

Individual Personal Accident Rider

Policy Wording

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

Section. 1 Benefits

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

a) Accidental Death

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

b) Permanent Total Disablement

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

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

In this Benefit:

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

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

c) Permanent Partial Disablement

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

Loss of:	% of Sum Insured
Each arm at the shoulder joint	70%
Each arm to a point above elbow joint	65%
Each arm below elbow joint	50%
Each hand at the wrist	50%
Each thumb	20%
Each index finger	10%
Each other finger	5%
Each leg above center of the femur	70%
Each leg up to a point below the femur	65%
Each leg to a point below the knee	50%
Each foot at the ankle.	40%

Each big toe	5%
Each other toe	2%
Each eye	50%
Hearing in each ear	30%
Sense of smell	10%
Sense of taste	5%

In this Benefit:

- a) Loss means:
 - i) the physical separation of a body part, or
 - 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.
- b) If an Insured Person suffers a loss not mentioned in the table above, then We will assess the degree of disablement with independent medical advisors and determine the amount of payment to be made.
- c) If a claim in respect of a whole member (any organ, organ system or a limb) also encompasses some or all of its parts, Our liability to make payment will be limited to the member only and not any of its parts or constituents.

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

Section. 2 Exclusions

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

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

Section. 3 General Conditions

A. Condition precedent

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

B. Geography

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

C. Insured Person

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

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D. Waiting Period

There are no waiting periods in this Policy. However, this Policy shall follow waiting periods applicable in Base Plan.

E. Loading

There are no loadings applicable in this Policy.

F. Discount

- i. Discount of 7.5% on 2 years and 10% on 3 years policy premiums when paid on lump sum payment mode.
- ii. Family Discount of 10% if 2 or more family members are covered under Individual Sum Insured Plan of this Policy.

G. Waiting Period

There are no waiting periods in this Policy.

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

Policyholder has the option to pay the premium in instalments on monthly, quarterly and semi-annual basis apart from lump sum payment. However, premium payment mode under this rider Policy will be same as that of premium payment mode chosen in Base Plan or it can be lump sum payment. Kindly note:

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

Please Note:

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

- A. a) no interest will be levied on the premiums for the period of delay;
- B. insured continues to be covered during the relaxation period for purpose of giving credit for Pre-Existing Diseases, time bound exclusions and for all waiting period;
- C. no fresh underwriting during relaxation period will be done;
- D. any incidence of claim during the relaxation period will be processed as per Policy terms and conditions independent of instalment premium payment option. However, an amount equivalent to the balance of the instalment premiums payable in the Policy Year, would be recoverable from the admissible claim amount payable in respect of the Insured Person.
- ii. Policyholder has an option to withdraw from the auto deduction mode at least 15 days prior to the due date of instalment premium. In this case, payment for the remaining instalments will have to be made at the time of withdrawal for the continuation of the Policy.
- iii. There is no obligation on Us to remind the insured person/Policy holder of the due dates.

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Policyholder has the option to pay the premium in instalments on monthly, quarterly and semi-annual basis apart from lump sum payment. However, premium payment mode under this rider Policy will be same as that of premium payment mode chosen in Base Plan or it can be lump sum payment. Kindly note:

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

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15 days prior to the due date of instalment premium. In this case, payment for the remaining instalments will have to be made at the time of withdrawal for the continuation of the Policy.

- iii. There is no obligation on Us to remind the insured person/Policy holder of the due dates

I. Notification of Claims

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

J. Claims Payment Terms & Conditions

- i. We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
 - ii. If We accept a claim and become liable to make payment under Benefits 1. b) or 1. c) (the first claim) and there is a subsequent claim under any of these Benefits or Benefit 1. a) in respect of the same Accident within 365 days of the date of the Accident (the second claim), We will only be liable to pay the difference between the amount payable during the first claim and the amount payable for the second claim subject to the Sum Insured limit mentioned for this rider in the Policy Schedule.
 - iii. We will only make payment to or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In the event of the death of an Insured Person, We will make payment to the Nominee (as named in the Policy Schedule) or assignee as the case may be. In absence of nominee or assignee and You are deceased, We will make payment to the Your legal heir, executor or appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
 - iv. Payments under this Policy shall only be made in Indian Rupees irrespective of the location of accident which has given rise to the claim.
 - v. We shall make the payment of claim that has been admitted as payable by Us or reject the claim as per the Policy terms and conditions within 30 days of receipt of last necessary document(s). All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulation), 2017. 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), 2017, we shall pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document(s) to the date of payment of claim. For the purpose of this clause, 'bank rate' shall mean the bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
 - vi. Where the circumstances of a claim warrant an investigation in our Opinion, 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. In such cases, We shall settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, We shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
 - vii. The assignment of benefits of the policy shall be subject to applicable law.
- Claims Payment Terms & Conditions for instalment payments**
- Please note that following conditions will be applied for monthly, Quarterly and Half-yearly premium payment options:
- i. In case of any claim under this Policy, an amount equivalent to the balance of the instalment premiums payable in the Policy Year, would be recoverable from the admissible claim amount payable in respect of the Insured Person.
 - ii. If the claim amount is lesser than the balance premium payable, then no claims would be payable till the applicable premium is recovered.

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K. Non-Disclosure or Misrepresentation:

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

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

L. Fraudulent Claims:

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

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

M. Change of Sum Insured in the base policy

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

N. Alterations to the Policy

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

O. Renewal

- a) This policy is ordinarily renewable for life except on grounds of fraud, moral hazard or misrepresentation by the insured in which case the policy shall be cancelled ab-initio from the inception date or the renewal date (as the case may be). In case a claim is made under such Policy, it shall be rejected/repudiated and all benefits payable under such Policy shall be forfeited with respect to such claim.
- b) This Policy will be renewed only if Base Plan is being renewed. In case Base Plan is not being renewed, this rider Policy will not be eligible to be renewed.
- c) 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 (other than due to change in Sum Insured under Base Plan) will be done with the approval of the Insurance Regulatory and Development Authority of India (IRDAI) 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.
- d) We will not apply any additional loading on your policy premium at renewal based on claim experience.
- e) We shall be entitled to call for any information or documentation before agreeing to renew the Policy. Your Policy terms may be altered based on the information received.
- f) 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 injury/ condition contracted during the Grace Period will not be covered.
- g) Maximum Age – There is no maximum cover ceasing age on renewal in this policy.
- h) Any claims made under this Rider Policy will not impact eligibility for renewal benefit in the Base Plan.

P. Notices

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

- i) Any Insured Person, it would be sent to You at the address specified in Schedule / endorsement

- ii) Us, shall be delivered to Our address specified in the Schedule.
- iii) No insurance agents, brokers, other person/ entity is authorised to receive any notice on Our behalf.

Q. 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.

R. 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.

S. Termination or Cancellation

a) You may terminate this Policy at any time by giving Us written notice. The cancellation shall be from the date of receipt of such written notice. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

1 Year Policy Period		2 Year Policy Period		3 Year Policy Period	
Length of time Policy in force	% of premium refunded	Length of time Policy in force	% of premium refunded	Length of time Policy in force	% of premium refunded
Up to 1 Month	75.00%	Up to 1 Month	87.50%	Up to 1 Month	91.70%
Up to 3 Months	50.00%	Up to 3 Months	75.00%	Up to 3 Months	83.30%
Up to 6 Months	25.00%	Up to 6 Months	62.50%	Up to 6 Months	75.00%
Exceeding 6 Months	Nil	Up to 12 Months	48.00%	Up to 12 Months	66.60%
		Up to 15 Months	25.00%	Up to 15 Months	50.00%
		Up to 18 Months	12.00%	Up to 18 Months	41.60%
		Exceeding 18 Months	Nil	Up to 21 Months	33.30%
				Up to 24 Months	8.30 %
				Exceeding 24 Months	Nil

b) We shall terminate this Policy for the reasons as specified under aforesaid Section 3. K. (Non-Disclosure or Misrepresentation) & Section 3. L. (Fraudulent Claims) of this Policy and such termination of the Policy shall be ab initio from the inception date or the renewal date (as the case may be), upon 30 day notice, by sending an endorsement to Your address shown in the Policy Schedule. In case of Dishonest or Fraudulent claims the premium paid will not be refunded.

T. Free Look Period

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 cease on the free look cancellation of the Policy.

Section. 4 Definitions

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

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

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- Def. 2. **Adventure sports** (also called are action sport, agro sports and extreme sports) are popular term for certain sport/recreational activities perceived as involving a high degree of risk. These activities often involve speed, height, a high level of physical exertion, and highly specialized gear such as racing on wheels or horseback, skydiving, wind surfing, wakeboarding, scuba diving, surfing, wind surfing, kiteboarding, winter sports, parachuting, river rafting, canoeing involving rapid water current, rock climbing, pot holing, bungee jumping, ice hockey, ballooning, hand gliding, diving or under water activity, polo etc.
- Def. 3. **Age or Aged** means completed years as at the Commencement Date.
- Def. 4. **Base Plan** means any retail indemnity health Insurance policy issued by Apollo Munich Health Insurance Company Limited including its terms and conditions, any annexure thereto and the Policy Schedule (as amended from time to time), the information statements in the proposal form and the Policy wording (including endorsements, if any) and to which this Rider is attached.
- Def. 5. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.
- Def. 6. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- Def. 7. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Def. 8. **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.
- Def. 9. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- has qualified nursing staff under its employment round the clock,
 - has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
 - has qualified Medical Practitioner(s) in charge round the clock,
 - has a fully equipped operation theatre of its own where surgical procedures are carried out,
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- Def. 10. **Hospitalisation or Hospitalised** means admission in a Hospital for a minimum of 24 consecutive hours except for specified procedures / treatments, where such admission could be for a period of less than 24 consecutive hours.
- Def. 11. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- Def. 12. **Insured Person** means You and the persons named in the Schedule.
- Def. 13. **Medical Advise** means any consultation or advise from a Medical Practitioner including the issue of any prescription or repeat prescription.
- Def. 14. **Medical Practitioner** means a person who holds a valid registration from the medical council of any state or medical council of India or council for Indian medicine or for homeopathy set up by the government of India or a state government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. Medical Practitioner who is sharing the same residence with the Insured Person's and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.
- Def. 15. **Nominee** means the person named in the Policy Schedule who is nominated to receive the benefits under this Policy in accordance with the terms of the Policy, if the Policyholder is deceased.
- Def. 16. **Notification of Claim** means the process of notifying a claim to the insurer or TPA by specifying the timeliness as well as the address / telephone number to which it should be notified.
- Def. 17. **Policyholder** means the person named in the Policy Schedule as the policyholder
- Def. 18. **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any) and the policy schedule (as the same may be amended from time to time).
- Def. 19. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.
- Def. 20. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def. 21. **Professional Sport** means a sport which is the primary livelihood earning of a sportsperson.
- Def. 22. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
- Def. 23. **Spouse** means Your legally married spouse as long as she continues to be married to You.
- Def. 24. **Sum Insured** means, in respect of each Benefit, the sum shown in the Schedule against that Benefit and such sum represents Our maximum liability for each Insured Person for any and all claims made during the Policy Period under that Benefit, provided that Our maximum liability for each Insured Person for any and all claims made during the Policy Period for any and all Benefits shall be limited to the Accidental Death Sum Insured unless expressly stated to the contrary.
- Def. 25. **Surgery or Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an Illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.
- Def. 26. **We/Our/Us** means the Apollo Munich Health Insurance Company Limited.
- Def. 27. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

Section 5. 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:

- Website : www.apollomunichinsurance.com
- Toll Free : 1800 -102 - 0333
- Fax : 91-124 - 458 - 4111
- Courier : Any of Our Branch office or Corporate office

You may also approach the grievance cell at any of Our branches during Our working hours from Monday to Saturday. As per guidelines on special provision for Insured Persons who are senior citizens, We will provide a separate channel for addressing grievances of our senior citizen customers. You may avail this service by contacting the above mentioned toll free no and selecting suitable option provided on Our Interactive Voice Response (IVR) system.

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 Limited, 2nd and 3rd Floor, iLABS Centre, Plot No 404-405, Udyog Vihar, Phase III, Gurgaon, Haryana-122016.

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

Office of the Executive Council of Insurers

(Monitoring Body for Offices of Insurance Ombudsman) 3rd Floor, Jeevan Seva Annexe, Santacruz(West), Mumbai – 400054. Tel: 26106671/ 6889.

Email id: inscoun@ecoi.co.in Website: www.ecoi.co.in

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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>Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, AHMEDABAD - 380001. Tel: 079-25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, BHOPAL - 462 003. Tel: 0755 - 2769201/ 9202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in</p>
<p>Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR - 751 009. Tel: 0674 - 2596455/2596003 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, SCO No.101-103,2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160 017. Tel:- 0172 - 2706468/2772101 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in</p>
<p>Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI - 600 018. Tel: 044 - 24333668/ 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI - 110 002. Tel: 011 - 23234057/ 23232037 Fax: 011 - 23230858 Email: bimalokpal.delhi@ecoi.co.in</p>
<p>Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, S.S. Road, GUWAHATI - 781 001. Tel: 0361 - 2132204/ 5 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel: 040 - 65504123/ 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in</p>
<p>Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., M.G. Road, ERNAKULAM-682 015. Tel: 0484 - 2358759/ 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, Hindustan Building. Annexe, 4th Floor, C.R.Avenue, KOLKATA - 700072 Tel: 033 - 22124339/ 22124346 Fax: 22124341 Email: bimalokpal.kolkata@ecoi.co.in</p>
<p>Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel: 0522 - 2231331/ 2231330 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe,S.V. Road, Santacruz(W), MUMBAI-400 054. Tel: 022 - 26106960/ 26106552 Fax : 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p>
<p>Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, JAIPUR – 302 005. Tel: 0141 - 2740363 Email: bimalokpal.jaipur@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet PUNE – 411 030. Tel: 020 - 32341320 Email: Bimalokpal.pune@ecoi.co.in</p>
<p>Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg., JP Nagar, 1st Phase, Ground Floor BENGALURU – 560 025. Tel: 080 - 26652049/ 26652048 Email: bimalokpal.bengaluru@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, NOIDA – 201 301. Tel: 0120 - 2514250/ 51/ 53 Email: bimalokpal.noida@ecoi.co.in</p>
<p>Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, PATNA – 800 006. Tel: 0612 - 2680952 Email id: bimalokpal.patna@ecoi.co.in</p>	

IRDAI REGULATION NO 12 : This Policy is subject to regulation 12 of IRDAI (Protection of Policyholder's Interests) Regulation, 2017

Section. 6 Claim Procedure

For any doubt or clarifications and/or information, call our Toll Free Line at 1800-102-0333 or log on to our website www.apollomunichinsurance.com or email us at customerservice@apollomunichinsurance.com.

Please quote your policy number in all your correspondences.

In case of an unfortunate claim, you need to:

1. Provide Us a written notice with full particulars immediately.
2. Collect the claim form available at all our offices. You can also download the form from our website.
3. Submit Us the dully filled and signed claim form along with the documents mentioned in the claim form.

Note: The essential claim documents in original along with the claim form have to be submitted within 30 days of the occurrence of the incident.

For any claim related query, intimation of claim and submission of claim related documents, You can contact Apollo Munich through:

Website : www.apollomunichinsurance.com

Toll Free : 1800-102- 0333

Fax : 1800- 425- 4077

Courier : Claims Department,

Apollo Munich Health insurance Co. Ltd

Ground floor, Srinilaya – Cyber Spazio

Suite # 101,102,109 & 110, Ground Floor, Road No. 2, Banjara Hills, Hyderabad-500 034

Or

Claims Department,

Apollo Munich Health Insurance Co. Ltd.,

2nd & 3rd Floor, iLABS Centre, Plot

No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana

Claims Payment Supporting Documentation & Examination

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

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

For claim under Accidental Death Benefit-

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

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

- Our claim form, duly completed and signed for on behalf of the Insured Person.
- Copy of MLC (Medico legal certificate) and FIR (First information report)
- Original Discharge summary from the hospital
- Disability certificate issued by Civil Surgeon or equivalent as authorized by State Government
- Medical reports, case histories, investigation reports, treatment papers, all x-ray films as applicable
- Original photograph of the injured reflecting disablement (If claiming for PTD/ PPD)
- Original treating doctor certificate describing disablement
- Prescription and consultation papers
- Regulatory requirements as amended from time to time, currently mandatory

Individual Personal Accident Rider

Policy Wording

NEFT (to enable direct credit of claim amount in bank account) and KYC (recent ID/Address proof and photograph) requirements

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

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

Section. 7 Schedule of Benefits

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

We would be happy to assist you. Contact us at: Email: customerservice@apolloomunichinsurance.com. Call Toll Free No.: 1800 102 0333