



*Muskurate Raho*

**IFFCO-TOKIO GENERAL INSURANCE CO. LTD**  
Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

## Group Medishield Insurance Policy

For

**CHHATRAPATI SHAHU MAHARAJ SHIKSHAN SANSTHA**

**Period of Insurance : 31/01/2023 To 30/01/2024**

**Policy No : H1104300**

Signature valid

Digitally signed by SUBRATA MOHAPAL  
Date: 2023.02.02 15:22:55 +05'30'  
Reason: Valid Policy Copy  
Location: IFFCO Tokio General Insurance Company Ltd, India



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**DEAN**

Chhatrapati Shahu Maharaj Shikshan Sanstha  
Dental College & Hospital  
Kanchanwadi, Chhatrapati Sambhajinagar.

## Welcome to the world of ITGI

We would like to take this opportunity to thank you for patronizing ITGI for Group Medishield Policy. At IFFCO TOKIO General Insurance Company Limited (ITGI), we are fully committed to provide insurance products and services to you in a convenient and satisfying manner.

Our policies and different Add-on coverage have been designed to provide you with more than just a healing touch in those unfortunate, yet unavoidable, circumstances of life.

We have made every effort to make our products and procedures simple, transparent and customer friendly. Our product range will serve almost all your insurance needs.

This booklet contains the Policy Schedule with add on covers, List of employees covered, Third Party Administrator details (for claims assistance) along with policy wordings of "Group Medishield Policy Coverage". We have taken adequate measures to issue the policy document as per your requirements. In case of any discrepancy please inform policy issuing office immediately.

It would be our privilege to assist you for your insurance requirements or feedback anytime. You may contact our SBU or Toll-Free number available on Policy Schedule.

With ITGI, your future is in safe hands. **"Muskurate Raho"**.

Signature valid

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Chhatrapati Shahu Maharaj Shikshan Sanstha  
Dental College & Hospital  
Kanchanwadi, Chhatrapati Sambhajnagar.

**IFFCO TOKIO General Insurance Company Limited**  
 Regd. Office L IFFCO SADAN, C1 Distt Centre, Saket, New Delhi-110017  
 Corporate Identification Number (CIN) U74899DL2000PLC107621, IRDA Reg. No. 106

Issuing Office SBU A9  
 IFFCO TOKIO GEN INS CO LTD  
 Office No 4 & 5, 3rd Floor  
 ABC East, Plot No D-5/1A, 1B & 1C,  
 Chikalhana MIDC  
 AURANGABAD MAHARASHTR  
 431006  
 INDIA  
 GSTIN : 27AAAACI7573H1ZC  
 Accident and Health insurance  
 services : 997133

**Group Medishield Insurance Policy Schedule**  
**CUM TAX INVOICE**

<b>INSURED</b>	<b>CHHATRAPATI SHAHU MAHARAJ SHIKSHAN SANSTHA</b>			
<b>Address</b>	KANCHANWADI			
	PAITHAN ROAD			
	AURANGABAD (MH) H.O			
	AURANGABAD (M CORP.)			
	MAHARASHTRA			
	INDIA			
	<b>PIN CODE</b>	431001	<b>STATE CODE</b>	27
<b>Phone No</b>	*****001			
<b>GSTIN</b>	---			
<b>Agent No</b>	A9000328			

<b>Unique Invoice No.</b>	H1104300
<b>Policy No.</b>	H1104300
<b>Date Of Issuance</b>	01/02/2023
<b>Date Of Insurance from 00.00 hours on</b>	31/01/2023
<b>To Mid Night On</b>	30/01/2024

**Member Details**

<b>Total Members Covered</b>	406
<b>Total Self Covered</b>	406
<b>Total Dependent Covered</b>	0

**Co-insurance Details**

<b>Insurance Company</b>	<b>Share (%)</b>
IFFCO TOKIO GENERAL INSURANCE CO. LTD	100

**Premium Details**

<b>Net Premium</b>	<b>Gross Premium</b>
928,814	1,096,000

**GST Details**

	<b>CGST</b>	<b>SGST</b>	<b>UGST</b>	<b>IGST</b>
<b>Percentage (%)</b>	9	9	0	0
<b>Amount (Rs.)</b>	83,593	83,593	0	0

**TPA Details**

1   IFFCO Tokio General Insurance
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**Policy Conditions/Extensions/Endorsements**

<b>CHHATRAPATI SHAHU MAHARAJ SHIKSHAN SANSTHA</b>		
<b>Coverage Name</b>	<b>PlanName</b>	
<b>Sum Insured Opted</b>	<b>INDIVIDUAL FIXED</b>	Sum Insured List(INR) : 200000
<b>Family Composition List</b>	<b>INDIVIDUAL FIXED</b>	Family Size : 1 Family Definition : Self Only Relationship : Min Age Self/Employee : 18 Max Age 85
<b>Pre Existing Diseases</b>	<b>INDIVIDUAL FIXED</b>	Covered from Day 1
<b>First 30 Days Exclusion</b>	<b>INDIVIDUAL FIXED</b>	Waived
<b>First Year Exclusion</b>	<b>INDIVIDUAL FIXED</b>	Waived
<b>Second Year Exclusion</b>	<b>INDIVIDUAL FIXED</b>	Waived

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 Dental College & Hospital  
 Kanchanwadi, Chhatrapati Sambhajinagar.

Maternity Benefit	INDIVIDUAL FIXED	Not Covered
New Born Baby Cover	INDIVIDUAL FIXED	Not Covered
Room Rent Capping	INDIVIDUAL FIXED	Maximum Room rent (inclusive of boarding and nursing expenses) per day: *Normal Room :: 1.5% of SI *ICU / ICCU :: 2.5% of SI
Pre & Post Hospitalization coverage	INDIVIDUAL FIXED	Expenses incurred for Pre Hospitalization upto 30 Days and Post Hospitalization upto 60 Days are covered .
Domiciliary Hospitalization	INDIVIDUAL FIXED	Not Covered
Corporate Buffer	INDIVIDUAL FIXED	Not Covered
Ambulance Charges	INDIVIDUAL FIXED	Rs. 1,000 per claim subject to overall admissibility of the claim
Limits for common ailments	INDIVIDUAL FIXED	Not Applicable
Internal Congenital disease /defects or anomalies	INDIVIDUAL FIXED	Covered
External Congenital disease / defects or anomalies	INDIVIDUAL FIXED	Not Covered
Terrorism related hospitalization	INDIVIDUAL FIXED	Terrorism related hospitalization is covered up to an AOA limit of Rs. 25 Lakh. *Terrorism Inclusion Warranty : Notwithstanding anything stated to the contrary It is hereby declared and agreed that point no 13 of 'what is not covered' Viz Terrorism / Terrorist Incident is held covered but excludes Nuclear / Chemical / Biological Terrorism Attack . **Sanction Limitation and Exclusion Clause : No insurer shall be deemed to provide cover and no insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provisions of such cover, payment of such claim or provision of such claim or provision of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.
OTHER	INDIVIDUAL FIXED	AYUSH treatment will be covered under policy subject to treatment under government registered hospitals.

#### General Conditions

<b>CHHATRAPATI SHAHU MAHARAJ SHIKSHAN SANSTHA</b>	
<b>INDIVIDUAL FIXED</b>	
1	<b>Day One Cover</b> Day one cover for New members/ employees subject to receipt of premium/maintenance of CD balance & intimation within 15 days of succeeding month.
2	<b>Missed Out Employees window period</b> For employees who are existing members of the group (at inception of the policy) who are left out at inception of the Policy, such left employees to be declared within 15 days of the inception of the Policy.
3	<b>Newly Acquired Dependant</b> Mid-term inclusion of Existing Employee's newly acquired dependant (Newly Married Spouse/ New born baby/ newly adopted child), to be declared within 15 days of succeeding month subject to maintenance of sufficient CD Balance.
4	<b>Non-Compliance</b> In case of Non-Compliance of above mentioned conditions; the following conditions shall apply: (1) Midterm additions of Employee / Employee's dependents 1) * Risk premium on pro rata basis on each inclusion of Employee/ Employee's dependant+ flat administrative charges Rs. 500 on each dependant + Tax shall be leviable. 2) Inclusion of such midterm dependants shall be subject to Waiting period of 1 months for all claims except for Accidental Claims * Risk Premium: Basic GMC Premium based on ITGI Premium Rate Chart for the respective SI based on the age for each dependant irrespective of whether the sum insured is on family floater/ individual basis
5	<b>Deletion of employee / Member from Group</b> In case of deletion of member from the Group the cover will be suspended from the date of separation from the group. Refund of premium on account of deletion will be allowed from the date of separation provided the declaration of the same is submitted to us latest within 15 days of succeeding month Succeeding Month days of succeeding month(default)/ 30 days of separation from the group; failing which refund will be calculated from the date of submission of declaration to ITGI.
6	<b>Proportionate Clause</b> All benefits as an inpatient in a hospital attached to room will be restricted to the room which falls within the room rent limits allowed. The enhanced difference in expenses due to opting rooms with higher room rent than what has been allowed will be borne by the insured only. Wherever the room rent based tariff for the other expenses is not available, the payment would be done in the same proportion as per the entitlement of room rent under the policy excluding cost of pharmacy, consumables, implants, medical devices and diagnostics medically prescribed by the treating doctor under the policy.
7	<b>Package Treatment</b> In case of package treatment where individual bifurcation of room rent, medicines, operation theater expenses, doctor's consultation charges etc are not available, then the package charges shall be proportionately linked to the entitled room rent of the insured person under the Policy.
8	<b>Intimation of claims</b> As per the Standard ITGI GMC policy (Claim to be intimated within 7 days from date of hospitalization). Non-compliance will result in 10 % Co-pay.
9	<b>Submission of Claim Documents</b> All Claim documents for reimbursement should be submitted within 30 days from the date of discharge in case of claim for Pre-hospitalisation and post Hospitalisation expenses. For Post Hospitalization expenses, all claim documents should be submitted within 15 days of the completion of Post

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	hospitalization treatment or Post hospitalization days limit stated in the Policy whichever is earlier. Non compliance will result in 10 % Co-pay.
10	<b>Duplicate Member/Employee Restriction</b> No Employee / Family member should be covered twice in the policy.
11	<b>Member ID Card Type</b> Physical
12	<b>Mid term Change in SI</b> Mid-term change in SI is not allowed
13	<b>Claim Type</b> Cashless and Reimbursement

Whether GST is Payable on Reverse Charge Basis- No  
 We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.  
 The coverage is as per policy wordings / endorsements / clauses attached. Please go through the Group Medishield Insurance Policy and in case of any discrepancy, please inform us.  
 Policy is cancelled ab-initio in case of Cheque Dishonor.  
 The issuance of this Insurance Policy is subject to satisfactory verification of KYC documentation of the Client/ Policyholder as per IRDAI Master Circular dated 1st August 2022 on AML/ CFT. In case, if any discrepancy is found in KYC Verification of the Client/ Policyholder, it is agreed by the Client/ Policyholder to complete/ rectify the discrepancy found in the KYC documents/information for the generation of CKYC Number, failing which the policy will be considered ineffective/suspended/ cancelled and no claim will be payable under this Insurance Policy.


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1)\*Policy Issuing Office: Delhi\*  
 2)\*Consolidated Stamp Duty deposited as per the order of Government of National Capital Territory of Delhi\*

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Toll Free: 1800-103-5499 (24 hours all days) or SMS "CLAIMS" to 56161.

For IFFCO-Tokio General Insurance Company Limited



Authorised Signatory  
**Subrata Mondal**

Signature valid

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 Kanchanwadi, Chhatrapati Sambhajinagar.

**Contact Details**

**IFFCO TOKIO General Insurance Company Limited**

Name of Co-ordinator	OMPRAKASH ISRANI
Contact No	
Email ID	

**Third Party Administrator : IFFCO Tokio General Insurance**

Toll Free (24 hours)	
Email ID	
Address	

**Details of Intermediary/ Agent**

Name	OM PRAKASH ISRANI
Contact No	9822338555
Email Id	om.israni@gmail.com

**Settlement Type : Cash Less**

**Health ID Cards : Non-Photo Id**

**Industry Type : Educational Institutes**

**Expiring Policy Details:**

Policy Number	H0815720
Start Date	31/01/2022
End Date	30/01/2023



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## Group MediShield Policy Wording

This POLICY is evidence of the contract between YOU and US. The proposal along with any written statement(s), declaration(s) of YOURS for purpose of this POLICY forms part of this contract.

This POLICY witnessed that in consideration of YOUR having paid the premium for the period stated in the schedule or for any further period for which WE may accept the payment for renewal of this policy, WE will insure the Insured Person(s) and accordingly WE will pay to YOU or to insured person(s) or their legal representatives, as the case may be in respect of events occurring during the period of insurance in the manner and to the extent set-forth in the policy including endorsements provided that all the terms, conditions, provisions, and exceptions of this policy in so far as they relate to anything to be done or complied with by YOU and/or Insured Person(s) have been met.

The Schedule shall form part of this POLICY and the term 'POLICY' whenever used shall be read as including the Schedule.

Any word or expression to which a specific meaning has been attached in any part of this POLICY or of Schedule shall bear such meaning whenever it may appear.

The POLICY is based on information which have been given to US about Insured Person(s) pertaining to risk insured under the policy and the truth of this information shall be condition precedent to YOUR or the Insured Person(s) right to recover under this POLICY.

### DEFINITION OF WORDS

1. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age:** It means age of the Insured person on last birthday as on date of commencement of the Policy.
3. **Any One Illness** It means continuous period of illness including relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
4. **AYUSH Treatment** refers to the hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems..
5. **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 Our authorized representative.

### 6. 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 Our authorized representative.

7. **Cashless facility** - It means a facility extended by us to Insured person where the payments, of the costs of treatment undergone by insured person(s) in accordance with the policy terms and conditions, are directly made to the network provider by us to the extent pre-authorization approved.
8. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
9. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
  - a. Internal Congenital Anomaly: Anomaly which is not in the visible and accessible parts of the body
  - b. External Congenital Anomaly: Anomaly which is in the visible and accessible parts of the body.
10. **Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the sum insured.

### 11. Daycare centre

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

- i. has qualified nursing staff under its employment;
- ii. has qualified medical practitioner (s) in charge;

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- iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
- iv. maintains daily records of patients and shall make these accessible to Our authorized personnel.

12. **Day Care Treatment** means medical treatment, and/or surgical procedure which:
1. is undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 (twenty-four) hrs. because of technological advancement, and
  2. which would have otherwise required a hospitalization of more than 24 (twenty four) hours.

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

13. **Dental Treatment** It means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery.
14. **Disease** It means an illness which Medical Practitioner or Surgeon will certify as Insured Person is suffering from and unable to feel as Normal.
15. **Domiciliary Hospitalisation** It means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances.
- a. the condition of the patient is such that he/she is not in a condition to be removed to a hospital or
  - b. the patient takes treatment at home on account of non-availability of room in a hospital.
16. **Emergency Care** It means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
17. **Grace Period** - It means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue the policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
18. **Hospital/Nursing Home**

It means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of 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 ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient 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 shall make these accessible to Our authorized personnel.

*\*Following are the enactments specified under the Schedule of section 56 of clinical Establishments (Registration and Regulation) Act, 2010 as of October 2013 or any amendments thereof.*

1. The Andhra Pradesh Private Medical Care Establishments (Registration and Regulation) Act, 2002.
2. The Bombay Nursing Homes Registration Act, 1949.
3. The Delhi Nursing Homes Registration Act, 1953.
4. The Madhya Pradesh Upcharya Griha Tatha Rujopchar Sanbabdu Sthapamaue (Ragistikaran Tatha Anugyapan) Adhiniyam, 1973.
5. The Manipur Homes and Clinics Registration Act, 1992.
6. The Nagaland Health Care Establishments Act, 1997.
7. The Orissa Clinical Establishments (Control and Regulation) Act, 1990.
8. The Punjab State Nursing Home Registration Act, 1991.
9. The West Bengal Clinical Establishments Act, 1950.

Note: Any make-shift or temporary hospital permitted temporarily by Central/ State Government and allowed by the IRDAI under specific situations shall also be regarded as a hospital.

19. **Hospitalisation** It means admission in a Hospital for a minimum period of 24 (Twenty-four) consecutive "In-patient Care" hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 (Twenty-four) consecutive hours.

20. **Illness**

It means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

- i. Acute Condition means a disease, illness or injury that is likely to response 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 special trained to cope with it
  - d. it continues indefinitely
  - e. it recurs or is likely to recur

21. **Injury** It shall mean 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.
22. **Inpatient Care** It means treatment for which the insured person has to stay in a hospital for more than 24 (twenty-four) hours for a covered event.
23. **Insured Person:** The person named as Insured person(s) in the Schedule lodged with US by YOU.
24. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the

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ordinary and other wards.

25. **Intensive Care Unit (ICU) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
26. **Medical Advice** - It means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
27. **Medical Expenses** - It means those expenses that an Insured Person has/you have 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.
28. **Medically Necessary Treatment**- Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- is required for the medical management of the illness or injury suffered by the insured;
  - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
  - must have been prescribed by a *medical practitioner*,
  - Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
29. **Medical Practitioner**

It 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.

30. **Maternity Expenses**

Maternity expenses means;

- medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
- expenses towards lawful medical termination of pregnancy during the policy period.

31. **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 by a cashless facility.

(The list of network hospitals is dynamic and hence may change from time to time. We suggest you to please check our website [www.iffcotokio.co.in](http://www.iffcotokio.co.in) or contact our call centre/ nearest office for updated list of such hospitals before admission.)

32. **New Born Baby** means baby born during the Policy Period and is aged upto 90 days.
33. **Non- Network Provider** - Non-Network means any hospital, day care centre or other provider that is not part of the network.
34. **Notification of Claim** is the process of intimating a claim to Us or our TPA through any of the recognized modes of communication
35. **Out-Patient (OPD) treatment** means treatment in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
36. **Policy** It means the policy booklet, the Schedule and any applicable endorsement or or extensions attaching to or forming part thereof. The policy contains details of the extent of cover available to Insured person (s), what is excluded from the cover and the conditions on which the policy is issued.
37. **Policy Period/ Period of Insurance** -It means the duration of this policy as shown in the Schedule.
38. **Portability** -It means the right accorded to an individual health insurance policy holder (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.
39. **Policy Schedule** It means latest Schedule issued by US as part of the policy. It provides details of the policy of Insured person(s) which are in force and the level of cover Insured Person(s) have.

40. **Post Hospitalisation**

It means Medical Expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital, provided that:

- such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- the In-patient Hospitalization claim for such Hospitalization is admissible by the insurance company.

Maximum Limit for Post Hospitalisation Medical Benefit: 60 days.

41. **Pre-existing Disease**

It means any condition, ailment, injury or disease

- That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
- For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

42. **Pre-Hospitalisation**

It means Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:

- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

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Maximum Limit for Pre-Hospitalisation Medical Benefit: 30 days.

43. **Proposal** It means any signed proposal by filing up the questionnaires and declarations, written statements and any information in addition thereto supplied to US by YOU.
44. **Qualified Nurse** It means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
45. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
46. **Sum Insured** It means the monetary amount shown against Insured Person.
47. **Surgery or Surgical Procedure** It means manual and / or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner
48. **Third Party Administrator (TPA)** means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.
49. **Waiting Period**  
It means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.
50. **WE/OUR/US** It means IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.
51. **YOU/YOUR** It means the person(s)/the company/the entity named as Insured in the Schedule

**COVERAGE**

WHAT IS COVERED	WHAT IS NOT COVERED
<p>If the Insured Person sustains injury or contracts any disease and upon advice of Medical Practitioner, he/she has to incur Hospitalisation Expenses, then WE will pay reasonable and customary charges of the following Hospitalisation expenses:</p> <ol style="list-style-type: none"> <li>1. Room, Boarding Expenses as provided by the Hospital/Nursing Home.</li> <li>2. Nursing Expense.</li> <li>3. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees (including consultation through telemedicine as per prevailing Telemedicine Practice Guideline) whether paid directly to the treating doctor / surgeon or to the hospital.</li> <li>4. Expense on Anesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials, diagnostic imaging modalities, Dialysis, Chemotherapy, Radiotherapy, Cost of pacemaker, Artificial Limbs, Cost of organs and similar expenses.</li> <li>5. AYUSH hospitalization expenses including pre-hospitalization and post hospitalization expenses upto the limit of the Sum Insured of the insured person per policy period.</li> <li>6. WE will also pay for those of above relevant expenses in Domiciliary Hospitalisation at reasonable and customary level charges.</li> </ol> <p>Note: The expenses that are not covered in this policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively.</p>	<p>WE will not pay for</p> <ol style="list-style-type: none"> <li>1. Pre-Existing Diseases(Code- Excl01) <ol style="list-style-type: none"> <li>a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us.</li> <li>b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</li> <li>c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.</li> <li>d. Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.</li> </ol> </li> <li>2. First Thirty Days Waiting Period(Code- Excl03) <ol style="list-style-type: none"> <li>a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.</li> <li>b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.</li> <li>c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.</li> </ol> </li> <li>3. The exclusion no. 2, mentioned in 'What is not covered' shall not however apply if in the opinion of Panel of Medical Practitioners constituted by Us, the Insured Person could not have known of the existence of the Disease or any symptoms or complaints thereof at the time of making the proposal for Insurance to Us.</li> <li>4. Specific Waiting Period: (Code- Excl02) <ol style="list-style-type: none"> <li>a. Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage, as may be the case after the date of inception of the first policy with Us. This exclusion shall not be applicable for claims arising due to an accident.</li> <li>b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</li> </ol> </li> </ol>

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 Dental College & Hospital  
 Kanchanwadi, Chhatrapati Sambhajinagar.

- c. If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f. List of specific diseases/procedures
  - l. 12 Months waiting period
    - a. Cataract, Benign Prostatic Hyperthropy, Hysterectomy for Meaorrhagia or Fibromyoma
    - b. Hernia, Hydrocele, Congenital Internal Disease.
    - c. Fistula in anus, Piles, Sinusitis and related disorders.

- 5. If the above-mentioned diseases (The exclusion no. 4, mentioned in "What is not covered") are pre-existing at the time of proposal, they will not be covered even during subsequent period of renewal too.
- 6. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- 7. Circumcision except for disease not excluded here or injury, Vaccination or Inoculation or change of life.
- 8. 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 medical necessity, it must be certified by the attending Medical Practitioner.

- 9. Cost of Spectacles and contact lens, hearing aids.
- 10. Dental treatment or Surgery of any Kind unless requiring hospitalisation.
- 11. Rest Cure, rehabilitation and respite care- Code- Excl05

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- 12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12.
- 13. Treatment of external congenital Disease or defects or anomalies, venereal Disease or intentional self-Injury
- 14. Investigation & Evaluation(Code- Excl04)
  - a. Expenses related to any admission primarily for diagnostics and evaluation purposes.
  - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.
- 15. Maternity Expenses (Code - Excl 18):
  - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
  - b. expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

*(This exclusion will stand deleted where policy is extended to cover Maternity Benefits)*

- 16. Sterility and Infertility: (Code- Excl17) Expenses related to sterility and infertility. This includes:

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- a. Any type of contraception, sterilization
- b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c. Gestational Surrogacy
- d. Reversal of sterilization

17. Nuclear attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

- a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.

18. Any Expenses on treatment of Insured person as outpatient in the Hospital.

19. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13

20. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14

21. Any Expenses under Domiciliary Hospitalisation for Treatment of following diseases:

- a. Asthma
- b. Bronchitis
- c. Chronic Nephritis and Nephritic Syndrome
- d. Diarrhoea and all type of Dysenteries including Gastro-enteritis
- e. Diabetes Mellitus and Insipidus
- f. Epilepsy
- g. Hypertension
- h. Influenza, Cough and Cold
- i. Pyrexia of unknown Origin for less than 20 days
- j. Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis
- k. Arthritis, Gout and Rheumatism
- l. Dental Treatment or Surgery

22. Obesity/ Weight Control: Code- Excl06

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1. Surgery to be conducted is upon the advice of the Doctor
2. The surgery/Procedure conducted should be supported by clinical protocols
3. The member has to be 18 years of age or older and
4. Body Mass Index (BMI);
  - a. greater than or equal to 40 or
  - b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
    - i. Obesity-related cardiomyopathy
    - ii. Coronary heart disease
    - iii. Severe Sleep Apnea
    - iv. Uncontrolled Type2 Diabetes

23. 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.

24. Hazardous or Adventure sports: Code- Excl09

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure

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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.

25. 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.

26. Excluded Providers: Code- Excl11

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in Our website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

(Note: The list of such excluded provider(s) is dynamic and hence may change from time to time. Hence we suggest you to please check our website or contact our call centre/nearest office for updated list of such excluded hospitals before admission.)

27. Refractive Error: Code- Excl15:

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

28. 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.

**Additional Benefits**

1. MODERN TREATMENT METHODS AND ADVANCEMENT IN TECHNOLOGIES:

The following procedures will be covered (wherever medically indicated) either as in patient or as part of Domiciliary Hospitalization or as part of day care treatment in a hospital upto 50% of Sum Insured, during the policy period:

- A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- B. Balloon Sinuplasty
- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy- Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries
- I. Bronchial Thermoplasty
- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- K. IONM - (Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

2. DAY CARE TREATMENT:) Day care medical treatments listed in Annexure – "List of Day Care Procedures" of the policy document, will be payable even if the duration of hospitalization is less than 24 (Twenty-four) hours.

(Note: The list of such treatments is dynamic and hence may change from time to time. Hence we suggest you to please check our website/ contact our nearest office for updated list of such treatments.)

**CLAIM PROCEDURE AND REQUIREMENTS**

1. An event, which might become a claim under the policy, must be reported to US as soon as possible, but not later than 7 days from the date of Hospitalisation. A written statement of the claim will be required and a claim form will be provided and the claim must be filed within 30 days from the date of discharge from the Hospital except for in extreme cases of hardship where it is proved to our satisfaction that under the circumstances, in which YOU, the Insured Person or his/her personal representative were placed, it was not possible for any one of YOU to give notice or file claim within the prescribed time limit.

The Insured Person must give all bills, receipts, certificates, information and evidences from a Medical Attendant or otherwise required by US in the manner and form as WE may prescribe. In such claims our representative shall be allowed to carry out examination and obtain information in case of alleged injury or disease requiring Hospitalisation if and when WE may reasonably require.

2. No sum payable under this policy shall carry any interest/ penalty except for 'provision for penal interest' as described below.

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3. Claim Settlement (provision for Penal Interest)

- i. We shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, We shall be liable to pay interest to You/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 Our opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, We shall settle 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.

\*\*\*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)

Note : This Clause shall always correspond with the amendment(s), if any, to the relevant provisions of Protection of Policyholder's interests Regulations, 2017.

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## General Conditions

### 1. Multiple Policies

- i. In case of multiple policies taken by You/ insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- ii. You/insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.
- iv. Where You/insured person has policies from more than one insurer to cover the same risk on indemnity basis, You/the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

### 2. 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 Us.

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

- a) the suggestion, as a fact of that which is not true and which You/the insured person do/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

We 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.

### 3. Cancellation

- a. You may cancel this Policy by giving 15 days' written notice, and in such an event, We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period of cover up to	Refund of annual premium rate(%)
1(one) month	75%(seventy five percent)
3(three) months	50%(fifty percent)
6(six) months	25%(twenty five percent)
Exceeding six months	Nil

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 any Insured person under the Policy.

- b. We may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 30 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, mis-description, non-disclosure of material facts or fraud.

### 4. Automatic Termination of Insurance

The coverage for the Insured Person(s) shall automatically terminate in the case of his/ her (Insured Person) demise or exhaustion of Sum Insured. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period, unless otherwise advised by the Group policy holder. Provided no claim has been made, and termination takes place on account of death of the insured person, due to reasons apart from what stands covered under the policy, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.

### 5. Migration

You/the Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by Us by applying for migration of the policy atleast 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 Us, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link

[https://www.irdai.gov.in/ADMINCMS/cms/whatsNew\\_Layout.aspx?page=PageNo2527&flag=1](https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo2527&flag=1)

### 6. Renewal of Policy

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The Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to US on or before the date of expiry of the Policy or of the subsequent renewal thereof. However, WE shall not be bound to give notice that such renewal premium is due.

#### **7. Moratorium Period**

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period, no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

#### **8. Notice & Communication**

- i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to Our address or through any other electronic modes specified in the Policy Schedule.
- iii. We shall communicate with You/ Insured person at the address or through any other electronic mode mentioned in the schedule.

**9. Misdescription** The Policy shall be void and all premium paid by YOU to US be forfeited in the event of misrepresentation or concealment of any material information.

#### **10. Notice of Charge**

WE will not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealings with or relating to this policy. YOUR receipt or receipt of Insured Person shall in all cases be an effective discharge to US.

#### **11. Territorial Limit**

All medical treatment for the purpose of this insurance will have to be taken in India only and all claims shall be payable in Indian currency.

#### **12. Changes in Circumstances**

YOU must inform US, as soon as reasonably possible of any change in information YOU have provided to US about Insured person(s) which may affect the Insurance cover provided e.g. duty, business, occupation

#### **13. Payment of Premium:**

The premium payable shall be paid in advance before commencement of risk. No results for premium shall be valid except on our official form signed by our duly authorized official. In similar way, No waiver of any terms, provision, conditions and endorsements of this policy shall be valid unless made in writing and signed by our authorized official.

#### **14. Electronic Transaction**

You /insured person(s) agree(s) to adhere to and comply with all such terms and conditions as we may prescribe from time to time and hereby agree(s) and confirm(s) 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) by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of us for and in respect of the policy or its terms or our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with our terms and conditions for such facilities, as may be prescribed from time to time. However, the terms of the condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDA regulations for protection of policy holder's interests.

#### **15. Reasonable Precaution**

You/insured person(s) shall take all reasonable precaution to prevent injury, illness, and disease in order to minimize claims.

#### **16. Disclaimer Clause**

If WE shall disclaim our liability in any claim and such claim shall not have been made subject matter of suit in a court of law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

#### **17. Arbitration**

- i. If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
- ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

#### **18. MATERNITY EXPENSES BENEFIT (Wherever applicable)**

This is an optional cover, which can be obtained on payment of 10% of the total basic premium for all the Insured Persons under the Policy. Total basic premium means the total premium computed before applying Group Discount and/or High Claim Ratio Loading. Low Claim Discount and special discount in lieu of agency commission.

- a. Option for Maternity Benefits has to be exercised at the inception of the policy period and no refund is allowable in case of Insured's cancellation of this option during currency of the policy.
- b. The maximum benefit allowable under this clause will be upto Rs 50,000 or 20% of the Sum Insured opted by the member of the group whichever is lower.

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**c. Special conditions applicable to Maternity Expenses Benefit Extension**

1. These benefits are admissible only if the expenses are incurred in Hospital/Nursing Home as in-patients in India.
2. A waiting period of 9 months is applicable for payment of any claim relating to normal delivery or caesarean section or abdominal operation for extra uterine Pregnancy. The waiting period may be relaxed only in case of delivery, miscarriage or abortion induced by accident or other medical emergency.
3. Claim in respect of only first two children and/or operations associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof. Those Insured Persons who are already having two or more living children will not be eligible for this benefit.
4. Pre-natal and post-natal expenses are not covered unless admitted in Hospital/Nursing Home and treatment is taken there.

**19. Redressal Of Grievance**

In case of any grievance, the insured person may contact Us through:

Website: <https://www.iffcotokio.co.in/customer-services/grievance-redressal>

Toll free: 1800-103-5499

E-mail: [support@iffcotokio.co.in](mailto:support@iffcotokio.co.in)

Courier : Chief Grievance Officer  
IFFCO-Tokio General Insurance Co Ltd  
IFFCO Tower, Plot no. 3  
Sector -29, Gurgaon - 122001

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. The list of branches with addresses are available at <https://www.iffcotokio.co.in/contact-us>

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 [chiefgrievanceofficer@iffcotokio.co.in](mailto:chiefgrievanceofficer@iffcotokio.co.in)

For updated details of grievance officer, kindly refer the link <https://www.iffcotokio.co.in/customer-services/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. The contact details of the Insurance Ombudsman offices have been provided as below

**Grievance may also be lodged at IRDAI Integrated Grievance Management System**

- <https://igms.irda.gov.in/>

Office Details	Jurisdiction of Office (Union Territory, District)
<b>AHMEDABAD - Shri Kuldip Singh</b> Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a>	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
<b>BENGALURU - Smt. Neerja Shah</b> 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: <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a>	Karnataka
<b>BHOPAL - Shri Guru Saran Shrivastava</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: <a href="mailto:bimalokpal.bhopal@ecoi.co.in">bimalokpal.bhopal@ecoi.co.in</a>	Madhya Pradesh Chattisgarh.
<b>BHUBANESHWAR - Shri Suresh Chandra Panda</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">bimalokpal.bhubaneswar@ecoi.co.in</a>	Orissa
<b>CHANDIGARH - Dr. Dinesh Kumar Verma</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.

Signature valid

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DEAN

Chhatrapati Shahu Maharaj Shikshan Sanstha  
Dental College & Hospital  
Kanchnawadi, Chhatrapati Sambhajinagar.

Fax: 0172 - 2708274 Email: <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">bimalokpal.chandigarh@ecoi.co.in</a>	
<b>CHENNAI - Shri M. Vasantha Krishna</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: <a href="mailto:bimalokpal.chennai@ecoi.co.in">bimalokpal.chennai@ecoi.co.in</a>	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
<b>DELHI - Shri Sudhir Krishna</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 Email: <a href="mailto:bimalokpal.delhi@ecoi.co.in">bimalokpal.delhi@ecoi.co.in</a>	Delhi
<b>GUWAHATI - Shri Kiriti .B. Saha</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: <a href="mailto:bimalokpal.guwahati@ecoi.co.in">bimalokpal.guwahati@ecoi.co.in</a>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>HYDERABAD - Shri I. Suresh Babu</b> 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 - 67504123 / 23312122 Fax: 040 - 23376599 Email: <a href="mailto:bimalokpal.hyderabad@ecoi.co.in">bimalokpal.hyderabad@ecoi.co.in</a>	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
<b>JAIPUR - Smt. Sandhya Baliga</b> Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: <a href="mailto:Bimalokpal.jaipur@ecoi.co.in">Bimalokpal.jaipur@ecoi.co.in</a>	Rajasthan
<b>ERNAKULAM - Ms. Poonam Bodra</b> Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: <a href="mailto:bimalokpal.emakulam@ecoi.co.in">bimalokpal.emakulam@ecoi.co.in</a>	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
<b>KOLKATA - Shri P. K. Rath</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: <a href="mailto:bimalokpal.kolkata@ecoi.co.in">bimalokpal.kolkata@ecoi.co.in</a>	West Bengal, Sikkim, Andaman & Nicobar Islands.
<b>LUCKNOW - Shri Justice Anil Kumar Srivastava</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: <a href="mailto:bimalokpal.lucknow@ecoi.co.in">bimalokpal.lucknow@ecoi.co.in</a>	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabimagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
<b>MUMBAI - Shri Milind A. Kharat</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: <a href="mailto:bimalokpal.mumbai@ecoi.co.in">bimalokpal.mumbai@ecoi.co.in</a>	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.

Signature valid

Digitally signed by SUBRATA MOJAL  
Date: 2023.02.02 15:22:57 CT  
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Location: IFFCO Tokio General Insurance Company Ltd, India



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DEAN

Chhatrapati Shahu Maharaj Shikshan Sanstha  
Dental College & Hospital  
Kanchanwadi, Chhatrapati Sambhajinagar.

<p><b>NOIDA - Shri Chandra Shekhar Prasad</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: <a href="mailto:bimalokpal.noida@ecoi.co.in">bimalokpal.noida@ecoi.co.in</a></p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p><b>PATNA - Shri N. K. Singh</b> Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: <a href="mailto:bimalokpal.patna@ecoi.co.in">bimalokpal.patna@ecoi.co.in</a></p>	<p>Bihar, Jharkhand.</p>
<p><b>PUNE - Shri Vinay Sah</b> 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.: 020-41312555 Email: <a href="mailto:bimalokpal.pune@ecoi.co.in">bimalokpal.pune@ecoi.co.in</a></p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>

Insurance is the subject matter of solicitation



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**DEAN**

Chhatrapati Shahu Maharaj Shikshan Sanstha  
Dental College & Hospital  
Kanchanwadi, Chhatrapati Sambhajinagar.

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Location: IFFCO Tokio General Insurance Company Ltd, India

## DAY CARE PROCEDURES

<b>ENT : Operation of the ear</b>	26 Procedures for pterygium
1 Stapedotomy or Stapedectomy	27 Removal of a foreign body from the lens of the eye
2 Myringoplasty (Type -I Tympanoplasty)	28 Removal of a foreign body from the posterior chamber of the eye
3 Tympanoplasty (closure of an eardrum perforation)	29 Removal of a foreign body from the orbit and eyeball
4 Reconstruction and other Procedures of the auditory ossicles	30 Operation of cataract
5 Myringotomy	31 Chalazion removal
6 Removal of a tympanic drain	32 Glaucoma Surgery
7 Mastoidectomy	33 Surgery for Retinal detachment
8 Reconstruction of the middle ear	<b>Procedures on the skin &amp; subcutaneous tissues</b>
9 Fenestration of the inner ear	34 Incision of a pilonidal sinus
10 Incision (opening) and destruction (elimination) of the inner ear	35 Other incisions of the skin and subcutaneous tissues
ENT: Procedures on the nose & the nasal sinuses	36 Surgical wound toilet (wound debridement)
11 Excision and destruction of diseased tissue of the nose	37 Local excision or destruction of diseased tissue of the skin and subcutaneous tissues
12 Procedures on the turbinates (nasal concha)	38 Simple restoration of surface continuity of the skin and subcutaneous tissues
13 Nasal sinus aspiration	39 Free skin transplantation, donor site
<b>ENT: Procedures on the tonsils &amp; adenoids</b>	40 Free skin transplantation, recipient site
14 Transoral incision and drainage of a pharyngeal abscess	41 Revision of skin plasty
15 Tonsillectomy and / or adenoidectomy	42 Restoration and reconstruction of the skin and subcutaneous tissues
16 Excision and destruction of a lingual tonsil	43 Chemosurgery to the skin
17 Quinsy drainage	44 Excision of Granuloma
<b>OPHTHALMOLOGY: Procedures on the eyes</b>	45 Incision and drainage of abscess
18 Incision of tear glands	Procedures on the tongue
19 Excision and destruction of diseased tissue of the eyelid	46 Incision, excision and destruction of diseased tissue of the tongue
20 Procedures on the canthus and epicanthus	47 Partial glossectomy
21 Corrective surgery for entropion and ectropion	48 Glossectomy
22 Corrective surgery for blepharoptosis	49 Reconstruction of the tongue
23 Removal of a foreign body from the conjunctiva	<b>Procedures on the salivary glands &amp; salivary ducts</b>
24 Removal of a foreign body from the cornea	50 Incision and lancing of a salivary
25 Incision of the cornea	

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**Chhatrapati Shahu Maharaj Shikshan Sanstha  
Dental College & Hospital  
Kanchanwadi, Chhatrapati Sambhajinagar.**

51 Excision of diseased tissue of a salivary gland and a salivary duct	82 Sclerotherapy
52 Resection of a salivary gland	83 Therapeutic Ascitic Tapping
53 Reconstruction of a salivary gland and a salivary duct	84 Endoscopic ligation /banding
Procedures on the mouth & face	85 Dilatation of digestive tract strictures
54 External incision and drainage in the region of the mouth, jaw and face	86 Endoscopic ultrasonography and biopsy
55 Incision of the hard and soft palate	<b>Replacement of Gastrostomy tube</b>
56 Excision and destruction of diseased hard and soft palate	87 Endoscopic decompression of colon
57 Incision, excision and destruction in the mouth	88 Therapeutic ERCP
58 Plastic surgery to the floor of the mouth	89 Nissen fundoplication for Hiatus
59 Palatoplasty	<b>Hernia /Gastro esophageal reflux Disease</b>
<b>Trauma surgery and orthopaedics</b>	90 Endoscopic Gastrostomy
60 Incision on bone, septic and aseptic	91 Laparoscopic procedures e.g. colecystectomy, appendicectomy etc.
61 Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis	92 Endoscopic Drainage of Pseudopancreatic cyst
62 Suture and other Procedures on tendons and tendon sheath	93 Hernia Repair (Herniotomy / hernioraphy / hernioplasty)
63 Reduction of dislocation under GA	<b>Procedures on the female sexual organs</b>
64 Arthroscopic knee aspiration	94 Incision of the ovary
65 Aspiration of hematoma	95 Insufflation of the Fallopien tubes
66 Excision of dupuytren's contracture	96 Dilatation of the cervical canal
67 Carpal tunnel decompression	97 Conisation of the uterine cervix
68 Surgery for ligament tear	98 Incision of the uterus (hysterotomy)
69 Surgery for meniscus tear	99 Therapeutic curettage
70 Surgery for hemoarthrosis/ pyoarthrosis	100 Culdotomy
71 Removal of fracture pins/nails	101 Local excision and destruction of diseased tissue of vagina and Pouch of Douglas
72 Removal of metal wire	102 Procedures on Bartholin's glands (cyst)
73 Joint Aspiration - Daignostic / therapeutic	103 Endoscopic polypectomy
Procedures on the breast	104 Myomectomy , hysteroscopic or laparoscopic biopsy or removal
74 Incision of the breast	<b>Procedures on the prostate &amp; seminal vesicles</b>
75 Procedures on the nipple	105 Incision of the prostate
76 Excision of breast lump /Fibro adenoma	106 Transurethral excision and destruction of prostate tissue
Procedures on the digestive tract	107 Open surgical excision and destruction of prostate tissue
77 Incision and excision of tissue in the perianal region	
78 Surgical treatment of anal fistulas	
79 Surgical treatment of haemorrhoids	
80 Division of the anal sphincter (sphincterotomy)	
81 Ultrasound guided aspirations	
<b>Procedures on the digestive tract</b>	

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Chhatrapati Shahu Maharaj Shikshan Sanstha  
Dental College & Hospital  
Kanchanwadi, Chhatrapati Sambhajinagar.

	136 Tran urethral resection of bladder tumor
108 Radical prostatovesiculectomy	137 Suprapubic cystostomy
109 Incision and excision of periprostatic tissue	Procedures of Respiratory System
Procedures on the scrotum & tunica vaginalis testis	138 Brochosopic treatment of bleeding lesion
110 Incision of the scrotum and tunica vaginalis testis	139 Brochosopic treatment of fistula / stenting
111 Operation on a testicular hydrocele	140 Bronchoalveolar lavage & biopsy
112 Excision and destruction of diseased scrotal tissue	141 Direct Laryngoscopy with biopsy
113 Plastic reconstruction of the scrotum and tunica vaginalis testis	142 Therapeutic Pleural Tapping
<b>Procedures on the testes</b>	<b>Procedures of Heart and Blood vessels</b>
114 Incision of the testes	143 Coronary angiography (CAG)
115 Excision and destruction of diseased tissue of the testes	144 Coronary Angioplasty (PTCA)
116 Orchidectomy- Unilateral / Bilateral	145 Insertion of filter in inferior vena cava
117 Orchidopexy	146 TIPS procedure for portal hypertension
118 Abdominal exploration in cryptorchidism	147 Blood transfusion for recipient
119 Surgical repositioning of an abdominal testis	148 Therapeutic Phlebotomy
120 Reconstruction of the testis	149 Pericardiocentesis
121 Implantation, exchange and removal of a testicular prosthesis	150 Insertion of gel foam in artery or vein
Procedures on the spermatic cord, epididymis and Ductus Deferans	151 Carotid angioplasty
122 Surgical treatment of a varicocele and hydrocele of spermatic cord	152 Renal angioplasty
123 Excision in the area of the epididymis	153 Varicose vein stripping or ligation
124 Epididymectomy	<b>OTHER Procedures</b>
125 Reconstruction of the spermatic cord	154 Radiotherapy for Cancer
126 Reconstruction of the ductus deferens and epididymis	155 Cancer Chemotherapy
<b>Procedures on the penis</b>	156 True cut Biopsy
127 Procedures on the foreskin	157 Endoscopic Foreign Body Removal
128 Local excision and destruction of diseased tissue of the penis	158 Vaccination / Inoculation - Post Dog bite or Snake bite
129 Amputation of the penis	159 Endoscopic placement/removal of stents
130 Plastic reconstruction of the penis	160 Tumor embolisation
<b>Procedures on the urinary system</b>	161 Aspiration of an internal abscess under ultrasound guidance
131 Cystoscopical removal of stones	
132 Lithotripsy	
133 Haemodialysis	
134 PCNS (Percutaneous nephrostomy)	
135 PCNL (Percutaneous Nephro-Lithotomy)	

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Dental College & Hospital  
Kanchanwadi, Chhatrapati Sambhajinagar.

**Annexure - A**

**List I – List of non-payable Items**

Sl. No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]

**List II – Items that are to be subsumed into Room Charges**

Sl No.	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS

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 Dental College & Hospital  
 Kanchanwadi, Chhatrapati Sambhajinagar.

5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

**List III – Items that are to be subsumed into Procedure Charges**

Sl No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

**List IV – Items that are to be subsumed into costs of treatment**

Sl No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER

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Dental College & Hospital  
Kanchanwadi, Chhatrapati Sambhajinagar.**



4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP- COST
8	HYDROGEN PEROXIDE/SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION\STERILLIUM
17	Glucometer & Strips
18	URINE BAG



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Chhatrapati Shahu Maharaj Shikshan Sanstha  
Dental College & Hospital  
Kanchanwadi, Chhatrapati Sambhajinagar.

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**IFFCO - TOKIO GENERAL INSURANCE CO. LTD**

Regd. Office: IFFCO SADAN, C1 Distt Centre, Saket, New Delhi- 110017

**Group Personal Accident - Policy Schedule****Cum Tax Invoice****ORIGINAL FOR RECIPIENT**

UIN:-IRDAN106P0021V01200102 IRDA Reg No 106



Servicing Office:

Office No 4 &amp; 5, 3rd Floor,

Aurangabad Business Center - East,

Plot No D-5/1A, 1B &amp; 1C,

Chikalthana MIDC Aurangabad-431006

State Code: 27, GSTIN: 27AAACI7573H1ZC

General Insurance Services : 997133

Proposer:	CHHATRAPATI SHAHU MAHARAJ SHIKSHAN SANSTHA	Unique Invoice No.....	: 54F24069
Address:	CHHATRAPATI SHAHU MAHARAJ SHIKSHAN SANSTHA	Policy No.....	: 54F24069
	AURANGABAD (M CORP.) MAHARASHTRA 431001	Date of Issuance.....	11/03/2023
State Code/ Place of Supply:	27 Country Name: India GSTIN:	Policy effective from 0001 hrs 09/03/2023	
Phone Number:	Agent No. A9000328	To MidNight 08/03/2024	
	Agent Name. ISRANI, OM PRAKASH		

<b>Total Members Covered</b>	<b>362</b>
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Co-Insurance Details		
Name	Type	%

	Taxable Value	CGST	SGST/UTGST	IGST	CESS
Rate		9.00	9.00	0.00	0.00
Amount	₹265364.82	₹23882.83	₹23882.83	₹0.00	₹0.00
Total Tax		₹47765.66	Total Value		₹313130.48

Whether GST is Payable on Reverse Charge Basis - No

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

The issuance of this Insurance Policy is subject to satisfactory verification of KYC documentation of the Client / Policyholder as per IRDAI Master Circular dated 1st August 2022 on AML / CFT. In case, if any discrepancy is found in KYC Verification of the Client / Policyholder, it is agreed by the Client / Policyholder to complete / rectify the discrepancy found in the KYC documents / information for the generation of CKYC Number, failing which the policy will be considered ineffective / suspended / cancelled and no claim will be payable under this Insurance Policy.



*Cyber*  
**DEAN**

Chhatrapati Shahu Maharaj Shikshan Sanstha  
Dental College & Hospital  
Kanchanwadi, Chhatrapati Sambhajinagar.

**Signature valid**

Digitally signed by SUBRATA MOJAL  
Date: 2023.03.11 15:44:10  
Reason: Valid Policy Copy  
Location: IFFCO Tokio General Insurance Company Ltd, India

Group Personal Accident Insurance (UIN : IRDAN106P0021V01200102 )  
Attaching to and forming part of Policy Number 54F24069

'Show Signature Properties'-->Click on 'Show signer's Certificate'-->Go to Tab 'Trust'-->Click on 'Add to

Policy Conditions/ Extensions/ Endorsements	
Group Composition:	Lecturers, Professors, Nursing Staffs and Others Staffs
Basis of Policy	Named Basis
Total Sum Insured	724000000
Details of Members	As per attached annexure

Coverages
<p>*Terrorism is not covered under the policy.</p> <p>*Day one cover for New Joinee subject to receipt of premium/ CD balance &amp; intimation by 15th of every month.</p> <p>*Refund of premium on account of Mid -term Deletion of Members is allowed from the date of separation subject to receipt of intimation by 15th day of every succeeding month failing which refund will be calculated from the date of submission of intimation to ITGI. No refund is allowed in case of claim preferred on ITGI.</p> <p>-</p> <p>*Accidental Medical Extension (Only Hospitalisation) : Actual expenses incurred or Rs 200,000/- whichever is lower. (Not Linked to the PA disability Claim admissible under the policy).</p> <p>-</p> <p>*Weekly loss of wages/salary which is permissible as maximum of Rs. 5,000/- per week or 1% of sum insured.</p> <p>-</p> <p>*Losses or damages caused directly or indirectly due to any infectious or contagious disease, pandemic /epidemics as declared by WHO and / or Government of India will be an exclusion under this policy as per the attached clause.</p>
Corporate Identity No (CIN) U74899DL2000PLC107621
<b>Toll Free : 1-800-103-5499 ; Other : ( 0124) 428-5499 ; SMS "claim" to 56161</b>
Policy Issuing Office: Delhi
Consolidated Stamp Duty deposited as per the order of Government of National Capital Territory of Delhi



*Chir*  
DEAN

Chhatrapati Shahu Maharaj Shikshan Sanstha  
Dental College & Hospital  
Kanchanwadi, Chhatrapati Sambhajinagar.

Signature valid

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### Group Personal Accident Insurance Policy Wordings

This POLICY is evidence of the contract between YOU and US. The proposal form along with any written statement(s) declaration(s) of YOURS for purpose of this POLICY forms part of this contract.

This POLICY witnesses that in consideration of YOUR having paid the premium for the period stated in the schedule or for any further period for which WE may accept the payment for renewal of this policy. WE will insure the Insured Person(s) and accordingly WE will pay to YOU or YOUR legal personal representative(s) as the case may be in respect of events occurring during the period of insurance in the manner and to the extent set-forth in the policy including endorsements provided that all the terms, conditions, provisions, and exceptions of this policy in so far as they relate to anything to be done or complied with by YOU have been met.

The Schedule shall form part of this POLICY and the term 'POLICY' whenever used shall be read as including the Schedule.

Any word or expression to which a specific meaning has been attached in any part of this POLICY or of Schedule shall bear such meaning whenever it may appear.

The POLICY is based on information which have been given to US about Insured Person(s) pertaining to risk insured under the policy and the truth of these information shall be condition precedent to YOUR right to recover under this POLICY.

#### Definition of Words:

##### 1. Proposal

It means any signed proposal by filling up the questionnaires and declarations written statements and any information in addition thereto supplied to US by YOU.

##### 2. Policy

It means the policy booklet, the Schedule and any applicable endorsement or memoranda. The policy contains details of the extent of cover available to insured person (s), what is excluded from the cover and the conditions on which the policy is issued.

##### 3. Schedule

It means latest Schedule issued by US as part of the policy. It provides details of the insured person(s), which are in force and the level of cover Insured Person(s) have.

##### 4. Capital Sum Insured

It means the monetary amount shown against Insured Person.

##### 5. We/Our/Us

It means IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.

##### 6. You/Your

It means the person(s) named as Insured in the Schedule.

##### 7. Insured Person:

The person named as Insured person(s) in the Schedule lodged with US by YOU which will include YOU, YOUR family inclusive of dependent parents, blood relatives i.e. dependent brothers, sisters.

##### 8. Period of Insurance

It means the duration of this policy as shown in the Schedule.

##### 9. Standard Type of Aircraft

It means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine.

##### 10. Injury

It 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. Accident

It means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

##### 12. Air Accident

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Chhatrapati Shahu Maharaj Shikshan Sanstha  
Dental College & Hospital  
Kanchanwadi, Chhatrapati Sambhajinagar.

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It shall mean an accident while the Insured Person is on board the standard type of Aircraft and the Aircraft meets with an accident causing injury to Insured Person.

**13. Loss of Limbs**

It shall mean physical separation of one or both hands or feet or permanent and total loss of use of one or both hands or feet.

**14. Physical Separation**

It shall mean separation at or above the wrist and/or of the foot at or above the ankle respectively.

**15. Permanent Total Disablement**

The bodily injury, which as its direct consequence immediately and/or in foreseeable future, will permanently, totally and absolutely prevent Insured Person from engaging in any kind of occupation.

**16. Temporary Total Disablement**

The bodily injury which as its direct consequence will prevent the Insured Person from engaging in all types of the occupation or any employment whatsoever for a period not exceeding 104 weeks since the date of injury to the time, Insured Person is fit enough to resume duty or engage in any kind of occupation as certified by Medical practitioners.

**17. Dependent child**

It means a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his/her independent sources of income.

**18. Medical Practitioner**

A Medical Practitioner 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.

**19. Reasonable and Customary Charges**

It means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the injury involved.

**20. Hospitalisation**

It means admission in a Hospital for Inpatient Care for consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24(twenty four) consecutive hours.

**21. Medical Expenses**

It means those expenses that an Insured Person has/you have necessarily and actually incurred for medical treatment on account of 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.

**22. Notification of Claim**

It means the process of notifying a claim to us by specifying the timelines as well as the address / telephone number to which it should be notified.

**23. Disclosure to information norm**

This means the Policy shall be void and all premium paid hereon shall be forfeited to us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

**24. Renewal**

It means the terms on which the contract of insurance can be renewed on mutual consent.

**25. Alternative treatments**

It means forms of treatments other than treatment "Allopathic" or "modern medicine" and includes Ayurvedic, Unani, Sidha and Homeopathy in the Indian context.

**26. Terrorism / Terrorist Incident**

Means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or the commission of an act



*Handwritten signature in blue ink.*

**DEAN**

**Chhatrapati Shahu Maharaj Shikshan Sanstha  
Dental College & Hospital  
Kanchanwadi, Chhatrapati Sambhajinagar.**

Group Personal Accident Insurance (UIN : IRDAN106P0021V01200102 )

Attaching to and forming part of Policy Number 54F24069

**Signature valid**

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dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered terrorist activity.

Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of Terrorism.

**General Conditions:**

**1. Reasonable Precaution and Care of Property**

YOU/Insured Person shall take all reasonable precautions to prevent injury, illness, disease or damage in order to minimize claims.

**2. Notice**

YOU will give every notice and communication in writing to OUR office through which this insurance is affected.

**3. Misdescription**

The Policy shall be void and all premium paid by YOU to US be forfeited in the event of misrepresentation or concealment of any material information.

**4. Disclosure To Information Norm**

This means the Policy shall be void and all premium paid hereon shall be forfeited to us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

**5. Free Lookup Period**

You will be allowed a period of at least 15 (fifteen) days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable stating the reasons therein for doing so.

a) If you have not made any claim during the free look period, then you shall be entitled to :

I. A refund of the premium paid less any expenses incurred by us

II. Where the risk has already commenced and the option of return of the policy is exercised by you, a deduction towards the proportionate risk premium for period on cover less any expenses incurred by us

III. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period less any expenses incurred by us on medical examination of the insured persons and the stamp duty charges.

**6. Changes in Circumstances:**

YOU must inform US, as soon as reasonably possible of any change in information YOU have provided to US about Insured person(s) which may affect the Insurance cover provided e.g. duty, business, occupation and obtain from US an endorsement to this effect.

**7. Claim Procedure and Requirements**

An event, which might become a claim under the policy, must be reported to US as soon as possible. In case of death, written notice also of death must, unless reasonable cause is shown, be given before interment/ cremation and in any case, within one calendar month after the death, and in the event of loss of sight or amputation of limbs, written notice thereof must also be given within one calendar month after such loss of sight or amputation. A written statement of the claim will be required and a claim form will be provided.

YOU or YOUR personal representative must give immediate written notice but within 14(fourteen) days of occurrence of injury, disease.

All certificates, information and evidence from a Medical Attendant or otherwise required by US shall be furnished by YOU, YOUR personal representative/assignee in the manner and form as WE may prescribe. In such claims YOUR legal representative, Nominee, beneficiary will allow OUR representative to carry out examination and ascertain details if and when WE may reasonably require and in the event of death get the post-mortem examination done in respect of body of Insured Person(s). In the event of claim in respect of loss of sight and loss of speech, the Insured person(s) shall undergo at YOUR expenses such operations or treatment as WE may reasonably deem desirable.

**8. Fraud**

If a claim is fraudulent in any respect or supported by any fraudulent statement or device with or without your knowledge, all benefit(s) under this Policy shall be forfeited.

Signature valid

Digitally signed by SUBRATA MOJAL  
Date: 2023.03.11 15:44:11 +05'30'  
Reason: Valid Policy Copy  
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*Chir*  
DEAN

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**9. Renewal**

Renewal shall not be refused unless justified on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured, provided, however, that you apply for renewal and remit the requisite premium before the expiry of this policy.

**10. Cancellation**

- a) We may cancel the policy on grounds of fraud, moral hazard or misrepresentation or non-cooperation by you by sending 30(thirty) days notice by registered post to your last known address. You will then be entitled to, except in case of fraud or illegality on your part, a pro-rata refund of premium for unexpired period of this policy in respect of such insured person(s) in respect for whom no claim has arisen.
- b) You may cancel the policy by sending written notice to us under registered post. We will then allow a refund on following scale, except for those insured person(s) for whom claim has been preferred on us under the current policy:

Period of Cover upto	Refund of Annual Premium rate(%)
1(one) month	75% (seventy five percent)
3(three) months	50% (fifty percent)
6(six) months	25% (twenty five percent)
Exceeding Six Months	NIL

**11.** We will not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealings with or relating to this policy. Your receipt or receipt of Insured Person shall in all cases be an effective discharge to US.

**12. Arbitration**

If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of the sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 (thirty) days of any party invoking arbitration the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by two such arbitrators and arbitration shall be conducted under and in accordance with the provisions of the arbitration and conciliation act, 1996. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if we have disputed or not accepted liability under or in respect of this policy. It is understood, however, that the insured shall have the right at all times during currency of the policy to communicate only, with the leading or issuing office in all matters pertaining to this insurance.

**13. Disclaimer Clause:**

If WE shall disclaim OUR liability in any claim and such claim shall not have been made subject matter of suit in a court of law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

**14.** No sum payable under this policy shall carry any interest/ penalty.

**15.** The geographical scope of this policy will be WORLDWIDE, however the claims shall be settled in India in Indian rupees. The provisions of this policy shall be governed by the laws of India for the time being in force. The parties hereto unconditionally submit to the jurisdiction of the courts in India.

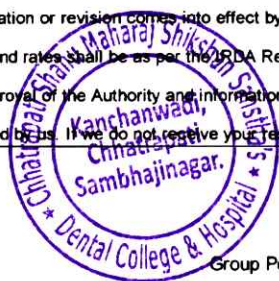
**16. Grievance or Complaint:**

You may register a grievance or complaint by visiting our website [www.itgi.co.in](http://www.itgi.co.in) you may also contact the branches from where you have bought the policy or grievance officer who can be reached at our corporate office.

**16. Withdrawal & Alteration of Policy Conditions:**

The policy terms and conditions may undergo alteration as per the IRDA Regulation. However the same shall be duly notified to you at least three months prior to the date when such alteration or revision comes into effect by registered post at your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Regulation.

A product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to you in advance as per the IRDA guidelines with details of options provided to us. If we do not receive your response on the intimation of withdrawal, the existing product



*[Handwritten Signature]*  
**DEAN**

Signature valid

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**Chhatrapati Shahu Maharaj Shikshan Sanstha  
 Dental College & Hospital  
 Kanchanwadi, Chhatrapati Sambhajinagar.**

shall be withdrawn on the renewal date and you shall have to take a new policy available with us, subject to terms & conditions.

**17. Sum Insured Enhancement:**

In case of increase in Capital Sum Insured more than 10% (ten percent) of last year capital Sum Insured at the time of renewal, subject to underwriter's discretion.

**18. Payment of premium:**

The premium payable shall be paid in advance before commencement of risk. No receipt for premium shall be valid except on our official form signed by our duly authorized official. In similar way, no waiver of any terms, provision, conditions and endorsements of this policy shall be valid unless made in writing and signed by our authorized official.

**19. Protection of Policy Holder's Interest :**

in the event of a claim, if the same is found admissible under the policy, we shall make an offer of settlement or convey the rejection of the claim within 30(thirty) days of receipt of all relevant documents and investigation/ assessment report (if required). In case the claim is admitted, the claim proceeds shall be paid within 7(seven) days of your acceptance of our offer. In case of delay in payment, we shall be liable to pay interest at a rate which is 2.0% (two percent) above the bank rate prevalent at the beginning of financial year in which the claim is received by us.

**PROVISIONS:**

**PROVIDED THAT ALL SUMS PAYABLE HEREUNDER SHALL BE PAYABLE :**

- (i) In case of claim by death or permanent total disablement i.e. Benefit 1) to Benefit 4) of Table of Benefits only after deleting by an endorsement the name of Insured Person(s) in respect of whom such sums shall become payable without any refund of premium.
- (ii) In case of claim by permanent partial disablement i.e. Benefit 5) of Table of Benefits only after reduction by an endorsement of Capital Sum Insured by the amount admissible under the claim in respect of Insured person in respect of whom such sum shall become payable.
- (iii) In case of Temporary Total Disablement Benefit i.e. 6) of Table of Benefits only upon termination of such disablement in respect of Insured person for whom the claim has been lodged.

**General Exclusions**

WE will not pay for any compensation in respect of death, Injury or disablement of the Insured Person.

- 1. As consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny military or usurped power, confiscation, seizure, capture, assault, restraint, nationalization, civil commotion or loot or pillage in connection herewith.
- 2. Directly or indirectly caused by contributed to by or arising from:
  - (a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self sustaining process of nuclear fission.
  - b) (b) The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.

**Coverage :**

WHAT IS COVERED	WHAT IS NOT COVERED
If following Bodily injury which solely and directly causes Insured Person to death or disablement within 12 months of injury as stated in Table of Benefits, WE shall pay to YOU or YOUR legal personal representative / assignee / nominee the sum or sums hereinafter set forth in Table of Benefits.	WE will not liable for 1. Compensation under more than one of the benefits mentioned in Table of Benefits in respect of same period of disablement. 2. Any other payment after a claim under one of the benefits 1,2,3 and 4 in Table of benefits has been admitted and becomes payable.



*[Handwritten Signature]*  
**DEAN**

**Signature valid**

Digitally signed by SUBRATA MOUDAL  
Date: 2023.03.11 15:44:16 +05'30'  
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**Chhatrapati Shahu Maharaj Shikshan Sanstha  
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3. Any payment in case of more than one claim under this section during any one period of Insurance by which OUR liability in that period would exceed sum payable under benefits(1) of this policy.
4. Payment of compensation in respect of injury as a consequence of
- Committing or attempting suicide, intentional self-injury.
  - Whilst under influence of intoxicating liquor.
  - Drug addiction or alcoholism.
  - Whilst engaging in Aviation or Ballooning or whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as passenger (fare paying or otherwise) in any duly licensed standard type of aircraft.
  - Pregnancy or childbirth.
  - Venereal disease or insanity.
  - Contracting any illness directly or indirectly arising from or attributable to HIV and/or any HIV related illness including AIDS and /or any mutant derivative or variation of HIV or AIDS.
  - Committing any breach of law with criminal intent.
5. Terrorism / Terrorist Incident of whatsoever nature directly or indirectly 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.



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Chhatrapati Shahu Maharaj Shikshan Sanstha  
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TABLE OF BENEFITS	% OF CAPITAL SUM INSURED
1. Death	100
<b>Table 2,3,4 - PTD - Permanent Total Disablement</b>	
2.a) Loss of sight (both eyes)	100
b) Loss of two limbs	100
c) Loss of one limb and one eye	100
3.a) Loss of sight of one eye	50
b) Loss of one limb	50
4. Permanent Total and absolute disablement	100
<b>Table 5 - PPD - Permanent Partial Disablement</b>	
5.i) Loss of toes-all	20
ii) Great-both phalanges	5
iii) Great-one phalanx	2
iv) Other than great, if more than one toe lost-each	1
i) Loss of hearing &€" both ears	50
ii) Loss of hearing &€" one ear	15
c) Loss of Speech	50
d) Loss of four fingers and thumb of one hand	40
e) Loss of four fingers	35
f) Loss of thumb	25
i) Both phalanges	10
ii) One phalanx	
g) Loss of index finger	10
i) Three phalanges	8
ii) Two phalanges	4
iii) One phalanx	
h). Loss of middle finger	6
i) Three phalanges	4
ii) Two phalanges	2
iii) One phalanx	
i) Loss of ring finger	5
i) Three phalanges	4
ii) Two phalanges	2
ii) One phalanx	
j) Loss of little finger	4
i) Three phalanges	3
ii) Two phalanges	2
iii) One phalanx	
k) Loss of Metacarpals	3
i) First or second (additional)	2
ii) Third, fourth or fifth (additional)	
l) Any other permanent partial disablement	% as assessed by Doctor
6. Temporary Total disablement benefit at the rate per week	1% of Table C Sum Insured or Rs. 25,000 whichever is lower.
<b>Table "A": Benefit 1, Table "B1": Benefit 1-4, Table "B": Benefit 1-5, Table "C": Benefit 1-6</b>	
<b>Special Inbuilt Benefits under the Policy in addition to capital sum insured</b>	
A. In the event of death of Insured Person outside his/her Home, transportation cost for carriage of dead body to Home including funeral charges is payable.	2% of Capital Sum Insured or 2,500/- (Two thousand five hundred) whichever is lower.
B. Cost of Clothing damaged in the Accident as described above and liability is admitted by us.	Rs. 1000 (one thousand) per insured person any one accident or actual expenses whichever is lower.
C. Ambulance charges for transportation of insured person to hospital following	Rs. 1000 (one thousand) per insured person any

Signature valid

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Chhatrapati Shahu Maharaj Shikshan Sanstha  
Dental College & Hospital  
Kancharwadi, Chhatrapati Sambhajinagar.

*Handwritten signature*  
DEAN

Accident which result in liability having been admitted by us as per 1 to 6 of Table of Benefits.	one accident or actual expenses whichever is lower.
<p><b>D. Education Fund:</b></p> <p>In the event of death, permanent total disablement i.e. 1 to 4 of Table of Benefit of Insured person, We will approve compensation towards Education Fund for dependent children as below</p> <p>a) For one child upto the age of 23 yrs.</p> <p>b) For more than one children upto the age of 23 yrs.</p>	<p>10% (Ten percent) of C.S.I Subject to a maximum of Rs. 5000/-</p> <p>10% (Ten percent) of C.S.I Subject to a maximum of Rs. 10000/-</p>
E. Loss of Employment: In the event of accident leading to loss of employment as a consequence of 2,3 and 4 of table of benefits.	Rs. 15000 or 1% of CSI whichever is lower.



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DEAN

Chhatrapati Shahu Maharaj Shikshan Sanstha  
Dental College & Hospital  
Kanchanwadi, Chhatrapati Sambhajinagar.

Signature valid

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*Muskurate Raho*

**IFFCO-TOKIO GENERAL INSURANCE CO. LTD**  
Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

## Group Medishield Insurance Policy

For

**CHHATRAPATI SHAHU MAHARAJ SHIKSHAN SANSTHA**

**Period of Insurance : 06/03/2023 To 05/03/2024**

**Policy No : H1175099**

Signature valid

Digitally signed by SUBRATA MOHAPAL  
Date: 2023.03.11 14:27:23 +05'30'  
Reason: Valid Policy Copy  
Location: IFFCO Tokio General Insurance Company Ltd, India



*C. H. S.*  
**DEAN**

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Dental College & Hospital  
Kanchanwadi, Chhatrapati Sambhajinagar.**

**IFFCO - TOKIO GENERAL INSURANCE CO. LTD**

Regd. Office: IFFCO SADAN, C1 Distt Centre, Saket, New Delhi- 110017

**Group Personal Accident - Policy Schedule****Cum Tax Invoice****ORIGINAL FOR RECIPIENT**

UIN:-IRDAN106P0021V01200102 IRDA Reg No 106

**Servicing Office:**

Office No 4 &amp; 5, 3rd Floor,

Aurangabad Business Center - East,

Plot No D-5/1A, 1B &amp; 1C,

Chikalhana MIDC Aurangabad-431006

State Code: 27, GSTIN: 27AAACI7573H12C

General Insurance Services : 987133

Proposer:	CHHATRAPATI SHAHU MAHARAJ SHIKSHAN SANSTHA	Unique Invoice No.....	: 54E95648
Address:	KANCHANWADI PAITHAN ROAD	Policy No.....	: 54E95648
	AURANGABAD (M CORP.) MAHARASHTRA 431001	Date of Issuance.....	31/01/2023
State Code/ Place of Supply:	27 Country Name: India GSTIN:	Policy effective from 0001 hrs	31/01/2023
Phone Number:	Agent No. A9000328	To MidNight	30/01/2024
	Agent Name: ISRANI, OM PRAKASH		

<b>Total Members Covered</b>	406
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Co-Insurance Details		
Name	Type	%

	Taxable Value	CGST	SGST/UTGST	IGST	CESS
Rate		9.00	9.00	0.00	0.00
Amount	₹297619.11	₹26785.72	₹26785.72	₹0.00	₹0.00
Total Tax		₹53571.44	Total Value		₹351190.55

**Whether GST is Payable on Reverse Charge Basis - No**

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

The issuance of this Insurance Policy is subject to satisfactory verification of KYC documentation of the Client / Policyholder as per IRDAI Master Circular dated 1st August 2022 on AML / CFT. In case, if any discrepancy is found in KYC Verification of the Client / Policyholder, it is agreed by the Client / Policyholder to complete / rectify the discrepancy found in the KYC documents / information for the generation of CKYC Number, failing which the policy will be considered ineffective / suspended / cancelled and no claim will be payable under this Insurance Policy.

**Signature valid**

Digitally signed by SUBRATA MOHAPAL  
Date: 2023.01.31 15:33:45  
Reason: Valid Policy Copy  
Location: IFFCO Tokio General Insurance Company Ltd, India

**DEAN**

**Chhatrapati Shahu Maharaj Shikshan Sanstha  
Dental College & Hospital  
Kanchanwadi, Chhatrapati Sambhajinagar.**

Group Personal Accident Insurance (UIN : IRDAN106P0021V01200102 )

Attaching to and forming part of Policy Number 54E95648

\*Show Signature Properties--&gt;Click on 'Show signer's Certificate'--&gt;Go to Tab 'Trust'--&gt;Click on 'Add to

Policy Conditions/ Extensions/ Endorsements	
Group Composition:	Employee of the Insured
Basis of Policy	Named Basis
Total Sum Insured	812000000
Details of Members	As per attached annexure

Coverages
<p>*Terrorism is not covered under the policy.</p> <p>*Day one cover for New Joinee subject to receipt of premium/ CD balance &amp; intimation by 15th of every month.</p> <p>*Refund of premium on account of Mid -term Deletion of Members is allowed from the date of separation subject to receipt of intimation by 15th day of every succeeding month failing which refund will be calculated from the date of submission of intimation to ITGI. No refund is allowed in case of claim preferred on ITGI.</p> <p>*Losses or damages caused directly or indirectly due to any infectious or contagious disease, pandemic /epidemics as declared by WHO and / or Government of India will be an exclusion under this policy as per the attached clause.</p> <p>*Accidental Medical Extension (Only Hospitalisation) : Actual expenses incurred or Rs 200,000/- whichever is lower. (Not Linked to the PA disability Claim admissible under the policy).</p>
Corporate Identity No (CIN) U74899DL2000PLC107621
Toll Free : 1-800-103-5499 ; Other : ( 0124) 428-5499 ; SMS "claim" to 56161
Policy Issuing Office: Delhi
Consolidated Stamp Duty deposited as per the order of Government of National Capital Territory of Delhi



*Cyber*

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Chhatrapati Shahu Maharaj Shikshan Sanstha  
Dental College & Hospital  
Kanchanwadi, Chhatrapati Sambhajinagar.

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### Group Personal Accident Insurance Policy Wordings

This POLICY is evidence of the contract between YOU and US. The proposal form along with any written statement(s) declaration(s) of YOURS for purpose of this POLICY forms part of this contract.

This POLICY witnesses that in consideration of YOUR having paid the premium for the period stated in the schedule or for any further period for which WE may accept the payment for renewal of this policy. WE will insure the Insured Person(s) and accordingly WE will pay to YOU or YOUR legal personal representative(s) as the case may be in respect of events occurring during the period of insurance in the manner and to the extent set-forth in the policy including endorsements provided that all the terms, conditions, provisions, and exceptions of this policy in so far as they relate to anything to be done or complied with by YOU have been met.

The Schedule shall form part of this POLICY and the term 'POLICY' whenever used shall be read as including the Schedule.

Any word or expression to which a specific meaning has been attached in any part of this POLICY or of Schedule shall bear such meaning whenever it may appear.

The POLICY is based on information which have been given to US about Insured Person(s) pertaining to risk insured under the policy and the truth of these information shall be condition precedent to YOUR right to recover under this POLICY.

#### Definition of Words:

##### 1. Proposal

It means any signed proposal by filling up the questionnaires and declarations written statements and any information in addition thereto supplied to US by YOU.

##### 2. Policy

It means the policy booklet, the Schedule and any applicable endorsement or memoranda. The policy contains details of the extent of cover available to insured person (s), what is excluded from the cover and the conditions on which the policy is issued.

##### 3. Schedule

It means latest Schedule issued by US as part of the policy. It provides details of the insured person(s), which are in force and the level of cover Insured Person(s) have.

##### 4. Capital Sum Insured

It means the monetary amount shown against Insured Person.

##### 5. We/Our/Us

It means IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.

##### 6. You/Your

It means the person(s) named as Insured in the Schedule.

##### 7. Insured Person:

The person named as Insured person(s) in the Schedule lodged with US by YOU which will include YOU, YOUR family inclusive of dependent parents, blood relatives i.e. dependent brothers, sisters.

##### 8. Period of Insurance

It means the duration of this policy as shown in the Schedule.

##### 9. Standard Type of Aircraft

It means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine.

##### 10. Injury

It 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. Accident

It means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

##### 12. Air Accident

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Location: IFFCO Tokio General Insurance Company Ltd, India



DEAN

Chhatrapati Shahu Maharaj Shikshan Sanstha  
Dental College & Hospital  
Kanchanwadi, Chhatrapati Sambhajinagar.

Group Personal Accident Insurance (UIN : IRDAN106P0021V01200102 )

Attaching to and forming part of Policy Number 54E95648

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It shall mean an accident while the Insured Person is on board the standard type of Aircraft and the Aircraft meets with an accident causing injury to Insured Person.

**13. Loss of Limbs**

It shall mean physical separation of one or both hands or feet or permanent and total loss of use of one or both hands or feet.

**14. Physical Separation**

It shall mean separation at or above the wrist and/or of the foot at or above the ankle respectively.

**15. Permanent Total Disablement**

The bodily injury, which as its direct consequence immediately and/or in foreseeable future, will permanently, totally and absolutely prevent Insured Person from engaging in any kind of occupation.

**16. Temporary Total Disablement**

The bodily injury which as its direct consequence will prevent the Insured Person from engaging in all types of the occupation or any employment whatsoever for a period not exceeding 104 weeks since the date of injury to the time, Insured Person is fit enough to resume duty or engage in any kind of occupation as certified by Medical practitioners.

**17. Dependent child**

It means a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his/her independent sources of income.

**18. Medical Practitioner**

A Medical Practitioner 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.

**19. Reasonable and Customary Charges**

It means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the injury involved.

**20. Hospitalisation**

It means admission in a Hospital for Inpatient Care for consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24(twenty four) consecutive hours.

**21. Medical Expenses**

It means those expenses that an Insured Person has/you have necessarily and actually incurred for medical treatment on account of 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.

**22. Notification of Claim**

It means the process of notifying a claim to us by specifying the timelines as well as the address / telephone number to which it should be notified.

**23. Disclosure to information norm**

This means the Policy shall be void and all premium paid hereon shall be forfeited to us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

**24. Renewal**

It means the terms on which the contract of insurance can be renewed on mutual consent.

**25. Alternative treatments**

It means forms of treatments other than treatment "Allopathic" or "modern medicine" and includes Ayurvedic, Unani, Sidha and Homeopathy in the Indian context.

**26. Terrorism / Terrorist Incident**

Means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or the commission of an act

Signature valid

Digitally signed by SUBRATA MOHAPAL  
Date: 2023.01.31 15:33:45 ICT  
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Location: IFFCO Tokio General Insurance Company Ltd, India



*CHE*

DEAN

Chhatrapati Shahu Maharaj Shikshan Sanshodhan  
Dental College & Hospital  
Kanchanwadi, Chhatrapati Sambhajinagar.

Group Personal Accident Insurance (UIN : IRDAN106P0021V01200102 )

Attaching to and forming part of Policy Number 54E95648

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dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered terrorist activity.

Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of Terrorism.

**General Conditions:**

**1. Reasonable Precaution and Care of Property**

YOU/Insured Person shall take all reasonable precautions to prevent injury, illness, disease or damage in order to minimize claims.

**2. Notice**

YOU will give every notice and communication in writing to OUR office through which this insurance is affected.

**3. Misdescription**

The Policy shall be void and all premium paid by YOU to US be forfeited in the event of misrepresentation or concealment of any material information.

**4. Disclosure To Information Norm**

This means the Policy shall be void and all premium paid hereon shall be forfeited to us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

**5. Free Lookup Period**

You will be allowed a period of at least 15 (fifteen) days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable stating the reasons therein for doing so.

a) If you have not made any claim during the free look period, then you shall be entitled to :

I. A refund of the premium paid less any expenses incurred by us

II. Where the risk has already commenced and the option of return of the policy is exercised by you, a deduction towards the proportionate risk premium for period on cover less any expenses incurred by us

III. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period less any expenses incurred by us on medical examination of the insured persons and the stamp duty charges.

**6. Changes in Circumstances:**

YOU must inform US, as soon as reasonably possible of any change in information YOU have provided to US about Insured person(s) which may affect the Insurance cover provided e.g. duty, business, occupation and obtain from US an endorsement to this effect.

**7. Claim Procedure and Requirements**

An event, which might become a claim under the policy, must be reported to US as soon as possible. In case of death, written notice also of death must, unless reasonable cause is shown, be given before interment/ cremation and in any case, within one calendar month after the death, and in the event of loss of sight or amputation of limbs, written notice thereof must also be given within one calendar month after such loss of sight or amputation. A written statement of the claim will be required and a claim form will be provided.

YOU or YOUR personal representative must give immediate written notice but within 14(fourteen) days of occurrence of injury, disease.

All certificates, information and evidence from a Medical Attendant or otherwise required by US shall be furnished by YOU, YOUR personal representative/assignee in the manner and form as WE may prescribe. In such claims YOUR legal representative, Nominee, beneficiary will allow OUR representative to carry out examination and ascertain details if and when WE may reasonably require and in the event of death get the post-mortem examination done in respect of body of Insured Person(s). In the event of claim in respect of loss of sight and loss of speech, the Insured person(s) shall undergo at YOUR expenses such operations or treatment as WE may reasonably deem desirable.

**8. Fraud**

If a claim is fraudulent in any respect or supported by any fraudulent statement or device with or without your knowledge, all benefit(s) under this Policy shall be forfeited.

Signature valid

Digitally signed by SUBRATA MOJAL  
Date: 2023.01.31 15:33:40 IST  
Reason: Valid Policy Copy  
Location: IFFCO Tokio General Insurance Company Ltd, India



*Handwritten signature*  
**DEAN**

**Chhatrapati Shahu Maharaj Shikshan Sanstha  
Dental College & Hospital  
Kanchanwadi, Chhatrapati Sambhajinagar.**

Group Personal Accident Insurance (UIN : IRDAN106P0021V01200102 )

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**9. Renewal**

Renewal shall not be refused unless justified on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured, provided, however, that you apply for renewal and remit the requisite premium before the expiry of this policy.

**10. Cancellation**

- a) We may cancel the policy on grounds of fraud, moral hazard or misrepresentation or non-cooperation by you by sending 30(thirty) days notice by registered post to your last known address. You will then be entitled to, except in case of fraud or illegality on your part, a pro-rata refund of premium for unexpired period of this policy in respect of such insured person(s) in respect for whom no claim has arisen.
- b) You may cancel the policy by sending written notice to us under registered post. We will then allow a refund on following scale, except for those insured person(s) for whom claim has been preferred on us under the current policy:

Period of Cover upto	Refund of Annual Premium rate(%)
1(one) month	75% (seventy five percent)
3(three) months	50% (fifty percent)
6(six) months	25% (twenty five percent)
Exceeding Six Months	NIL

11. We will not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealings with or relating to this policy. Your receipt or receipt of Insured Person shall in all cases be an effective discharge to US.

**12. Arbitration**

If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of the sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 (thirty) days of any party invoking arbitration the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by two such arbitrators and arbitration shall be conducted under and in accordance with the provisions of the arbitration and conciliation act, 1996. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if we have disputed or not accepted liability under or in respect of this policy. It is understood, however, that the insured shall have the right at all times during currency of the policy to communicate only, with the leading or issuing office in all matters pertaining to this insurance.

**13. Disclaimer Clause:**

If WE shall disclaim OUR liability in any claim and such claim shall not have been made subject matter of suit in a court of law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

14. No sum payable under this policy shall carry any interest/ penalty.

15. The geographical scope of this policy will be WORLDWIDE, however the claims shall be settled in India in Indian rupees. The provisions of this policy shall be governed by the laws of India for the time being in force. The parties hereto unconditionally submit to the jurisdiction of the courts in India.

**16. Grievance or Complaint:**

You may register a grievance or complaint by visiting our website www.itgi.co.in you may also contact the branches from where you have bought the policy or grievance officer who can be reached at our corporate office.

**16. Withdrawal & Alteration of Policy Conditions:**

The policy terms and conditions may undergo alteration as per the IRDA Regulation. However the same shall be duly notified to you at least three months prior to the date when such alteration or revision comes into effect by registered post at your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Regulation.

A product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to you in advance as per the IRDA guidelines with details of options provided by us. If we do not receive your response on the intimation of withdrawal, the existing product



*Subrata*  
DEAN

Signature valid

Digitally signed by SUBRATA MOHAPAL  
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 Reason: Valid Policy Copy  
 Location: IFFCO Tokio General Insurance Company Ltd, India

**Chhatrapati Shahu Maharaj Shikshan Sanstha  
 Dental College & Hospital  
 Kanchanwadi, Chhatrapati Sambhajinagar.**

Group Personal Accident Insurance (UIN : IRDAN106P0021V01200102 )

Attaching to and forming part of Policy Number 54E95648

shall be withdrawn on the renewal date and you shall have to take a new policy available with us, subject to terms & conditions.

**17. Sum Insured Enhancement:**

In case of increase in Capital Sum Insured more than 10% (ten percent) of last year capital Sum Insured at the time of renewal, subject to underwriter's discretion.

**18. Payment of premium:**

The premium payable shall be paid in advance before commencement of risk. No receipt for premium shall be valid except on our official form signed by our duty authorized official. In similar way, no waiver of any terms, provision, conditions and endorsements of this policy shall be valid unless made in writing and signed by our authorized official.

**19. Protection of Policy Holder's Interest :**

in the event of a claim, if the same is found admissible under the policy, we shall make an offer of settlement or convey the rejection of the claim within 30(thirty) days of receipt of all relevant documents and investigation/ assessment report (if required). In case the claim is admitted, the claim proceeds shall be paid within 7(seven) days of your acceptance of our offer. In case of delay in payment, we shall be liable to pay interest at a rate which is 2.0% (two percent) above the bank rate prevalent at the beginning of financial year in which the claim is received by us.

**PROVISIONS:**

**PROVIDED THAT ALL SUMS PAYABLE HEREUNDER SHALL BE PAYABLE :**

- (i) In case of claim by death or permanent total disablement i.e. Benefit 1) to Benefit 4) of Table of Benefits only after deleting by an endorsement the name of Insured Person(s) in respect of whom such sums shall become payable without any refund of premium.
- (ii) In case of claim by permanent partial disablement i.e. Benefit 5) of Table of Benefits only after reduction by an endorsement of Capital Sum Insured by the amount admissible under the claim in respect of Insured person in respect of whom such sum shall become payable.
- (iii) In case of Temporary Total Disablement Benefit i.e. 6) of Table of Benefits only upon termination of such disablement in respect of Insured person for whom the claim has been lodged.

**General Exclusions**

WE will not pay for any compensation in respect of death, Injury or disablement of the Insured Person.

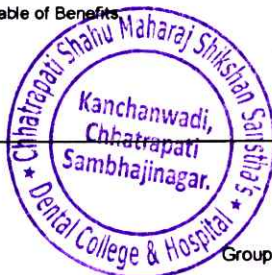
- 1. As consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny military or usurped power, confiscation, seizure, capture, assault, restraint, nationalization, civil commotion or loot or pillage in connection herewith.
- 2. Directly or indirectly caused by contributed to by or arising from:
  - (a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self sustaining process of nuclear fission.
  - b) The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.

**Coverage :**

WHAT IS COVERED	WHAT IS NOT COVERED
<p>If following Bodily injury which solely and directly causes Insured Person to death or disablement within 12 months of injury as stated in Table of Benefits, WE shall pay to YOU or YOUR legal personal representative / assignee / nominee the sum or sums hereinafter set forth in Table of Benefits</p>	<p>WE will not liable for</p> <ul style="list-style-type: none"><li>1. Compensation under more than one of the benefits mentioned in Table of Benefits in respect of same period of disablement.</li><li>2. Any other payment after a claim under one of the benefits 1,2,3 and 4 in Table of benefits has been admitted and becomes payable.</li></ul>

**Signature valid**

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3. Any payment in case of more than one claim under this section during any one period of Insurance by which OUR liability in that period would exceed sum payable under benefits(1) of this policy.
4. Payment of compensation in respect of injury as a consequence of
- a) Committing or attempting suicide, intentional self-injury.
  - b) Whilst under influence of intoxicating liquor.
  - c) Drug addiction or alcoholism.
  - d) Whilst engaging in Aviation or Ballooning or whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as passenger (fare paying or otherwise) in any duly licensed standard type of aircraft.
  - e) Pregnancy or childbirth.
  - f) Venereal disease or insanity.
  - g) Contracting any illness directly or indirectly arising from or attributable to HIV and/or any HIV related illness including AIDS and /or any mutant derivative or variation of HIV or AIDS.
  - h) Committing any breach of law with criminal intent.
5. Terrorism / Terrorist Incident of whatsoever nature directly or indirectly 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.



*C. K. S.*  
DEAN

Chhatrapati Shahu Maharaj Shikshan Sanstha  
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