

ANTODAYA SHRAMIK SURAKSHA YOJANA, BAJAJ ALLIANZ GENERAL INSURANCE COMPANY (GROUP) Policy Wordings

PREAMBLE

Whereas as the Insured/Insured Beneficiary has made to Bajaj Allianz General Insurance Company Limited (hereinafter called the “Company” or “Insurer” or “Insurance Company”), a proposal or proposal as mentioned in the transcript of the proposal, containing certain undertakings, declarations, information/particulars and statements, which is hereby agreed to be the basis of this Group Policy and has paid/agreed to pay [on or before the Risk Inception Date of Certificate of Insurance] the premium specified in the respective Certificate of Insurance, now the Company agrees, subject always to the following terms, conditions, exclusions, and limitations, to indemnify the Insured Beneficiary in excess of the amount of the Deductible and subject always to the Sum Insured specified in the respective Certificate of Insurance, against such loss/expenses, as is herein provided and such loss/expenses is actually incurred by Insured Beneficiary within the Cover Period.

I. DEFINITIONS – STANDARD DEFINITIONS

1. **Accident, Accidental** – An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **AYUSH Hospital:**

An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

 - a. Central or State Government AYUSH Hospital; or
 - b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy or
 - c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company’s authorized representative.
3. **AYUSH Day Care Centre:**

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health Centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

 - i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
 - ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iii. Maintaining daily records of the patients and making them accessible to the insurance company’s authorized representative
4. **Condition Precedent** shall mean a Policy term or condition upon which the Company’s liability under the Policy is conditional upon.
5. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - i. Internal Congenital Anomaly-
Congenital anomaly which is not in the visible and accessible parts of the body
 - ii. External Congenital Anomaly-
Congenital anomaly which is in the visible and accessible parts of the body

6. Day care centre

A day care centre means any institution established for day care treatment of illness and / or injuries or a medical set -

up with a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:-

1. has qualified nursing staff under its employment,
2. has qualified medical practitioner (s) in charge,
3. has a fully equipped operation theatre of its own where surgical procedures are carried out
4. maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

5. Day Care Treatment

Day care treatment means medical treatment, and/or surgical procedure which is:

1. Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
2. Which would have otherwise required a hospitalization of more than 24 hours.
3. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

6. Dental Treatment

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

7. Disclosure to information norm- The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

8. Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.

- I. Acute Condition means a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
- II. Chronic Condition means a disease, illness, or injury that has one or more of the following characteristics
 - a) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - b) it needs ongoing or long-term control or relief of symptoms
 - c) it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - d) it continues indefinitely
 - e) it recurs or is likely to recur

9. Grace Period Grace period means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

10. Injury/ Bodily 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.

11. Medical Advice - Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription

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

13. Medical Practitioner/ Physician/Doctor is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for 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.

14. **Migration** means, the right accorded to health insurance policyholders (including all members under family cover and members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

15. **Network Provider-** Network Provider means Hospitals or health care providers enlisted by an Insurer, TPA or jointly by an Insurer and TPA to provide medical services to an Insured Beneficiary by a Cashless Facility.

16. **Notification of Claim** is the process of notifying a claim to the Insurer by specifying the timelines as well as the address / telephone number to which it should be notified.

17. Pre-existing Condition

Pre- existing disease means any condition, ailment or injury or disease

1. That is/are diagnosed by a Physician within 36 months prior to the effective date of the policy issued by the Insurer or its reinstatement Or
2. For which medical advice or treatment was recommended by, or received from, a Physician within 36 months prior to the effective date of the Policy issued by the insurer or its reinstatement.

18. 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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

19. Surgery, Surgical or Surgical Procedure

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

II. DEFINITIONS-SPECIFIC DEFINITIONS

1. **Acquired Immune Deficiency Syndrome** means Acquired Immune Deficiency Syndrome, a condition characterised by a combination of signs and symptoms, caused by Human Immunodeficiency Virus, which attacks and weakens the body's immune system making the HIV-positive person susceptible to life threatening conditions or other conditions, as may be specified from time to time, Provided however if this definition is changed/modified by way of amendment to Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017 or through new legislation, then this definition shall be read with modified/changed definition/new legislation.
2. **Adventure Sports** - Adventure sports (also called action sports, aggro sports, and Extreme sports) are a popular term for certain activities perceived as having a high level of inherent danger. These activities often involve speed, height, a high level of physical exertion, and highly specialized gear such as racing on wheels or horseback, big game hunting, mountaineering, winter sports, Skydiving, Parachuting, Scuba Diving , Riding or Driving in Races or Rallies, Mountain Climbing, hunting or equestrian activities, rock climbing, pot holing, bungee jumping, skiing, ice hockey, ballooning, hand gliding, diving or under-water activity river rafting, canoeing involving rapid waters, polo, yachting or boating outside coastal waters.
3. **Age** means completed years as at the commencement date of the policy.
4. **AYUSH Treatment** refers to medical expenses incurred on hospitalisation under Ayurveda, Yoga and Naturopathy Unani, Siddha and Homeopathy systems
5. **Beneficiary:** In case of death of the Insured Beneficiary, the Beneficiary means, unless stipulated otherwise by the Insured Beneficiary, the surviving Spouse or immediate blood relative of the Insured Beneficiary, mentally capable and not divorced, followed by the children recognized or adopted followed by the Insured Beneficiary's legal heirs. For all other benefits, the Beneficiary means the Insured Beneficiary himself unless stipulated otherwise
6. **Certificate of Insurance** means the document issued by the Company to the Insured Beneficiary as per these terms and conditions detailing the Cover Period, Insured Beneficiary name, address, age, coverage, sums insured, condition(s), exclusions and or endorsement(s). Provided however if there is any contradiction between what is stated in the wordings attached to Certificate of Insurance and these Policy Wordings, then these Policy Wordings shall prevail.
7. **Civil War-** means armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups. Civil War also includes armed rebellion,

revolution, sedition, insurrection, Coup, and the consequences of Martial law.

8. **Cover Period** means Operative time/period as specified in the Certificate of Insurance issued to the respective Insurance Beneficiary during which Insurance Beneficiary is insured as per Terms and Conditions of Certificate of Insurance read with the Policy.
9. **Dislocation** - A dislocation is a separation of two bones where they meet at a joint. Joints are areas where two bones come together. A dislocated joint is a joint where the bones are no longer in their normal positions
10. **HIV** means Human Immunodeficiency Virus
11. **HIV-affected person** means an individual who is HIV-positive or whose partner (with whom such individual normally resides) is HIV-positive or has lost a partner (with whom such individual resided) due to AIDS;
12. **HIV-positive person** means a person whose HIV test has been confirmed positive;
13. **Fracture:** A fracture is a complete or incomplete break in a bone resulting from the application of excessive force.
14. **Group-** The group shall mean a group as per the provisions of Insurance Regulatory and Development Authority of India (Health Insurance) Regulations, 2016, read with group guidelines issued by IRDAI vide circular 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005, as amended/modified/further guidelines issued, from time to time.
15. **Insured Beneficiary/ Insured Person** means individual persons/members of the Group covered under the Group Policy as named/set out in the Certificate of Insurance issued by the Company.
16. **Nominee** is the person selected by the Insured Beneficiary to receive the benefit in case of death of the Insured Beneficiary thus giving a valid discharge to the Insurer on settlement of claim under an insurance policy.
17. **Occupation** - Your occupation as shown in the Certificate of Insurance
18. **Operative Time:** means the time that insurance is effective as stated on the Certificate of Insurance.
19. **Permanent Total Disability** -
Permanent Total Disability means the total, continuous and permanent disability certified under the disability Certificate issued by Civil Surgeon of Government Hospital stating the continuous and permanent:
 1. loss of the sight of both eyes
 2. physical separation of or the loss of ability to use both hands or both feet
 3. physical separation of or the loss of ability to use one hand and one foot
 4. loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot
20. **Period of Insurance:** means period specified in the Group Policy Schedule falling within Risk Inception Date to Risk Expiry Date.
21. **Group Policy or Master Policy or Policy** This Policy Document, the Policy Schedule and the Proposal, declaration and applicable Endorsements under the Policy containing the terms and conditions of the insurance coverage and under which Certificates of Insurance shall be issued to the Insured Beneficiary with the details of the extent of cover available to the Insured Beneficiary, the Exclusions under the cover and the terms, conditions, warranties and limitations.
22. **Policy Holder/Proposer/Group Administered or "Insured"** is the Organization or Legal Entity which has taken the Policy on behalf of all Insured Beneficiaries.
23. **Group Policy Period/Policy Period** means the date between the commencement date specified in the Group Policy Schedule with Risk Inception Date to Risk Expiry Date.
24. **Proposal and Declaration Form** means any initial or subsequent declaration made by the Insured Beneficiary/ Insured Beneficiary and is deemed to be attached and which forms a part of this Policy.
25. **Group Policy Schedule/Schedule** means the Group Policy Schedule and any annexure to it read with respective

Certificate of Insurance.

26. **“Terrorism”** means and includes, an act or thing by any person or group(s) of persons, whether acting alone or on behalf of or in connection with or in connivance with or at the instance or instigation of any person or group(s) or organization(s) or associations(s), who are committed or proclaimed to be committed for political, religious or ideological purposes, whether such person or group(s) of persons or organisation(s) or association(s) are or are not banned any law, in such a manner or with intent to threaten the unity, integrity, security or sovereignty of India or to strike terror in the people or any section of the people by using bombs, dynamite or other explosive substances or inflammable substances or firearms or other lethal weapons or poisons or noxious gases or other chemicals or by any other substances (whether biological or otherwise) of a hazardous nature or by any other means whatsoever, with intent to cause, or likely to cause, death or, or injuries to any person or persons or loss of, or damage to, or destruction of, property or disruption of any supplies or services essential to the life of the community or causes damage or destruction of any property or equipment used or intended to be used for the defence of India or in connection with any other purposes of the Government of India, any State Government or an of their agencies, or detains any person and threatens to kill or injure such person in order to compel the Government or any other person to do or abstain from doing any act. Provided further that for the above acts appropriate criminal prosecution has been initiated by police and charge sheet has been filed in competent court of criminal jurisdiction, either under special law or under general law.
27. **You, Your, Yourself/ Your Family** named in the schedule means the Insured Beneficiary or Insured Person that We insure as set out in the Certificate of Insurance
28. **We, Us, Our, Ours, Insurer, Company** means the Bajaj Allianz General Insurance Company Limited.

COVER PERIOD UNDER CERTIFICATE OF INSURANCE:

- Up to 1 year

ELIGIBILITY

All members forming part of the Group can be covered with Individual Sum Insured for each Insured Person

III. COVERAGE

SECTION 1: PERSONAL ACCIDENT COVER

Our liability to make payment for one or more of the events described in Section A, B, C below is limited to the Total Sum Assured of the Insured Person(s) for whom the claim has been preferred

You agree that we shall deduct, from any amount we have to pay under Section A, B, C, any amount we have already paid under any of Section A, B, C so that our total payments do not exceed the Total Sum Assured of the Insured Person(s) for whom the claim has been preferred. If the Company become liable to make payment under Death / or Permanent Total Disability due to accidental bodily injury, then this insurance cover will cease as far as the Insured Beneficiary is concerned.

A. DEATH

If during the Cover Period, the Insured Beneficiary sustains Accidental Bodily Injury which directly and independently of all other causes results in Death of the Insured Beneficiary within twelve (12) months from the Date of Accident, then the Company agrees to pay the Sum Insured stated in the Certificate of Insurance, to the Insured Beneficiary's assignee, as the case may be (as per the Proposal Form read with the provisions of Section 38 Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015) and in the absence of an assignee, to the Nominee or legal representative of Insured Person. Provided however in case the assignment is partial assignment/conditional assignment, then the payment of Sum Insured upon Death of the Insured Beneficiary shall depend upon and subject to terms and conditions of such partial assignment/conditional assignment.

Disappearance

In the event of the disappearance of the Insured Beneficiary, following a forced landing, stranding, sinking or wrecking of a conveyance in which such Insured Beneficiary was known to have been travelling as an occupant or disappearance as a result of any declared natural calamity/catastrophe, it shall be deemed after he has not been heard of for seven years by those who would naturally have heard of him if he had been alive, subject to all other terms and conditions of this Policy, that such Insured Beneficiary shall have died as the result of an Accident. If at any time, after the payment of the Accidental death benefit, it is discovered that the Insured Beneficiary is still alive, all payments shall be refunded in full to the Company.

In consideration of payment of premium at the inception of the Policy, it is hereby agreed and declared that if the claim under Section 1, A. Death is accepted for the Insured Beneficiary, then the Company will pay the following expenses as per the limit specified in the Certificate of Insurance.

Extension 1: Transportation of mortal remains

The Company will make an additional payment of the Sum Insured as specified in Certificate of Insurance as a lump sum benefit amount towards the expenses of transporting the body remains of the Insured Beneficiary from the place of death or hospital to cremation ground or burial ground or to the Insured Beneficiary’s residence.

Extension 2: Funeral Expenses

The Company will make payment of the Sum Insured as specified in Certificate of Insurance as a lump sum benefit amount towards Funeral Expense of the deceased Insured Beneficiary.
 The claim amount shall be paid to the Nominee or legal representative of the Insured Beneficiary.

B. PERMANENT TOTAL DISABILITY

If during the Cover Period, the Insured Beneficiary sustains Accidental Bodily Injury which directly and independently of all other causes results in permanent total disability within twelve (12) months from the date of Accident, then the Company agrees to pay 100% of the Sum Insured stated in the Certificate of Insurance under the cover ‘Permanent Total Disability’ For the purpose of this cover, Permanent Total Disability shall mean total, continuous and permanent disability certified under the disability Certificate issued by Civil Surgeon of Government Hospital stating the continuous and permanent:

1. loss of the sight of both eyes
2. physical separation of or the loss of ability to use both hands or both feet
3. physical separation of or the loss of ability to use one hand and one foot
4. loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot

C. PERMANENT PARTIAL DISABILITY

If during the Cover Period, the Insured Beneficiary sustains Accidental Bodily Injury which directly and independently of all other causes results in Permanent Partial Disability within twelve (12) months from the date of Accident, then the Company agrees to pay the percentage shown in the table below applied to the Sum Insured as stated under the Certificate of Insurance.

Hearing of both ears	75 %
An arm at the shoulder joint	70%
A leg above mid-thigh	70 %
An arm above the elbow joint	65 %
An arm beneath the elbow joint	60 %
A leg up to mid-thigh	60 %
A hand at the wrist	55 %
A leg up to beneath the knee	50 %
An eye	50 %
A leg up to mid-calf	45 %
A foot at the ankle	40 %
Hearing of one ear	30 %
A thumb	20 %
An index finger	10 %
Sense of smell	10 %
Sense of taste	5 %
Any other finger	5 %
A large toe	5 %
Any other toe	2 %

For Permanent Partial Disability listed in the above table, the disability percentage certified by the treating doctor would be considered for the claim process.

Surgeon would be considered for claim process. The Company will pay the percentage shown in the disability certificate, applied to the Sum Insured as stated in the Certificate of Insurance under the cover "Permanent Partial Disability"

If more than one Permanent Partial Disability loss has resulted due to accidental Injury, the claim amount payable for all such losses put together should not exceed the total Sum Insured under this section.

D. Child Education Benefit

The Company will make payment of the Sum insured as specified in Certificate of Insurance for "Child Education Benefit", in case of Death or Permanent Total Disability as defined under Section 1, A: Death and Section 1, B: Permanent Total Disability of Insured Beneficiary, as a lump sum benefit amount towards the cost of education or care of the Insured Beneficiary's dependent children who are less than 25 years of age, subject otherwise to all other terms, conditions and Exclusions of the Certificate of Insurance read with the Policy.

CONDITIONAL APPLICABLE FOR SECTION 1. PERSONAL ACCIDENT COVER

- a. If we become liable to make payment under Section 1, A: Death and or under Section 1, B: Permanent Total Disability due to any accidental bodily injury to Insured Beneficiary, then this insurance will cease as far as the such Insured Beneficiary is concerned.
- b. The benefits payable under this Section applicable will be over and above the Section 1 Personal Accident Cover Sum Insured.

Payment method for Section 1. A- Death, B- Permanent Total Disability and C- Permanent Partial Disability

Lump sum payment of total Sum Insured, as specified in Certificate of Insurance, if this contingency occurred.

SECTION 2 - ACCIDENTAL HOSPITALIZATION EXPENSES (ACCIDENTAL MEDICAL EXPENSES)

If Insured Beneficiary is hospitalized for a minimum period of 24 hours on the advice of a Doctor/ Medical Practitioner because of Accidental Bodily Injury sustained during the Cover Period, then the Company will pay the In-patient Treatment-Medical Expenses for the below listed items up to the Sum Insured stated under the heading 'Accidental Hospitalization Expenses', in the Certificate of Insurance, subject otherwise to all other terms, conditions and exclusions of the Certificate of Insurance read with this Policy.

- General Ward Bed rent/charges, boarding expenses
- If admitted in ICU the Company will pay up to actual ICU expenses provided by Hospital.
- Nursing
- Consultation fees
- Anesthesia, blood, oxygen, operation theatre charges, surgical appliances
- Medicines, drugs and consumables,
- Diagnostic procedures,
- The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
- Physiotherapy expenses as recommended by the treating Doctor
- Road ambulance (for carrying you from site of accident to the nearest hospital) subject to limit of INR 1000 per claim
- Day Care Procedures

Special Conditions

1. The maximum sum insured limit under this section and its extensions payable to the Insured Beneficiary/ies individually or collectively shall be as shown under section of Accidental Hospitalization Expenses of Certificate of Insurance.
2. The final settlement of claim amount will be decided based on the final hospital bill having details of number of days the Insured Beneficiary was hospitalized.

Note-

If the admission to room at rates exceeding the rate of general ward bed rent, (i), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of Pharmacy/medicines, consumables, implants, medical devices & diagnostics, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges

Proportionate deductions shall not apply in respect of the Hospitals which do not follow differential billings or for those expenses in respect of which differential billing is not adopted based on the room category

Extension(s) for Accidental Hospitalisation Expenses:

In consideration of payment of an additional premium at the inception of the Cover Period under Certificate of Insurance by the Insured Person to the Company and realization thereof by the Company, it is hereby agreed and declared that if the claim under this section is accepted for the Insured Beneficiary, then the Company will pay for the following additional benefits/expenses which will be over and above the Sum Insured:

Extension 3- Pre-Hospitalization and Post Hospitalization:

If the claim under Accidental Hospitalization Expenses (including Day Care Procedure mentioned in Annexure III) due to Accident of the Insured Beneficiary is accepted, then the Company will also pay below expenses:

i) Pre Hospitalization

If the Company has accepted an Inpatient Hospitalization claim under Accidental Hospitalization Expenses then the Company will also reimburse the Medical Expenses incurred during the 15 days Pre-Hospitalization period immediately before the Insured Beneficiary was hospitalized for Accidental Bodily Injury, provided that such Medical Expenses were incurred for the same injury for which subsequent Hospitalization was required.

ii) Post-Hospitalization

If the Company has accepted an Inpatient Hospitalization claim under Accidental Hospitalization Expenses then the Company will also reimburse the Medical Expenses incurred during the 30 days Post Hospitalization period immediately after the Insured Beneficiary was discharged post Hospitalization provided that, such costs are incurred in respect of the same injury for which the earlier Hospitalization was required.

SECTION 3- CONVALESCENCE BENEFIT (PROLONGED HOSPITALIZATION BENEFIT) FOR ACCIDENTAL BODILY INJURY

In the event of Accidental Bodily Injury first occurring or manifesting itself during the Cover Period requiring Continuous hospitalization of Insured Beneficiary beyond 7 consecutive days, the Company will pay lump sum amount as mentioned in Certificate of insurance.

Special conditions applicable to Convalescence Benefit for Accidental Bodily Injury:

- a) The maximum benefit under this section payable to the Insured individually or collectively is as shown under this section of Certificate of Insurance.
- b) This benefit will be payable only once during Cover Period

SECTION 4: COMA CARE

The Company will pay the lump sum benefit as stated in the Certificate of Insurance, if Insured Beneficiary(s) sustained Accidental Bodily Injury during the Cover Period which directly and independently of all other causes results in the Insured Beneficiary being in a Hospital in a Comatose State, within one (1) calendar month from the Date of Accident, subject otherwise to all other terms, conditions and Exclusions of the Policy.

Specific definition of Coma/ Comatose State:

A state of unconsciousness with no reaction or response to external stimuli or internal needs, this diagnosis must be supported by evidence of all of the following:

- a. No response to external stimuli continuously for at least 96 hours;
- b. Life support measures are necessary to sustain life; and
- c. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- d. Condition has to be confirmed by a specialist Medical Practitioner.

IV. Exclusions (Applicable to all sections)

No payment will be made by the Company for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. Any Injury or disability arising out of a Pre- Existing Disease/injury or any complication arising therefrom.
2. Any claim of Insured Person arising from:
 - a. suicide or attempted suicide (whether sane or insane) or intentionally self-inflicted Injury or illness,
3. Being under the influence of intoxicating liquor or drugs or other intoxicants
4. Participation in
 - a. naval, military or air force operations
 - b. hazardous activity
 - c. Professional or Adventure sports without expert supervision of trained professional
 - d. Actual or attempted felony, riot, crime, misdemeanor (excluding traffic violations) or civil commotion

- e. Arising or resulting from the Insured Person(s) committing any breach of law with criminal intent including but not limited to actual or attempted felony, riot, crime, misdemeanor (excluding traffic violations) or civil commotion
5. Any loss, damage cost or expense of whatsoever nature caused by, resulting from or in connection with any Act of Terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss;
6. Arising or resulting from the Insured Person(s) committing any breach of law with criminal intent
7. Mosquito bite, insect bite and resultant diseases are excluded under the Policy
8. Any loss resulting contributed or aggravated or prolonged by childbirth or from pregnancy
9. Whilst engaging in Aviation or Ballooning whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world
10. Investigation & Evaluation- Code- Excl04
Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
11. Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization
12. Any Natural death not limited to sickness, illness, disease and any claim arising out of any Illness, complication or ailment not arising out of Injury (as defined in the policy)
13. Any Injury that has occurred prior to the commencement of Policy cover whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought.
14. If the beneficiary is involved directly or in abetment of the murder/assault of Insured Person.
15. Death, Injury or Disablement of the Insured Person arising out of directly / indirectly from War or any act of war, invasion, act of foreign enemy, civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons / materials, chemical and biological weapons, ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel.
16. Death, Injury or Disablement of the Insured Person arising out of directly / indirectly from the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment
17. Death, Injury or Disablement of the Insured Person directly involved in underground mines, explosives magazines, hydro or thermal power projects

V. Conditions

General Terms And Clauses - Standard General Terms And Clauses

1. Disclosure of information -

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the Insured Beneficiary/Policy Holder.

2. Condition Precedent to Admission of Liability

Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim..

3. Fraud

- a. If any claim made by the Insured beneficiary, 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 Beneficiary or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this Policy and the premium paid shall be forfeited.
- b. Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the Insurer.
- c. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Beneficiary or by his agent or the hospital/ doctor/any other party acting on behalf of the Insured Beneficiary, with intent to deceive the Insurer or to induce the Insurer to issue an insurance policy:
 - i. the suggestion, as a fact of that which is not true and which the Insured beneficiary does not believe to be true;
 - ii. the active concealment of a fact by the Insured beneficiary having knowledge or belief of the fact;



- iii. any other act fitted to deceive; and
- iv. any such actor omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the Policy benefits on the ground of Fraud, if the Insured Beneficiary or any person acting on behalf of the Insured Beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Insurer.

4. Possibility of Revision of Terms of the Policy including the Premium Rates: The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three months before the changes are effected.

5. Grievance Redressal Procedure

The Company has always been known as a forward-looking customer centric organization. It takes immense pride in its approach of "Caringly Yours". To provide you with top-notch service on all fronts, the company has provided with multiple platforms via which you can always reach out to us at below mentioned touch points Our toll-free number 1-800-209- 5858 or 020-30305858, say Say "Hi" on WhatsApp on +91 7507245858 Branches for resolution of your grievances / complaints, the Branch details can be found on our website.

www.bajajallianz.com/branch-locator.html

Register your grievances / complaints on our website

www.bajajallianz.com/about-us/customer-service.html

E-mail

Level 1: Write to bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in

Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at ggro@bajajallianz.co.in

Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 80809 45060 OR SMS To 575758 and our care specialist will call you back If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at www.cioins.co.in/ombudsman.html

- 1. The contact details of the ombudsman offices are mentioned Annexure I.

General Terms And Clauses – Specific Terms And Clauses

1. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the policy

2. Eligible Entry Age Limit:

Member	Eligible Entry Age
Self	18 years to 65 years

3. Due Observance

The due observance of and compliance with the terms, provisions, warranties and conditions of this Policy insofar as they relate to anything to be done or complied with by the Insured and/or the Insured's Family shall be a condition precedent to any liability of the Company under this Policy.

4. Consideration

The Policy is issued subject to payment of premium in advance. No payment of premium shall be valid unless made under Our official receipt. The insurance cover under this Policy shall not be valid prior to the date and time of receipt/realisation of premium. Non- receipt/realisation of premium makes the Certificate of Insurance void-ab-initio.

5. Non-Disclosure of any Material Information

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, misdescription or on non-disclosure in any material fact/particular in the proposal, personal statement, declaration and connected documents, or any material information

having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured Beneficiary or any one acting on his behalf to obtain any benefit under this Policy.

6. Conditions when a claim arises Claims Procedure

A. Reimbursement Claim Procedure of All Sections

If the Insured Beneficiary meets with any of the opted contingencies that may result in a claim, then as a condition precedent to our liability:

- Policyholder or the Insured Beneficiary or someone claiming on his/her behalf must inform us in writing immediately and in any event within 30 days from the date of the Accident and submit all documents to us within 30 days from the date of intimation.
- Insured Beneficiary must take reasonable steps to lessen the consequence of incidence.
- Policyholder or Insured Beneficiary or someone claiming on his/her behalf must promptly give us documentation and other information we ask for to investigate the claim or our obligation to make payment for it.
- In case of the Insured Beneficiary's death, someone claiming on his/her behalf must inform us in writing immediately and send us a copy of the post mortem report (if conducted) within 30 days.

*Note: Waiver of conditions (a) and (d) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which the Insured Beneficiary was placed, it was not possible for the Insured Beneficiary or any other person claiming on his/her behalf to give notice or file claim within the prescribed time limit.

B. Cashless treatment - Applicable only for Accidental Hospitalization Expenses

Cashless treatment is only available at Network Hospitals. In order to avail of cashless treatment, the following procedure must be followed by You:

- a. Prior to taking treatment and/or incurring Medical Expenses for any Accidental Injury, at a Network Hospital, the Insured Beneficiary must call Us and request preauthorization by way of the written form which the Company will provide.
- b. After considering the Insured's Beneficiary request and after obtaining any further information or documentation We have sought, the Company may if satisfied send to the Insured Beneficiary or the Network Hospital, an authorization letter. The authorization letter, the ID card issued to the Insured Beneficiary along with this Policy and any other information or documentation that the Company have specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Insured Beneficiary's admission to the same.
- c. If the procedure above is followed, the Insured Beneficiary will not be required to directly pay for the admissible Medical Expenses raised out of Accidental Bodily Injury, in the Network Hospital that the Company is liable to indemnify under Accidental Hospitalization Expenses Section and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorization does not guarantee that all costs and expenses will be covered.
- d. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy. You shall, in any event, be required to settle all other expenses directly.

C. Claim Procedure (Applicable for Personal Accident Cover)

If the Insured Beneficiary meets with any Accidental Bodily Injury that may result in a claim, than as a condition precedent to our liability:

- a. Policy Holder or the Insured Beneficiary or someone claiming on his/her behalf must inform us in writing immediately and in any event within 30 days from the date of the accident and submit all documents to us within 30 days from the date of intimation.
- b. Insured Beneficiary must immediately consult a Doctor and follow the advice and treatment that he recommends.
- c. Insured Beneficiary should allow examination by our medical advisors if we ask for this.
- d. Policy Holder or Insured Beneficiary or someone claiming on his/her behalf must promptly give us documentation and other information we ask for to investigate the claim or our obligation to make payment for it.
- e. In case of the Insured Beneficiary's death, someone claiming on his/her behalf must inform us in writing immediately and send us a copy of the post mortem report (if conducted) within 30 days.

*Note: Waiver of conditions (a) and (e) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which the Insured Beneficiary was placed, it was not possible for the Insured Beneficiary or any other person claiming on his/her behalf to give notice or file claim within the prescribed time limit.

Please send the documents on below address

Bajaj Allianz General Insurance Company 2nd Floor, Bajaj Finserv Building,
Behind Weikfield IT park,
Off Nagar Road, Viman Nagar
Pune 411014 | Toll free: 1800-103-2529, 1800-22-5858

LIST OF CLAIM DOCUMENTS

A. List of Common Claim Documents-

- Duly Completed Claim Form signed by Nominee/ legal heir of the Insured Beneficiary.
- Copy of address proof (Ration card or electricity bill copy).
- NEFT details & cancelled cheque of the Insured Beneficiary/ Nominee/ legal heir of the Insured Beneficiary
- Original Policy copy along with Original Assignment endorsement (if any)
- Aadhar card & PAN card Copies (Not mandatory if the same is linked with the Policy while issuance or in previous claim)
- Any document Health Administration Team will require which is necessary to process the claim further and not mentioned in the list.

B. List of Claim documents for Death (its extensions)/ Child Education Benefit

- Attested copy of Death Certificate.
- Burial Certificate (wherever applicable).
- Attested copy of Statement of Witness, if any lodged with police authorities.
- Attested copy of FIR / Panchanama / Inquest Panchanama.
- Attested copy of Post Mortem Report (only if conducted).
- Attested copy of Viscera report if any (Only if Post Mortem is conducted).

C. List of Claim documents for Permanent Total Disability (its extensions)/ Permanent Partial Disability/, Child Education Benefit,

- Attested copy of disability certificate from Civil Surgeon of Government Hospital stating percentage of disability.
- Attested copy of FIR. (If required)
- All X-Ray / Investigation reports and films supporting to disability.
- Hospitalization documents
- Discharge summary if hospitalized due to any accidental bodily injury

D. List of Claim Document Specific to Accidental Hospitalization Expenses/ Pre Hospitalization And Post Hospitalization/Coma Care/ Convalescence Benefit For Accidental Bodily Injury and its extensions

- First Consultation letter from the Doctor
- Hospital Discharge Card
- Hospital Bill giving detailed break up of all expense heads mentioned in the bill. Clear break ups have to be mentioned for OT Charges, Doctor's Consultation and Visit Charges, OT Consumables, Transfusions, Room Rent, etc.
- Money Receipt, duly signed with a Revenue Stamp
- All original Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.

• Paying a Claim

- i. The Insured Beneficiary agree that the Company need only make payment when the Insured Beneficiary or someone claiming on his/ her behalf has provided to the Company with necessary documentation and information.
- ii. The Company will make payment to the Insured Beneficiary or his/ her Nominee. If there is no Nominee and the Insured Beneficiary is incapacitated or deceased, the Company will pay the Insured Beneficiary's legal heirs, executor or validly appointed legal representative and any payment the Company make in this way will be a complete and final discharge of the Company's liability to make payment.
- iii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per Policy terms and conditions, the Company will settle the claim within 15 days of the receipt of the last necessary document. In the cases of delay in the payment, the Company shall be liable to 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 it) from the date of receipt of last necessary document to the date of payment of claim.

- iv. However, where the circumstances of a claim warrant an investigation, the Company will 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, the Company will settle the claim within 15 days from the date of receipt of last necessary document. In case of delay beyond stipulated 15 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- v. If the Company, for any reasons decides to reject the claim under the Policy the reasons regarding the rejection shall be communicated to the Insured Beneficiary in writing within 15 days of the receipt of last necessary documents. The Insured Beneficiary may take recourse to the Grievance Redressal procedure stated under Policy.

- **Basis of Claims Payment**

- i. We shall not make any payment to You for any period of Hospitalization of less than 24 hours, except for the Day Care Procedures.
- ii. The Day Care Procedures listed are subject to the exclusions, terms and conditions of the Policy and will not be treated as independent coverage under the Policy.
- iii. The Company shall make payment in Indian Rupees only.

Conditions applicable during the contract

1. Communications

Any communication meant for the Company must be in writing and be delivered to the Company's address shown in the Schedule. Any communication meant for the Insured Beneficiary will be sent by the Company to Insured Beneficiary's address shown in the Policy.

2. Electronic Transactions

The Insured Beneficiary 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, teleservice 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 the 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.

3. Reasonable Care

The Insured shall take all reasonable steps to prevent a claim from arising under this Policy;

4. Entire Contract - Changes

Certificate of Insurance issued to the Insured Beneficiary read with this Group Policy, Proposal Form, as well as any forms, riders and endorsements and papers hereto, constitutes the entire contract of insurance for the Insured Beneficiary. No change or alteration in this Group Policy or Certificate of Insurance shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement to the Group Policy/Certificate of Insurance.. No agent has authority to change this Policy or to waive any of the provisions of this Policy.

5. No constructive Notice

Any of the circumstances in relation to these conditions coming to the knowledge of any official of the Company and not specifically informed to Us by You shall not be the notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

6. Special Provisions

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

7. Cancellation of Certificate of Insurance:

(A) Cancellation by the Policyholder

The Policyholder can cancel this Policy by providing a written notice of 7 days. In such a case, the Company will refund the premium for the unexpired policy period as detailed below:

1. Cancellation of policy where full premium received at policy inception -

- **Annual Policy:** The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the policy year.
- **Multi-year Policy:**
 - For any policy year where the risk date has not yet started, the premium will be refunded without any deduction.
 - For any policy year where the risk has started, the premium will be refunded on a pro-rata basis for that policy year, provided no claim has been made during the policy year and in full for future policy years.

2. Cancellation of policy where Premium Received on Instalment Basis

The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the policy year.

(B) Additional Deductions - Notwithstanding the above, if (i) the risk under the Policy has already commenced, or (ii) only a part of the insurance coverage has commenced, and the option of Policy cancellation is exercised by the Policyholder, then expenses incurred by the Company on medical examination of the Policyholder will also be deducted before refunding of premium.

(C) Cancellation by the Company

The Company may cancel the Policy at any time on the grounds of misrepresentation, non-disclosure of material facts, or fraud by the Policyholder/insured person, by providing 15 days' written notice. There will be no refund of premium for cancellations on these grounds.

8. Cancellation of Master Policy:

The Company may cancel the Master Policy by giving 15 days' notice to Master Policy Holder or Insured and or due to Master Policy Holders misrepresentation, fraud, non-disclosure of material facts, if any false statement or declaration is made or used and or if the Cancellation of Master Policy is required due to regulatory requirements.

The Master Policy may be cancelled by the Master Policy Holder or Insured at any time before the expiry of the Master Policy Period by giving at least 7 days written notice to the Company.

9. Free Look Period

Insured Beneficiary have a period of 30 days from the date of receipt of the first Certificate of Insurance to review the terms and conditions of the Certificate of Insurance. If Insured Beneficiary have any objections to any of the terms and conditions, Insured Beneficiary have the option of cancelling the Certificate of Insurance stating the reasons for cancellation.

If Insured Beneficiary have not made any claim during the Free look period, Insured Beneficiary shall be entitled to refund of premium subject to,

- a deduction of the expenses incurred by Us on medical examination, stamp duty charges, if the risk has not commenced, - or
- a deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, If the risk has commenced or
- a deduction of the stamp duty charges, medical examination charges & a deduction of such proportionate risk premium commensurating with the risk covered during such Covered Period, where only a part of risk has commenced

Free look period is not applicable for renewal Certificate of Insurance.

10. Automatic Termination of Cover for Insured Beneficiary

In the event of admissible claim and settlement of 100% Sum Insured under Coverage Section Accident Protection Cover the Certificate of Insurance will continue for other sections till the remaining term of the Certificate of Insurance and will be cease for further renewal.

11. Revision/ Modification of the Master Policy and or Certificate of Insurance:

There is a possibility of revision/ modification of terms, conditions, exclusions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDAI. In such an event of revision/modification of the product, intimation shall be set out to all the existing Insureds at least 3 months prior to the date of such revision/modification comes into the effect

12. Withdrawal of Group Policy

In the likelihood of this Group Policy/product being withdrawn in future, the Company will intimate the Group Manager about the same 90 days prior to expiry of the Group Policy.

Insured Beneficiary will have the option to migrate to similar health insurance product available with the Company at the time of Renewal with all the accrued continuity benefits such as cumulative bonus, waiver of Waiting Period as per IRDAI guidelines, provided the Certificate of Insurance has been maintained without a break.

- 13. Renewal:** Subject to pre-condition of Master Policy being valid and subsisting Renewal of Group Policy shall be a pre-condition for Renewal of Certificate of Insurance and if Group Policy is not renewed and lapsed then Certificate of Insurance cannot be renewed.

14. Territorial Limits & Governing Law

- i. We cover Accidental Bodily Injury sustained during the Policy Period anywhere in the world (subject to the travel and other restrictions that the Indian Government may impose), but we will only make payment within India and in Indian Rupees
- ii. For "Convalescence Benefit (Prolonged Hospitalization Benefit) For Accidental Bodily Injury" and "Accidental Hospitalization expenses" We will make payment only for expenses incurred in India and in Indian Rupees.
- iii. The Certificate of Insurance read with Master Policy constitutes the complete contract of insurance between the Company and Insured Beneficiary. So also the Master Policy shall constitute the complete contract of insurance between the Master Policy Holder and the Company. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Schedule
- iv. The construction, interpretation and meaning of the provisions of this Master Policy and Certificate of Insurance shall be determined exclusively in accordance with Indian law. The section headings of this Master Policy are included for descriptive purposes only and do not form part of this Master Policy for the purpose of its construction or interpretation except the Headings more inputs as to intent of the respective clauses/terms and conditions.

15. Dispute Resolution (Applicable only in cases where this Policy is issued under Commercial Lines of Business)

"The Insurer and Insured may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this Policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996."

Note :

1. Wherever this Policy is issued under retail lines of business, Arbitration clause shall not be applicable.
2. Arbitration clause shall not be applicable in case of Policies issued under commercial lines of business where Insured has specifically consented for no arbitration clause and no arbitration terms have been annexed to the Policy Schedule/Policy.

Annexure I:- List of Ombudsman offices

If you are still not satisfied, you can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices are mentioned below:

Office Details	Jurisdiction of Office Union Territory, District)
<p>AHMEDABAD - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 – 25501201 /02 /05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p>	Gujarat, Dadra & Nagar Haveli, Daman and Diu
<p>BENGALURU - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>	Karnataka.
<p>BHOPAL - Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in</p>	Madhya Pradesh Chattisgarh.
<p>BHUBANESHWAR – Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 – 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	Orissa.
<p>CHANDIGARH - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172 – 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in</p>	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
<p>CHENNAI - Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in</p>	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)
<p>DELHI –</p>	Delhi & following Districts of Haryana - Gurugram,

Office Details	Jurisdiction of Office Union Territory, District)
<p>Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Faridabad, Sonapat & Bahadurgarh.</p>
<p>GUWAHATI - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD - Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>
<p>JAIPUR - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 –2740363 / 2740798 Email: bimalokpal.jaipur@cioins.co.in</p>	<p>Rajasthan.</p>
<p>KOCHI– Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>
<p>KOLKATA – Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW – Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613</p>	<p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti,</p>

Office Details	Jurisdiction of Office Union Territory, District)
Email: bimalokpal.lucknow@cioins.co.in	Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar..
MUMBAI - Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/ 27/ 29/ 31/ 32/ 33 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
NOIDA - Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddha nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA – Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020- 24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

Note: Address and contact number of Governing Body of Insurance Council:

Council for Insurance Ombudsmen,

3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.

E-mail: inscoun@cioins.co.in, Tel: 022 -69038800/69038812, Website: <https://www.cioins.co.in>

Annexure II:- List of Non-Medical Items

S. NO	List of Expenses in Hospital Indemnity Policy - ("Non-Medical")	REMARKS
	TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCEITEMS	
1	HAIR REMOVAL CREAM	Not Payable
2	BABYCHARGES (UNLESS SPECIFIED/INDICATED)	Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HANDWASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/BRACES	Payable for surgery of thoracic or lumbar spine
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Payable for bariatric and varicose vein surgery if bariatric and varicose vein surgery is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable

39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by us then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HANDHOLDER	Not Payable
56	HANSAPLAST/ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures payable
	ITEMS SPECIFICALLY EXCLUDED IN THE	
59	WEIGHT CONTROL PROGRAMS/SUPPLIES/	Not Payable
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable
61	HOME VISIT CHARGES	Not Payable
62	DONOR SCREENING CHARGES	Not Payable
63	ADMISSION/REGISTRATION CHARGES	Not Payable
64	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable
65	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable
66	ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS	
67	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges ,not payable separately
68	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
69	MICROSCOPE COVER	Payable under OT Charges , not separately
70	SURGICAL BLADES, HARMONIC SCALPEL SHAVER	Payable under OT Charges , not separately
71	SURGICAL DRILL	Payable under OT Charges , not separately
72	EYE KIT	Payable under OT Charges ,not separately

73	EYE DRAPE	Payable under OT Charges ,not separately
74	X-RAY FILM	Payable under Radiology Charges, not as consumable
75	SPUTUM CUP	Payable under Investigation Charges, not as consumable
76	BOYLES APPARATUS CHARGES	Part of OT Charges , not separately
77	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
78	Antiseptic or disinfectant lotions	Not Payable -Part of Dressing Charges
79	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
80	COTTON	Not Payable -Part of Dressing Charges
81	COTTON BANDAGE	Not Payable- Part of Dressing Charges
82	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed , otherwise included as Dressing Charges
83	BLADE	Not Payable
84	APRON	Not Payable -P a r t of Hospital Services/ Disposable linen to be part of OT/ICU charges
85	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
86	ORTHO BUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
87	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
88	LUXURY TAX	Actual tax levied by government is payable. P a r t of room charge for sub limits
89	HVAC	Part of room charge not payable separately
90	HOUSE KEEPING CHARGES	Part of room charge not payable separately
91	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
92	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
93	SURCHARGES	Part of Room Charge , Not payable separately
94	ATTENDANT CHARGES	Not Payable -part of Room Charges
95	M IV INJECTION CHARGES	Part of nursing charges, not payable
96	CLEAN SHEET	Part of Laundry/ Housekeeping not payable separately
97	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
98	BLANKET/WARMER BLANKET	Not Payable- part of room charges

	ADMINISTRATIVE OR NON-MEDICAL CHARGES	
99	ADMISSION KIT	Not Payable
100	BIRTH CERTIFICATE	Not Payable
101	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
102	CERTIFICATE CHARGES	Not Payable
103	COURIER CHARGES	Not Payable
104	CONVENYANCE CHARGES	Not Payable
105	DIABETIC CHART CHARGES	Not Payable
106	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
107	DISCHARGE PROCEDURE CHARGES	Not Payable
108	DAILY CHART CHARGES	Not Payable
109	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
110	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
111	FILE OPENING CHARGES	Not Payable
112	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
113	MEDICAL CERTIFICATE	Not Payable
114	MAINTENANCE CHARGES	Not Payable
115	MEDICAL RECORDS	Not Payable
116	PREPARATION CHARGES	Not Payable
117	PHOTOCOPIES CHARGES	Not Payable
118	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
119	WASHING CHARGES	Not Payable
120	MEDICINE BOX	Not Payable
121	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
122	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
123	WALKING AIDS CHARGES	Not Payable
124	BIPAP MACHINE	Not Payable
125	COMMODE	Not Payable
126	CPAP/CAPD EQUIPMENTS	Device not payable
127	INFUSION PUMP - COST	Device not payable
128	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
129	PULSE OXYMETER CHARGES	Device not payable
130	SPACER	Not Payable
131	SPIROMETRE	Device not payable
132	SPO2 PROBE	Not Payable
133	NEBULIZER KIT	Not Payable
134	STEAM INHALER	Not Payable
123	ARMSLING	Not Payable
124	THERMOMETER	Not Payable (paid by patient)
125	CERVICAL COLLAR	Not Payable
126	SPLINT	Not Payable
127	DIABETIC FOOTWEAR	Not Payable

128	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
129	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
130	LUMBOSACRAL BELT	Payable for surgery of lumbar spine
c	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
132	AMBULANCE COLLAR	Not Payable
133	AMBULANCE EQUIPMENT	Not Payable
134	MICROSHEILD	Not Payable
135	ABDOMINAL BINDER	Payable in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
136	ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION	
137	BETADINE \ HYDROGEN PEROXIDE \ SPIRIT \ DISINFECTANT SETC	Payable when prescribed for patient , not payable for hospital use in OT or ward or for dressings in hospital
138	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post Hospitalisation nursing charges not Payable
139	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
140	SUGAR FREE Tablets	Payable -S u g a r free variants of admissible medicines are not excluded
141	CREAMS POWDERS LOTIONS (Toiletries are not payable only prescribed medical pharmaceuticals payable)	Payable when prescribed
142	Digestion gels	Payable when prescribed
143	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
144	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
145	HIV KIT	Payable - payable Pre-operative screening
146	LISTERINE/ANTISEPTIC MOUTHWASH	Payable when prescribed
147	LOZENGES	Payable when prescribed
148	MOUTH PAINT	Payable when prescribed
149	NEBULISATION KIT	If used during Hospitalisation is payable reasonably
150	NOVARAPID	Payable when prescribed
151	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
152	ZYTEE GEL	Payable when prescribed

		Routine Payable	Vaccination / Post	not Bite
153	VACCINATION CHARGES		Vaccination Payable	
154				
155	PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE			
156	AHD	Not Payable	- part of Hospital's internal Cost	
157	ALCOHOL SWABES	Not Payable	- part of Hospital's internal Cost	
158	SCRUB SOLUTION/STERILLIUM	Not Payable	- part of Hospital's internal Cost	
159				
160	OTHERS			
161	VACCINE CHARGES FOR BABY	Not payable		
162	TPACHARGES	Not Payable		
163	VISCO BELT CHARGES	Not Payable		
164	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable		
165	EXAMINATION GLOVES	Not Payable		
166	KIDNEY TRAY	Not Payable		
167	MASK	Not Payable		
168	OUNCE GLASS	Not Payable		
169	OUTSTATION CONSULTANT'S/SURGEON'S FEES	Not payable,	except for telemedicine consultations where covered by Policy	
170	OXYGEN MASK	Not Payable		
171	PAPER GLOVES	Not Payable		
172	PELVIC TRACTION BELT	Payable in case of PIVD		
173	REFERAL DOCTOR'S FEES	Not Payable		
174	ACCU CHECK (Glucometry/ Strips)	Not payable pre Hospitalisation or post Hospitalisation	/ Reports and Charts required / Device not payable	
175	PAN CAN	Not Payable		
176	SOFNET	Not Payable		
177	TROLLY COVER	Not Payable		
178	UROMETER, URINE JUG	Not Payable		
179	AMBULANCE	Payable-Ambulance from home to hospital or inter hospital shifts is payable/ RTA as specific requirement is payable		
180	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs		
181	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24hrs		
182	SOFTOVAC	Not Payable		
183	STOCKINGS	Payable for case like CABG etc.		

Annexure III: List of Day Care Procedures:

ENT	General Surgery
1 Stapedotomy	204 Infected Keloid Excision
2 Myringoplasty(Type I Tympanoplasty)	205 Incision of a pilonidal sinus / abscess
3 Revision stapedectomy	206 Axillary lymphadenectomy
4 Labyrinthectomy for severe Vertigo	207 Wound debridement and Cover
5 Stapedectomy under GA	208 Abscess-Decompression
6 Ossiculoplasty	209 Cervical lymphadenectomy
7 Myringotomy with Grommet Insertion	210 infected sebaceous cyst
8 Tympanoplasty (Type III)	211 Inguinal lymphadenectomy
9 Stapedectomy under LA	212 Incision and drainage of Abscess
10 Revision of the fenestration of the inner ear.	213 Suturing of lacerations
11 Tympanoplasty (Type IV)	214 Scalp Suturing
12 Endolymphatic Sac Surgery for Meniere's Disease	215 Infected lipoma excision
13 Turbinectomy	216 Maximal anal dilatation
14 Removal of Tympanic Drain under LA	217 Piles
15 Endoscopic Stapedectomy	A)Injection Sclerotherapy
16 Fenestration of the inner ear	B)Piles banding
17 Incision and drainage of perichondritis	218 liver Abscess- catheter drainage
18 Septoplasty	219 Fissure in Ano- fissurectomy
19 Vestibular Nerve section	220 Fibroadenoma breast excision
20 Thyroplasty Type I	221 OesophagealvaricesSclerotherapy
21 Pseudocyst of the Pinna – Excision	222 ERCP - pancreatic duct stone removal
22 Incision and drainage - Haematoma Auricle	223 Perianal abscess I&D
23 Tympanoplasty (Type II)	224 Perianal hematoma Evacuation
24 Keratosis removal under GA	225 Fissure in anosphincterotomy
25 Reduction of fracture of Nasal Bone	226 UGI scopy and Polypectomyoesophagus
26 Excision and destruction of lingual tonsils	227 Breast abscess I& D
27 Conchoplasty	228 Feeding Gastrostomy
28 Thyroplasty Type II	229 Oesophagoscopy and biopsy of growth oesophagus
29 Tracheostomy	230 UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers
30 Excision of Angioma Septum	231 ERCP - Bile duct stone removal
31 Turbinoplasty	232 Ileostomy closure
32 Incision & Drainage of Retro Pharyngeal Abscess	233 Colonoscopy
33 UvuloPalatoPharyngoPlasty	234 Polypectomy colon
34 Palatoplasty	235 Splenic abscesses Laparoscopic Drainage

35 Tonsillectomy without adenoidectomy	236 UGI SCOPY and Polypectomy stomach
36 Adenoidectomy with Grommet insertion	237 Rigid Oesophagoscopy for FB removal
37 Adenoidectomy without Grommet insertion	238 Feeding Jejunostomy
38 Vocal Cord lateralisation Procedure	239 Colostomy
39 Incision & Drainage of Para Pharyngeal Abscess	240 Ileostomy
40 Transoral incision and drainage of a pharyngeal abscess	241 colostomy closure
41 Tonsillectomy with adenoidectomy	242 Submandibular salivary duct stone removal
42 Tracheoplasty Ophthalmology	243 Pneumatic reduction of intussusception
43 Incision of tear glands	244 Varicose veins legs - Injection sclerotherapy
44 Other operation on the tear ducts	245 Rigid Oesophagoscopy for Plummer vinson syndrome
45 Incision of diseased eyelids	246 Pancreatic Pseudocysts Endoscopic Drainage
46 Excision and destruction of the diseased tissue of the eyelid	247 ZADEK's Nail bed excision
47 Removal of foreign body from the lens of the eye.	248 Subcutaneous mastectomy
48 Corrective surgery of the entropion and ectropion	249 Excision of Ranula under GA
49 Operations for pterygium	250 Rigid Oesophagoscopy for dilation of benign Strictures
50 Corrective surgery of blepharoptosis	251 Eversion of Sac
51 Removal of foreign body from conjunctiva	a) Unilateral
52 Biopsy of tear gland	b) Bilateral
53 Removal of Foreign body from cornea	252 Lord's plication
54 Incision of the cornea	253 Jaboulay's Procedure
55 Other operations on the cornea	254 Scrotoplasty
56 Operation on the canthus and epicanthus	255 Surgical treatment of varicocele
57 Removal of foreign body from the orbit and the eye ball.	256 Epididymectomy
58 Surgery for cataract	257 Circumcision for Trauma
59 Treatment of retinal lesion	258 Meatoplasty
60 Removal of foreign body from the posterior chamber of the eye	259 Intersphincteric abscess incision and drainage
Oncology	260 Psoas Abscess Incision and Drainage
61 IV Push Chemotherapy	261 Thyroid abscess Incision and Drainage
62 HBI-Hemibody Radiotherapy	262 TIPS procedure for portal hypertension
63 Infusional Targeted therapy	263 Esophageal Growth stent
64 SRT-Stereotactic Arc Therapy	264 PAIR Procedure of Hydatid Cyst liver
65 SC administration of Growth Factors	265 Tru cut liver biopsy
66 Continuous Infusional Chemotherapy	266 Photodynamic therapy or esophageal tumour and Lung tumour
67 Infusional Chemotherapy	267 Excision of Cervical RIB
68 CCRT-Concurrent Chemo + RT	268 laparoscopic reduction of intussusception
69 2D Radiotherapy	269 Microdochectomy breast
70 3D Conformal Radiotherapy	270 Surgery for fracture Penis
71 IGRT- Image Guided Radiotherapy	271 Sentinel node biopsy
72 IMRT- Step & Shoot	272 Parastomal hernia
73 Infusional Bisphosphonates	273 Revision colostomy
74 IMRT- DMLC	

75 Rotational Arc Therapy	274 Prolapsed colostomy- Correction
76 Tele gamma therapy	275 Testicular biopsy
77 FSRT-Fractionated SRT	276 laparoscopic cardiomyotomy(Hellers)
78 VMAT-Volumetric Modulated Arc Therapy	277 Sentinel node biopsy malignant melanoma
79 SBRT-Stereotactic Body Radiotherapy	278 laparoscopic pyloromyotomy(Ramstedt)
80 Helical Tomotherapy	Orthopedics
81 SRS-Stereotactic Radiosurgery	279 Arthroscopic Repair of ACL tear knee
82 X-Knife SRS	280 Closed reduction of minor Fractures
83 Gammaknife SRS	281 Arthroscopic repair of PCL tear knee
84 TBI- Total Body Radiotherapy	282 Tendon shortening
85 intraluminal Brachytherapy	283 Arthroscopic Meniscectomy - Knee
86 Electron Therapy	284 Treatment of clavicle dislocation
87 TSET-Total Electron Skin Therapy	285 Arthroscopic meniscus repair
88 Extracorporeal Irradiation of Blood Products	286 Haemarthrosis knee- lavage
89 Telecobalt Therapy	287 Abscess knee joint drainage
90 Telecesium Therapy	288 Carpal tunnel release
91 External mould Brachytherapy	289 Closed reduction of minor dislocation
92 Interstitial Brachytherapy	290 Repair of knee cap tendon
93 Intracavity Brachytherapy	291 ORIF with K wire fixation- small bones
94 3D Brachytherapy	292 Release of midfoot joint
95 Implant Brachytherapy	293 ORIF with plating- Small long bones
96 Intravesical Brachytherapy	294 Implant removal minor
97 Adjuvant Radiotherapy	295 K wire removal
98 Afterloading Catheter Brachytherapy	296 POP application
99 Conditioning Radiotherapy for BMT	297 Closed reduction and external fixation
100 Extracorporeal Irradiation to the Homologous Bone grafts	298 Arthrotomy Hip joint
101 Radical chemotherapy	299 Syme's amputation
102 Neoadjuvant radiotherapy	300 Arthroplasty
103 LDR Brachytherapy	301 Partial removal of rib
104 Palliative Radiotherapy	302 Treatment of sesamoid bone fracture
105 Radical Radiotherapy	303 Shoulder arthroscopy / surgery
106 Palliative chemotherapy	304 Elbow arthroscopy
107 Template Brachytherapy	305 Amputation of metacarpal bone
108 Neoadjuvant chemotherapy	306 Release of thumb contracture
109 Adjuvant chemotherapy	307 Incision of foot fascia
110 Induction chemotherapy	308 calcaneum spur hydrocort injection
111 Consolidation chemotherapy	309 Ganglion wrist hyalase injection
112 Maintenance chemotherapy	310 Partial removal of metatarsal
113 HDR Brachytherapy	311 Repair / graft of foot tendon
Plastic Surgery	312 Revision/Removal of Knee cap
114 Construction skin pedicle flap	313 Amputation follow-up surgery
115 Gluteal pressure ulcer-Excision	314 Exploration of ankle joint
116 Muscle-skin graft, leg	315 Remove/graft leg bone lesion

117 Removal of bone for graft	316 Repair/graft achilles tendon
118 Muscle-skin graft duct fistula	317 Remove of tissue expander
119 Removal cartilage graft	318 Biopsy elbow joint lining
120 Myocutaneous flap	319 Removal of wrist prosthesis
121 Fibro myocutaneous flap	320 Biopsy finger joint lining
122 Breast reconstruction surgery after mastectomy	321 Tendon lengthening
123 Sling operation for facial palsy	322 Treatment of shoulder dislocation
124 Split Skin Grafting under RA	323 Lengthening of hand tendon
125 Wolfe skin graft	324 Removal of elbow bursa
126 Plastic surgery to the floor of the mouth under GA	325 Fixation of knee joint
Urology	326 Treatment of foot dislocation
127 AV fistula – wrist	327 Surgery of bunion
128 URSL with stenting	328 intra articular steroid injection
129 URSL with lithotripsy	329 Tendon transfer procedure
130 CystoscopicLitholapaxy	330 Removal of knee cap bursa
131 ESWL	331 Treatment of fracture of ulna
132 Haemodialysis	332 Treatment of scapula fracture
133 Bladder Neck Incision	333 Removal of tumor of arm/ elbow under RA/GA
134 Cystoscopy & Biopsy	334 Repair of ruptured tendon
135 Cystoscopy and removal of polyp	335 Decompress forearm space
136 Suprapubiccystostomy	336 Revision of neck muscle (Torticollis release)
137 percutaneous nephrostomy	337 Lengthening of thigh tendons
139 Cystoscopy and "SLING" procedure.	338 Treatment fracture of radius & ulna
140 TUNA- prostate	339 Repair of knee joint
141 Excision of urethral diverticulum	Paediatric surgery
142 Removal of urethral Stone	340 Excision Juvenile polyps rectum
143 Excision of urethral prolapse	341 Vaginoplasty
144 Mega-ureter reconstruction	342 Dilatation of accidental caustic stricture oesophageal
145 Kidney renoscopy and biopsy	343 PresacralTeratomas Excision
146 Ureter endoscopy and treatment	344 Removal of vesical stone
147 Vesico ureteric reflux correction	345 Excision Sigmoid Polyp
148 Surgery for pelvi ureteric junction obstruction	346 SternomastoidTenotomy
149 Anderson hynes operation	347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
150 Kidney endoscopy and biopsy	348 Excision of soft tissue rhabdomyosarcoma
151 Paraphimosis surgery	349 Mediastinal lymph node biopsy
152 injury prepuce- circumcision	350 High Orchidectomy for testis tumours
153 Frenular tear repair	351 Excision of cervical teratoma
154 Meatotomy for meatal stenosis	352 Rectal-Myomectomy
155 surgery for fournier's gangrene scrotum	353 Rectal prolapse (Delorme's procedure)
156 surgery filarial scrotum	354 Orchidopexy for undescended testis
157 surgery for watering can perineum	355 Detorsion of torsion Testis
158 Repair of penile torsion	356 lap.Abdominal exploration in cryptorchidism
159 Drainage of prostate abscess	357 EUA + biopsy multiple fistula in ano

160 Orchiectomy	358 Cystic hygroma - Injection treatment
161 Cystoscopy and removal of FB	359 Excision of fistula-in-ano
Neurology	Gynaecology
162 Facial nerve physiotherapy	360 Hysteroscopic removal of myoma
163 Nerve biopsy	361 D&C
164 Muscle biopsy	362 Hysteroscopic resection of septum
165 Epidural steroid injection	363 thermal Cauterisation of Cervix
166 Glycerol rhizotomy	364 MIRENA insertion
167 Spinal cord stimulation	365 Hysteroscopic adhesiolysis
168 Motor cortex stimulation	366 LEEP
169 Stereotactic Radiosurgery	367 Cryocauterisation of Cervix
170 Percutaneous Cordotomy	368 Polypectomy Endometrium
171 Intrathecal Baclofen therapy	369 Hysteroscopic resection of fibroid
172 Entrapment neuropathy Release	370 LLETZ
173 Diagnostic cerebral angiography	371 Conization
174 VP shunt	372 polypectomy cervix
175 Ventriculoatrial shunt	373 Hysteroscopic resection of endometrial polyp
Thoracic surgery	374 Vulval wart excision
176 Thoracoscopy and Lung Biopsy	375 Laparoscopic paraovarian cyst excision
177 Excision of cervical sympathetic Chain Thoracoscopic	376 uterine artery embolization
178 Laser Ablation of Barrett's oesophagus	377 Bartholin Cyst excision
179 Pleurodesis	378 Laparoscopic cystectomy
180 Thoracoscopy and pleural biopsy	379 Hymenectomy(imperforate Hymen)
181 EBUS + Biopsy	380 Endometrial ablation
182 Thoracoscopy ligation thoracic duct	381 vaginal wall cyst excision
183 Thoracoscopy assisted empyema drainage	382 Vulval cyst Excision
Gastroenterology	383 Laparoscopic paratubal cyst excision
184 Pancreatic pseudocyst EUS & drainage	384 Repair of vagina (vaginal atresia)
185 RF ablation for barrett's Oesophagus	385 Hysteroscopy, removal of myoma
186 ERCP and papillotomy	386 TURBT
187 Esophagoscope and sclerosant injection	387 Ureterocele repair - congenital internal
188 EUS + submucosal resection	388 Vaginal mesh For POP
189 Construction of gastrostomy tube	389 Laparoscopic Myomectomy
190 EUS + aspiration pancreatic cyst	390 Surgery for SUI
191 Small bowel endoscopy (therapeutic)	391 Repair recto- vagina fistula
192 Colonoscopy ,lesion removal	392 Pelvic floor repair(excluding Fistula repair)
193 ERCP	393 URS + LL
194 Colonscopy stenting of stricture	394 Laparoscopic oophorectomy
195 Percutaneous Endoscopic Gastrostomy	Critical care
196 EUS and pancreatic pseudo cyst drainage	395 Insert non- tunnel CV cath
197 ERCP and choledochoscopy	396 Insert PICC cath (peripherally inserted central catheter)
198 Proctosigmoidoscopy volvulus detorsion	397 Replace PICC cath (peripherally inserted central catheter
199 ERCP and sphincterotomy	398 Insertion catheter, intra anterior

200 Esophageal stent placement	399 Insertion of Portacath
201 ERCP + placement of biliary stents	
202 Sigmoidoscopy w / stent	
203 EUS + coeliac node biopsy	

Note:

i) Above mentioned list is a indicative list of procedures, any other surgeries/procedures requiring less than 24 hours hospitalisation due to technological advances will also be covered under this policy provided such procedures comply with the standard definition of Day Care Centre and Day Care treatment mentioned in the definitions
 The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/disease under treatment. Only 24 hours Hospitalisation is not mandatory.