall disclaim liability to the **Insured** for any claim and if the **Insured** shall not, within twelve (12) calendar months from the date or receipt of the notice of such disclaimer notify **Us** in writing that he does not accept such disclaimer and intends to recover his claim from **Us**, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under the **Policy**.

iii. **PHYSICAL EXAMINATION**

Any **Medical Practitioner** authorized by **Us** shall be allowed to examine the **Insured Person** in case of any alleged **Covered Critical Illness**. Non-co-operation by the **Insured Person** will result into rejection of his/her claim. **We** will bear the cost towards performing such medical examination (at the specified location) of the **Insured Person**.

iv. **COMPLETE DISCHARGE**

Payment made by **Us** to **You /Assignee/Nominee/legal representative**, as the case may be, in respect of any benefit under the **Policy** shall in all cases be complete and construe as an effectual discharge in favour of **Us**.

v. **CLAIMS PROCESS & MANAGEMENT**

a. **POLICYHOLDER'S / INSURED PERSON'S DUTIES AT THE TIME OF CLAIM**

On occurrence of an event which will eventually lead to a Claim under this **Policy**, the **Policyholder/ Insured Person** shall:

- i. Forthwith intimate / file / submit a Claim in accordance with section 5.4)v)b) - Claim intimation of this **Policy**.
- ii. If so requested by **Us**, submit himself / herself for a medical examination including any Pathological / Radiological examination by **Our** nominated Medical Practitioner as often as it considers reasonable and necessary. The cost of such examination will be borne by **Us**.
- iii. Allow the **Medical Practitioner** or any of **Our** representatives to inspect the medical and Hospitalization records, investigate the facts and examine the **Insured Person**.
- iv. Assist and not hinder or prevent **Our** representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the **Policy**.

b. **CLAIM INTIMATION**

Upon the occurrence of any **Insured Claim Event/ Personal Accident** that may give rise to a claim under this **Policy**, then the **Policyholder/ Insured Person**, must notify **Us** either at the call centre or in writing, immediately and within seven (7) days of occurrence of such Event.

The following details are to be provided to **Us** at the time of intimation of Claim:

- a. **Policy** Number
- b. Name of the **Policyholder**
- c. Employee /Member Number
- d. Name of the **Insured Person** in whose relation the Claim is being lodged
- e. Name of **Critical Illness**
- f. Name and Address of the attending **Medical Practitioner** and **Hospital** (if admission has taken place)
- g. **Date of Diagnosis** of **Critical Illness**
- h. Incident/**Accident** details
- i. Date of occurrence and place of Incident/**Accident**
- j. Any other information, documentation as requested by **Us**

c. CLAIMS DOCUMENTS

In case of any Claim for the covered Benefit, the list of necessary documents as mentioned below shall be provided by the **Policyholder/Insured Person**, immediately but not later than thirty (30) days of date of occurrence of an **Insured** event, to avail the Claim.

Completed claim forms and processing documents must be furnished to **Us** within the stipulated timelines for all claims. **We** may consider the delay in extreme cases of hardship where it is proved to **Our** satisfaction that under the circumstances in which the **Insured Person** was placed, it was not possible for him or any other person to give documents.

	Section	Necessary Documents
1	<u>For Section</u> <ul style="list-style-type: none"> ▪ 3.1 - Critical Illness ▪ 3.2 - SheSmart ▪ 3.3 - Additional Critical Illness ▪ 3.4 - Second Critical Illness 	a. Claim form, duly filled and signed b. Medical confirming the Diagnosis of Critical Illness; c. Specific documents listed under the respective Critical Illness; d. Investigation test reports confirming the Diagnosis as specified under the definition of the respective Critical Illnesses; e. First consultation letter and subsequent prescriptions; f. In the cases where Illness arises due to an Accident , FIR copy or medico legal certificate g. Discharge Card/Death Summary from the Hospital , if applicable; h. Indoor case papers including Pre-Anaesthesia Report if applicable; i. Photo Identity Proof - Voter ID, Passport, PAN Card, Driving License, Ration Card, Aadhar card, or any other proof accepted by the KYC norms j. Cancelled Cheque Copy
	<u>For Section</u> <ul style="list-style-type: none"> ▪ 3.5 - Personal Accident 	a. Claim form, duly filled and signed b. Copy of Death (issued by the office of Registrar of Births and Deaths) c. Copy of First Information Report (FIR) / Panchnama / Final Police Report d. Copy of Medico Legal duly attested by the concerned Hospital duly attested by Police, if applicable e. Copy of Hospital record, if applicable f. Copy of Post Mortem report, if conducted /copy of viscera report duly attested by Police, wherever applicable g. Photo Identity Proof - Voter ID, Passport, PAN Card, Driving License, Ration Card, Aadhar card, or any other proof accepted by the KYC norms h. Cancelled Cheque Copy

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<p>For Section</p> <ul style="list-style-type: none"> ▪ 3.7 - Child Tuition Benefit 	<ul style="list-style-type: none"> a. Copy of Birth Certificate b. Copy of School ID Card c. Proof to establish relationship – Passport/Education establishing proof of relationship of child with parents/Birth or Adoption papers (if adopted)
<p>For Section</p> <ul style="list-style-type: none"> ▪ 3.9 - Health Check Up ▪ 3.10 - Counselling 	<ul style="list-style-type: none"> a. Copy of Medical Reports b. Original Bill c. Payment Receipt d. Photo Identity Proof - Voter ID, Passport, PAN Card, Driving License, Ration Card, Aadhar card, or any other proof accepted by the KYC norms e. Cancelled Cheque Copy

d. SCRUTINY OF CLAIM DOCUMENTS

- i. **We** shall scrutinize the Claim and accompanying documents. Any deficiency of documents shall be intimated within five (5) days of their receipt.
- ii. First reminder for deficient documents will be sent within 10 days of first deficiency letter and Second reminder - within 10 days of first reminder deficiency letter. Final reminder letter will be sent from 10 days from second reminder.
- iii. **We** will send a maximum of three (3) reminders following which, **We** will send a rejection letter after 15 days from the last reminder if the documents are not received.

e. CLAIM INVESTIGATION

We may investigate claims if reasonably required to determine the validity of claim. Verification carried out, if any, will be done by Individuals or **Medical Practitioners** or entities authorized by **Us** to carry out such verification / investigation(s) and the costs for such verification / investigation shall be borne by **Us**.

You additionally hereby consent to disclose **Us** of documentation and information that may be held with **Your Medical Practitioner** and other insurers.

f. SETTLEMENT AND REPUDIATION OF A CLAIM

- i. **We** shall be under no obligation to make any payment under this **Policy** unless **We** have been provided with the documentation and information to establish the validity of the claim.
- ii. **We** shall ordinarily settle a Claim including its rejection within thirty (30) days of the receipt of the last "necessary" documents as listed in the section 6.4) v) c) - Claim Documents. However, where the circumstances of a claim warrant an investigation **We** shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document.
- iii. In such cases, **We** shall settle the claim within 45 days from the date of receipt of last necessary document.
- iv. Repudiated' claims will be informed to **You** in writing with appropriate reasons of repudiation.
- v. **We** will only make payment to **Policyholder** under this **Policy**. **Policy holder's** receipt shall be considered as a complete discharge of **Our** liability against any claim under this **Policy**.

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In the event of **Policyholder's** death, We will make payment to the **Nominee/Assignee** (as named in the Schedule).

- vi. In case of delay in the payment beyond the stipulated timelines, **We** shall be liable to pay interest at a rate of two percent (2%) above the **Bank Rate** or as per the applicable / extant **IRDAI** regulation. Such interest shall be paid from the date of receipt of the last relevant and necessary document from the **Insured** /claimant by insurer till the date of actual payment.

g. PAYMENT TERMS

All Claims will be payable in India and in Indian rupees.

i. Section 3.1 Critical Illness-

Once **We** have paid a claim in respect of any of the **Insured Persons** under this section then:

- For Policy without Second Critical Illness Cover - Coverage under this section shall automatically terminate for that **Insured Person**, however, coverage under additional benefits, if opted shall continue till expiry of the **Policy Period** and **Policy** shall not be renewed thereafter. This **Policy** shall continue for other **Insured Persons** (if any) and shall be renewable.
- For Policy with Second Critical Illness Cover - **Policy** will continue and shall be available for further **Renewal**.

ii. Section 3.3 Additional Critical Illness

We will pay once in lifetime for each of the additional critical illness mentioned under this section. This **Policy** shall continue and shall be renewable.

iii. Section 3.4 Second Critical Illness

Once a claim has been accepted and paid under this benefit then coverage under this section shall automatically terminate for that **Insured Person**, however, other coverages under the policy i.e. Additional Critical Illness / Personal Accident / SheSmart, if opted, shall continue till expiry of the **Policy Period** and **Policy** shall not be renewed thereafter. This **Policy** shall continue for other **Insured Persons** (if any) and shall be renewable.

iv. Section 3.5 Personal Accident

Policy shall automatically terminate, and no further **Renewals** will be available for that **Insured Person** under this **Policy**. However, the **Policy** shall continue for the other **Insured Persons** (if any).

We will only make payment to the **Insured Person / Policyholder** under this **Policy**. The receipt of payment by the **Insured Person / Policyholder** shall be considered as a complete discharge of **Our** liability against any claim under this **Policy**. In the event of **Your** death, **We** will make payment to the **Nominee** or Assignee (as named in the Schedule).

Our total liability in aggregate for all claims under the **Policy** for a specific **Insured Person** shall not exceed the respective **Sum Insured** of that **Insured Person**.

In case of claims for death of the **Insured Person**, where name of **Nominee(s)** has not been provided, the claim payment shall be made as per Indian succession law.

v. Section 3.13 Cancer Relapse Benefit

Once **We** have paid a claim in respect of any of the **Insured Persons** under section 3.1.1 Cancer of Specified Severity then:

- For Policy without Cancer Relapse Benefit - Coverage under this section shall automatically terminate for that **Insured Person**, however, coverage under additional benefits, if opted shall continue till expiry of the **Policy Period** and **Policy** shall not be renewed thereafter. This **Policy** shall continue for other **Insured Persons** (if any) and shall be renewable.
- For Policy with Cancer Relapse Benefit - **Policy** will continue and shall be available for further **Renewal**.

vi. Section 3.14 Adjuvant Therapy

We will pay once in lifetime for Adjuvant Therapy under this section. This **Policy** shall continue and shall be renewable.

vii. Section 3.16 Care Restore Benefit

Once **We** have paid a claim in respect of any of the **Insured Persons** under section 3.1.1 Cancer of Specified Severity then:

- For Policy without CareRestore - Coverage under this section shall automatically terminate for that **Insured Person**. This **Policy** shall continue for other **Insured Persons** (if any) and shall be renewable.
- For Policy with Cancer Relapse Benefit - **Policy** will continue and shall be available for further **Renewal**.

h. PAY OUT OPTIONS

- i. The benefit under section 3.1 Critical Illness shall be paid as 100% Sum **Insured** as Lump sum as specified in the **Policy Schedule**.
- ii. The benefit under section 3.3 Additional Critical Illness shall be paid as 100% Sum **Insured** as Lump sum as specified in the **Policy Schedule**.
- iii. The benefit under section 3.4 Second Critical **Illness** section shall be paid as 100% Second Critical **Illness Sum Insured** as Lump sum as specified in the **Policy Schedule**.
- iv. The Lump sum pay-out for Critical Illness(es) under Cancer Care plan shall be maximum of 150% of Sum Insured as specified in the Policy Schedule i.e. cumulative of Early Stage Cancer ; Intermediary Cancer & Cancer of Specified Severity/Major Stage Cancer.

i. CLAIM PROCESS FOR MEDICAL SECOND OPINION

- a. Request for Expert Opinion on Critical **Illness** - **You** can submit **Your** request for an expert opinion within two (2) days of intimation of the claim for **Specified Critical Illness**, by calling **Our** call centre or register request through email/website.
- b. Facilitating the Process - **We** will schedule an appointment or facilitate delivery of Medical Records of the **Insured Person** to a **Medical Practitioner**. Medical Second Opinion is available only in the event of the **Insured Person** being diagnosed with **Specified Critical Illness**.

j. CASHLESS CLAIM PROCESS FOR HEALTH CHECK UP

- a. **You** can call **Our Service Provider** on [022-40004210](tel:022-40004210) / [7777040945](tel:7777040945) to make a request. Alternatively, **You** may call **Us** for any assistance. **You** need to make such request or can login to **Our/Service Provider** mobile app or website for appointment.
- b. The **Service Provider** will ask for **Your** location of residence and will give options of Diagnostic Centres nearby **Your** location.
- c. **You** can select **Your** preferential Diagnostic Centres and then the **Service Provider** will fix the appointment with the Diagnostic Centre.
- d. After fixation of appointment, the **Service Provider** will generate an OTP (one-time password) and share the same with **You** and the Diagnostic Centre through SMS.
- e. On the appointment date **You** need to visit the Diagnostic Centre and show the OTP for verification.
- f. Once verified, the Diagnostic Centre will conduct the medical test as per the defined set.
- g. Post completion of the medical tests, the **Service Provider** / Diagnostic Centre will share the Original Copy medical reports to **You** and also share a soft copy of the medical reports with **Us** to enable **Us** to make payment to the Diagnostic Centre

7. GRIEVANCE REDRESSAL PROCEDURE

At Navi General Insurance, we want your relationship with insurance to soar beyond what you've experienced yet. To understand, appreciate, and enjoy insurance—we're here for you. However, if you aren't satisfied—please feel free to connect with us on the following channels.

- a. Call us on **Our** Toll Free 1800-123-0004 (From 8 am to 8 pm) for any queries that you may have!
- b. Email your queries to mycare@navi.com
- c. For Senior Citizens, we have a special cell and **Our** Senior Citizen customers can email us at seniorcare@navi.com for priority resolution
- d. Visit **Our** website www.naviinsurance.com to register & track your queries
- e. Please walk in to any of **Our** branches or partner locations
- f. You can also dispatch your letters to us at:

Navi General Insurance Limited

402, 403 & 404, A & B Wing, 4th Floor, Fulcrum,
Sahar Road, Next to Hyatt Regency,
Andheri (East),
Mumbai, Maharashtra - 400 099.

We request you to please mention your complete details : Full Name, Policy Number and Contact Details in all your communications, to enable **Our** customer experience expert to connect with you and provide you with quickest possible solution.

We'll make sure to acknowledge your service request within 3 working days—and try and resolve it to your satisfaction within 15 working days. That's a promise!

Escalation

Level 1 : While we attempt to give you best-in-class and prompt resolution for any concerns—sometimes it may not be perfect. If you felt that you weren't offered a perfect resolution, please feel free to share your feedback to Our Customer Experience team at Manager.CustomerExperience@navi.com

Level 2 : If you still are not happy about the resolution provided then you may please write to Our Head Customer Experience and Grievance Redressal Officer at Head.CustomerExperience@navi.com or contact GRO at 022 – 40018100.

Level 3: If you are not happy with the resolution, you may approach IRDAI by calling on the Toll Free no. 155255 (or) 1800 4254 732. You can also register an online complaint on the website <http://igms.irda.gov.in>.

If your concern remains unresolved after having followed the above escalation procedure, then you may please approach the Insurance Ombudsman for Redressal. To know who your Insurance Ombudsman is—simply refer to the list below/overleaf.

OMBUDSMAN AND ADDRESSES: Refer the link <http://ecoi.co.in/ombudsman.html>

S. No.	AREAS OF JURISDICTION	OFFICE OF THE INSURANCE OMBUDSMAN
1	Gujarat and Union Territories of Dadra & Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014. Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@ecoi.co.in
2	Karnataka	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@ecoi.co.in
3	Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in

4	Odisha	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in
5	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in
6	Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in
7	Delhi	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@ecoi.co.in
8	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in
9	Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in

10	Rajasthan	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in
11	Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in
12	West Bengal, Union Territories of Andaman and Nicobar Islands, Sikkim	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in
13	District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in
14	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in
15	States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad,	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P.-201301.

	Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur	Tel.: 0120-2514250 / 2514251 / 2514253 Email: bimalokpal.noida@ecoi.co.in
16	Bihar and Jharkhand	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in
17	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region	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 - 32341320 Email: bimalokpal.pune@ecoi.co.in

IRDAI Regulation No 17: This Policy is subject to regulation 17 of IRDAI (Protection of Policyholder's Interests) Regulation 2017 or any amendment thereof from time to time.