

# Individual Personal Accident

## Policy Wording - Premium

Apollo Munich Health Insurance Company Limited will provide the insurance cover detailed in the Policy to the Insured Person up to the Sum Insured subject to the terms and conditions of this Policy, Your payment of premium and Your statements in the Proposal, which is incorporated into the Policy and is the basis of it.

### BENEFITS

We will provide the Benefits as detailed below for an event or occurrence described in any of the Benefits that occurs during the Policy Period. Each Benefit is subject to its Sum Insured, but Our liability to make payment in respect of any and all Benefits (including optional Benefits) shall be limited to the Accidental Death Sum Insured unless expressly stated to the contrary.

#### Benefit 1. Accidental Death

##### 1) Accidental Death

If an Insured Person suffers an Accident during the Policy Period and this is the sole and direct cause of his death within 365 days from the date of the Accident, then We will pay the Sum Insured.

##### 2) Transportation of Mortal Remains

If We have accepted a claim under 1), then We will in addition reimburse the lower of 2% of the Sum Insured under 1) and the actual amount incurred in transporting the mortal remains of the Insured Person from the place of the Accident or the Hospital to his residence or Hospital or to a cremation or burial ground.

#### Benefit 2. Permanent Total Disablement

1) If an Insured Person suffers an Accident during the Policy Period and within 365 days from the date of the Accident this is the sole and direct cause of his permanent total disablement in one of the ways detailed in the table below, then We will pay the percentage of the Sum Insured shown in the table.

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

2) In this Benefit:

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

#### Benefit 3. Permanent Partial Disablement

1) If an Insured Person suffers an Accident during the Policy Period and within 365 days from the date of the Accident this is the sole and direct cause of his permanent partial disablement in one of the ways detailed in the table below, then We will pay the percentage of the Sum Insured shown in the table.

Loss of:	% of Sum Insured
Each arm at the shoulder joint	70%
Each arm to a point above elbow joint	65%
Each arm below elbow joint	60%
Each hand at the wrist	55%
Each thumb	20%
Each index finger	10%
Each other finger	5%
Each leg above center of the femur	70%
Each leg up to a point below the femur	65%

Loss of:	% of Sum Insured
Each leg to a point below the knee	50%
Each leg up to the center of tibia	45%
Each foot at the ankle.	40%
Each big toe	5%
Each other toe	2%
Each eye	50%
Hearing in each ear	30%
Sense of smell	10%
Sense of taste	5%

2) In this Benefit:

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

#### Benefit 4. Temporary Total Disablement

If an Insured Person suffers an Accident during the Policy Period which is the sole and direct cause of a temporary disability which completely prevents him from performing each and every duty pertaining to his employment or occupation, then We will pay a weekly benefit, provided that:

- 1) The temporary total disablement is certified by a Doctor, and
- 2) Our liability to make payment will be limited to of 1% of the Sum Insured for each week during the period of temporary total disablement for a period not exceeding 100 weeks from the date of the Accident and if the Insured Person is disabled for a part of a week, then only a proportionate part of the weekly benefit will be payable, and
- 3) We will not pay any amount in excess of the Insured Person's base weekly income excluding overtime, bonuses, tips, commissions, or any other special compensation.

#### Benefit 5. Emergency Ambulance Charges

If We have accepted a claim under this Policy and following the Accident it is necessary to immediately transfer the Insured Person to the nearest Hospital by ambulance offered by a healthcare or an ambulance service provider, then We will in addition reimburse the actual expenses of the transfer using the shortest route.

#### Benefit 6. Education Fund

If We have accepted a claim under Benefit 1 or 2, then We will in addition pay 50% of the Sum Insured per Dependent Child up to a maximum of 2 Dependent Children provided that such Dependent Child is pursuing an educational course as a full time student in an educational institution.

#### Benefit 7. Family Transportation

If We have accepted a claim under Benefit 1 or 2, then We will in addition reimburse the actual expenses incurred in transporting one Immediate Family Member to the Hospital where the Insured Person is admitted following an Accident, provided that such Hospital is located at least 200 kms from the Insured Person's residence.

Note: In this Benefit, Immediate Family Member means the Insured Person's legal spouse, children, parents, parents-in-law, legal guardian, ward, step child or adopted child.

#### Benefit 8. Purchase of Blood

If We have accepted a claim under Benefits 1-4, then We will in addition reimburse the actual expenses incurred in purchasing blood through a Hospital or lawful blood

# Individual Personal Accident

## Policy Wording - Premium

bank for the purpose of the Insured Person's medical or surgical treatment provided that such treatment is necessitated by the Accident.

### Benefit 9. Transportation of Imported Medicine

If We have accepted a claim under Benefits 1-4, then We will in addition reimburse the actual expenses incurred on freight charges for importing medicines to India, provided that:

- Such medicines, formulations or their alternatives are not available in India, and
- Such medicines are necessary for the medical or surgical treatment of the Insured Person in a Hospital following the Accident.
- Such medicines shall not include any drugs under clinical trial or medicines, formulations or molecules of unproven efficacy.

### Benefit 10. Accident Hospitalisation (Inpatient)

If any Insured Person suffers an Accident during the Policy Period that requires that Insured Person's Hospitalisation as an inpatient, then We will in addition reimburse the Medical Expenses incurred for the in-patient treatment of such Insured Person provided that the Hospitalisation commences within the same Policy Period. Our liability to meet Medical Expenses caused by such Accident will be limited to the Sum Insured of that Policy Period.

### Benefit 11. Broken Bones

If an Accident causes an Insured Person to suffer a fracture (a break in the continuity of a bone) and this is certified by a Doctor and also confirmed by imaging investigations such as by X-ray, then We will pay the percentage of the Sum Insured specified in the table below.

	% of Sum Insured
Injury to vertebral body resulting in spinal cord damage	100%
Pelvis	100%
Skull (excluding nose and teeth)	30%
Chest (all ribs and breast bone)	50%
Shoulder (collar bone and shoulder blade)	30%
Arm	25%
Leg	25%
Vertebra – vertebral arch (excluding coccyx)	30%
Wrist (colliers or similar fractures)	10%
Ankle (Potts or similar fracture)	10%
Coccyx	5%
Hand	3%
Finger	3%
Foot	3%
Toe	3%
Nasal bone	3%

- If an Insured Person suffers a fracture not mentioned in the table above, then We will assess the fracture with Our medical advisors and determine the amount of payment to be made.
- Our maximum liability is limited to the Sum Insured, irrespective of the number of fractures that the Insured Person suffers caused by the same Accident.
- If a claim in respect of any fracture of a whole bone also encompasses some or all of its parts, Our liability to make payment will be limited to the whole bone only and not any of its parts.

Note: In this Benefit:

- Pelvis means all pelvic bones, which shall be treated as one bone. The sacrum is part of the vertebral column.
- Skull means all skull and facial bones, (excluding nasal bones and teeth) which shall be treated as one bone.

### Benefit 12. Modification of Residence/Vehicle

If We have accepted a claim under Benefit 2, then We will in addition reimburse the reasonable expenses incurred to modify the Insured Person's residential accommodation and/or vehicle as long as the modifications have been carried out in India and certified by a Doctor to be necessary and directly required as a result of

the Accident for which We accepted the claim.

### EXCLUSIONS

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

#### 1) Special Exclusions to Benefit 1-4, 10

- Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
- Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- Hernia.

#### 2) Special Exclusions to Benefit 11

- Sickness or disease.
- Any fracture due to osteoporosis or a malignant disease.
- Any hair line fracture.

#### 3) Special Exclusions to Benefit 12

- Any benefits which an Insured Person is eligible to receive under the Workmen's Compensation Act 1923 or any similar enactment.
- Any expenses incurred in excess of the amount that would have usually been incurred had the Insured Person not been insured under this Policy.
- Any modifications or alterations not compliant with the applicable law.

### Cumulative Bonus

Note: This is only applicable for Benefits 1-3.

- If no claim has been made under this Policy and the Policy is renewed with Us without any break, We will apply a cumulative bonus to the next Policy Year by automatically increasing the Sum Insured for the next Policy Year by 5% of the Sum Insured for this Policy Year.
- The maximum cumulative bonus shall not exceed 50% of the Sum Insured in any Policy Year for benefits under Benefits 1-3.
- If a cumulative bonus has been applied and a claim is made, then in the subsequent Policy Year We will automatically decrease the cumulative bonus by 5% of the Sum Insured in that following Policy Year.

#### 4) General Exclusion applicable to all Benefits:

- Any Pre-existing Condition or any complication arising from the same.
- Intentional self injury, suicide or attempted suicide, while sane or insane.
- Any psychiatric or mental disorders.
- AIDS (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus), venereal disease, sexually transmitted disease or illness,
- Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
- Arising or resulting from the insured person(s) committing any breach of law with criminal intent.
- The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol.
- War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, chemical, radioactive or nuclear contamination.
- Pregnancy or childbirth or in consequence thereof.
- Congenital internal or external diseases, defects or anomalies or in consequence thereof.
- Treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Person's family.
- Any non-allopathic treatment.
- Any non medical expenses mentioned in Annexure I

# Individual Personal Accident

## Policy Wording - Premium

### GENERAL CONDITIONS

#### 1) Condition precedent

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

#### 2) Insured Person

Only those persons named as an Insured Person in the Schedule shall be covered under this Policy. Any person may be added during the Policy Period as an Insured Person after his application has been accepted by Us, additional premium has been paid and We have issued an endorsement confirming the addition of such person as an Insured Person.

#### 3) Notification of Claims

- a) We must be informed of any event or occurrence that may give rise to a claim under this Policy within 30 days of it happening. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.
- b) For all benefits contingent on Our prior acceptance of a claim under Benefits 1-4, We must be informed within 30 days of the event or occurrence that may give rise to a contingent benefit claim.
- c) If any time period is specifically mentioned in Benefits 1-12, then this shall supersede the time periods mentioned at a) & b) above.

#### 4) Claims Payment Supporting Documentation & Examination

- a) We must be provided with any documentation and information We may request to establish the circumstances of the claim, its quantum or Our liability for it including, in English, Our claim form duly completed and all reports, including but not limited to death certificate, disability certificate, medical reports, case histories, investigation reports, treatment papers and discharge summaries
- b) The Insured Person additionally hereby consents to:
  - i) The disclosure to Us of documentation and information that may be held by medical professionals and other insurers.
  - ii) The Insured Person shall be examined by any medical practitioner We authorise for this purpose when and so often as We may reasonably require.

#### 5) Claims Payment

- a) We shall be under no obligation to make any payment under this Policy unless We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- b) All payments made shall be subject to an applicable Deductible (if any) for such payment.
- c) If We accept a claim and become liable to make payment under Benefits 2, 3, 4, or 11, (the first claim) and there is a subsequent claim under another of these Benefits or Benefit 1 in respect of the same Insured Person and the same Accident within 365 days of the date of the Accident (the second claim), then We will only be liable to pay the difference between the amount payable for the first claim and the amount payable for the second claim.
- d) We will only make payment to or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In the event of the death of an Insured Person, We will make payment to the Nominee (as named in the Schedule).
- e) Payments under this Policy shall only be made in Indian Rupees irrespective of the location of accident which has given rise to the claim.
- f) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person could reasonably have minimised the costs incurred, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Doctor.
- g) 1) We shall make the payment of claim that has been admitted as

payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulation), 2002. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDAI (Protection of Policyholders Regulation), 2002, we shall pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

- 2) In an event where claim falls within two policy periods then we shall settle claim by taking into consideration the sum insured available in the two policy periods. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of the premium of health insurance policy, if not received earlier

#### 6) Fraud

If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be void and all benefits paid under it shall be forfeited.

#### 7) Other Insurance

- a) If at the time when any claim is made under this Policy, insured has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any claim (in part or in whole) being made under this Policy, then the Policy holder shall have the right to require a settlement of his claim in terms of any of his policies. The insurer so chosen by the Policy holder shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen policy.  
Provided further that, If the amount to be claimed under the Policy chosen by the Policy holder, exceeds the sum insured under a single Policy after considering the deductibles or co-pay (if applicable), the Policy holder shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the claim by applying the Contribution clause. This clause shall only apply to indemnity sections of the policy.
- b) 7)a) shall not apply to claims made under Benefits 1, 2 or 3.

#### 8) Subrogation

You and/or any Insured Persons shall at Your own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which We are or would become entitled upon Us making payment under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. Neither You nor any Insured Person shall prejudice these subrogation rights in any manner and shall provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and our costs and expenses of effecting a recovery, whereafter We shall pay any balance remaining to You.

#### 9) Change of Occupation

You will give Us notice of any change in the business or occupation of any Insured Person within 30 days of such change and We will issue an endorsement to this effect.

If at the time a claim arises under this Policy the Insured Person has changed his occupation without Us being notified, then Our maximum liability will be limited to the amount that would have been payable for the premium paid and the new occupation.

#### 10) Geography

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

#### 11) Alterations to the Policy



# Individual Personal Accident

## Policy Wording - Premium

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

### 12) Renewal

This Policy is ordinarily renewable for life unless the Insured Person or anyone acting on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or there has been any misrepresentation under or in relation to this Policy or the renewal of the Policy poses a moral hazard.

We are NOT under any obligation to:

- i) Send renewal notice or reminders.
- ii) Renew it on same terms or premium as the expiring Policy. Any change in benefit or premium will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy.

All applications for renewal of the Policy must be received by Us before the end of the Policy Period. A Grace Period of 30 days for renewing the Policy is available under this Policy. Any disease/ condition contracted during the Grace Period will not be covered and will be treated as a Pre-existing Condition.

On renewal, the maximum sum insured available above 70 years of age is restricted upto Rs 5,00,000.

### 13) Notices

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

- i) Any Insured Person, then it shall be sent to You at Your address specified in the Schedule and You shall act for all Insured Persons for these purposes.
- ii) Us, it shall be delivered to Our address specified in the Schedule. 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.

### 14) Dispute Resolution Clause

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

### 15) Nomination

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

### 16) Termination

- a) You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy then We will refund premium in accordance with the table below:

Length of time Policy in force	Refund of premium
up to 1 month	75%
up to 3 months	50%
up to 6 months	25%
exceeding 6 months	0%

- b) We may terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person upon 30 days notice by sending an endorsement to Your address shown in the Schedule, and We shall refund a rateable proportion of the premium as long as no claim has been made under the Policy.

### 17) Freeloop Cancellation

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand

extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

### INTERPRETATIONS & DEFINITIONS

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

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

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

**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.

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

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

**Co-payment** means a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

**Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

**Carrier** means a civilian or commercial land, air or water conveyance operating under a valid licence from transportation of goods or passengers by air, sea, road or rail for a fee.

**Contribution** is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

A **day care center** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –

- i. has qualified nursing staff under its employment;
- ii. has qualified medical practitioner/s in charge;
- iii. has fully equipped operation theatre of its own where surgical procedures are carried out;
- iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

**Day Care Treatment** means medical treatment, and/or surgical procedure which is:

- i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- ii. which would have otherwise required hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

**Dental treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

**Deductible** is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

**Dependents** means only the family members listed below:

- i) Your legally married spouse as long as she continues to be married to You;
- ii) Your children Aged between 91 days and 21 years if they are unmarried
- iii) Your natural parents or parents that have legally adopted You, provided that the parent was below 69 years at his initial participation in the Individual Personal Accident Policy,

**Dependent Child** means a child (natural or legally adopted), who is financially dependent on You and does not have his / her independent sources of income.

# Individual Personal Accident

## Policy Wording - Premium

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

**Domiciliary Hospitalization** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

- the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- the patient takes treatment at home on account of non-availability of room in a hospital.

**Emergency Care** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

**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.

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

- has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
- has qualified nursing staff under its employment round the clock,
- has qualified Medical Practitioner(s) in charge round the clock,
- has a fully equipped operation theatre of its own where surgical procedures are carried out,
- maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

**Hospitalization** means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

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

**Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

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

**Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

**ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

**Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

**Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of illness or Accident on the advice of a Medical Practitioner as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

**Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

**Medically Necessary** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which

- Is required for the medical management of the Illness or injury suffered by the Insured Person;
- 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.

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

**OPD Treatment** is one in which the Insured visits a clinic/ hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner. The Insured is not admitted as a daycare or inpatient.

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

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

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

**Pre-existing Disease** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

**Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/ injury involved.

**Subrogation** means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

**Sum Insured** means the sum shown in the Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period.

**Terrorism** shall mean an act, including, but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or Government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear."

**We/Our/Us** means the Apollo Munich Health Insurance Company Limited.

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

### Schedule of Benefits

Benefit	Sum Insured
Benefit 1. 1) Accidental Death [AD]	As specified in the Schedule
Benefit 1. 2) Transportation of Mortal Remains	2 % of AD Sum Insured; maximum upto Rs 10,000
Benefit 2. Permanent Total Disablement	100% of AD Sum Insured
Benefit 3. Permanent Partial Disablement	100% of AD Sum Insured
Benefit 4. Temporary Total Disablement*	As specified in the Schedule; maximum upto Rs. 15,00,000
Benefit 5. Emergency Ambulance Charges	Rs 2,000
Benefit 6. Education Fund*	10 % of AD Sum Insured; maximum upto Rs 20,000
Benefit 7. Family Transportation	1 % of AD Sum Insured; maximum upto Rs 100,000

# Individual Personal Accident

## Policy Wording - Premium

Benefit	Sum Insured
Benefit 8. Purchase of Blood	5 % of AD Sum Insured; maximum upto Rs 10,000
Benefit 9. Transportation of Imported Medicine	5 % of AD Sum Insured; maximum upto Rs 20,000
Benefit 10. Accident Hospitalisation (In-patient)	Rs 100,000
Benefit 11. Broken Bones	20 % of AD Sum Insured; maximum upto Rs 100,000
Benefit 12. Modification of Residence/ Vehicle	10% of AD Sum Insured; maximum upto Rs. 100,000

\*Temporary Total Disablement and Education Fund are available to the earning members only.

### Grievance Redressal Procedure

If you have a grievance that you wish us to redress, you may contact us with the details of your grievance through:

- Our website : [www.apollomunichinsurance.com](http://www.apollomunichinsurance.com)
- Email : [customerservice@apollomunichinsurance.com](mailto:customerservice@apollomunichinsurance.com)
- Telephone : 1800-102-0333
- Fax : +91-124-4584111
- Courier : Any of our Branch office or corporate office

You may also approach the grievance cell at any of our branches with the details of your grievance during our working hours from monday to friday.

If you are not satisfied with our redressal of your grievance through one of the above methods, you may contact our head of customer service at **The Grievance Cell, Apollo Munich Health Insurance Company Ltd., Central Processing Center, 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana**

If you are not satisfied with our redressal of your grievance through one of the above methods, you may approach the nearest insurance ombudsman for resolution of your grievance. The contact details of ombudsman offices are mentioned below.

### Address & Contact Details of Ombudsmen Centres

<p><b>Office of The Governing Body of Insurance Council</b> (Monitoring Body for Offices of Insurance Ombudsman) 3rd Floor, Jeevan Seva Annexe, Santacruz(West), Mumbai – 400054. <b>Tel:</b> 26106671/ 6889. <b>Email id:</b> <a href="mailto:inscoun@gbic.co.in">inscoun@gbic.co.in</a> <b>Website:</b> <a href="http://www.gbic.co.in">www.gbic.co.in</a></p> <p>If you have a grievance, approach the grievance cell of Insurance Company first. If complaint is not resolved/ not satisfied/not responded for 30 days then You can approach The Office of the Insurance Ombudsman (Bimalokpal) Please visit our website for details to lodge complaint with Ombudsman.</p>
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<p><b>Office of the Insurance Ombudsman,</b> 2nd Floor, Ambica House, Ashram Rd, <b>AHMEDABAD - 380 014.</b> <b>Tel:</b> 079 - 27545441/ 27546840 <b>Fax:</b> 079 - 27546142 <b>Email:</b> <a href="mailto:bimalokpal.ahmedabad@gbic.co.in">bimalokpal.ahmedabad@gbic.co.in</a></p>	<p><b>Office of the Insurance Ombudsman,</b> 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, <b>BHOPAL - 462 003.</b> <b>Tel:</b> 0755 - 2769201/ 9202 <b>Fax:</b> 0755 - 2769203 <b>Email:</b> <a href="mailto:bimalokpal.bhopal@gbic.co.in">bimalokpal.bhopal@gbic.co.in</a></p>
<p><b>Office of the Insurance Ombudsman,</b> 62, Forest Park, <b>BHUBANESHWAR - 751 009.</b> <b>Tel:</b> 0674 - 2596455/2596003 <b>Fax:</b> 0674 - 2596429 <b>Email:</b> <a href="mailto:bimalokpal.bhubaneswar@gbic.co.in">bimalokpal.bhubaneswar@gbic.co.in</a></p>	<p><b>Office of the Insurance Ombudsman,</b> SCO No.101-103,2nd Floor, Batra Building, Sector 17-D, <b>CHANDIGARH - 160 017.</b> <b>Tel:-</b> 0172 - 2706468/2772101 <b>Fax:</b> 0172 - 2708274 <b>Email:</b> <a href="mailto:bimalokpal.chandigarh@gbic.co.in">bimalokpal.chandigarh@gbic.co.in</a></p>

<p><b>Office of the Insurance Ombudsman,</b> Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, <b>CHENNAI - 600 018.</b> <b>Tel:</b> 044 - 24333668/ 24335284 <b>Fax:</b> 044 - 24333664 <b>Email:</b> <a href="mailto:bimalokpal.chennai@gbic.co.in">bimalokpal.chennai@gbic.co.in</a></p>	<p><b>Office of the Insurance Ombudsman,</b> 2/2 A, Universal Insurance Bldg., Asaf Ali Road, <b>NEW DELHI - 110 002.</b> <b>Tel:</b> 011 - 23234057/ 23232037 <b>Fax:</b> 011 - 23230858 <b>Email:</b> <a href="mailto:bimalokpal.delhi@gbic.co.in">bimalokpal.delhi@gbic.co.in</a></p>
<p><b>Office of the Insurance Ombudsman,</b> "Jeevan Nivesh", 5th Floor, S.S. Road, <b>GUWAHATI - 781 001.</b> <b>Tel:</b> 0361 - 2132204/ 5 <b>Fax:</b> 0361 - 2732937 <b>Email:</b> <a href="mailto:bimalokpal.guwahati@gbic.co.in">bimalokpal.guwahati@gbic.co.in</a></p>	<p><b>Office of the Insurance Ombudsman,</b> 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, <b>HYDERABAD-500 004.</b> <b>Tel:</b> 040 - 65504123/ 23312122 <b>Fax:</b> 040 - 23376599 <b>Email:</b> <a href="mailto:bimalokpal.hyderabad@gbic.co.in">bimalokpal.hyderabad@gbic.co.in</a></p>
<p><b>Office of the Insurance Ombudsman,</b> 2nd Floor, CC 27/2603, Pulinat Bldg., M.G. Road, <b>ERNAKULAM-682 015.</b> <b>Tel:</b> 0484 - 2358759/ 2359338 <b>Fax:</b> 0484 - 2359336 <b>Email:</b> <a href="mailto:bimalokpal.ernakulam@gbic.co.in">bimalokpal.ernakulam@gbic.co.in</a></p>	<p><b>Office of the Insurance Ombudsman,</b> Hindustan Building, Annexe, 4th Floor, C.R.Avenue, <b>KOLKATA - 700072</b> <b>Tel:</b> 033 - 22124339/ 22124346 <b>Fax:</b> 22124341 <b>Email:</b> <a href="mailto:bimalokpal.kolkata@gbic.co.in">bimalokpal.kolkata@gbic.co.in</a></p>
<p><b>Office of the Insurance Ombudsman,</b> Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, <b>LUCKNOW-226 001.</b> <b>Tel:</b> 0522 - 2231331/ 2231330 <b>Fax:</b> 0522 - 2231310 <b>Email:</b> <a href="mailto:bimalokpal.lucknow@gbic.co.in">bimalokpal.lucknow@gbic.co.in</a></p>	<p><b>Office of the Insurance Ombudsman,</b> 3rd Floor, Jeevan Seva Annexe,S.V. Road, Santacruz(W), <b>MUMBAI-400 054.</b> <b>Tel:</b> 022 - 26106960/ 26106552 <b>Fax :</b> 022 - 26106052 <b>Email:</b> <a href="mailto:bimalokpal.mumbai@gbic.co.in">bimalokpal.mumbai@gbic.co.in</a></p>
<p><b>Office of the Insurance Ombudsman,</b> Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, <b>JAIPUR – 302 005.</b> <b>Tel:</b> 0141 - 2740363 <b>Email:</b> <a href="mailto:bimalokpal.jaipur@gbic.co.in">bimalokpal.jaipur@gbic.co.in</a></p>	<p><b>Office of the Insurance Ombudsman,</b> 3rd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet <b>PUNE – 411 030.</b> <b>Tel:</b> 020 - 32341320 <b>Email:</b> <a href="mailto:Bimalokpal.pune@gbic.co.in">Bimalokpal.pune@gbic.co.in</a></p>
<p><b>Office of the Insurance Ombudsman,</b> 24th Main Road, Jeevan Soudha Bldg., JP Nagar, 1st Phase, Ground Floor <b>BENGALURU – 560 025.</b> <b>Tel:</b> 080 - 26652049/ 26652048 <b>Email:</b> <a href="mailto:bimalokpal.bengaluru@gbic.co.in">bimalokpal.bengaluru@gbic.co.in</a></p>	<p><b>Office of the Insurance Ombudsman,</b> 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, <b>NOIDA – 201 301.</b> <b>Tel:</b> 0120 - 2514250/ 51/ 53 <b>Email:</b> <a href="mailto:bimalokpal.noida@gbic.co.in">bimalokpal.noida@gbic.co.in</a></p>
<p><b>Office of the Insurance Ombudsman,</b> 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, <b>PATNA – 800 006.</b> <b>Tel:</b> 0612 - 2680952 <b>Email id:</b> <a href="mailto:bimalokpal.patna@gbic.co.in">bimalokpal.patna@gbic.co.in</a>.</p>	

**IRDAI REGULATION NO 5:** This policy is subject to regulation 5 of IRDAI (Protection of Policyholder's Interests) Regulation.

### Annexure I

**List of excluded expenses (non-medical) under indemnity policy are uploaded on our website.**

**Please login to <http://www.apollomunichinsurance.com/download-forms/List-of-Non-Medical-Expenses.pdf>**

We would be happy to assist you. For any help contact us at: E-mail: [customerservice@apollomunichinsurance.com](mailto:customerservice@apollomunichinsurance.com) Toll Free: 1800 102 0333