

GROUP LOAN BIMA POLICY WORDINGS



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GROUP LOAN BIMA

PREAMBLE

This Policy is a contract of insurance between You and Us which is subject to the receipt of the premium in full and the terms, conditions and exclusions of this Policy. This Policy has been issued on the basis of the Disclosure of Information Norm, including the information and declarations provided by you in respect of all Insured.

Only those persons between Ages 18 years to 65 years and who are named as Insured in the Schedule will be able to avail the benefits under the Policy, subject to the terms, conditions and exclusions of the Policy.

A. DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

I. Standard Definition

1. **Accident**-means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon
3. **Congenital Anomaly** means a condition which is present since birth, and which is abnormal with reference to form, structure or position
 - a. **Internal Congenital Anomaly**- Congenital anomaly which is not in the visible and accessible parts of the body
 - b. **External Congenital Anomaly**- Congenital anomaly which is in the visible and accessible parts of the body
4. **Disclosure of Information Norm**: 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
5. **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 Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:
 - i. has qualified nursing staff under its employment round the clock;
 - ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - iii. has qualified medical practitioner(s) in charge round the clock;
 - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
6. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
7. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
8. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
 - a) **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.
 - b) **Chronic Condition** means a disease, illness, or injury that has one or more of the following characteristics:
 - i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/ or tests
 - ii. it needs ongoing or long-term control or relief of symptoms

- iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - iv. it continues indefinitely
 - v. it recur or is likely to recur
9. **Intensive Care Unit (ICU)** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
10. **Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
11. **Maternity expense** means—
- a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during **Hospitalisation**)
 - b) expenses towards lawful medical termination of pregnancy during the **Policy** period.
12. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
13. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
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 his/her license. The registered practitioner should not be the Insured or his/her close family members.
15. **Medically necessary treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- a. is required for the medical management of the illness or injury suffered by the Insured;
 - b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - c. must have been prescribed by a Medical Practitioner,
 - d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
16. **Migration** means, the right accorded to health insurance policyholders (including all 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
17. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
18. **Pre-existing Disease** means any condition, ailment, injury or disease:
- a) 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.
 - b) 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.

19. **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.
20. **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 and prolongation of life, performed in a hospital or day care centre by a Medical Practitioner.
21. **Unproven/Experimental Treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India

II. Specific Definition

22. **Beneficiary** in case of Death of the Insured Person, the Beneficiary means, unless stipulated otherwise by the Insured Person, the surviving spouse or immediate blood relative of the Insured Person, mentally capable and not divorced, followed by the children recognized or adopted followed by the Insured Person's legal heirs. For all other benefits, the Beneficiary means the Insured Person himself unless stipulated otherwise.
23. **Break in policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period. **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. Included in the definition: armed rebellion, revolution, sedition, insurrection, Coup d'état, and the consequences of Martial law.
24. **Critical illness** means any of the following mentioned diseases– Cancer of Specified Severity, First Heart Attack of Specified Severity, Open Chest CABG, Open Heart Valve Replacement or Repair of Heart Valves, Kidney failure requiring regular dialysis, Stroke Resulting in Permanent Symptoms, Major Organ/ Bone Marrow Transplant, Permanent Paralysis of Limbs, Multiple Sclerosis with Persisting Symptoms, Benign Brain Tumor, Parkinson's Disease, Coma, End Stage Liver Disease, Alzheimer's Disease, Surgery of Aorta, Major Burns, Deafness and Loss of Speech.
25. **EMI or EMI Amount¹** means and includes the amount of monthly payment required to repay the principal amount of Loan and Interest by the Insured as set forth in the amortization chart referred to in the loan agreement (or any amendments thereto) between the Bank/Financial Institution and the Insured prior to the date of occurrence of the Insured Event under this Policy. For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the Insured prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.
26. **Financial Institution** shall have the same meaning assigned to the term under section 45 I of the Reserve Bank of India Act, 1934 and shall include a Non-Banking Financial Company as defined under section 45 I of the Reserve Bank of India Act, 1934
27. **Foreign War** means armed opposition, whether declared or not between two countries
28. **Insured** means the person(s) named as insured in the Schedule who are covered under this Policy, for whom the Insurance is proposed and the appropriate premium has been received and are referred to as "You"/"Your"/"Yours"/"Yourself". For the purpose of avoidance of doubt it is clarified that the heirs, executors, administrators, successors or legal representatives of the Insured may present a claim on behalf of the Insured to the Company

¹EMI refers to the EMI or Pre EMI on the loan or the Sum Insured, whichever is lower, on the date of the Insured Event.

29. **Insured Event** means any event specifically mentioned as covered under this Policy
30. **Loan** means the sum of money lent at interest or otherwise to the Insured by any Bank/Financial Institution as identified by the Loan Account Number referred to in the Schedule of this Policy
31. **Loss of Job** means any job loss of Insured Person due to diagnosis of any of the covered Critical Illnesses OR Permanent Total Disability occurring due to an accident during the policy period with benefit amount equivalent up to maximum of three (3) equated monthly instalments (EMIs) payable corresponding to the loan insured. The pay-out for this benefit is as fixed at the outset and shall not be affected by any midterm change in EMI / interest.
32. **Nominee** means the person(s) nominated by the Insured to receive the insurance benefits under this Policy payable on the death of the Insured. For the purpose of avoidance of doubt it is clarified that if the Insured is a minor, his guardian shall appoint the Nominee
33. **Permanent Total Disablement** means disablement, as the result of a **Bodily Injury**, which:
- continues for a period of twelve (12) consecutive months, and
 - is confirmed as total, continuous and permanent by a Medical Practitioner after the twelve (12) consecutive months, and
 - entirely prevents an **Insured Person** from engaging in or giving attention to gainful occupation of any and every kind for the remainder of his/her life.
34. **Physical Separation** means as regards the hand actual separation at or above the wrists, and as regards the foot means actual separation at or above the ankle.
35. **Proposal** means the application (Proposal) form for insurance cover submitted to Us along with all information which has enabled Us in considering whether and on what terms to offer this insurance.
36. **Policy** means the complete documents consisting of the Proposal, Policy wording, Schedule and Endorsements and attachments if any.
37. **Policy Period** means the date between the commencement date specified in the **Policy Schedule** and, in respect of any **Insured**, the earlier of (a) the expiry date specified in the **Policy Schedule** and (b) the occurrence of an event of Critical Illness.
38. **Policyholder** means the entity or person named as such in the Schedule.
39. **Principal Outstanding** means the principal amount of the Loan outstanding as on the date of occurrence of Insured Event less the portion of principal component included in the EMIs payable but not paid from the date of the loan agreement till the date of the Insured Event/s. For the purpose of avoidance of doubt, it is clarified that any EMIs that are overdue and unpaid to the Bank prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured. The outstanding Loan amount would not include any arrears or interest of the borrower due to any reasons whatsoever
40. **Professional Sports** means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood
41. **Public Authority** means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, exact obedience, and command, determine or judge.
42. **Schedule** means that portion of the Policy which sets out Your personal details, the type of insurance cover in force, the period and the sum insured. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule.

43. **Scheduled Airline** means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier and is flown by authorized licensed pilot.
44. **Spouse** means an Insured Person's husband or wife who is recognized as such by the laws of the jurisdiction in which they reside.
45. **Sum Insured** means the amount stated in the Schedule against each relevant Section, which shall be Our maximum, total and cumulative liability for any and all claim made under such Section during the Policy Period in respect of all Insureds.
46. **Strike** means a stoppage of work
- announced, organized and sanctioned by a labor union or any other stoppage or work recognized as a strike or equivalent under applicable law in the place of stoppage of work; and
 - which interferes with the normal departure and arrival of a Common Carrier. The term "Strike" includes work slowdowns, lockouts and sickouts.
47. **Terrorism** means activities against persons, organizations or property of any nature:
- that involve the following or preparation for the following:
 - use or threat of force or violence; or
 - commission or threat of a dangerous act; or
 - commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and
 - when one or both of the following applies:
 - the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
 - It appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.
48. **War** means war, whether declared or not or any warlike activities, including use of the military force by any sovereign nations to achieve economic, geographic, nationalistic, political racial religious or other ends.
49. **We, Our or Us** ,GCICL means Generali central Insurance Company Limited.
50. **You or Your** means the policyholder named in the Schedule who has concluded the Policy with Us.

Please note

- Insect and mosquito bites is not included in the scope of definition of Accident.
- Medical Expenses would include both medical treatment and/ or surgical treatment

B. SCOPE OF COVER:

This Policy provides You coverages / benefits namely Critical Illness cover, Personal Accident cover and Loss of Job cover. Critical Illness cover and Personal Accident are mandatory covers. In event of claim becoming admissible and accepted by the Company under either Critical Illness or Personal Accident sections the cover for the specific Insured Person, shall terminate under the Policy. Loss of Job is an optional benefit and insured is covered for 3 EMI of his/her loan over and above the sum insured for Critical Illness and Personal Accident sections. The Policy Schedule will specify the sections which are opted by the Insured.

1. SECTION I: CRITICAL ILLNESS

1.1. Insured event

For the purposes of this Section and the determination of the Company's liability under it, the Insured Event in relation to the Insured person, shall mean any illness, medical event or surgical procedure as specifically defined below whose signs or symptoms first commence more than 90 days after the commencement of Period of Insurance and shall only include:

		Plan A	Plan B	Plan C	Plan D	Plan E
(A) First Diagnosis of the below mentioned Illnesses						
1	Cancer of specified severity	Covered	Covered	Covered	Covered	Covered
2	Kidney failure requiring regular diagnosis (End Stage Renal Failure)	Covered	Covered	Covered	Covered	Covered
3	Multiple Sclerosis with persisting symptoms;	Not Covered	Covered	Covered	Covered	Covered
4	Benign Brain Tumor	Not Covered	Not Covered	Covered	Covered	Covered
5	Parkinson's Disease	Not Covered	Not Covered	Covered	Covered	Covered
6	End Stage Liver Failure	Not Covered	Not Covered	Not Covered	Covered	Covered
7	Alzheimer's Disease	Not Covered	Not Covered	Not Covered	Covered	Covered
(B) Undergoing for the first time of the following surgical procedures						
1	Major Organ / Bone Marrow Transplant	Not Covered	Covered	Covered	Covered	Covered
2	Open Heart Replacement or Repair of Heart Valves (Heart Valve Replacement)	Not Covered	Covered	Covered	Covered	Covered
3	Open Chest CABG (Coronary Artery Bypass Graft)	Not Covered	Covered	Covered	Covered	Covered
4	Surgery of Aorta	Covered	Not Covered	Not Covered	Covered	Covered
(C) Occurrence for the first time of the following medical events						
1	Stroke resulting in permanent symptoms	Covered	Covered	Covered	Covered	Covered
2	Permanent Paralysis of limbs	Not Covered	Covered	Covered	Covered	Covered
3	First Heart Attack – of specified severity (Myocardial Infarction)	Covered	Covered	Covered	Covered	Covered
4	Coma of Specified Severity	Not Covered	Not Covered	Covered	Covered	Covered
5	Third degree Burns	Not Covered	Not Covered	Not Covered	Not Covered	Covered
6	Deafness	Not Covered	Not Covered	Not Covered	Not Covered	Covered
7	Loss of Speech	Not Covered	Not Covered	Not Covered	Not Covered	Covered
Total Critical Illnesses Covered		5	9	12	15	18

The Insured Event under this Section I and the conditions applicable to the same are more particularly defined below:

1. Cancer of Specified Severity

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3.
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Kidney Failure requiring regular dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

3. Multiple Sclerosis with persisting symptoms

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i. Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and.
 - ii. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Neurological damage due to SLE is excluded.

4. Benign Brain Tumor

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

- i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

5. Parkinson's Disease

The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease before age 60 years by a Neurologist acceptable to us.

The diagnosis must be supported by all of the following conditions:

- the disease cannot be controlled with medication;
- signs of progressive impairment; and
- inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:

Activities of daily living:

1. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
2. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
4. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
5. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
6. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

6. End Stage Liver Failure

Permanent and irreversible failure of liver function that has resulted in all three of the following:

- Permanent jaundice; and
- Ascites; and
- Hepatic Encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

7. Alzheimer's Disease

Alzheimer's disease is a progressive degenerative illness of the brain, characterized by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis of the disease must be before age 60 years, must be supported by the clinical confirmation of a Neurologist, evidenced by typical findings in cognitive and neuroradiological tests (e.g. CT Scan, MRI, PET of the brain) and supported by Our appointed Medical Practitioner.

The following conditions are however not covered:

- non-organic diseases such as neurosis and psychiatric illnesses;
- alcohol related brain damage; and
- any other type of irreversible organic disorder/ dementia not associated with Alzheimer's Disease.

8. Major Organ / Bone Marrow Transplant

The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

- Human bone marrow using hematopoietic stem cells

The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- Other stem-cell transplants
- Where only islets of langerhans are transplanted.

9. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s)

The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

10. Open Chest CABG (Coronary Artery Bypass Graft)

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting (CABG) done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

- i. Angioplasty and/or any other intra-arterial procedures;

11. Surgery of Aorta

The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches.

The following conditions are excluded:

- Surgery performed using only minimally invasive or intra-arterial techniques.
- Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures.

The diagnosis to be evidenced by any two of the following:

- a) Computerized tomography (CT) scan
- b) Magnetic Resonance Imaging (MRI) scan
- c) Echocardiography (an ultrasound of the heart)
- d) Angiography (Injecting X ray dye)
- e) Abdominal ultrasound

12. Stroke resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, haemorrhage and embolisation from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- Transient Ischemic Attacks (TIA)
- Traumatic injury of the brain
- Vascular disease affecting only the eye or optic nerve or vestibular functions.

13. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

14. Myocardia Infarction (First Heart Attack of Specified Severity)

The first occurrence of heart attack or myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area

The diagnosis for this will be evidenced by all of the following criteria:

- i. A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain).
- ii. New characteristic electrocardiogram changes
- iii. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- i. Other acute Coronary Syndromes
- ii. Any type of Angina Pectoris
- iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure

15. Coma of Specified Severity

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:

- No response to external stimuli continuously for at least 96 hours;
- Life support measures are necessary to sustain life.
- Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner.

Coma resulting directly from alcohol or drug abuse is excluded.

16. Third Degree Burns

There must be third degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area

17. Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose, Throat (ENT) specialist." Total Loss" means "the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing" in both ears.

18. Loss of Speech

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist

1.2. Benefit Payable Under Section I

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in this Policy, to pay the Sum Insured in relation to the Insured person or Financial Institution as stated against Section I under Schedule on the occurrence of an

Insured Event as stated above, under this Section.

1.3. Specific Conditions applicable to Section I

The cover under this Policy, for the specific Insured Person, shall terminate in the event of claim in respect such insured becoming admissible and accepted by the Company under this Section. No other benefit shall be payable under Section 1 – Critical Illness or Section 2 – Personal Accident – Death and Disability.

2. SECTION II: PERSONAL ACCIDENT

2.1. Insured event

For the purposes of this Section and the determination of the Company's liability under it, **Insured Event** in relation to any Insured Person, shall mean Injury sustained during the Policy Period which shall within twelve months of its occurrence be the sole and direct cause of a) Death or b) Permanent Total Disablement (more specifically defined herein below). For the purposes of this Section, Permanent Total Disablement shall mean total and irrecoverable

- (i) Loss of sight of both eyes; or
- (ii) Loss of limb and an eye; or
- (iii) Actual loss by Physical Separation of both hands or both feet or one entire hand and one entire foot; or
- (iv) Loss of use of both hands or both feet or of one hand and one foot without Physical Separation;

Disablement/ death must occur within 12 months of the accident.

Provided that, such disablement shall as a direct consequence thereof permanently disable the Insured person from resuming his normal occupation or engaging in similar gainful employment.

2.2. Benefit Payable Under Section II

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in the Policy, to pay the Sum Insured as stated against Section II under Schedule B, on occurrence of the Insured Event as stated above under this Section

We will pay the percentage of the Sum Insured shown in the table

Permanent Total Disability	
Table of Benefits	% of sum insured
Loss of 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 eye	100%
Complete and irrecoverable loss of speech & hearing of both ears	100%

If We receive more than one claim in respect of the same Insured in respect of the same Accident, our liability would be restricted to 100% of the Sum Insured

2.3. Special Conditions Applicable To Section II

The cover under this Policy, for the specific Insured Person, shall terminate in the event of claim in respect of that Insured Person becoming admissible and accepted by the Company under this Section. No other benefit shall be payable under Section 1 – Critical Illness or Section 2 – Personal Accident – Death and Disability.

3. SECTION III: LOSS OF JOB (Optional Cover)

3.1. Insured event

For the purposes of this Section and the determination of the Company's liability under it, Insured Event in relation to any Insured Person, shall mean –

1. Termination from employment or
2. Lay off or
3. Retrenchment or
4. Permanent Dismissal

Imposed on him/ her during the policy period due to any of the following:

- a) First time diagnosis of any of the covered critical Illness for which a claim is admissible and payable under Section 1 – Critical Illness, during the policy period, **or**
- b) Permanent Total Disability occurring due to an accident during the policy period for which a claim is admissible and payable under Section 2 - Personal Accident- Death and Disability.

3.2. Benefit Payable Under Section III

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in the Policy, to pay, on occurrence of the Insured Event as stated above under this Section, in relation to the Insured Person maximum of 3 EMI Amount(s) falling due in respect of the Loan (Loan account number as stated in Policy Schedule of this Policy) after the commencement of the Insured Event, subject to a maximum of Sum Insured as stated in Policy Schedule. The amount payable is 3 months pro-rata proportion of total loan amount.

3.3. Specific Conditions applicable to Section III

1. A claim under this section shall become admissible provided the period of termination, permanent dismissal, lay off or retrenchment from employment of the Insured Person shall not be less 30 consecutive days ("Retrenchment Period")
2. The benefit under Section III (Loss of Job) is available only for salaried employees within India
3. A claim shall be admissible under this section if the insured person loses his job within 12 months from the date of first diagnosis of a covered Critical Illness (payable under Section 1) or the date of Accident leading to the Permanent Total Disablement (payable under Section 2) subject to the policy being in force at the time of unemployment.
4. The cover as described under this Section, for specific Insured Person, shall terminate in the event of a claim in respect of that Insured becoming admissible and accepted by the Company under this Section and the Company admitting liability against Section III for the Insured Person under Policy Schedule.
5. In the event the Sum Insured as appearing against Section 1 (Critical Illness) & Section 2 (Personal Accident – Death and Disablement) of the Policy is less than the total of the actual Loan disbursed upto the date of the occurrence of the Insured Event, then the EMI payable shall be in the same proportion as the actual Loan disbursed to the Sum Insured.
6. The pay out for Loss of Job benefit is as fixed at the outset and shall not be affected by any midterm change in EMI/interest rates, irrespective of whether You/ Insured person has opted for Fixed Sum Insured or Reducing Sum Insured.

C. GENERAL EXCLUSIONS

We shall not be liable to make any payment under any Section of this Policy directly or indirectly for, caused by, based upon, arising out of or howsoever attributable to any of the following:

I. STANDARD EXCLUSIONS APPLICABLE TO ALL SECTIONS

a) Investigation & Evaluation- Code- Excl04

- i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

b) Change-of-Gender treatments: Code- Excl07

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

c) **Cosmetic or Plastic Surgery: Code- Excl08**

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medically necessity, it must be certified by the attending Medical Practitioner.

d) **Hazardous or Adventure sports: Code- Excl09**

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

e) **Breach of law: Code- Excl10**

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

f) **Code- Excl12**

Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

g) **Unproven Treatments: Code- Excl16**

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

h) **Birth control, Sterility and Infertility: Code- Excl17**

Expenses related to Birth Control, sterility and infertility. This includes:

- i. Any type of contraception, sterilization
- ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- iii. Gestational **Surrogacy**
- iv. **Reversal of sterilization**

II. SPECIFIC EXCLUSIONS:

i. **Exclusions applicable to all sections:**

We shall not be liable to make any payment under any Section of this Policy directly or indirectly for, caused by, based upon, arising out of or howsoever attributable to any of the following:

1. due to, or arising out of, or directly or indirectly connected with or traceable to, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of the heads of state and citizens of any nation and of all kinds and acts of terrorism, riots, strike, malicious acts.
2. directly or indirectly caused by or contributed to by or arising from ionizing, radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.
3. directly or indirectly caused by or contributed to by or arising from nuclear weapon materials.
4. directly or indirectly caused by or contributed to by or arising out of usage, consumption or abuse of alcohol and/or drugs.
5. arising out of or as a result of any act of self-destruction or self-inflicted injury, attempted suicide or suicide.
6. any sexually transmitted diseases other than Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases caused by and/ or related to the HIV.
7. any consequential or indirect loss or expenses arising out of or related to any Insured Event.
8. arising out of or resulting directly or indirectly due to or as a consequence of pregnancy or treatment traceable to pregnancy and childbirth, abortion, miscarriage and its consequences, tests and treatment relating to infertility and invitro fertilization.
9. arising out of or resulting directly or indirectly while serving in any branch of the Military or Armed Forces

of any country during war or warlike operations.

10. arising out of or resulting directly or indirectly caused by, resulting from or in connection with any act of terrorism/ sabotage regardless of any other cause or event contributing concurrently or in any other sequence to the loss. The Policy also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism/ sabotage.
11. Participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion
12. Participation in skydiving/ parachuting, hang gliding, bungee jumping, (where ropes or guides are customarily used), riding or diving in races or rallies using a motorized vehicle or bicycle, caving or potholing hunting or equestrian activities, skin diving or other underwater activity canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), any bodily contact sport, any other potentially dangerous sport participation in any professional sports

ii. **Exclusions applicable to Section I: Critical Illness**

- (i) Medical Expenses incurred for the listed Critical Illnesses diagnosed within 90 days of the commencement of the Policy.
- (ii) Any Insured Event arising on account of or in connection with any Pre-Existing Illness/ Disease.
- (iii) If the Insured does not submit a medical certificate from the Medical Practitioner evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical/ surgical procedure in relation to the claim of the particular insured person.
- (iv) Any birth defects and external congenital Illness or condition.
- (v) Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.
- (vi) Any physical, medical condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions.
- (vii) Hormone replacement therapy.
- (viii) Treatment by a family member and self-medication.
- (ix) Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy;
- (x) Any claim with respect to any Critical Illness diagnosed or which manifested prior to Policy Inception Date
- (xi) Any Critical Illness directly or indirectly caused due to or associated with human T-cell Lymphotropic virus type III (HTLV-III or HTLB-III) or Lymphadenopathy Associated Virus (LAV) and its variants or mutants
- (xii) Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, whether or not arising out of conditions listed under section 1
- (xiii) Any Critical Illness arising out of use, abuse or consequence or influence of any substance (substances that are abuse like illegal drugs, opioids, marijuana etc.), intoxicant, drug, alcohol or hallucinogen;
- (xiv) Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,
- (xv) Any Critical Illness directly or indirectly caused due to intentional self-injury, suicide or attempted suicide; whether the person is medically sane or insane;
- (xvi) Any Critical Illness directly or indirectly, caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defence, rebellion, revolution, insurrection, military or usurped power;
- (xvii) Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- (xviii) Working in underground mines, tunneling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
- (xix) Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot) or hazardous sports or activity including, but not limited to, bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo,

snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation;

- (xx) Participation by the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- (xxi) Any critical illness based on certification/diagnosis/treatment from person not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for.
- (xxii) Any treatment for surgical and non-surgical treatment of obesity, including morbid obesity (unless certified to be life threatening) and weight control programs, or treatment of an optional nature including complications/illness arising as a consequence thereof;
- (xxiii) Any Critical Illness arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion with criminal intent;
- (xxiv) Failure to seek or follow Medical Advice.
- (xxv) Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an accident), childbirth, maternity (including Caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy.
- (xxvi) Diagnosis outside India; unless reaffirmed by Specialist Medical Practitioner in India and subject to presentation of all Claim documents in English

iii. **Exclusions Applicable To Section II: Personal Accident**

- (i) Payment under more than one of the categories specified (Death or Permanent Total Disablement) in the Benefit Payable in respect of the Insured Person
- (ii) Any pre-existing disability / accidental injury;
- (iii) Accidental death or permanent disability due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same;
- (iv) Suicide or attempted Suicide, intentional self-inflicted injury, acts of self-destruction whether the Insured Person is medically sane or insane;
- (v) Accidental death or permanent disability caused by curative measures, radiation, infection, poisoning except where these arise from an accident;
- (vi) Any other claim after a claim for death due to accidental injury has been admitted by the Company and becomes payable;
- (vii) Any payment in case of more than one claim under the Policy during any one period of insurance by which the maximum liability of the Company in that period exceeds the sum insured under this benefit;
- (viii) Death or permanent disability resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof;
- (ix) Any claim in respect of accidental death or permanent disablement of the Insured:
 - a) whilst under the influence of liquor or drugs or other intoxicants
 - b) whilst engaging in aviation or ballooning whilst mounting into, dismounting from or traveling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world;
 - c) whilst the Insured person is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines
 - d) Whilst engaging in racing, hunting, ice hockey, winter sports.
- (x) Death or permanent disablement due to accidental injury arising out of or directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detentions of all Kings, Princes and people of whatsoever nation, condition or quality;
- (xi) Any change of profession after inception of the Policy which results in the enhancement of risk under the Policy, if not accepted and endorsed by the Company;
- (xii) Death or disablement directly or indirectly caused due to or associated with human T-cell Lymphotropic virus type III (HTLV-III or HTLB-III) or Lymphadenopathy Associated Virus (LAV) and its variants or mutants

- (xiii) Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
 - Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
 - Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
- (xiv) Payment of compensation in respect of death, injury or disablement of Insured person (a) from engaging in or participation in adventure sports including but not limited to winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters, participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which the Insured is untrained, unless specifically covered under the Policy (b) directly or indirectly caused by venereal disease or insanity;
- (xv) Insured whilst flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular scheduled airline or air Charter Company;
- (xvi) Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities;
- (xvii) Any physical, medical condition or treatment or service that is specifically excluded in the Policy.
- (xviii) Payment of compensation in respect of death or Permanent Total Disablement arising from or resulting directly or indirectly from any illness to any Insured Person.
- (xix) No sum shall be payable under this Section in case of any Permanent Total Disability for which medical care, treatment, or advice was recommended by or received from a Medical Practitioner or from which the Insured person suffered or which was present before the commencement of the Policy Period.

iv. **Exclusions applicable to Section III: Loss of Job (Optional Cover)**

1. In the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured person being attributed to dishonesty or fraud or poor performance on the part of the Insured person or his wilful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured person by the employer.
2. The Company shall not be liable to make any payment under this Policy in connection with or in respect of:
 - a) Self-employed persons;
 - b) Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
 - c) Any voluntary unemployment;
 - d) Unemployment at the time of inception of the Policy Period or arising within the first 90 days of inception of the Policy Period.
3. Any unemployment from a job under which no salary or any remuneration is provided to the Insured person.
4. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority.
5. Any unemployment due to resignation, retirement whether voluntary or otherwise.
6. Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.

D. GENERAL TERMS AND CLAUSES

I. Standard General Terms and Clauses

1. Disclosure to information norm:

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 policyholder.

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

2. 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.

3. Fraud

If any claim made by the insured person, 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 person 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.

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.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a. the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
- b. the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c. any other act fitted to deceive; and
- d. any such act or 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 person / 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. Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

5. Arbitration Clause

The parties to the contract 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.

6. Redressal of Grievance

In case of any grievance the insured person may contact the company through

Website: <https://generalicentralinsurance.com>

Toll Free: 1800-220-233 / 1860-500-3333 / 022-67837800

Email: GCicare@generalicentral.com

Courier: Grievance Redressal Cell, Generali Central Insurance company limited.

Lodha I –Think Techno Campus, B Wing –2nd Floor, Pokhran Road –2, Off Eastern Express Highway
Behind TCS, Thane West – 400607

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at GCIGRO@generalicentral.com or call at: 7900197777

For updated details of grievance officer, kindly refer the link

<https://Generalicentralinsurance.com/customer-service/grievance-redressal>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Kindly refer the annexure on Grievance Redressal Procedures.

Grievance may also be lodged at IRDAI Bima Bharosa (an Integrated Grievance Management System) - <https://bimabharosa.irdai.gov.in/>

II. Specific General Terms and Clauses

1. **Age Limit** – To be eligible to be covered under the Policy or get any benefits under the Policy, the Insured should have attained the age of at least 18 years and shall not have completed the age of 65 years on the date of commencement of the Policy Period as applicable to such Insured.
2. **Payments** - The Company shall be duly discharged of its obligations under this Policy and the Insured shall hold the Company harmless, upon making the payment of the claim to the Insured or his/her nominee/ legal heirs or to Financial Institution in case of outstanding loan amount, as the case may be or as agreed in the contract.
3. **Policy Period**
 - a) The **Policy** can be issued for tenure of 1 year, 2 years, 3 years, 4 years and 5 years on Fixed Sum Insured basis and / or Reducing Sum Insured basis. Long term policies (of more than 1 year tenure) can only be issued in case of loan/ credit linked policies
 - b) The **Policy** can also be issued for 1 year on Fixed Sum Insured basis to those who are not loan borrowers of financial institutions
4. **Other conditions** – At any time during the Policy Period the Company shall be entitled to inspect any or all records of the Insured that may be relevant to this Policy. The Company shall also have the right of interaction with any and or all those agencies or agents of the Insured as may be relevant for examination/verification of the data/documents in connection with the process and disposal of any claims under this Policy. The Insured shall provide reasonable support to the Company in this regard.

If so required by the Company, the Insured will have to submit to a medical examination by the Company's nominated Medical Practitioner or undergo diagnostic or other medical tests as often as the Company considers necessary, in its sole discretion.

5. Migration

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured

person will get all the accrued continuity benefits in waiting periods as per the IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link
<https://generalicentralinsurance.com/portability-and-migration>

Your Policy shall be renewable up to age of 70 years, except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured.

However the insured covered under this product will have an option to migrate to our Criticare (standalone critical illness product) to continue the cover for Critical Illness after the age of 70 years, provided that the insured person has been insured with Us for the first time under Group Loan Bima before the age of 65 years and has renewed with us continuously up to 70 years. The portability/ migration would be as per Standard Terms and Conditions and Underwriting guidelines of our Standalone Critical Illness product "Criticare".

6. Assignment (if opted) –It is hereby declared and agreed that:

- i. from the Policy Start Date, the monies payable by the Company to the Insured and all rights, title, benefits and interest of the Insured under this Policy stand assigned in favour of the Bank or Financial Institution as named in the Policy Schedule;
- ii. upon any monies becoming payable under this Policy the same shall be paid by the Company to the Bank or Financial Institution as named in Policy Schedule, without any reference/ notice to the Insured, but not exceeding the Principal Outstanding as defined under the Policy. In the event of any monies payable under this Policy exceeding the Principal Outstanding, the Company shall pay such monies as exceeding the Principal Outstanding to the Insured;
- iii. the receipt of such monies in the manner aforesaid by the Bank or Financial Institution as named in the Policy Schedule and the Insured shall completely discharge the Company from all liability under the Policy and shall be binding on the Insured and the heirs, executors, administrators, successors or legal representatives of the Insured, as the case may be.

7. General Conditions applicable for Reducing Sum Insured covers

Notwithstanding anything contrary stated in the Policy, the Sum Insured under the Policy on the date of the Insured Event covered under Sections I (Critical Illness) & II (Personal Accident) for the purpose of calculation of claim shall be the least of the following:

1. The Principal Outstanding in the books of the Bank/ Financial Institution as on the date of occurrence of the Insured Event; or
2. The Principal Outstanding as per the amortization schedule prepared by Bank/Financial Institution. In the event the Sum Insured as appearing against Sections I (Critical Illness) & II (Personal Accident) of the Policy Schedule is less than the total of the actual Loan disbursed up to the date of the occurrence of the Insured Event, then the Amortization schedule shall be calculated as if the actual Loan disbursed was equivalent to the Sum Insured.; or
3. The Sum Insured as appearing against Sections I (Critical Illness) & II (Personal Accident) of the Policy Schedule.

8. Claim settlement

- i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

Claim Settlement process applicable to Section I, Critical Illness:

If You are diagnosed / underwent a surgical procedure/ or, a medical condition occurs as per the definition of the **Critical Illness** mentioned that may result in a claim, then as a **Condition Precedent** to Our liability, you must comply with the following:

- a) You or someone claiming on Your behalf must give Notification of Claim to us in writing immediately, and in any event within 45 days of the first diagnosis of the Illness, date of surgical procedure or date of occurrence of the medical event as the case may be
- b) You must be Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary
- c) You or someone claiming on Your behalf must give Us the documentation and other information We ask for to investigate the claim or Our obligation to make payment for it
- d) List of necessary documents required for processing of the Claims are:
 - i. Duly completed claim form
 - ii. Certificate from the attending Medical Practitioner of the Insured Person confirming,
 - name of the Insured person;
 - name, date of occurrence and medical details of the Insured Event
 - confirmation that the Insured Event does not relate to any Pre-Existing Illness or any Illness or Injury which existed within the first 90 days of commencement of Period of Insurance.
 - iii. Original or attested photocopies of Discharge Certificate/ Card from the hospital/ Medical Practitioner;
 - iv. Original or attested photocopies of investigation test reports, inpatient papers

Claim settlement process applicable to Section II, Personal Accident:

- (i) Upon the happening of any Injury giving rise or likely to give rise to a claim under this Policy, the Injury as described above shall be intimated to the Company as soon as possible but not later than 30 days from the date of its occurrence.
- (ii) The Insured shall deliver to the Company, within 30 days of the date of occurrence of the Insured Event, a detailed statement in writing as per the claim form and any other material particular, relevant to the making of such claim.
- (iii) The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.
- (iv) Proof satisfactory to the Company shall be furnished in connection with all matters upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the Insured person on the occasion of any alleged Injury when and as often as the same may reasonably be required on behalf of the Company. Such evidence as the Company may from time to time require shall be furnished and a post-mortem examination report, wherever applicable, shall be furnished to the Company within a period of 30 days.

The Company shall not be liable to pay any claims under this Section II unless the claim under the Policy is accompanied by the following documents:

1. Duly completed claim form;
2. Doctor's Report;
3. First Information Report and Final Police report, wherever necessary;
4. Death certificate, wherever applicable;
5. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury etc.;
6. Disability certificate from a doctor or hospital confirming the extent and nature of disability;
7. Post mortem report, if the same was conducted;

Claim settlement process applicable to Section III, Loss of Job:

1. In the event of a claim arising out of an Insured Event covered under this Section, the Insured Event as described above shall be intimated by the Insured to the Company within thirty (30) days from the date of termination from employment of the Insured person or his dismissal, temporary suspension or retrenchment from employment as the case may be and the Insured shall arrange for submission of the following documents to the Company:
 - a) Duly completed claim form;
 - b) Certificate if applicable from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding.
 - c) Certificate from the employer of the Insured person confirming the termination, permanent dismissal, lay off or retrenchment from employment of the Insured person furnishing the date of termination, permanent dismissal, lay off or retrenchment from employment of the Insured person with the reasons for the same i.e. either due to any of the covered Critical Illness or Permanent Total Disablement.
 - d) Declaration from the insured confirming the tenure of unemployment in support of his/her claim

Other conditions

- a) In the event of claim of loan account holder, for fixed Sum Insured basis, the financial institution will receive an amount equal to the outstanding loan amount and rest will be paid to the nominee or insured, as agreed in the contract.

9. Incontestability and Duty of Disclosure:

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the Proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured or any one acting on his behalf to obtain any benefit under this Policy

10. Observance of terms and conditions:

The due observance and fulfillment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the Insured, shall be a Condition Precedent to any of Our liability to make any payment under this Policy.

11. Records to be maintained

The Insured shall keep an accurate record containing all relevant particulars and shall allow the Company to inspect such record. The Insured shall within one month after the expiry of each period of insurance furnish such information as the Company may require

12. Notice of charge:

We shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by Us to the Insured or the Insured's legal representative shall in all cases be an effectual discharge to the Company.

13. 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.

14. Electronic Transactions

The Insured agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centers, tele service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of 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.

15. Insured's Information

The Insured agrees that the Company may exchange, share, transfer or part with any information or personal sensitive information relating to the Insured to or with other group companies, reinsurer or any other person in connection with the Policy, as may be determined by the Company and shall not hold the Company liable for such use/transfer/application.

16. Right to Inspect

If required by the Company, an agent/representative of the Company including a loss assessor or a surveyor appointed in that behalf shall in case of any loss or any circumstances that have given rise to the claim to the Insured be permitted at all reasonable times to examine into the circumstances of such loss. The Insured shall on being required so to do by the Company produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain in the correctness thereof or the liability of the Company under the Policy

17. Renewal & Cancellation

- This Policy may be renewed by mutual consent and in such event; the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof.
- The Company may cancel this insurance by giving the Insured Person at least 15 days written notice, and if no claim has been made then the Company shall refund a pro-rata premium for the unexpired Policy Period.
- The Insured Person may cancel this insurance by giving the Company at least 15 days written notice, and if no claim has been made then the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

For Fixed Sum Insured basis					
Loan Period	1	2	3	4	5 or more than 5
Policy Period	1	2	3	4	5
Year of cancellation	% Return Premium				
1		50%	67%	75%	80%
2			33%	50%	60%
3				25%	40%
4					20%

In respect of Policy issued for a period of one year and if no claim has been made then We shall refund premium on short term rates for the unexpired Policy period as per the rates detailed below:

Period on Risk	% of Premium to be Refunded
Up to 1 Month	75% of premium
up to 3 Months	50% of annual premium
up to 6 Months	25% of annual premium
Exceeding 6 Months	No refund

The refund of premium, for Reducing Sum Insured basis, in the event of full prepayment of the Loan by the Insured, the Company shall refund a portion of the premium, subject to the terms and conditions of the Policy, as per the rates mentioned below:

For Reducing Sum insured basis					
Policy Period	Loan Period	Year 1	Year 2	Year 3	Year 4
2	2	25%			
3	3	45%	11%		
4	4	57%	26%	6%	
5	5	65%	37%	17%	4%
5	6	70%	45%	24%	9%
5	7	73%	49%	28%	12%
5	8	74%	51%	31%	14%
5	9	75%	53%	33%	15%
5	10	76%	54%	34%	16%
5	11	77%	55%	35%	16%
5	12	77%	56%	36%	17%
5	13	78%	56%	36%	17%
5	14	78%	57%	37%	18%
5	15	78%	57%	37%	18%
5	16	78%	57%	37%	18%
5	17	79%	58%	38%	18%
5	18	79%	58%	38%	19%
5	19	79%	58%	38%	19%
5	20	79%	58%	38%	19%
5	21	79%	59%	39%	19%
5	22	79%	59%	39%	19%
5	23	79%	59%	39%	19%
5	24	79%	59%	39%	19%
5	25	79%	59%	39%	19%
5	26	79%	59%	39%	19%
5	27	79%	59%	39%	19%
5	28	80%	59%	39%	19%
5	29	80%	59%	39%	20%
5	30	80%	59%	39%	20%

In event of part prepayment of the Loan, no refunds of premium shall be made under this Policy. No refunds of premium will be made under the Policy during the last year of the Policy Period.

Upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of the Insured, the cover in respect of that Insured shall forthwith terminate and the Company shall not be liable hereunder.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

d) The Master Policyholder, shall throughout the period of insurance keep and maintain a record containing the names of all the insured persons. The Master Policyholder shall declare to the company any additions in the number of insured persons as and when arising during the period of insurance and shall pay the additional premium as agreed

e) It is hereby agreed and understood that, this insurance being a group policy availed by the Insured covering members, the benefit thereof would not be available to members who cease to be part of the group for any reason whatsoever.

Such members may obtain further individual insurance directly from the Company and any claims shall

be governed by the terms thereof.

- f) For a policy with multiple Insured covered under same policy, in the event of the death of any of the Insureds, the cover ceases to exist for that Insured and the remaining Insureds would continue to have the coverage until the end of the policy period
- g) In the event of part prepayment of the Loan, no refunds of premium shall be made under this Policy. No refunds of premium will be made under the Policy during the last year of the Policy Period.
- h) Upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of the Insured, the cover in respect of that Insured shall forthwith terminate and the Company shall not be liable hereunder.
- i) The brochure/ prospectus mentions the premiums as per the age slabs/ **Sum Insured** and the same would be charged as per the completed age at every **Renewal**. The premiums as shown in the brochure/ prospectus are subject to revision as and when approved by the regulator. However such revised premiums would be applicable only from subsequent **Renewals** and with due notice whenever implemented.
- j) Any change in benefit or premium 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.
- k) The premium rates or loadings for the product would not be changed without approval from Authority. However the performance of the product will be reviewed annually and further pricing will be done on experience basis

18. Addition of members

- a. The new members of the Group Insurance Policy can be added at periodic intervals. However the insurance coverage for every member of the group insurance policy shall not exceed the maximum policy term.
- b. The Company may issue multiple group insurance policies in tranches to the Group Organizer, subject to minimum group size and maximum policy term, for providing insurance coverage to the new members on an ongoing basis.
- c. All members of the group will be issued a Certificate of Insurance giving the details of the benefits, important conditions and exclusions.

19. Discount

The group discount rates are as given in the table below.

Group Size	Discount %
Below 100	5
101 – 1000	10
1001 – 5000	12.5
5001 – 10000	15
10001 – 50000	17.5
50001 – 100000	20
100001 – 200000	25
200001 – 500000	30
500001 – 1000000	40
Above 10 lacs	50

20. Discount percentage for favorable claim ratio (Bonus)

Low claim Ratio Discount at the following scale will be allowed on the Total premium at **Renewal** only,

depending upon the incurred claims ratio for the entire group insured under the Group Loan Bima **Policy** for the preceding 3 completed years excluding the year immediately preceding the date of **Renewal**. Where the Group Loan Bima **Policy** has not been in force for 3 completed years, such shorter period of completed years excluding the years immediately preceding the date of **Renewal** will be taken in to account.

Incurred Claim Ratio under the Group Policy	Discount Percentage (%)
Up to 20 %	25
21 % - 35 %	15
36 % - 50 %	10
51 % - 60 %	5

21. Loading percentage for high claim ratio (Malus)

The Total Premium payable at **Renewal** of the group **Policy** will be loaded at the following scale depending upon the incurred claims ratio for the entire group insured under the Group Loan Bima **Policy** for the preceding 3 completed years excluding the year immediately preceding the date of **Renewal**. Where the Group Loan Bima **Policy** has not been in force for the 3 completed years, such shorter periods of completed years excluding the year immediately preceding the date of **Renewal** will be taken in to account.

Incurred Claim Ratio under the Group Policy	Loading Percentage (%)
Between 80% and 100%	25
Between 101% and 125%	55
Between 126% and 150%	90
Between 151% and 175%	120
Between 176% and 200%	150
Over 200%	Cover to be reviewed

22. Dispute Resolution/ Jurisdiction:

Each party agrees that the Indian courts shall have exclusive jurisdiction to settle any dispute which may arise out of or in connection with this Policy.

23. Territorial Limits

We cover the benefits due to **Accidental Bodily Injury** or **Illness** sustained by the Insured Person during the **Policy Period** anywhere in India only.

24. Entire Contract

The **Policy** and the Proposal form constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by **Us**, for which approval shall be evidenced by an endorsement on the **Schedule**

25. Governing Law

The construction, interpretation and meaning of the provisions of this policy shall be determined in accordance with the laws of India.

26. Section Headings

The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

27. Due Care:

The Insured shall take all reasonable steps to safeguard the Insured's interests against loss or damage that may give rise to a claim.

E. SCHEDULE OF BENEFITS

Group Loan Bima							
Sno	Benefits		Plans				
			A	B	C	D	E
1	Critical Illness Benefit		Loan Sanctioned Amount or Sum Assured opted whichever is less (Covers 5 CI conditions)	Loan Sanctioned Amount or Sum Assured opted whichever is less (Covers 9 CI conditions)	Loan Sanctioned Amount or Sum Assured opted whichever is less (Covers 12 CI conditions)	Loan Sanctioned Amount or Sum Assured opted whichever is less (Covers 15 CI conditions)	Loan Sanctioned Amount or Sum Assured opted whichever is less (Covers 18 CI conditions)
2	Personal Accident	Accidental Death	Loan Sanctioned Amount or Sum Assured opted whichever is less. Sum Insured for AD and PTD are same				
		Permanent Total Disability	Loan Sanctioned Amount or Sum Assured opted whichever is less. Sum Insured for AD and PTD are same				
3	Loss of Job** (Optional Cover)		3 EMIs payable corresponding to the loan insured				

**A discount of 10% is applicable in case Loss of Job benefit is not opted under this product

GRIEVANCE REDRESSAL PROCEDURE

Dear Customer,

At Generali Central Insurance, we continuously strive for service excellence to give you exceptional customer experience. This helps us build trust and long-term relationship with you.

We request you to read the policy document including the terms and conditions carefully. This will help you understand your plan and drive maximum benefits. We want to ensure the plan is working for you and welcome your feedback.

What is a grievance?

"Complaint" or "Grievance" means written expression (includes communication in the form of electronic mail or voice based electronic scripts), of dissatisfaction by a complainant with respect to solicitation or sale or purchase of an insurance policy or related services by insurer and /or by distribution channel.

"Complainant" means a policyholder or prospect or any beneficiary of an insurance policy who has led a complaint or grievance against an insurer or a distribution channel.

We are always here for your help. You may use any of the following channels to reach us-

Helpline	Website	Email	Branch GRO	Complaint Form
<p>Call us on 1800 220 233/ 1860 500 3333/ 022-67837800</p> <p>Senior citizens can avail priority support by choosing the senior citizen option from the helpline menu.</p>	<p>Click here to know more</p>	<p>Write to us at GCIcare@generalicentral.com</p> <p>Senior citizens can avail priority support by writing to care.assure@generalicentral.com</p>	<p>Click here to know your nearest branch.</p>	<p>Click here to raise complaint.</p>

By when will my grievance be resolved?

- You will receive grievance acknowledgement from us immediately for your complaint.
- Final resolution will be shared with you within 2 weeks of receiving your complaint.
- Your complaint will be considered as closed if we do not receive any reply from you within 8 weeks from the date of receipt of response.

How do I escalate my complaint if I don't receive a response on time?

- You may write to our Grievance Redressal Officer at **GCIIGRO@generalicentral.com**
- You may send a physical letter to our Grievance Redressal Cell, Head Office at the below address:

GENERALI CENTRAL INSURANCE COMPANY LIMITED (Formerly known as Future Generali India Insurance Company Limited)

Lodha I – Think Techno Campus, B Wing – 2nd Floor, Pokhran Road – 2, Off Eastern Express Highway Behind TCS, Thane West – 400607

What if I am not able to register my grievance?

You can comfortably raise a grievance via any of the above-mentioned avenues. If you face any challenge, you may write to the provided email IDs for help.

If you still face any challenge, you may use any of the below options to raise a complaint with the Insurance Regulatory and Development Authority of India (IRDAI).

- Call on toll-free number: **155255**
- **Click here** to register complaint online

GRIEVANCE REDRESSAL PROCEDURE

Is there any special provision for senior citizen to raise grievance?

We understand our customers and their needs. Thus, have a separate channel to address the grievances of senior citizens. The concerns will be addressed to the senior citizen's channel (care.assure@generalicentral.com) as complaints for faster attention or speedy disposal of grievance, if any.

Insurance Ombudsman:

If you are still dissatisfied with the grievance redressal, you may approach the Office of the Insurance Ombudsman located in your vicinity, provided the same is under their purview. The guidelines for taking up a complaint with the Insurance Ombudsman, are available on the website a (<https://www.cioins.co.in/About>) of the Insurance Ombudsman. **Click here** to access the list of insurance Ombudsman offices.

You can also lodge an online complaint through the website of the Council for Insurance Ombudsmen (CIO): <https://www.cioins.co.in/>