

my:jeevika Medisure Micro Insurance
Policy Wording

I. PREAMBLE

The Insured named in the Schedule has, by a Proposal, declaration and/or medical check-up which shall be the basis of the contract and shall be deemed to be incorporated herein, applied to L & T General Insurance Company Limited (hereinafter called "the Company") for the insurance hereinafter set forth.

Subject to the terms, conditions, exclusions, stipulations and definitions contained herein or endorsed or otherwise expressed hereon, if during the **Policy Period**, the Insured/Insured Person shall contract any disease or illness or suffer any injury and is required to undergo treatment by way of i) Hospitalisation in any Hospital/Nursing Home in India (hereinafter called "Hospital") upon the advice of a duly qualified Medical Practitioner, the Company agrees to reimburse to the Insured/Insured Person or his/her nominee, expenses related to such treatment by payment of **Benefits** covered under this Policy, not exceeding the **Sum Insured** for all claims during such **Policy Period**.

II. DEFINITIONS

Following words and expressions which are defined to bear the same meaning wherever they appear in this Policy:

1. **"Accident"** is a sudden, unforeseen and involuntary event caused by external and visible means.
2. **"Any one Illness"** will mean continuous period of illness and includes relapse within 45 days from the date of last consultation at the Hospital/Nursing Home where treatment was taken. Occurrence of same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.
3. **"Congenital Anomaly"** – means an external congenital anomaly referring to a condition(s) which is present since birth, in the visible and accessible parts of the body, and which is abnormal with reference to form, structure or position.
4. **"Day Care treatment"** means treatment undertaken in a Hospital/Nursing Home/Day Care Centre on the recommendation of a Medical Practitioner for diseases, illness or injury which require hospitalisation for less than 24 hours due to advancement in technology. This excludes all procedures or treatment taken in an Out Patient department.
5. **"Dependant Child"** A dependent child refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer, does not have his / her independent sources of income, is unmarried and maximum up to 18 years of age.
6. **"Disease"** means an alteration in the state of the body or of some of its organs, interrupting or disturbing the performance of the functions, and causing or threatening pain and weakness or physical or mental disorder and certified by a Medical Practitioner to that effect.
7. **"Hospital/Nursing Home"** means an establishment in India for indoor medical care and treatment of patients which:
 - I) is registered with the appropriate local authorities as such and benefits from the supervision of a Medical Practitioner on a 24 hour basis, or
 - II) complies with at least the following criteria:
 - a) it has at least 10 inpatient beds ii) it has a fully equipped operating theatre where surgery is performed;

- b) it employs qualified nursing staff on a 24 hour basis;
c) maintains daily records of patients.
- III) By the nature of the medical treatment provided is an establishment properly recognised as a Hospital/Nursing Home within the locality and fulfills all the demands ordinarily or customarily of a Hospital for medical treatment, and where all medical treatment is administered by a Medical Practitioner, and is not, a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel, health spa, massage center or any similar establishment.
8. **"Hospitalisation Expenses"** mean expenses for treatment as In Patient in a Hospital for a minimum period of 24 hours (except in respect of Day Care Treatment), as admissible under this Policy, under following heads or otherwise expressly covered under this Policy:-
- Hospital (Room & Boarding and Operation Theatre) charges up to a maximum of Rs 300 per day inclusive of Nursing Charges or actual whichever is lower.
 - Fees of Surgeon, Anesthetist, Specialists.
 - Cost of diagnostic tests, medicines, blood, oxygen, internal appliances like pacemaker.
 - Pre and Post hospitalisation expenses.
 - Ambulance Charges
- For the purpose of coverage under this Policy, hospitalisation expenses shall be restricted to Rs 12500 for any one illness.
9. **"Illness"** means sickness or disease first diagnosed during the Policy period for which immediate treatment by a Medical Practitioner is necessary.
10. **"Injury"** means physical injury caused by unintended means during the Policy period.
11. **"In-patient"** means an Insured/Insured Person who is admitted to Hospital/Nursing Home and stays for at least 24 hours for the sole purpose of receiving treatment.
12. **"Insured/Insured Person"** means the person(s) named in the Schedule to this Policy, having a place of residence in India, who is/are covered under this Policy, for whom the insurance is proposed and the appropriate premium paid.
13. **"Medical Practitioner"** A Medical practitioner is a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his licence. The term includes a Physician, specialist and surgeon, provided that this person is not a member of the Insured/Insured Person's family.
14. **"Medically Necessary"** Medically necessary treatment is defined as any treatment, tests, medication, or stay in *hospital* or part of a stay in *hospital* which
- is required for the medical management of the illness or injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a *medical practitioner*;
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

15. **"Network Hospital"** means all such Hospitals in which Cashless facility may be availed by the Insured/Insured Person for treatment as provided herein. The list of Network Hospitals shall be available with the Company/TPA and subject to amendment from time to time.
16. **"Policy"** includes the Proposal Form and any declarations made along with the Schedule and any Endorsement.
17. **"Policy Period"** means the period between the inception date and the expiry date of the policy as specified in the Schedule to this Policy or the date of cancellation of this policy, whichever is earlier.
18. **"Post-hospitalisation expenses"** mean relevant medical expenses incurred during a period up to 60 days after hospitalisation for treatment of disease, illness or injury sustained and considered a part of a claim for Hospitalisation admissible under this Policy.
19. **"Pre-existing condition"** means any disease/illness/injury or related condition for which Insured/Insured Person had signs or symptoms, and / or diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first Policy taken from the Company.
20. **"Pre-hospitalisation expenses"** mean relevant medical expenses incurred during a period up to 30 days prior to hospitalisation for treatment of disease, illness or injury sustained and considered a part of a claim for Hospitalisation admissible under this Policy.
21. **"Qualified Nurse"** means a person who holds a certificate of a recognized Nursing Council and is employed on recommendation of the attending Medical Practitioner.
22. **"Reasonable and Customary Charges"**- Reasonable charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services among comparable providers only, taking into account the nature of the illness / injury involved
23. **"Schedule"** means Schedule attached to and forming part of this Policy mentioning the details of the Insured/Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to.
24. **"Sum Insured"** means, subject to terms, conditions and exclusions of this Policy, i) the Sum Insured representing the Company's maximum liability for any or all claims during the Policy Period specified in the Schedule to this Policy separately in respect of the Insured/ Insured Person.
Where the Policy is obtained on Floater basis, the Sum Insured as specified in the Schedule to this Policy represents the Company's maximum liability for all claims by the Insured and/or all Insured Persons during the Policy Period, without individual limit for each person.
In the event of a claim being admitted under this Policy, the Sum Insured for the remaining Policy Period shall stand correspondingly reduced by the amount of claim paid (including 'taxes') or admitted and shall be reckoned accordingly.
25. **"Surgical operation"** means manual and/or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life, performed in a Hospital/Nursing Home or Day Care centre by a Medical Practitioner.

III. SCOPE OF COVER

The Company hereby agrees to pay in respect of an admissible claim, any or all of the following **Benefits** subject to the **Sum Insured**, limits, terms, conditions and exclusions contained or otherwise expressed in this Policy.

1. Hospitalisation Expenses

2. Pre-Hospitalisation Expenses**3. Post-Hospitalisation Expenses****4. Day Care expenses**

Provided always that Room Rent/Boarding & Nursing charges will be payable up to a maximum of Rs 300/- per day or actual whichever is lower and Any One Illness expenses will be payable up to a maximum of Rs 12,500/-.

5. Non-Allopathic Treatment

This Policy provides for reimbursement of expenses incurred towards treatment of disease/illness/injury up to Rs 7500/- per illness and 12,500/- per policy where the treatment taken in under Ayurvedic system of medicine. Minimum 24 hours of Hospitalisation is a must.

IV. EXCLUSIONS

The Company shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. All pre-existing diseases / illness / injury / conditions as defined in the Policy, until 48 months of continuous covers have elapsed since inception of the first Policy with us.
2. Any disease contracted and/or medical expenses incurred in respect of any disease/illness by the Insured/Insured Person during the first 30 days from the commencement date of the Policy except in case of accidental injuries.
3. All expenses along with their complications on treatment towards Cataract, Hysterectomy for Menorrhagia or Fibromyoma, Knee Replacement Surgery (other than caused by an accident), Joint Replacement Surgery (other than caused by accident), Prolapse of Intervertebral discs (other than caused by accident), Varicose Veins and Varicose Ulcers, Hernia, Stones in the urinary and biliary systems, Benign Prostate Hypertrophy, Hydrocele, Congenital internal disease/defect, Fistula in anus, Piles, Pilonidal sinus, Chronic Suppurative Otitis Media (CSOM), Deviated Nasal Septum, Sinusitis and related disorders, Surgery on tonsils/Adenoids, gastric and duodenal ulcer, any type of Cysts/Nodules/Polyps, and any type of Breast lumps, Hypertension and Diabetes and related complications during the first two years (24 months) of continuous operation of this insurance cover. Diabetes & Related complications include: Diabetic Retinopathy, Diabetic Nephropathy, Diabetic Foot/Wound, Diabetic Angiopathy, Diabetic Neuropathy, Hyper/Hypoglycemic Shocks. Hypertension & Related complications include: Coronary Artery Disease, Cerebrovascular Accident, Hypertensive Nephropathy, Internal Bleed/Haemorrhages. If these diseases are pre-existing at the time of proposal or subsequently found to be pre-existing exclusion 1 above shall apply.
4. Any Domiciliary Hospitalization / Treatment.
5. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder or due to an accident.
6. Genetic disorder and stem cell implantation/surgery.
7. Dental treatment or surgery of any kind unless necessitated due to an accident and requiring minimum 24 hours hospitalization or treatment of irreversible bone disease involving the jaw which cannot be treated in any other way, but not if it is related to gum disease or tooth disease or damage.
8. Birth control procedures, hormone replacement therapy and voluntary termination of pregnancy during the first 12 weeks from the date of conception.
9. Any treatment arising from or traceable to pregnancy, childbirth including caesarean section. However, this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending Medical Practitioner.
10. Routine medical, eye and ear examinations, cost of spectacles, laser surgery for cosmetic purposes or corrective surgeries, contact lenses or hearing aids, vaccinations except post-bite treatment, issue of medical certificates and examinations as to suitability for employment or travel.
11. All expenses arising out of any condition directly or indirectly caused due to or associated with human T-cell Lymphotropic virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or Acquired

- Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases / illness / injury caused by and/or related to HIV and sexually transmitted diseases.
12. Vitamins and tonics unless forming part of treatment for disease, illness or injury and prescribed by a Medical Practitioner.
 13. Instrument used in treatment of Sleep Apnea Syndrome (C.P.A.P.) and Continuous Peritoneal Ambulatory Dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump or any other external devices used during or after treatment.
 14. Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.
 15. Treatment for developmental problems including learning difficulties eg. Dyslexia, behavioural problems including attention deficit hyperactivity disorder(ADHD)
 16. Treatment for general debility, ageing, convalescence, run down condition or rest cure, congenital anomalies or defects, sterility, infertility including IVF, impotency, venereal disease, puberty, menopause or intentional self-injury, suicide or attempted suicide.
 17. Certification / Diagnosis / Treatment by a family member or from persons not registered as Medical Practitioners under the respective Medical Councils, or any diagnosis or treatment that is- i) not scientifically recognized; ii) experimental; iii) unproven.
 18. Ailment requiring treatment due to use or abuse of any substance, intoxicating drug or alcohol and treatment for de-addiction, or rehabilitation.
 19. Any illness or hospitalisation arising or resulting from the Insured/Insured person or any of his family members committing any breach of law with criminal intent.
 20. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
 21. Prostheses, corrective devices and medical appliances, which are not required intra-operatively for the disease/ illness/ injury for which the Insured / Insured Person was hospitalised.
 22. Treatment of any mental illness or sickness or disease including a psychiatric condition, disorganization of personality or mind, or emotions or behaviour, Parkinsons or Alzheimer's disease even if caused or aggravated by or related to an Accident or Illness or general debility or exhaustion ("run-down condition").
 23. Any cosmetic surgery unless forming part of treatment for cancer or burns, surgery for sex change or treatment of obesity or treatment/surgery /complications/illness arising as a consequence thereof.
 24. Charges incurred primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment even if the same requires confinement at a Hospital/Nursing Home.
 25. Costs of donor screening or organ.
 26. Any form of Non-Allopathic treatment, Naturopathy, hydrotherapy, Homeopathy, Acupuncture, Reflexology, Chiropractic treatment or any other form of indigenous system of medicine except Ayurvedic treatment up to the limits covered.
 27. Change of treatment from one system of medicine to another unless recommended by the Medical Practitioner /Hospital under whom the treatment is taken,
 28. Insured/ Insured Persons whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports or participating or involvement in naval, military or air force operation.
 29. Insured/Insured Person whilst flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular Scheduled airline or air Charter Company.
 30. All expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel/nuclear weapon/material or from any nuclear waste from the combustion of nuclear fuel, or chemical or biological weapons.
 31. All expenses directly or indirectly, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities (whether war be declared or not or caused during service in the armed forces of any country), civil war, rebellion, revolution, insurrection, military or usurped power.

32. All non-medical expenses including but not limited to convenience items for personal comfort not consistent with or incidental to the diagnosis and treatment of the disease/illness/injury for which the Insured/Insured Person was hospitalized, Ambulatory devices, walker, crutches, belts, collars, splints, slings, braces, stockings of any kind, diabetic footwear, glucometer/thermometer and any medical equipment that is subsequently used at home.
33. Service charges or any other charges levied by the hospital, except registration/admission charges.

V. CLAIMS PROCEDURE

It is a condition precedent to the Company's liability that upon the discovery or happening of any disease/illness/injury that may give rise to a claim under this Policy, the Insured/Insured Person shall:-

1. Claim Notification

Give immediate notice to the Company, by calling the Help Line number as specified in the Policy/Health Card, or in writing to the address shown in the Schedule with particulars as below.

Policy Number/Health card number
Name of the Insured/Insured Person availing treatment,
Nature of disease/illness/injury,
Name and address of the attending Medical Practitioner/Hospital
Any other relevant information

Please intimate your claim to us/TPA at least 72 hours prior to hospitalization in case of planned treatment and in case of emergency treatment, within 24 hours of hospitalization.

2. Claim Processing (reimbursement)

- i) The Insured/Insured Person shall after intimation as aforesaid, further submit at his/her own expense to the Company within 30 days of discharge from Hospital the following:-
- Duly filled claim form(s)
 - Original bills, receipts and discharge/card from the Hospital /Medical Practitioner
 - Certificate from attending Medical Practitioner providing details of first symptoms and date of occurrence of the disease/illness/injury/surgery along with complete medical history of the Insured/Insured Person.
 - Original bills from chemists supported by proper prescription
 - Original Investigation test reports and payment receipts
 - Medical Practitioner's referral letter advising hospitalisation
 - Original bills and receipts for claiming Ambulance charges
 - Any additional documents or informations, as may be deemed necessary by the Company.
- ii) The Insured/Insured Person shall submit to the Company at his/her own expense, documents pertaining to the post hospitalization claim within 15 days from the date of expiry of post hospitalisation coverage period.
- iii) The Insured/Insured Person shall at any time as may be required authorize and permit the Company or anyone deputed by them in this behalf to obtain any further information or records from the Hospital, Medical Practitioner, Lab or other agency, in connection with the treatment relating to the claim.
- iv) If so requested by the Company, the Insured/Insured Person shall submit to medical examination by any Medical Practitioner designated by the Company.

The above list is only indicative. The Company may call for additional documents/ information and/or carry out verification on a case to case basis to ascertain the facts/collect additional information/documents of the case to determine the assessment of loss. Verification carried out if any will be done by Professional Investigators or member of the Service Provider and costs for such investigations shall be borne by the Company.

Applicable Taxes prevailing at the time of claim will be considered as part of Claim Amount and the aggregate liability of the Company, including any payment towards such Taxes shall in no case exceed the Sum Insured opted.

3. Cashless Facility for Hospitalisation (where the services of a recognized TPA will be used)

- i) The Company may provide Cashless facility for Hospitalisation expenses through the Third Party Administrator (TPA) if treatment is undergone at a **Network Hospital** by issue of pre-authorisation by the TPA.
- ii) For the purpose of considering pre-authorisation and Cashless facility, the Insured/Insured Person shall submit to the TPA complete information of the disease, illness or injury requiring treatment along with necessary certification from the Medical Practitioner and/or Hospital.
- iii) If claim for treatment appears admissible, TPA shall issue pre-authorisation to the Hospital concerned for Cashless facility whereby Hospitalisation expenses shall be paid directly by the Company through the TPA as confirmed in the pre-authorisation.
- iv) Cashless facility for hospitalisation will not be available for treatment in non-Network Hospital and may be declined even for treatment at Network Hospital where the information available does not conclusively establish that a claim in respect of the treatment would be admissible. In such a case, Insured/Insured Person shall bear the expenses and claim reimbursement immediately after discharge from Hospital/Nursing Home in accordance with the stipulations herein.

4. Claim Settlement

The Company shall within a period of 30 days on receipt of final completed set of documents/investigation reports (if applicable) offer settlement of the claim. In the event that the Company decides to reject a claim made under this policy, the Company shall do so within a period of 30 days of the receipt of the final completed set of documents/investigation reports (if applicable). The process shall be subject to the provision of Protection of Policyholders Interest Regulations 2002.

5. Representation against Rejection

Where a rejection is communicated, the Insured/Insured Person, may if so desired, represent to the Company within 15 days for reconsideration of the decision.

6. Condition Precedent

Completed claim forms and documents must be furnished to the Company within the stipulated timelines. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if the Insured can satisfy the Company that it was not reasonably possible for the Insured to submit/give proof within such time.

VI. General Conditions

1. Duty of Disclosure

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements or misrepresentation, mis-description or non-disclosure of any material particulars or if any material information had been withheld in the Proposal Form, personal statement, declaration or other documents, or if a claim found to be fraudulent or any fraudulent means or device is used by the Insured/Insured Person or any one acting on his/their behalf to obtain a benefit under this Policy.

Material information to be disclosed includes every matter that the Insured/Insured Person knows, or could reasonably be expected to know, which is relevant to the Company's decision to accept the risk of insurance and if so on what terms. Intimation is required only when the nature of job changes and not when there is a change of employer. The Insured must exercise the same duty to disclose those matters to the Company before the renewal, extension, variation, endorsement or reinstatement of the Contract which may lead to adjustment in the scope of cover and/or premium, if necessary, accordingly.

2. Observance of Terms and Conditions

The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured/Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

3. Notice of Charge

The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by the Company to the Insured/Insured Person or his/her nominees or his/her legal representative or to the Hospital/Nursing Home, as the case may be, of any Benefit under the Policy shall in all cases be an effectual discharge to the Company.

4. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument in writing and signed by the Company shall be deemed to be part of this Policy and shall have effect accordingly.

5. Electronic Transactions

The Insured/Insured Person agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of this Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. Sales through such electronic transactions shall ensure that all conditions of section 41 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to the Insured. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent will be subsequently validated/confirmed by the Insured/Insured Person.

6. Subrogation

In the event of payment under this Policy, the Company shall be subrogated to all the Insured/Insured Person's rights or recovery thereof against any person or organization, and the Insured/Insured Person shall execute and deliver instruments and papers necessary to secure such rights. The Insured/Insured Person and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done, all such acts and things as may be necessary or required by the Company, before or after Insured/Insured Person's indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated. This clause does not apply to benefit sections.

7. Contribution

If there shall be existing any other insurance of any nature whatsoever covering the same Insured/Insured Person whether effected by the Insured/Insured Person or not, then the Company shall not be liable to pay or contribute more than its rateable proportion of any loss or damage. This clause does not apply to benefit sections.

8. Fraudulent Claims

If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured/Insured Person or anyone acting on his / her behalf to obtain any benefit under this Policy, then this Policy shall be void and all claims being processed shall be forfeited for all Insured Persons. All sums paid under this Policy shall be repaid to the Company by all Insured Persons who shall be jointly liable for such repayment.

9. Cancellation/Termination

The Company may at any time, cancel this Policy, on grounds of misrepresentation, fraud non disclosure of material fact or non co-operation of the insured, by giving 15 days notice in writing by Registered Post Acknowledgment Due to the Insured/Insured Person at his/their last known address in which case the

Company shall not be liable to repay any premium. The Insured/Insured Person may also give 15 days notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scales.

Period On Risk	Rate Of Premium Refunded
Up to 1 month	75% of annual rate
Up to 3 months	50% of annual rate
Up to 6 months	25% of annual rate
Exceeding six months	Nil

However, in case of a valid claim having being paid or reported under this Policy, there would be no refund of premium.

Minimum premium of Rs 50 per policy will be retained by the Company.

10. Law and Jurisdiction

No claim shall be payable under this Policy for any treatment or expenses outside India. All claims shall be payable in India and in Indian Rupees only. The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy or any claim there-under.

11. If a claim is rejected or partially settled and is the not the subject of any pending suit or other proceeding or arbitration, as the case may be, within twelve months from the date of such rejection or settlement, the claim shall be deemed to have been abandoned and liability of the Company extinguished and shall not be recoverable thereafter.

12. Renewal

- The Company shall not be bound to give notice that renewal is due.
- If the Insured desires renewal he/she shall apply to the Company for the same prior to expiry of the Policy Period of Insurance.
- Renewals are deemed to be continuous when received within a period of 15 days from the date of expiry of last policy subject however to the effective policy inception date being reckoned from such period when the renewal premium is received by the Company. Policy would be considered as a fresh policy if there would be break of fifteen or more days between the previous policy expiry date and current policy start date. The Company however shall not be liable for any claim arising out of an ailment suffered or hospitalisation commencing during the period between the expiry of previous policy and date of commencement of subsequent Policy.
- Where an Insured Person is added to this Policy, either by way of endorsement or at the time of renewal, the pre-existing disease clause, exclusions and waiting periods will be applicable considering such policy period as the first policy with us.
- A Policy shall be ordinarily renewable for the lifetime of an Insured/Insured Person unless-
 - a) any fraud, misrepresentation or suppression by the Insured or on his behalf is found either in obtaining insurance or subsequently in relation thereto or,
 - b) the Company has discontinued issue of the particular type of Policy, in which event the Insured shall have the option of renewal under any similar Policy being issued by the Company; provided however, benefits payable shall be subject to the terms contained in such other Policy.
- The Company reserves its rights to vary the premium from time to time subject to approval of IRDA

13. Continuity

Where the product is offered to the customers of a specific institution, with which the insurer has a tie up, continuity of benefits will be provided under the same or similar policies available with the Insurer during such period in the event that such tie-up has been discontinued or the individual opts out of the group. Continuity of cover to Groups shall be in compliance with IRDA Group Insurance Guidelines.

14. Notice

Every notice and communication to the Company required by this Policy shall be in writing and be addressed to the nearest office of the Company. In case the Policy is sold via voice log the notice to the Company may be placed via same mode.

15. Grievance Redressal Procedure

For any grievance the Insured/Insured Person may write to:

The Grievance Officer

L&T General Insurance Company Limited

601-602, 6th Floor, Trade Centre, Bandra Kurla Complex, Bandra East, Mumbai 400051

Alternatively the Insured/Insured Person may also call the helpline number- <<toll free no>> or write to

The Grievance Officer at <<abc@xyz.com>>

For Grievances relating to:-

- a) Delay in settlement or against decision on any claim
- b) Premium
- c) Non-issue or Interpretation of Policy terms
- d) or such other grievances

the Insured/Insured person may be entitled to approach the Insurance Ombudsman.

The details of the Insurance Ombudsmen and their jurisdiction are as listed below-

Ombudsman Offices	
Areas of Jurisdiction	Addresses of the Ombudsman Offices
State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.	AHMEDABAD 2nd Floor, Ambica House, Nr. C U Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD-380014 Tel: 27546150, Fax: 079-27546142 Email: insombalhd@rdiffmail.com
States of Madhya Pradesh and Chattisgarh.	BHOPAL 1st Floor, 117, Zone II (Above D M Motors Pvt. Ltd.), Maharana Pratap Nagar, BHOPAL-462 011 Tel: 0755 - 2769200, Fax: 0755-2578103 Email:insombmp@satyam.net.in
State of Orissa.	BHUBANESWAR 62, Forst Park, BHUBANESWAR-751 009. Tel: 2535220, Fax: 0674-2531607 Email:susantamishra@yahoo.com, ioobbsr@vsnl.net
States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.	CHANDIGARH S.C.O No.101,102 & 103, 2nd Floor, Batra Building, Sector 17 D, CHANDIGARH-160 017 Tel: 0172- 2706196 EPBX:0172-2706468 Fax: 0172-2708274
State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).	CHENNAI Fatima Akhtar Court , 4th Floor, 453 (Old 312) Anna Salai, Teynampet, CHENNAI-600 018 Tel: 24333678, 24333668, 24335284 Fax: 044-24333664 Email:insombud@md4.vsnl.net.in
States of Delhi and Rajasthan.	DELHI 2/2 A, Universal Insurance Bldg, Asaf Ali Road,

	NEW DELHI-110 002 Tel: 23239611, Fax: 011-23230858 Email: insombudsmandel@netcracker.com
States of Andhra Pradesh, Karnataka and Union Territory of Yanam - a part of the Union Territory of Pondicherry.	HYDERABAD 6-2-46, Yeturu Towers, Lane Opp. Saleem Function Palace, A C Guards, Lakdi-Ka-Pool, HYDERABAD-500 004 Tel: 55574325, Fax:040-23376599 Email:insombud@hd2.vsnl.net.in
State of Kerela and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.	KOCHI 2nd Floor, CC 27/2603 Pulinat Bldg, Opp. Cochin Shipyard, M G Road, ERNAKULAM-682 015 Tel: 2373334, 2350959, Fax:0484-2373336 Email:insuranceombudsmandkochi@hclinfinet.com
States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.	KOLKATTA North British Building 29, N S Road, 3rd Floor, KOLKATTA-700 001 Tel: 22212666, 22212669, Fax:033-22212668
States of Uttar Pradesh and Uttaranchal.	LUCKNOW Jeevan Bhavan, Phase 2, 6th floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226001 Tel: 0522-2201188, 2231330, 2231331 Fax:0522-2231310 E-mail: ioblko@sancharnet.in
States of Maharashtra and Goa.	3rd Floor, Jeevan Seva Annexe (above MTNL), S V Road, Santacruz (W), Mumbai-400 054 Tel: 26106889, EPBX:022-26106889 Fax:022-26106052, 26106980 Email:ombudsman.i@hclinfinet.com
States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	GUWAHATI Aquarius Bhaskar Nagar, R G Baruah Road, GUWAHATI 781 021 Tel: 2413525 EPBX:0361-2415430 Fax: 0361-2414051
Address and contact number of Governing Body of Insurance Council	Secretary General Governing Body of Insurance Council 5 th Floor, Royal Insurance Building, 14 Jamshedji Tata Road, Churchgate, Mumbai 400020 022-22817515 Email: inscoun@vsnl.net

16. IRDA Regulations: This Policy is subject to Regulations of IRDA (Protection Of Policyholder's Interest) Regulations, 2002 as amended from time to time.