

SAMPURNA SURAKSHA BIMA Prospectus & Sales Literature

I. SALIENT FEATURES OF THE POLICY

A. Primary covers: The Primary covers under this policy are **worldwide** and applicable **24x7**.

1. Accidental Death (AD)
2. Permanent Total Disablement (PTD)
3. Permanent Partial Disablement (PPD)
4. Temporary Total Disablement (TTD)

B. In-built covers:

1. Transportation of Mortal Remains
2. Funeral Expenses
3. Emergency Road Ambulance Charges
4. Education Grant
5. Family Transportation
6. Purchase of Blood
7. Transportation charges of Imported Medicine/implants
8. Cost of Prosthetics/Wheel Chair

C. Optional covers:

Broken Bones/Fracture
Burns
Coma
Loan Secure
EMI Protect
Education Security Benefit
Modification of residence/ vehicle
Accidental Medical Expenses
Accidental In-patient Hospitalisation
Marriage Expenses for Children
Orphan Support
Elderly Care
Adventure Sports Benefit
Emergency Air Ambulance Charges
Accident Hospital Cash
Accidental Care at Home
Chauffeur Plan Benefit
Pet Care

II. ELIGIBILITY CRITERIA

- A. Entry age:** This Policy can be offered to an individual with minimum age of 18 years, as Proposer. Dependent children (i.e., naturally or legally adopted and financially dependent on the Proposer) can be covered from 90 days to 25 years of age.
- B. Lifetime renewability:** There is no maximum age limit for continuous renewals & policy may be renewed voluntarily.
- C. Relationships covered:** Policy can be availed for self and the following family members-
 - i) Legally wedded spouse.
 - ii) Parents and Parents-in-law (Dependent & independent)
 - iii) Dependent Children, (i.e., natural or legally adopted) between the age of 90 days to 25 years.
 - iv) Independent Children (i.e., natural or legally adopted), Daughter in law and Son-in-law.
- D.** This Policy can be issued to an individual and/or a family. Family will be covered on Individual Sum Insured basis.
- E.** The family includes Self, Spouse, Son, Daughter, Father, Mother, Father-in-law, Mother- In-law, Daughter in law and Son-in-law.

III. SUM INSURED

The minimum Sum Insured under the product is ₹ 1 lakh.

III. POLICY PERIOD

The Policy can be purchased for 1 year, 2 years, 3 years, 4 years or 5 years.

IV. COVERAGES

Brief details of coverages under the policy are as follows:

IV.1. Primary Covers

IV.1.1. Accidental Death (AD)

If an Insured Person suffers an Accidental bodily injury during the Policy Period which is the sole and direct cause of his/her death within 365 days from the date of the Accident, then We will pay the Sum Insured as specified in Policy schedule against this benefit to the nominee or the legal representative, as the case may be, subject to terms & conditions of this policy.

On payment of claim under this benefit the policy shall terminate for that Insured Person for whom the claim has been paid.

IV.1.2. Permanent Total Disablement (PTD)

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

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

In this Benefit:

a) On payment of claim under Permanent Total Disablement resulting in 100% Disability, the policy shall terminate for that Insured Person for whom the claim has been paid.

b) On payment of claim under Permanent Total Disablement resulting in 50% Disability, the balance Sum Insured available for the remaining period of the policy year would be 50%.

IV.1.3. Permanent Partial Disablement (PPD)

Permanent Partial Disablement refers to a condition where the insured person suffers a permanent, irreversible loss of function or impairment to a part of their body due to an accident. This impairment is partial, meaning it does not result in the complete loss of function of the affected body part, but it does lead to a lasting reduction in its normal functioning.

If an Insured Person suffers an Accidental bodily injury during the Policy Period and this is the sole and direct cause of his permanent partial disablement within 365 days from the date of the Accident in one of the ways detailed in the table below, then We will pay the percentage of the Sum Insured as specified in Policy schedule against this benefit shown in the table as specified in Policy Schedule.

In this Benefit:

(a) Loss means:

i) the physical separation of a body part, or

ii) the total loss of functional use of a body part or organ provided this has continued for at least 365 days from accident provided that We are satisfied at the expiry of the 365 days that there is no reasonable medical hope of improvement.

(b) Any claim made under this benefit will not terminate the policy.

IV.1.4. Temporary Total Disablement (TTD)

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

(a) The temporary total disablement is certified by a Doctor, and

(b) **For Earning Members:** Our liability to make payment will be limited to of One Percent (1%) of the Sum Insured as specified in Policy schedule against this benefit per week, in all under all policies per week in any case not exceeding 25% of the Monthly income. Provided that the compensation payable under this benefit shall not be payable for more than 104 weeks in respect of

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any one injury calculated from the date of commencement of the disablement and total benefit payable in no case shall exceed ₹ 50,00,000 (Rupees Fifty Lakh) for the policy year.

(c) **For Non-Earning Members:** Our liability to make payment will be limited to of one percent 1% of the Sum Insured as specified in Policy schedule against this benefit for each week during the period of temporary total disablement for a period not exceeding 104 weeks in respect of any one injury calculated from the date of commencement of the disablement, but in any case not exceeding ₹ 5,000/- (Rupees Five Thousand) per week in all under all policies per week.

(d) We will not pay any amount in excess of the Insured Person's base weekly **Gainful Income** (at the time of accident) excluding overtime, bonuses, tips, commissions, or any other special compensation. *Gainful Income* refers to regular income that an individual earns through active employment, work or occupation, that he/she would no longer be able to earn due to injury or disability caused by an accident.

IV.2. In-Built Covers (No additional premium will be charged for these benefits)

No.	Inbuilt Benefit	Limit Per Policy Year
1	Transportation of Mortal Remains: If We have accepted a claim under Accidental Death, then We will in addition reimburse the amount incurred in transporting the mortal remains of the Insured Person from the place of the Accident or the Hospital to his/her residence or to a cremation /burial ground, provided the insured person has died outside his city of residence Once a claim has been accepted and paid under this Cover then this Policy will automatically terminate in respect of that Insured Person.	Up to 1% of Death Cover Sum Insured. Maximum ₹ 25,000
2	Funeral Expenses: If We have accepted a claim under Accidental Death, then We will in addition pay the amount towards the costs of the cremation or burial of the Insured Person. Once a claim has been accepted and paid under this Cover then this Policy will automatically terminate in respect of that Insured Person.	Up to 1% of Death cover Sum Insured. Maximum ₹ 20,000
3	Emergency Road Ambulance Charges: If We have accepted a claim under the benefit Accidental Death, Permanent Total Disablement, Permanent Partial Disablement or Temporary Total Disablement in this Policy and following the Accident it is necessary to immediately transfer the Insured Person from the location of accident to the nearest Hospital by ambulance offered by a healthcare or an ambulance service provider, then We will in addition reimburse the actual expenses of the transfer to the hospital up-to the amount as mentioned in schedule of benefits.	lower of - Actuals - 1% of Sum Insured against the benefit under which claim is admissible - ₹ 20,000
4	Education Grant: If Insured Person shall sustain any injury, resulting solely and directly, from an accident during the Policy Period, and if such injury shall within 365 days of its occurrence be the sole and direct cause of the Death or Permanent Total disablement resulting in 100% disability of the Insured Person, the Company hereby agrees to reimburse as Education grant in for the dependent child /children; to the Dependent child / children / Legal Guardian up-to the maximum limit in the policy provided that: - Such Dependent Child/ Children(s) is/are pursuing an educational course as a full time student in an educational institution. - Age of the child or children as the case may be should not be more than 25 completed years. - This benefit is payable only once per policy year.	1 Dependent Child - lower of - 5% of Death Cover sum Insured - ₹ 50,000 2 or more Dependent Children - lower of - 10% of Death Cover sum Insured - ₹ 1,00,000
5	Family Transportation: Following an Injury which results in Accidental Death, Permanent Total Disablement or Permanent Partial Disablement benefit payable under this Policy, if the Insured Person is confined in a Hospital outside 200 KMs of his normal place of residence and the attending Medical Practitioner recommends the personal attendance of Immediate Family member, We shall reimburse the expenses incurred for Maximum 2 (two) immediate Family member(s) for transportation by the most direct route by a licensed common carrier to the place of Hospitalization of the Insured Person.	lower of - Actuals - 2% of Sum Insured against the benefit under which claim is admissible. - ₹ 25,000
6	Purchase of Blood: If We have accepted a claim under Accidental Death, Permanent Total Disablement, Permanent Partial Disablement or Temporary Total Disablement benefit, which requires hospitalization, then We will in addition reimburse the actual expenses incurred in purchasing blood such as whole blood, red blood cells, plasma, platelets, and other clotting factors, through a Hospital or lawful blood bank for the medical or	lower of - Actuals - 5% of Sum Insured against the benefit under which claim is admissible. - ₹ 10,000

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	surgical treatment provided that such treatment is necessitated by the Accident.	
7	Transportation of Imported Medicine and/or implants: If We have accepted a claim under Accidental Death, Permanent Total Disablement, Permanent Partial Disablement or Temporary Total Disablement benefit, then We will in addition reimburse the actual expenses incurred on landed cost for importing medicines and/or implants to India, provided that: Such medicines and/or implants, formulations or their alternatives are not available in India, and Such medicines/implants are necessary for the medical or surgical treatment of the Insured Person in a Hospital following the Accident. Such medicines/implants shall not include any drugs under clinical trial or medicines, formulations or molecules of unproven efficacy. Cost of medicine &/or implants will not be payable under this Cover.	lower of - Actuals - 5% of Sum Insured against the benefit under which claim is admissible. - ₹ 20,000
8	Cost of Prosthetics/Wheel Chair : If We have accepted a claim under Permanent Total or Permanent Partial Disablement benefit, then We will in addition reimburse the actual expenses incurred on purchase of Medically Necessary prosthetics devices (artificial devices replacing body parts such as artificial limbs or eyes), orthopaedic braces and durable medical equipment such as wheelchair, crutches, hospital beds, traction equipment, Walkers for the Insured Person provided it has been recommended by the treating Medical Practitioner for the medical treatment following the Accident claim. Expenses incurred on spectacles, contact lenses, hearing aids, blood pressure and blood sugar monitoring devices are not covered under this benefit.	lower of - Actuals - 10% of Sum Insured against the benefit under which claim is admissible. - ₹ 1,00,000

IV.3. Optional Covers

The following additional benefits can be availed by the Insured Person(s) upon payment of applicable additional premium.

IV.3.1 Accidental Medical Expenses

In the event of a Valid Claim under this Policy for any of the following Primary covers: Accidental Death, Permanent Total Disablement, Permanent Partial Disablement, or Temporary Total Disablement or any of these following Optional covers (if opted): Broken Bones/Fracture or Burns, We will reimburse the Reasonable and Customary Charges, for medical treatment or Surgery for the Injury sustained, provided the treatment is during the Policy Year and availed in a Hospital for less than 24 hours as OPD Treatment in India.

The Company shall reimburse to the Insured Person/Nominee, as the case may be, an amount lowest of the actual incurred medical expenses or 50% of the compensation paid in settlement of a valid claim under this policy or 10% of the Sum Insured against the benefit under which claim is admissible applicable to such Insured Person in a policy year. Further, it is a condition precedent to the payment of such medical expenses that the medical attendant's detailed account shall be submitted to and is approved by the Company.

Valid Claim refers to the claim payable under primary covers i.e. Accidental Death/ Permanent Total Disablement/ Permanent Partial Disablement/ Temporary Total Disablement or Optional Covers (if opted) Broken Bones/Fracture / Burns.

IV.3.2 Accident Hospital Cash

If Insured person suffers an accident during the policy period that requires that insured person's Hospitalisation for a minimum period of 24 hours as an in-patient, We will make an additional payment as per the limit of this optional cover stated in the policy schedule. This payment will be made for each completed 24-hour period of hospitalization in India, for up to 30 days in a policy year from the date of the accident or until the Insured is discharged from the hospital, whichever is earlier, provided the hospitalization begins within the same policy year.

IV.3.3 Emergency Air Ambulance Charges

In the event of a Valid Claim under this Policy for any of the following covers: Permanent Total Disablement, Permanent Partial Disablement, Temporary Total Disablement, Accidental Death within 365 days of accident during the Policy Year that results in emergency life threatening health conditions of the Insured Person due to the accident within India which requires immediate and rapid ambulance transportation from the site of Accident to the hospital/medical centre that ground transportation cannot provide, in such case We will re-imburse for ambulance transportation in an airplane or helicopter subject to maximum limit under this optional cover as mentioned in policy schedule in a policy year provided that :

- Necessary medical treatment not being available at the location where the Insured Person is situated at the time of Emergency;
- The Medical Evacuation has been prescribed by a Medical Practitioner and is Medically Necessary;
- The air ambulance transportation expenses are restricted within India.

IV.3.4 Modification of Residence/ Vehicle

In the event of a Valid Claim in the policy under Permanent Total Disablement, Permanent Partial Disablement then We will in addition reimburse the reasonable expenses incurred subject to maximum limit under this optional cover as mentioned in policy

schedule in a policy year to modify the insured person's residential accommodation and/or Private vehicle registered in the name of Insured Person as long as the modifications have been carried out in India and the modifications must be directly related to the physical disablement resulting from the covered accident and certified by a licensed medical professional for which we have accepted claim.

For this Optional Cover-

- I. Residence Modifications means Installation of ramps, handrails, or elevators; Widening of doorways, modification of bathrooms, or other structural changes to improve accessibility and mobility within the residence.
- II. Vehicle Modifications means modification of the vehicle's controls, seats, or entry points (e.g., installation of hand controls or wheelchair-accessible features) to facilitate the Insured Person's ability to drive or be transported.

The Insured Person must obtain prior approval from Us for the modifications. Modifications initiated or completed before the accident or modifications that are not directly related to the disability arising from the accident are not covered.

IV.3.5 Accidental In-patient Hospitalisation

If any Insured person suffers an accident during the policy period that requires that insured person's Hospitalisation for a minimum period of 24 hours as an in-patient, then We will cover Medical Expenses for

- 1) Room rent, boarding expenses,
- 2) Nursing,
- 3) Intensive care unit,
- 4) Fees charged by the Medical Practitioner, Surgeon, Specialists, and anaesthetists treating the Insured Person,
- 5) Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances,
- 6) Medicines, drugs and consumables,
- 7) Diagnostic procedures, - The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
- 8) Physiotherapy expenses during hospitalisation recommended by treating doctor.

Provided that the Hospitalisation commences within the same Policy Period. Our liability to meet Medical Expenses caused by such Accident will be limited to the benefit Sum Insured as mentioned on policy schedule for that Policy year.

If We have accepted a claim under Accident In-patient Hospitalisation, then We will also pay for:

- A. **Pre Hospitalisation** - In an event the effects of an Accident are observed not immediately but within 30 days of Accident which results in Hospitalisation of the Insured Person as an in-patient; then we will reimburse the Medical Expense incurred for the same injury for the which subsequent Hospitalisation was required
- B. **Post Hospitalisation** - Medical Expenses including Physiotherapy incurred in the 60 days immediately after the insured person's discharge from the hospital provided that medical expenses are incurred for the same injury for which the Insured Person was Hospitalised.
- C. **Day-care Procedures** - The Medical Expenses for a day care procedure or surgery due to technological advancements where the procedure or surgery is taken by the Insured Person as an inpatient for less than 24 hours in a Hospital (but not the outpatient department of a Hospital). Pre and Post hospitalisation expenses payable under this benefit would include expenses incurred on Physiotherapy.

IV.3.6 Broken Bones/Fracture

Fracture means a break or disruption in the continuity of a bone, caused by an external force such as an Accident or Physical injury.

If during the policy period an insured person sustains bodily injury arising out of accident which directly and independently of all other causes results in a fracture, dislocation, then we will pay the relevant percentage of Sum Insured mentioned against this Optional benefit in the policy schedule subject to the following conditions-

- 1) This is certified by a Doctor and also confirmed by imaging investigations such as by X-ray.
- 2) The Sum Insured applicable for this coverage is as opted by the insured.
- 3) Fractures of the specific bones mentioned in the below table are covered.
- 4) Dislocation of specific joints mentioned in the below table are covered.

List of Fractures is available in the policy schedule.

“Open Fracture” is a fracture where the broken bone(s)penetrate(s) & comes out of the skin.

“Closed Fracture” is a fracture where the broken bone(s)do(es) not penetrate & comes out of the skin.

IV.3.7 Marriage Expenses for Children

If we have accepted a Valid Claim under Accidental Death or Permanent Total disablement resulting in 100% disability, then We will in addition pay the Sum Insured as specified in Policy schedule against this Optional Cover towards the marriage expenses for unmarried Children up-to the completed age of 30 years of the Insured Person, provided that Our maximum liability under this Benefit for all unmarried Children shall be limited to the Sum Insured as specified in Policy schedule against this Optional Cover. The benefit will not be payable for marriages conducted prior to the Insured Person's Accidental Death or Permanent Total Disablement.

This benefit shall be payable only in respect of the Insured Person who has opted for this Optional Cover.

IV.3.8 Coma

If an Insured Person is rendered Comatose due to an Accident during the Policy Period, then We will pay a weekly benefit for as long as the Insured Person remains Comatose, provided that:

- 1) The Insured Person is certified to be Comatose by a Specialised Medical Practitioner , and
- 2) The Insured Person is rendered Comatose after the occurrence of the accident, because of the accident and continues to be Comatose for a period of at least 7 days thereafter, and

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- 3) Our liability to make payment shall be limited to 1% of the Sum Insured as specified in Policy schedule against this Optional Cover for each week that the Insured Person is Comatose for a period not exceeding 104 weeks from the date of the Accident, and
- 4) If the Insured Person is Comatose for a part of a week, then only a proportionate part of the weekly benefit will be payable.
- 5) The condition has to be confirmed by a specialist medical practitioner.
- 6) Coma resulting directly from alcohol or drug abuse is excluded.

In this Benefit, Coma means a profound state of unconsciousness where the patient cannot be awakened, fails to respond normally to external stimuli, internal needs or pain, does not have sleep-awake cycles and cannot take voluntary actions and Comatose means a state of Coma.

IV.3.9 Burns

Burn means a type of injury to skin, or other tissues, caused by heat, electricity or chemicals. For the purpose of this cover, "Burns" shall include:

- a. Thermal Burns: Burns caused by heat, fire, steam, or hot liquids.
- b. Chemical Burns: Burns caused by exposure to corrosive substances, including acid or alkali accidents.
- c. Electrical Burns: Burns resulting from accidental exposure to electricity, including lightning strikes or electric shock.

Second Degree Burns - It means burns which penetrate beyond the epidermis, causing formation of blisters.

Third Degree Burns - It means full skin thickness burns and penetrate the dermis and affect deeper tissues. They result in white or blackened, charred skin that may be numb.

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

If the Insured Person suffers from second or third degree Burns due to an Injury arising out of an Accident that occurs during the Policy Period, We will pay the amount specified in the table below to the Insured Person subject to the following :

- 1) The Burns are not self-inflicted by the Insured Person in any way; and A Medical Practitioner has confirmed the diagnosis of the burn and the percentage of surface area in writing.
- 2) **Rule of nine** - a method of estimating the extent of burns, expressed as a percentage of total body surface. In this method, the body is divided into sections of 9 per cent, or multiples of 9 per cent, each:
 - a) head and neck, 9 per cent;
 - b) anterior trunk, 18 per cent;
 - c) posterior trunk, 18 per cent;
 - d) each upper limb 9per cent ;
 - e) each lower limbs, 18 per cent;
 - f) Genitalia and perineum, 1 per cent.

We shall be liable to pay such percentage of the Sum Insured as mentioned below as applicable to such Insured Person stated in the Policy Schedule under this Benefit to Insured Person as stated in the Policy Schedule in the manner indicated below:

Schedule of Burn Injuries		% of Sum Insured
1	at least 27% of body surface	100%
2	at least 18% of body surface	50%
3	at least 9% of body surface	25%
4	at least 4.5% of body surface	10%

IV.3.10 Elderly Care

If we have accepted a Valid Claim under Accidental Death or Permanent Total disablement resulting in 100% disability, then in addition We will pay Sum Insured as specified in Policy schedule against this Optional Cover for supporting Dependent parents/Dependent Parents-in-law/Dependent Grand Parents of the insured person. Our maximum liability under this Benefit for all Dependent parents/Dependent Parents-in-law/Dependent Grand Parents shall be limited to the Sum Insured as specified in Policy schedule against this Optional Cover. This benefit shall be payable only in respect of the Insured Person who has opted for this Optional Cover.

This benefit is payable only once per policy year.

IV.3.11 Orphan Support

If the Insured Person and his/her spouse both suffer Accidental Bodily Injury in the same and single Accident during the Policy Period, which directly and solely results in their death within 365 days from the date of the Accident, We shall pay to the nominee or legal guardian an amount equal to **twice the Death Sum Insured** of each Insured Person who has opted for this add-on cover for supporting the orphaned child/Children.

This benefit shall be payable **irrespective of whether both or only one parent is covered and/or has opted for this add-on**. In other words:

- If only one parent is covered and has opted for this add-on, double the Death Sum Insured of that covered parent shall be payable.
- If both parents are covered and have individually opted for this add-on, double the Death Sum Insured of each shall be payable.

- If both parents are covered, but only one has opted for this add-on, double the Death Sum Insured of the Insured Person who has opted for the add-on shall be payable.

This benefit is intended to support the orphaned child/children and remains fixed, regardless of the number of children.

IV.3.12 Loan Secure

If we have accepted a Valid Claim under Accidental Death or Permanent Total disablement resulting in 100% disability, then We in addition will pay the balance Principal Outstanding loan amount as on the date of Accident, subject to a maximum of Sum Insured specified on the Policy Schedule against this Optional Cover, subject to the following conditions:

- 1) The outstanding loan amount would not include any arrears, penalties or penal interest.
- 2) The loan has to be in the name of the Insured Person availed in India and from a bank or a Financial Institution licensed by the appropriate authority in India.
- 3) Loans from un-registered Credit Societies, Money lenders or similar unorganized lending institutions are excluded.
- 4) If the member has more than one loan outstanding, the cumulative amount of all the loans together would be considered.
- 5) Claim will be payable only to the nominee and not to any Financial Institution.
- 6) Sum Insured for this benefit cannot exceed Accidental Death Sum Insured.
- 7) Loans obtained after the inception of the policy will not be eligible for coverage under this Optional unless specifically declared by the insured during the policy period and accepted by the Company upon payment of the applicable additional premium.

IV.3.13 Accidental Care at Home

If We have accepted a claim under Accidental Death, Permanent Total Disablement, Permanent Partial Disablement, or Temporary Total Disablement, which results in hospitalization or OPD treatment/ Day Care Treatment and subsequent treatment and/or care at home, the Company will reimburse reasonable and necessary expenses subject to maximum limit under this optional cover as mentioned in policy schedule in a policy year directly attributable to Accidental Care at Home for below expenses-

- **ICU at Home:** If an Insured Person is required to be treated at Intensive Care Unit at home in India solely and directly due to an injury arising from an Accident, then We will make additional payment as the Daily Allowance for a maximum limit of ₹ 20,000 for each continuous and completed period of 24 hours in the Intensive Care Unit at home in India for a maximum of 15 days for an Insured Person in a policy year provided that the care commences within the same policy year.
- **Nursing Care at Home:** This optional cover provides for nursing care at home following an accident resulting in bodily injury, provided that:
 - 1) The injury necessitates continuous nursing care by a registered nurse as prescribed by a licensed medical practitioner.
 - 2) The care is essential for the recovery process and cannot be provided in any other way.We will make additional payment as the Daily Allowance for a maximum limit of ₹ 2,000 for each continuous and completed period of 24 hours of Nursing Care at home in India for a maximum of 15 days for an Insured Person in a policy year provided that the care commences within the same policy year.
- **Physiotherapy at Home:** This optional cover provides for Physiotherapy at home following an accident resulting in bodily injury, provided that:
 - A. The injury necessitates continuous nursing care by a registered physiotherapist as prescribed by a licensed medical practitioner.
 - B. The care is essential for the recovery process and cannot be provided in any other way.We will make additional payment as the Daily Allowance for a maximum limit of ₹ 2,000 for each Session of physiotherapy given by certified practitioner at home in India for a maximum of 15 days for an Insured Person in a policy year provided that the care commences within the same policy year.
- **Single Nurse Procedural Visit:** This optional cover provides for care at home following an accident resulting in bodily injury, subject to a maximum limit of ₹ 10,000 per policy year, provided that:
 1. Coverage for a single procedural visit by a licensed nurse to the insured's residence, following a covered accidental injury.
 2. Coverage under this optional cover is available when a single nursing visit is prescribed by a licensed medical practitioner as part of the post-accident care plan.
 3. This optional covers the cost of one nurse visit for medical procedures that are necessary as a result of a covered accidental injury.
 4. The nurse visit must be prescribed by the treating physician, specifying the necessity of the procedure to be performed at home.
 5. Only procedures performed by licensed and qualified nurses are covered under this optional cover. The insurer reserves the right to verify the credentials of the nurse.
 6. Covered medical procedures may include, but are not limited to, wound dressing, injections, catheter changes, and other minor medical procedures as specified by the physician.
 7. Procedures not directly related to the treatment of the accidental injury or those that do not require the expertise of a nurse will not be covered.All reimbursements under this optional cover shall be on an indemnity basis and Documentary proof of expenses must be provided for reimbursement.

IV.3.14 Adventure Sports Benefit

If an Insured Person suffers an Accidental bodily injury during the Policy Period while engaged in **adventure sports** for leisure or as a hobby or sport and not as a **professional or for commercial purposes** and **under the supervision of trained professional** and

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this is the sole and direct cause of his death or permanent total disablement within 365 days from the date of the Accident in one of the ways detailed in the table mentioned below, then We will pay the Accidental Death benefit Sum Insured or percentage of the Sum Insured shown in the table in case of an Permanent Total Disablement.

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

For the purposes of this Optional cover, "Adventure Sports" refers to activities that involve a high degree of risk and excitement, typically performed in outdoor or extreme conditions. This includes, but is not limited to Paragliding, Skydiving, Bungee Jumping, Scuba Diving, Rock-Climbing, White-Water Rafting, Hang Gliding, Ballooning, Parasailing, Zip Lining, Zip Trekking, Skiing, Snowboarding, Indoor Rock Climbing, Mountain Biking, Mountaineering, Kayaking, Snorkeling, Waterskiing, any kind of racing sports etc.

IV.3.15 Chauffeur Plan Benefit

If during the Policy Year, the Insured Person sustains an Injury and in the event of We making payment for a claim under Permanent Partial Disablement or Temporary Total Disablement, then We will pay the daily amount incurred up to ₹ 1,000/- per day for a maximum of 30 days during the policy period, as mentioned in the Schedule, for the hire of a taxi or chauffeur driven car or other necessarily incurred extra costs to maintain the Insured Person's mobility to meet his/her day-to-day routine/work/Occupational commitments.

IV.3.16 EMI Protect Benefit

This Optional provides financial assistance to the Insured Person by covering the monthly Equated Monthly Instalments (EMIs) of the insured's loan(s) in the event of the insured suffering from an accident leading to Temporary Total Disablement (TTD), Permanent Partial Disablement (PPD), Permanent Total Disablement (PTD), or accidental death within 365 days from the date of the Accident, as defined under the policy schedule.

This Optional coverage applies to loans such as personal loans, home loans, auto loans, or any other loan with an EMI structure, availed from Banks/Financial institutions only, that the insured is liable to repay. The coverage will be applicable under the following circumstances:

- 1) In the event of accidental death, the insurance company will pay the EMIs for the number of months as specified in the policy Schedule under this Optional Cover, from the date of the accident.
- 2) If the insured suffers from Permanent Total Disablement or Permanent Partial Disablement or Temporary Total Disablement, the policy will cover the EMIs for up to the number months as specified in the policy Schedule under this Optional Cover or until the insured is declared fit to resume work, whichever is earlier.
- 3) The maximum EMI amount per month covered shall not exceed the Sum Insured as specified in the policy Schedule under this Optional Cover.
- 4) Such period of disablement should exceed 4 weeks; however, benefit shall be payable for the entire duration of disablement.
- 5) Any Loans taken after inception of the Policy or any default on EMIs prior to the date of the accident are not payable under this benefit.
- 6) The EMI amount payable under this benefit shall not include any arrears due to any reasons whatsoever.
- 7) This Optional coverage shall automatically terminate upon the settlement of the maximum EMI limit or upon the completion of the specified coverage period, whichever is earlier.
- 8) The coverage will also terminate if the insured voluntarily pre-pays the loan or settles the loan account.
- 9) The insured must be the primary borrower of the loan to avail of this Optional coverage & the insurance company reserves the right to verify the loan and EMI details before processing any claims.
- 10) The payment shall be made only after the termination of disablement.

IV.3.17 Pet Care Cover

This Optional Cover provides financial assistance for the care and maintenance of the insured's Domestic Pet(s) in the event that the insured is unable to do so due to an accident resulting in Temporary Total Disablement (TTD), Permanent Partial Disablement (PPD), Permanent Total Disablement (PTD), accidental death within 365 days from the date of the Accident, as defined under the Policy Schedule.

This optional coverage is applicable under the following circumstances:

- 1) In the event of accidental death, We will pay lump-sum amount up to the limit of this Optional Cover as mentioned in policy schedule per day for 30 days from the date of the accident.
- 2) If the insured suffers from Permanent Total Disablement or Permanent Partial Disablement or Temporary Total Disablement or Broken Bones/Fracture or Burns, this optional cover provides for lump-sum amount up to the limit of this benefit as mentioned in policy schedule per day for a maximum of 30 days from the date of the accident or until the insured is declared fit to resume work, whichever is earlier for the care of the Insured Person's Domestic Pet(s).
 - a) **Pet Boarding Facility Fees:** Charges for placing the Domestic Pet in a kennel, cattery, or other approved boarding facilities during the insured's recovery or treatment period. We will pay lump-sum amount up to the limit of this benefit as mentioned in policy schedule per day for a maximum of 30 days from the date of the accident or until the insured is declared fit to resume work, whichever is earlier.

- b) **Pet Sitter Services:** Payment for professional pet sitters who visit the insured's home or take care of the Domestic Pet at their own residence while the insured is incapacitated. We will pay lump-sum amount up to the limit of this benefit as mentioned in policy schedule per day for a maximum of 30 days from the date of the accident or until the insured is declared fit to resume work, whichever is earlier.
- 3) The Domestic Pet(s) must be registered under the Insured Person's name to avail of this optional coverage & the insurance company reserves the right to verify the pet ownership and care details before processing any claims.
- 4) "Domestic Pet" means any legally permitted domesticated animal registered under the Insured Person's name that is commonly kept for companionship, protection, or assistance, and resides with the Insured Person at their place of residence. This includes, but is not limited to, dogs, cats, and birds. The term excludes:
 - a) Livestock or farm animals (e.g., cows, goats, chickens)
 - b) Exotic or wild animals (e.g., reptiles, amphibians, or animals requiring special licenses)
 - c) Animals kept for commercial purposes (e.g., breeding, racing, or professional animal shows)
 - d) Animals which are not legally permitted for domestication.

IV.3.18 Education Security Cover

This Optional provides financial assistance to cover the actual tuition and hostel fees for the uncompleted years of study of the insured's **Dependent Child(ren)** in the event of the accidental death or permanent total disablement (PTD) resulting in 100% disability of the named parent, within 365 days from the date of the Accident, as defined under the Policy Schedule.

This Optional coverage applies under the following circumstances:

- 1) In the event of the accidental death or permanent total disablement (PTD) resulting in 100% disability, within 365 days from the date of the Accident of the named parent, the Company will reimburse the actual tuition and hostel fees for the remaining uncompleted years of study of the dependent child(ren).
- 2) Benefits under this Optional may cover, but is not limited to, the Tuition fees for the ongoing full-time course or program at an accredited educational institution & Hostel fees including boarding and lodging expenses at the institution's official hostel or any equivalent accommodation arrangement approved by the Company. The benefit under this Optional shall be payable as follows:
 - A. For dependent children up to Class 8: Tuition and hostel fees shall be covered until the child completes Class 8.
 - B. For dependent children in Classes 9 to 12: Tuition and hostel fees shall be covered until the child completes Class 12.
 - C. For ongoing full-time diploma/degree programs: Tuition and hostel fees shall be covered until the completion of the enrolled course.
- 3) Reimbursement Amount paid by the Company will be actual amount incurred per Academic Year or maximum up-to the Sum Insured as specified in the policy Schedule under this Optional Cover. The total liability under this Optional for Policy Year shall not exceed Sum Insured as specified in the policy Schedule under this Optional Cover for the entire course/period of study.
- 4) Reimbursement for years of study that were already completed before the date of the accident will not be covered.
- 5) Any tuition or hostel fees incurred before the date of the accident will not be covered.
- 6) Claims made for educational expenses not directly related to the ongoing course or program will not be covered.
- 7) This Optional coverage shall automatically terminate upon the completion of the course of study or upon the settlement of the maximum liability, whichever is earlier.
- 8) The coverage will also terminate if the dependent child(ren) voluntarily withdraws from the course or is expelled from the institution.
- 9) This Optional coverage shall be applicable only if the insured parent who has opted for this coverage suffers death or permanent total disablement (PTD) resulting in 100% disability due to an accident. If both parents are covered under the policy but only one has opted for this Optional, the claim shall be admissible only in the event of the accidental death or permanent total disablement (PTD) resulting in 100% disability due to an accident of that insured parent.
- 10) The Sum Insured as specified in the policy Schedule under this Optional Cover is the total amount payable for all Dependent Children collectively and not per insured child basis. This benefit is payable only once per policy year.
- 11) Only ongoing courses at the time of the insured event are covered under this Optional. Future or planned courses are not eligible for coverage.

V. GENERAL EXCLUSIONS

- 1) Compensation under more than one of the Primary Cover Benefits mentioned in Table of Primary Covers in respect of same period of disablement.
- 2) Any payment in case of more than one claim under this policy during any one period of Insurance by which our liability in that period would exceed Sum Insured as specified in Policy schedule against this benefit.
- 3) Losses that do not occur within the policy period.
- 4) Payment of compensation in respect of death, injury or disablement of insured arising or resulting from the insured committing or attempting to commit any breach of the law with criminal intent.
- 5) Intentional self-inflicted injury, suicide or attempted suicide.
- 6) Hazardous or Adventure Sports. This exclusion stands deleted in case of optional cover "Adventure Sports Benefit" is opted by way of payment of premium payable for this optional Cover.
- 7) Expenses related to any treatment necessitated due to participation as a professional or semi-professional in hazardous or adventure sports, including but not limited to, para-jumping, rock or mountain climbing, mountaineering, horse racing, hand gliding, sky diving, racing, aviation, scuba diving, parachuting, hang-gliding, , winter sports, bungee jumping, riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot holing, hunting or equestrian activities, skin diving or

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- other underwater activity, rafting or canoeing activity involving white water rapids, yachting or boating outside coastal waters (2 miles). Participation in any professional sports, any bodily contact sport or potentially dangerous sport for which you are untrained unless otherwise opted by Insured and mentioned.
- 8) Any Insured Person's participation or involvement in naval, military or air force operation.
 - 9) **Cosmetic or Plastic Surgery:** 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.
 - 10) Sexually transmitted disease or illness (except HIV/ AIDS).
 - 11) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol.
 - 12) War, invasion, act of foreign enemy (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
 - 13) **Pregnancy Exclusion Clause :** The Insurance under this Policy shall not extend to cover death disablement resulting directly or indirectly from Pregnancy or childbirth or in consequence thereof.
 - 14) External Congenital diseases, defects or anomalies or in consequence thereof.
 - 15) 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.
 - 16) Diseases spread/ caused through an insect bite by transfer of organisms for which the insect is a known carrier or host.
 - 17) Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trail runs. Participation in any kind of motor speed test (Incl. trial, training & qualifying tests).
 - 18) Any injury/disablement/death directly or indirectly arising out of or contributed to any pre-existing condition.
 - 19) Any injury while the insured person is mounting into, dismounting from or travelling in any aircraft other than as a fare paying passenger on a recognized, duly licensed Scheduled Airline operating on regular scheduled air routes or as non-fare paying passenger on any charter aircraft duly licensed as a recognized air carrier and flown by professional crews between properly established & maintained airports/routes.
 - 20) Any claim caused by osteoporosis (porosity and brittleness of the bones due to loss of protein from the bones matrix) or pathological fracture (any fracture in an area where Pre-Existing Disease has caused the weakening of the bone) or chronic degenerative diseases if osteoporosis or bone disease or chronic degenerative diseases diagnosed prior to the commencement date of the Policy.
 - 21) In case of any change in the occupation class from the date of proposal and policy issue date or during the policy period, and such change in occupation class falls under our declined class wherein you have not communicated this change to us in writing.
 - 22) Any infections except pyogenic infection developing on or as a result of a wound caused by an accident which occurs through an Accidental cut or wound.
 - 23) Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
 - 24) Communicable Disease Exclusion Clause
 - 25) Pandemic /Epidemic Specific Exclusion Clause
 - 26) Vector-Borne Disease Exclusion Clause

VI. CLAIMS INTIMATION, ASSESSMENT AND MANAGEMENT

- 1) **Claim Notification :** It is a condition precedent to Our liability hereunder that written notice of claim must be given by You to Us within seven (7) days after an actual or potential loss begins or as soon as reasonably possible and in any event no later than (30) Days after an actual or potential loss begins. Failure to furnish such intimation within the time required shall not invalidate nor reduce any claim if You can satisfy us that it was not reasonably possible for You to give proof within such time. The Company may relax these timelines only in special circumstances and for the reasons beyond the control of the insured.
- 2) **Claim Payment:** All claims under the policy shall be payable in Indian currency only irrespective of the location of accident which has given rise to the claim.
- 3) **Claim documentation**
Completed claim forms and written evidence of loss must be furnished to Us within thirty (30) Days after the date of such loss. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if You can satisfy us that it was not reasonably possible for You to give proof within such time. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.
The insured person has to submit the following documents for making a claim with us.
 - a) **Accidental Death**
 - i) Duly completed personal accident claim form signed by the nominee.
 - ii) Attested copy of KYC documents with NEFT details of nominee and CKYC form.
 - iii) Attested copy of the death certificate.
 - iv) Attested copy of Death Summary or all Medical records, if treated in hospital
 - v) Attested copy of the FIR/Panchanama/Inquest Panchanama.
 - vi) Attested copy of the post-mortem report, if conducted.
 - vii) Attested copy of the viscera/chemical analysis report (if viscera is preserved).
 - viii) Attested copy of the statement of witness (if any).
 - ix) Burial certificate (wherever applicable).
 - x) Any other relevant document, as applicable.
 - b) **Dismemberment/ Permanent Partial Disability/ Permanent Total Disability/ Temporary Total Disability**

- i) Duly completed personal accident claim form signed by the Insured Person/Nominee.
 - ii) Competent medical authority / Doctor like Civil Surgeon, confirming the Disability percentage / period and prognosis for (Permanent Total Disability, Permanent Partial Disability and Accidental Dismemberment)
 - iii) Self-attested copy of Employer leave certificate confirming leave period for TTD only, if salaried.
 - iv) Self-attested copy of Salary slips for last 3 months with seal and signature of authorized signatory of the organization (if employed).- for TTD Claims
 - v) Self-attested copy of Last 3 years financial years income tax return for self-employed persons.- for TTD Claims
 - vi) Original photograph of the Insured Person reflecting the disablement or injured part for which the claim is made.
 - vii) Self-attested copy of FIR, if filed / Police Panchnama, if conducted
 - viii) Self-attested copy of Discharge Summary or all Medical records
 - ix) Self-attested copy of newspaper cutting, if any.
 - x) X-ray/investigation reports supporting the diagnosis, if any.
 - xi) Self-attested copy of KYC documents with NEFT details of Insured Person/Nominee and CKYC form..
- c) Accidental Medical Expenses**
- i) Duly completed personal accident claim form.
 - ii) Original Bills and Original Receipts.
 - iii) Self-attested copy of Medical records/discharge card, if hospitalized.
 - iv) Self-attested copy of FIR, if filed/ Panchnama, if conducted.
 - v) Self-attested copy of KYC documents with NEFT details of nominee/insured.
- d) Hospital Cash -Accident**
- i) Duly completed personal accident claim form.
 - ii) Self-attested copy of discharge card.
 - iii) Self-attested copy of lab reports.
 - iv) Self-attested copy of KYC documents with NEFT details of nominee.
- e) Fracture Benefit/ Broken Bones Benefit -Accident**
- i) Duly completed personal accident claim form.
 - ii) All documents listed under Permanent Total Disablement / Permanent Partial Disablement and Temporary Total Disablement.
 - iii) Self-attested copy of KYC documents with NEFT details of nominee/insured.
 - iv) All original diagnostic reports (including imaging and laboratory) such as X ray/CT/MRI report showing the details of fracture along with Medical Practitioner's prescription and invoice / bill with receipt from diagnostic centre.
 - v) Pre and post-operative radiological imaging reports with films confirming the extent of the fracture.
 - vi) Medico legal certificate copy / first information report copy / Panchnama (spot / inquest), if applicable.
 - vii) Medical documents / Hospital records, Copy of discharge card evidencing the Fracture.
- f) Child Education Benefit / Education Security Benefit**
- i) Duly completed personal accident claim form.
 - ii) Self-attested copy of admission form with identity card for child/children at the time of date of loss & fees paid receipt.
 - iii) Self-attested copy of Birth Certificate or any other valid document establishing age.
 - iv) Self-attested copy of Family card or Ration card or any relevant proof reflecting the name of child/children.
 - v) Self-attested copy of KYC documents with NEFT details of child with account no. (If child is minor, child should have a joint account along with the legal guardian / heir.)
- g) Emergency Road Ambulance Cover**
- i) Original invoice and paid receipt from the registered Ambulance carrier.
- h) Funeral Expenses**
- i) All documents listed under Accidental Death Cover, invoice and payment receipt for expenses incurred during funeral.
- i) Repatriation of Remains**
- i) All documents listed under Accidental Death Cover.
 - ii) Proof of repatriation (bills and payment receipt of transportation)
- j) Orphan Benefit**
- i) All documents listed under Accidental Death Cover.
 - ii) Age proof of the surviving Dependent Child.
- k) Modification of residence/ vehicle**
- i) All documents listed under Permanent Total Disablement/ Permanent Partial Disablement.
 - ii) For residence Modification: Original bills and payment receipt of actual expenses incurred towards improvements carried out in the Insured Person's residence following the Insured Person's disablement.
 - iii) For Vehicle modification: Original bills and payment receipt of actual expenses incurred towards improvements carried out in the Insured Person's or vehicle following the Insured Person's disablement.
- l) Family Transportation**
- i) All documents listed under Accidental Death Cover/ Permanent Total Disablement Benefit.
 - ii) Ticket of the Immediate Relative of the Insured Person to travel to the place of Hospitalization of the Insured Person.
 - iii) Original bills and payment receipt for travel expense incurred.
 - iv) Proof of the relationship of the 'Immediate Relative' as defined in the Policy (such as marriage certificate, ration card).
- m) Accidental in-patient Hospitalization Cover**
- i) Original Hospital discharge summary / day care summary / transfer summary.
 - ii) Original final Hospital bill with all original deposit and final payment receipt.

- iii) Original invoice with payment receipt and implant stickers for all implants used during Surgeries i.e. sticker & invoice of nails, plates, screws, wires, implants, etc.
- iv) All original diagnostic reports (including imaging and laboratory) along with the Medical Practitioner's prescription and invoice / bill with receipt from diagnostic centre.
- v) All original medicine / pharmacy bills along with the Medical Practitioner's prescription.
- vi) Medico legal certificate copy / first information report copy.
- vii) Copy of death summary and death certificate (in death claims only).
- viii) Pre and post- operative imaging reports - where applicable.
- ix) Copy of the Hospital's registration certificate / copy of Form C in case of Hospitalization.
- x) Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details and patient's progress (where the discharge summary is not in detail)
- xi) **For Contribution Claims Only:** 1. Photocopy of entire claim document duly attested by previous insurer or TPA. 2. Original payment receipts for expenses not claimed/settled by the previous insurer. 3. Discharge voucher/settlement letter by previous insurer.
- n) **Coma Benefit Cover**
 - i) All documents listed under Permanent Total Disablement / Permanent Partial Disablement Condition of coma as confirmed by a specialist Medical Practitioner which documents:
 - (1) No response to external stimuli continuously for at least 3 days.
 - (2) Life support measures are necessary to sustain life.
 - (3) Cause of coma.
 - (4) Whether coma has resulted from alcohol consumption or any intoxicating substance.
 - (5) Clinical summary of the comatose patient (original discharge card / day care summary / transfer summary).
- o) **Burn Benefit**
 - i) Treating Medical Practitioner's certificate stating:
 - (1) Incident details of Accident / trauma.
 - (2) Degree of burns and extent of area involved.
 - (3) Cause of burns whether accidental or self-inflicted.
 - (4) Whether the patient was under the influence of alcohol or any intoxicating substance during incident / accident.
 - (5) Photo of the burns
 - ii) Medico legal certificate copy / first information report copy.
- p) **EMI Protect**
 - i) All Documents listed under Accidental Death / Permanent Total Disablement Benefit / Permanent Partial Disability.
 - ii) Current Outstanding Loan Certificate from financier, along with copies of documents submitted.
 - iii) Loan disbursement letter along with payment record till the date of accident.
 - iv) Repayment schedule showing the EMI details.
 - v) Medical fitness certificate from treating doctor confirming the date to resume the duties (required in case of Permanent Partial Disability claims only)
- q) **Loan Secure**
 - i) All Documents listed under Accidental Death / Permanent Total Disablement Benefit.
 - ii) Current Outstanding Loan Certificate from financier, along with copies of documents submitted.
 - iii) Loan disbursement letter along with payment record till the date of accident.
 - iv) Repayment schedule showing the EMI details.
- r) **Adventure Sports Cover**
 - i) All Documents listed under Accidental Death Cover / Permanent Total Disablement.

This is a General Check-list of documents; please check for availability of coverage under the policy. Any other relevant document may also be required & to be submitted, as applicable.

VII. REWARDS, DISCOUNTS & LOADINGS

A. NO CLAIM REWARDS

The Insured Person(s) shall be eligible for a No Claim Reward if no claim is reported under the expiring policy year and the policy is renewed with Us without any break in policy. In case of Long-Term policies, No Claim Reward will be allowed on each claim free policy year. The No Claim Reward may either be a No Claim Discount (NCD), calculated as a percentage of the renewal/previous year premium, or a Cumulative Bonus (CB), calculated as a percentage of the expiring policy's/previous year Sum Insured. In case no claim is reported, the Policyholder must choose one of the following options at the time of renewal or at the inception of the policy for long term policies. If no choice is explicitly made, the option selected in the expiring policy will be deemed chosen. If the option to choose an NCR is not exercised at the first renewal/inception, the policyholder will automatically be entitled to the Cumulative Bonus.

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- 1) **No Claim Discount (NCD):** The Insured Person(s) shall receive a 5% discount on the Claim free renewal premium/previous year premium, up to a maximum of 50%. For Long Term Policies, No Claim Discount will increase by 5% for each claim free policy year.
- 2) **Cumulative Bonus (CB):** At the time of renewal of annual policies, the Insured Person(s) shall receive a cumulative bonus equal to 5% (five percent) of the Primary Benefit sum insured of the expiring policy, provided the policy has been continuously renewed without any break. For long-term policies, the cumulative bonus will increase by 5% for each claim-free policy year.

B. DISCOUNTS

- i) **LONG TERM DISCOUNT-** For 2 years- 3.30%, 3 years- 6.40%, 4 years- 9.40%, 5 years- 12.30%.
- ii) **LOYALTY DISCOUNT-** There will be 10% discount on total Primary Covers premium of all members if Proposer has one existing and active Retail Policy with UIIC purchased from any office. There will be 20% discount on total Primary Covers premium of all members if Proposer has more than one active Retail Policy with UIIC purchased from any office.
- iii) **Direct Business Discount-** There will be 20% discount on total Primary Covers premium of all members if policy is purchased directly without any intermediary.
- iv) **GIPSA Company Staff Discount-** There will be 33.33% discount on Primary Covers Premium if Policy is purchased by an employee of any of 4 General Insurance PSUs.
- v) **Family Discount-** There will be Family Discount on total Primary Cover premium when more than one family member is insured under the same policy. The applicable discounts are:-
 - (1) For 2 members- 5% Discount on total Primary Cover Premium
 - (2) For 3 members- 10% Discount on total Primary Cover Premium
 - (3) For 4 or more members- 15% Discount on total Primary Cover Premium

The total discount in the Policy shall not be more than 50% for any of the combination of discounts mentioned above.

C. LOADINGS

- a) **Loading for Pre-existing Disability-** There will be 20% loading on Insured person's total Primary covers premium if insured has 40% or more Benchmark Disability.
- b) **Loading for Epilepsy-** There will be 100% loading on Insured person's total Primary covers premium if insured has Epilepsy.
- c) **Loading for Paralysis-** There will be 75% loading on Insured person's total Primary covers premium if insured has suffered Paralysis.

VIII. GENERAL CONDITIONS

VIII.1. Grace Period

For Yearly payment of mode, a fixed period of 30 days is to be allowed as Grace Period. Coverage is not available for the period for which no premium is received.

VIII.2. Free Look Period

The policy shall have a free look period which shall be applicable at the inception of the policy and;

- 1) The insured will be allowed a period of 30 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.
- 2) If the insured has not made any claim during the free look period, the insured shall be entitled to -
 - a) A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or
 - b) Where the risk has already commenced and the opinion of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
 - c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

VIII.3. Renewal

The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due for renewal.

- i. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.
- iv. If not renewed within Grace Period after due renewal date, the Policy shall terminate.

VIII.4. Cancellation

- 1) The retail policyholder can cancel the policy at any time during the term, by informing the Company. In case the Policyholder cancels the policy, he/ she is not required to give reasons for cancellation.
- 2) The Company can cancel the policy only on the grounds of established fraud, by giving minimum notice of 7 days to the retail policyholder.
- 3) The Company shall -

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- i) Refund proportion premium for unexpired policy period, if the term of the policy is up-to one year and there is no claim(s) made during the policy period.
 - ii) Refund premium for the unexpired policy period, in respect of policy with the term more than one year and the risk coverage for such policy years has not commenced.
- 4) In the event that the initial premium payable is not paid and realised, this Policy shall be deemed to be void from the intended Policy Effective Date.

VIII.5. Withdrawal & Alteration of Policy Conditions

- 1) The policy terms and conditions including the premium rates 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.
- 2) 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 shall be withdrawn on the renewal date and you shall have to take a new policy available with us, subject to terms & conditions.

VIII.6. Payment of premium

- 1) 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.

IX. RISK CATEGORY

There will be 3 different classes of Risk Categories basis which the coverage will be decided on-

Risk Category 1: Professionals, Managers, Business men without exposure to work outside office or regular travel on road or manual work. Persons engaged in White collar non-hazardous occupations in office, showroom only e.g. Insurance Employees, Lawyers, Doctors, Dentists, Office Executives, Nurses, Clerks, Salesmen, Superintending/ Consulting Engineers, Teachers, Bureaucrats, Accountants, Chartered Accountant, Architects, Bankers, Persons engaged in administration functions, Persons primarily engaged in occupations of similar hazard.

Occupation Class I includes Housewife and Students, individuals with unearned income (rental or interest, landlords, Retired Persons).

Risk Category 2: Professionals, Managers, Business men with some exposure to work outside office or regular travel on road or some manual work. Persons engaged in Semi-hazardous occupations with duties in a supervisory capacity, and not a machine operator of any type, nor doing manual work e.g. Builders, Contractors, On-site engineers, Personal Car Drivers, Mechanics, Cash carrying employees, Veterinary Doctors, Farmers, Tailors, Bus Conductors, Artists, Actors, Content Creators, House helpers/Maids, Electricians, Caterers, Chefs, Vendors & Hawkers and persons engaged in occupation of similar hazards.

Risk Category 3: Semi or Unskilled workers, low voltage electricians, drivers, automated machine operators with moderate to heavy manual work or working in workshops or in the open, Drivers of truck or Lorries and other Heavy vehicles, Professional athletes and Sportsman, woodworking machinists.

Persons engaged in manual labor, skilled or semi-skilled workers using light / heavy machinery i.e. Filing Station Attendants, Taxi Drivers, industrial Workers or Unskilled Laborers, Construction Workers, persons engaged in occupations of similar hazards. Occupation or nature of job involve working in magazines, oil/gas/metal/power or chemical Production, professional sports, handling of heavy machinery or hazardous materials; working at heights.

Workers involved in electrical installation with high tension supply, High Voltage Electricity, jockeys, circus personnel, persons engaged in activities like racing on wheels or horseback, big game hunting, mountaineering, winter sports, skiing, ice hockey, ballooning, hand gliding, river rafting, polo and persons engaged in occupations/activities of similar hazard.

Police, Armed forces, sea going vessels Crews, Aircraft pilots and cabin crews, Journalists, Automated machine operators, Forest dept. Guards, Security Personnel.

X. COVERAGES AT A GLANCE

Sr. no.	Cover Name	Basis of Sum Insured	Basis of Payment	Short Description	Geographical Coverage
A. Primary covers:					
1	Accidental Death	Sum insured as selected for AD based on income.	Benefit	Lumpsum payout on accidental death	Worldwide
2	Permanent Total Disablement (PTD)	Sum insured as selected for PTD	Benefit	Lumpsum payout: percentage based on disability scale	Worldwide
3	Permanent Partial Disablement (PPD)	Sum insured as selected for PPD	Benefit	Lumpsum payout: percentage based on disability scale	Worldwide

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IRDAI REG NO.545



Sr. no.	Cover Name	Basis of Sum Insured	Basis of Payment	Short Description	Geographical Coverage
4	Temporary Total Disablement (TTD)	Sum insured as selected, maximum 24 times of monthly income	Benefit	Pays weekly allowance to compensate loss of pay due to disability caused by an Accident	Worldwide
B. In-built covers:					
1	Transportation of Mortal Remains	Up to 1% of Accidental Death Sum Insured. Maximum ₹ 25,000	Indemnity	Lumpsum payout for expenses for repatriation of Mortal remains	Worldwide
2	Funeral Expenses	Up to 1% of Accidental Death Sum Insured. Maximum ₹ 20,000	Indemnity	Lumpsum payout for expenses for funeral.	Worldwide
3	Emergency Road Ambulance Charges	Up to 1% of Benefit Sum Insured against the benefit under which claim is admissible. Maximum ₹ 20,000	Indemnity	Indemnifies the cost incurred in evacuating the Insured from place of Accident and shifting to nearest hospital, or from one Hospital to another Hospital in the event of Accident.	Worldwide
4	Education Grant	1 Dependent Kid- 5% of AD SI. Maximum ₹ 50000 2 Dependent Kids- 10% of AD SI. Maximum ₹ 100000	Indemnity	Pays lump sum for Dependent Childs' education if Insured Person suffers from AD or 100% PTD.	Worldwide
5	Family Transportation	2% of Benefit Sum Insured against the benefit under which claim is admissible. Maximum ₹ 25,000	Indemnity	Indemnifies the transportation costs incurred by a family member in case of AD, PTD or PPD.	Worldwide
6	Purchase of Blood	Upto 5 % of Benefit Sum Insured against the benefit under which claim is admissible. Maximum ₹ 10,000	Indemnity	Indemnifies the costs incurred purchase of blood.	Worldwide
7	Transportation charges of Imported Medicine/implants	Upto 5 % of Benefit Sum Insured against the benefit under which claim is admissible. Maximum ₹ 20,000	Indemnity	Indemnifies the costs incurred for freight charges (landed cost) during transportation of imported medicines/implants if the Insured Person undergoes Hospitalization due to an Accident.	India
8	Cost of Prosthetics/ /Wheel Chair	10% of Benefit Sum Insured against the benefit under which claim is admissible. Maximum ₹ 100,000	Indemnity	Indemnifies for expenses incurred on purchase of prosthetic devices (wheelchairs, crutches, artificial limbs etc.) due to PTD, PPD.	India
C. Optional covers:					
1	Broken Bones /Fracture	upto 25% of accidental Death Sum Insured subject to Maximum ₹ 20 lacs	Benefit	Pays lump sum benefit as per the grid due to Broken Bones/Fracture	Worldwide
2	Burns	upto 25% of Accidental Death Sum Insured subject to Maximum ₹ 20 lacs	Benefit	Pays lumpsum benefit as per the grid due to second- or third-degree burn	Worldwide
3	Coma	upto 20% of Accidental Death Sum Insured. Maximum ₹ 20 Lac	Benefit	Pays compensation for every completed week (7days) till the time Insured is in Coma state due to an Accident.	Worldwide
4	Loan Secure	Latest principal outstanding loan amount per bank details but not more than Accidental Death Sum Insured	Benefit	Pays outstanding principal loan amount for Loans taken within India if the Insured Person suffers from AD or 100% PTD.	Worldwide
5	EMI Protect	Specified no. of EMIs for any no. of months, upto 12 months for specified amount.	Benefit	Pays outstanding EMI amount for Loans taken Within India if the Insured Person suffers from TTD, PPD, PTD or AD.	Worldwide
6	Education Security Benefit	upto Sum Insured under Accidental Death Sum Insured.	Indemnity	Pays lump sum for Dependent Childs' education if Insured Person suffers from AD or 100% PTD.	Worldwide
7	Modification of residence/ vehicle	upto 20% of Accidental Death Sum Insured. Maximum ₹ 10 Lac	Indemnity	Indemnifies for expenses incurred in modification of Home or Vehicle in India due to PTD, PPD, Burns (if opted)	India
8	Accidental Medical Expenses	Actuals Upto 10% of benefit sum Insured or 50% of admissible claim amount, whichever is less; arising out of accident.	Indemnity	Indemnifies for Medical Expenses incurred subject to Valid claim under one of the benefits AD, PTD, PPD, TTD, Broken Bones/ Fracture, Coma or Burn.	India

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Sr. no.	Cover Name	Basis of Sum Insured	Basis of Payment	Short Description	Geographical Coverage
9	Accidental In-patient Hospitalisation	upto 10% of Accidental Death Sum Insured. Maximum ₹ 5 Lacs.	Indemnity	Indemnifies for Medical Expenses incurred during Hospitalization (In-patient and Day Care) due to an Accident.	India
10	Marriage Expenses for Children	upto 20% of Accidental Death Sum Insured. Maximum ₹ 10 Lac	Benefit	Pays lumpsum amount for marriage of unmarried children upto the age of 30 years if the Insured Person suffers from AD or 100% PTD.	Worldwide
11	Orphan Support	2 times Accidental Death sum insured for each insured person	Benefit	Pays double the lumpsum benefit of AD SI if both insured & spouse die in same accident.	Worldwide
12	Elderly Care	upto 20% of Accidental Death Sum Insured. Maximum ₹ 10 Lacs	Benefit	Pays lump sum benefit to support dependent parents, if Insured Person suffers from AD or 100% PTD.	Worldwide
13	Adventure Sports Benefit	upto Sum Insured under Accidental Death Sum Insured.	Benefit	Waives exclusion of Adventure Sports for covers opted under the Policy and pays lumpsum as opted.	Worldwide
14	Emergency Air Ambulance Charges	₹ 2 lacs/3 lacs/5 lacs	Indemnity	Indemnifies the cost incurred in evacuating the Insured from place of Accident and shifting to nearest hospital, or from one Hospital to another Hospital in the event of Accident	Worldwide
15	Accident Hospital Cash	₹ 2500/5000/10000 per day. For Maximum 30 days in a policy year.	Benefit	Pays fixed daily amount, if Insured is Hospitalized due to AD, PTD, PPD, TTD, Broken Bones/ Fracture, Coma or Burn.	India
16	Accidental Care at Home	<ul style="list-style-type: none"> • ICU at Home: ₹ 20,000 per day for maximum 15 days. • Nursing Care at Home: ₹ 2,000 per day for maximum 15 days. • Physiotherapy: ₹ 2,000 per day for maximum 15 days. • Single Nurse Procedural Visit: actuals upto maximum ₹ 5,000 per policy year 	Indemnity & Benefit both	Indemnifies the Insured Person for availing the mentioned services.	India
17	Chauffeur Plan Benefit	₹ 1,000 per day. For Maximum 30 days in a policy year.	Indemnity	Pays fixed daily amount, for hire of a taxi or chauffeur driven car because of AD, PTD, PPD, TTD, Broken Bones/ Fracture, Coma or Burn.	India
18	Pet Care	₹ 2000/3000/5000 per day. For Maximum 30 days in a policy year.	Benefit	Pays fixed daily amount, maintenance of the insured's Domestic Pet(s) because of AD, PTD, PPD, TTD, Broken Bones/ Fracture, Coma or Burn.	India

Information about Us:

United India Insurance Company Limited

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