Part - II

1. RECITAL CLAUSE

1.1 Whereas the Proposer designated in the Schedule hereto has by a proposal together with declaration, which shall be the basis of this Contract and is deemed to be incorporated herein, has applied to National Insurance Company Ltd. (here in after called the Company), for the insurance hereinafter set forth, in respect of person(s) named in the Schedule hereto (hereinafter called the Insured Persons) and has paid the premium as consideration for such insurance.

1.2 OPERATIVE CLAUSE

The Company undertakes that if during the Policy Period stated in the Schedule, any Insured Person(s) shall suffer any illness or disease (hereinafter called Illness) or sustain any bodily injury due to an Accident (hereinafter called Injury), requiring Hospitalisation of such Insured Person(s), for In-Patient Care at any hospital/nursing home (hereinafter called Hospital) or for Day Care Treatment at any Day Care Center, following the Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify the Hospital or the Insured, Reasonable and Customary Charges incurred for Medically Necessary Treatment towards the Coverage mentioned herein.

Provided further that, the amount payable under the Policy in respect of all such claims during the Policy Period shall be subject to the coverage, terms, exclusions, conditions, definitions and sublimits contained herein as well as shown in the Table of Benefits, and shall not exceed the Sum Insured of the Insured Person as mentioned in the Schedule.

1.3 BASIC COVER:

- 1.3.1 In the event of any claim becoming admissible under this scheme, the company will pay to the Hospital/Nursing Home or Insured Person the amount of such expenses as would fall under different heads mentioned below and as are reasonably and medically necessary incurred thereof by or on behalf of such insured person but not exceeding the Sum Insured in aggregate mentioned in the Schedule hereto.
- A) Room and boarding expenses as provided by the Hospital/Nursing Home not exceeding per day limit as mentioned in the Schedule or the actual amount whichever is less.
- B) Intensive care Unit (ICU) expenses not exceeding per day limit as mentioned in the Schedule or actual amount whichever is less.
- C) Surgeon, team of surgeons, Assistant surgeon, Anaesthetist, Medical Practitioner Consultants, Specialists Fees.
- D) Nursing Charges, Service Charges, IV Administration Charges, Nebulization Charges, RMO Charges, Aesthetic, Oxygen, Blood, Operation Theatre Charges, surgical appliances, OT Consumables, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Artificial Limbs, Cost of Prosthetic devices implanted during surgical procedure like pacemaker, Defibrillator Ventilator, Orthopaedic implants, Cochlear Implant, any other implant, Intra-Ocular Lenses, infra cardiac valve replacements, vascular stents, any other valve replacement, Laboratory/Diagnostic tests, X-ray CT

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scan, MRI, any other scan and such similar expenses that are medically necessary, or incurred during hospitalization as per the advice of the attending doctor.

- E) Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured.
- 1.3.2 Pre-Hospitalization and Post- Hospitalization Expenses Medical Expenses relevant to the same condition for which the hospitalization is required incurred during the period up to 30 days prior to hospitalization and during the period up to 90 days after the discharge from the hospital. These expenses are admissible only if the primary hospitalization claim is admissible under the policy.

2. Definitions:

- 2.1 Accident-An accident is a sudden, unforeseen, and involuntary event caused by external, visible and violent means.
- 2.2 ALTERNATIVE TREATMENTS-Alternative treatments are forms of treatment other than treatment "Allopathic" or "Modern medicine" and includes Ayurveda, Unani, Siddha, Naturopathy and Homeopathy in the Indian context.
- 2.3 ANY ONE ILLNESS will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment has been taken.
- 2.4 CANCELLATION defines the terms on which the policy contract can be terminated either by the insurer or the insured person by giving sufficient notice to other which is not lower than a period of fifteen days.
- 2.5 CASHLESS FACILITY means a facility extended by the insurer to the insured where the payment of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre authorization approved.
- 2.6 CONGENITAL ANOMALY refers to a condition(s) which is present since birth and which is abnormal with reference to form, structure or position.

1. Internal Congenital Anomaly

Which is not in the visible and accessible parts of the body.

2. External Congenital Anomaly

Which is in the visible and accessible parts of the body.

- 2.7 CONDITION PRECEDENT shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional.
- 2.8 CONTINUOUS COVERAGE means uninterrupted coverage of the insured person under our Individual Health Insurance Policies or Family Floater policy from the time the coverage incepted

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under the policy, provided a break in the insurance period not exceeding thirty days being grace period shall not be reckoned as an interruption in coverage for the purposes of this clause. In case of change in Sum Insured during such uninterrupted coverage, the lowest sum insured would be reckoned for determining continuous coverage.

However, the benefit of Continuous Coverage getting carried over from other policies will not be available for HIV/AIDS coverage.

- 2.9 DAY CARE CENTRE means any institution established for day care treatment of illness and/or injuries or a medical set up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:
- a. Has qualified nursing staff under its employment.
- b. Has qualified Medical practitioner(s) in charge.
- c. Has a fully equipped operation theatre of its own where surgical procedures are carried out.
- Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.
- 2.10 DAY CARE TREATMENT-Day Care Treatment means the medical treatment and / or surgical procedure which is-
 - Undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hours because of technological advancement and
 - Which would have otherwise required a hospitalization of more than 24 hours. Treatment normally taken on an outpatient basis is not included in the scope of this definition.
- 2.11 DEDUCTIBLE is a cost sharing requirement under a Health Insurance Policy that provides that the Insurer will not be liable for a specified rupee amount in case of Indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.
- 2.12 DENTAL TREATMENT means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
- 2.13 DISCLOSURE TO INFORMATION NORM: The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or nondisclosure of any material fact.
- 2.14 EMERGENCY CARE means management for a severe 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.
- 2.15 EMERGENCY DENTAL TREATMENT means the services or supplies provided by a Licensed dentist, Hospital or other provider that are medically and immediately necessary to treat dental problems resulting from injury. However, this definition shall not include any treatment taken for a preexisting condition.

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- 2.16 EMERGENCY MEDICAL TREATMENT means the services or supplies provided by a Physician, Hospital or Licensed provider that are medically necessary to treat any illness or other covered condition that is acute (onset is sudden and unexpected), considered life threatening and one which if left untreated, could deteriorate resulting in serious and irreparable harm.
- 2.17 GRACE PERIOD means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre – existing diseases. Coverage is not available for the period for which no premium is received.
- 2.18 HOSPITAL/NURSING HOME means any institution established for in -patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the Clinical establishments (Registration and Regulation) Act,2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under
 - Has qualified nursing staff under its employment round the clock.
 - Has at least 10 in-patient beds in towns having a population of less than 10 Lacs and at least
 15 in-patient beds in all other places.
 - . Has a qualified medical Practitioner(s) in charge round the clock.
 - . Has a fully equipped Operation Theatre of its own where surgical procedures are carried out.
 - Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

The term 'Hospital/Nursing Home' shall not include an establishment which is a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel or a similar place. For Ayurveda, Unani, Siddha, Naturopathy and Homeopathy treatment, hospitalisation expenses are admissible only when the treatment has been undergone in a hospital as defined in clause 3.2 below.

2.19 HOSPITALISATION

Means admission in a Hospital/Nursing Home for a minimum period of 24 In-patient care consecutive "In-patient care" hours except for the specified day care procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

For the list of these specified day care procedures/treatments, please see 3.3.

Note: Procedures/treatments usually done in outpatient department are not payable under the policy even if admitted/converted as an in-patient in the hospital for more than 24 hours.

- 2.20 ID CARD means the identity card issued to the insured person by the TPA to avail cashless facility in network provider.
- 2.21 ILLNESS means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.
 - (a) Acute Condition-Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recomber or part acutes: 18-3074.

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- (b) Chronic Condition-A chronic Condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
- It needs ongoing or long term monitoring through consultations, examinations, check-ups, and/or tests.
- It needs ongoing or long term control or relief of symptoms.
- It requires rehabilitation for the patient or for the patient to be specially trained to cope with it.
- It continues indefinitely.
- It recurs or is likely to recur.
- 2.22 INJURY means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- 2.23 IN-PATIENT CARE means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
- 2.24 INSURED PERSON means the employee of the bank and each of the other family members who are covered under this policy as shown in the Schedule.
- 2.25 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 ordinary and other wards.
- 2.26 INTENSIVE CARE (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.
- 2.27 MEDICAL ADVICE means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
- 2.28 MEDICAL EXPENSES means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- 2.29 MEDICALLY NECESSARY TREATMENT is defined as any treatment, tests, medication, or stay in hospital or part of a stay in a hospital which
 - Is required for the medical management of the illness or injury suffered by the insured;

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- 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.
- 2.30 MEDICAL PRACTITIONER: A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State of India 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 there by entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of license.

The term Medical Practitioner would include Physician, Specialist and Surgeon. The registered Medical Practitioner should not be the insured or any member of his family including parents and in-laws.

2.31 NETWORK PROVIDER means the hospital/nursing home or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility. The list of Network Hospitals is maintained by and available with the TPA and the same is subject to amendment from time to time.

PPN-PREFERRED PROVIDER NETWORK means a network of hospitals which have agreed to a cashless packaged pricing for specified planned procedures for the insured person. Updated list of network provider/PPN is available on website of the company (https://nationalinsurance.co.in/tpa PPN network hospital) and website of the TPA mentioned in the schedule and is subject to amendment from time to time.

- 2.32 NON-NETWORK HOSPITALS means any hospital, day care centre or other provider that is not part of the network.
- 2.33 NOTIFICATION OF CLAIM is the process of notifying a claim to the insurer or TPA within specified timelines through any of the recognized modes of communication.
- 2.34 OPD (Out-patient) TREATMENT means the one 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.
- 2.35 PERIOD OF INSURANCE means the period for which this policy is taken and is in force as specified in the Schedule.
- 2.36 PORTABILITY means transfer by an Individual Health Insurance Policyholder (including family cover) ofthecreditgainedforpre-existingconditionsandtimeboundexclusionsifhe/shechoosesto switch from one insurer to another.
- 2.37 PRE-EXISTING DISEASE means any condition, allment or injury or related condition(s) for which insured person had signs or symptoms, and/or was diagnosed, and/or received medical advice/treatment within 48 months prior to the first policy issued by the insurer and the second state of the condition of the second second

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Any complication arising from pre-existing disease shall be considered as a part of the pre-existing disease.

2.38 PRE-HOSPITALISATION MEDICAL EXPENSES

Relevant medical expenses incurred immediately 30 days before the Insured person is hospitalised 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 us.

2.40 POST HOSPITALISATION MEDICALEXPENSES

Relevant medical expenses incurred immediately 90 days 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 Hospitalisation was required; and
- The In-patient Hospitalisation claim for such Hospitalisation is admissible by us.
- 2.41 PSYCHIATRIC DISORDER means clinically significant Psychological or behavioral syndrome that causes significant distress, disability or loss of freedom (and which is not merely a socially deviant behavior or an expected response to a stressful life event) as certified by a Medical Practitioner specialized in the field of Psychiatry after physical examination of the insured person in respect of whom a claim is lodged.
- 2.42 PSYCHOSOMATIC DISORDER means one or more psychological or behavioral problems that adversely and significantly affect the course and outcome of general medical condition or that significantly increase a person's risk of an adverse outcome as certified by a Medical Practitioner specialized in the field of Psychiatry after Physical examination of the insured person in respect of whom a claim is lodged.
- 2.43 QUALIFIED NURSE means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any State in India.

2.44 REASONABLE AND CUSTOMARY CHARGES

Reasonable and Customary charges mean 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 illness/injury involved.

- 2.45 RENEWAL defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
- 2.46 ROOM RENT shall mean the amount charged by a hospital for the Occupancy of a bed on perday (24 hours) basis and shall include associated medical expenses.

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- SUM INSURED is the maximum amount of coverage under this policy opted for all insured persons shown in the schedule.
- SURGERY OR SURGICAL PROCEDURE means manual and /or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.
- THIRD PARTY ADMINISTRATOR (TPA) means any person who is registered under the IRDAI (Third Party Administrators-Health Services) Regulations 2016 notified by the Authority, and is engaged for a fee or remuneration by an insurance company, for the purposes of providing health services as defined in those.
- UNPROVEN/EXPERIMENTAL TREATMENT means any treatment including drug experimental therapy which is not based on established medical practice in India.
- 2.51 WE/OUR/US/COMPANY means NATIONAL INSURANCE COMPANY LIMITED
- 3. ADDITIONAL COVERAGES:
- 3.1 Domiciliary Hospitalisation means medical treatment for a period exceeding 3 days for such 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:
 - The condition of the patient is such that he/she is not in a condition to be removed to a
 - The patient takes treatment at home on account of non-availability of room in hospital.
- 3.2 Alternative Treatment- Subject to the condition that the hospitalisation expenses are admissible only when the treatment has been undergone in:
 - Central or State Government AYUSH Hospital; or
 - Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
 - 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:
 - Having at least 5 in-patient beds;
 - Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

Company's Liability for all claims admitted in respect of any/ill insured person/s during the period of insurance shall not exceed the Sum Insured stated in the schedule.



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3.3 Expenses on Hospitalization for minimum period of a day are admissible. However, this time limit is not applied to specific treatments, such as

| 1 | Adenoidectomy | 21 | Haemo dialysis |
|----|--|----|---|
| 2 | Appendectomy | 22 | Fissurectomy/Fistulectomy |
| 3 | Ascitic/Pleural tapping | 23 | Mastoidectomy |
| 4 | Auroplasty not Cosmetic in nature | 24 | Hydrocele Surgeries |
| 5 | Coronary/Renal Angiography | 25 | Hysterectomy |
| 6 | Coronary angioplasty | 26 | Inguinal/ventral/mbilical/femoral hernia surgeries |
| 7 | Dental Surgery | 27 | Parental Chemotherapy |
| 8 | D&C | 28 | Polypectomy |
| 9 | Excision of cyst/granuloma/lump/tumor | 29 | Septoplasty |
| 10 | Eye Surgery | 30 | Piles/Fistula Surgeries |
| 11 | Fracture including hairline fracture/dislocation | 31 | Prostate surgeries |
| 12 | Radiotherapy | 32 | Sinusitis surgeries |
| 13 | €hemotherapy | 33 | Tonsillectomy |
| 14 | Lithotripsy | 34 | Liver aspiration |
| 15 | Incision and drainage of abscess | 35 | Scierotherapy |
| 16 | Varicocelectomy | 36 | Varicose Vein Ligation |
| 17 | Wound Suturing | 37 | All scopies along with biospies |
| 18 | FESS | 38 | Lumbar punture |
| 19 | Operations/Micro Surgical operations on the nose, mouth, middle ear/internal ear, tongue, face, tonsils & adenoids, salivary ducts, breast, skin & subcutaneous tissues, digestive tract, female/male sexual organs. | 39 | Treatment (or Age related Macular Degeneration (ARMD) and Intra Vitreal injections for eye disorders other than ARMD also. |
| 20 | Approved targeted therapies for treatment of Cancer in day care and on standalone basis. (Immunotherapy – Monoclonal Antibody Cancer treatment on standalone basis). | | |

This condition will also apply in case of stay in hospital of less than a day provided -

- The treatment is undertaken under General or Local Anesthesia in a hospital/day care Centre in less than a day because of technological advancement and
- ii) Which would have otherwise required hospitalisation of more than a day



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3.4 AMBULANCE CHARGES

Ambulance charges are payable up to Rs. 2500 per trip to hospital and/or transfer to another hospital or transfer from hospital to home if medically advised. Taxi and Auto expenses in actual maximum up to Rs. 750 per hospitalisation.

Ambulance charges actually incurred on transfer from one centre to another centre due to nonavailability to medical service/medical complication shall be payable in full.

3.5 PRE -EXISTING DISEASES/AILMENTS

Pre-existing diseases are covered under the scheme from day one.

3.6 CONGENITAL ANOMALIES

Expenses for treatment of congenital internal/external diseases, defects anomalies are covered under the policy

3.7 PSYCHIATRIC DISEASES

Expenses for treatment of psychiatric and psychosomatic diseases will be payable with or without hospitalisation up to the sum insured.

3.8 ADVANCED MEDICAL TREATMENT

New advanced medical procedures approved by the appropriate authority eg. Laser surgery, stem cell therapy for treatment of a disease is payable on hospitalisation/day care surgery.

3.9 Treatments taken for accidents can be payable even on OPD basis in a hospital upto Sum Insured

3.10 TAXES AND OTHER CHARGES

All Taxes, Surcharges, Service charges, Registration charges, Admission Charges, Nursing, and Administration charges to be payable.

Charges for diapers and sanitary pads are payable if necessary as part of treatment. Charges for hiring a nurse/attendant during hospitalisation will be payable only in case of recommendation from treating doctor in case ICU/CCU, Neo natal nursing care or any other case where the patient is critical and requiring special care.

- 3.11 Treatment for Genetic disorder and stem cell therapy is covered under the scheme.
- 3.12 Treatment for Age related Muscular Degeneration (ARMD), treatment such as Rotational Field Quantum Magnetic Resonance (RFQMR), Enhanced External Counter Pulsation (EECP) and related treatments are covered under the scheme. Treatment for all neurological/macular degenerative disorders shall be covered under the scheme.
- 3.13 Rental charges for external and/or durable medical equipment used for diagnosis and/or treatment including CPAP, CAPD, Bi-PAP, Infusion pump and related equipment will be covered under the scheme. However, purchase of the above equipment to be subsequently used at home in exceptional cases on medical advice shall be covered.





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- 3.14 Ambulatory devices i.e. walker, crutches ,belts, collars, caps ,splints, braces, stockings, elastocrepe bandages, external orthopaedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer (including glucose test strips) /Nebulizer/prosthetic device/Thermometer, alpha/water bed and similar items will be covered under the scheme.
- 3.15 PHYSIOTHERAPY CHARGES: Physiotherapy charges shall be covered for the period specified by the medical practitioner even if taken at home.

All claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the sum insured stated in the schedule and Corporate Buffer if allocated.

4. EXCLUSIONS:

The company shall not be liable to make any payment under the policy in respect of any expenses whatsoever incurred by the insured person in connection with or in respect of:

4.1. Investigation & Evaluation

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

4.2. Rest Cure, Rehabilitation and Respite Care

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment.
 This also includes:
- 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.
- ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

4.3. Change-of-Gender Treatments

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

4.4. Stay in Hospital which is not Medically Necessary.

Stay in hospital which is not medically necessary.

4.5. Self-Inflicted Injury

Treatment for intentional self-inflicted injury, attempted suicide.

4.6. Birth control, Sterility and Infertility

Expenses related to sterility and infertility. This includes: i. Any type of sterilization ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI iii. Gestational Surrogacy iv. Reversal of sterilization

4.7. Refractive Error

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

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4.8. Unproven Treatments

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.

4.9. Drug/Alcohol Abuse

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

4.10. Non Prescription Drug

Drugs not supported by a prescription, private nursing charges, referral fee to family physician, Outstation doctor/surgeon/ consultants' fees and similar expenses (as listed in respective Annexure-I).

4.11. Home Visit Charges

Home visit charges during Pre and Post Hospitalisation of doctor, aya, attendant and nurse.

4.12. Breach of Law

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

4.13 Injury/disease directly or indirectly caused by or attributable to war, invasion, Act of Foreign Enemy, War like operations (whether war be declared or not); Nuclear radiation/weapon/materials.

4.14

- a. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.
- b. Vaccination or Inoculation
- c. Change of life or cosmetic or aesthetic treatment of any description is not covered.
- d. Plastic surgery other than as may be necessitated due to an accident or as part of any illness.
- 4.15 Cost of spectacles and contact lenses, hearing aids, other than Intra-Ocular Lenses and Cochlear Implant.
- 4.16 Dental treatment or surgery of any kind which are done in a dental clinic and those that are cosmetic in nature.
- 4.17 Convalescence, rest cure, obesity treatment and its complications including morbid obesity, Venereal disease and use of intoxication drugs/alcohol.
- 4.18 All expenses arising out of any condition directly or indirectly caused to or associated with Human T Cell Lymphotropic Virus Type III (HTLB – III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome of a similar kind commonly referred to as AIDS.
- 4.19 Charges incurred at hospital/nursing home primarily for diagnosis x ray or laboratory examinations or other diagnostic studies not consistent with diagnosis and treatment of positive existence of any ailment, sickness or injury for which confinement is required at a Hospital/Nursing Home unless recommended by the attending doctor.

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- 4.20 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified the attending physician.
- 4.21 All non-medical expenses including convenience items for personal comfort such as charges for telephone, television, barber or beauty devices, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, tolletry items and similar incidental expenses unless and otherwise necessitated during the course of treatment.
- 4.22 Critical illness diagnosed before the commencement of the policy are not covered.
- 4.23 Expenses on purchase of medicine not supported by bills/receipts/cash memos without valid GST Number of the issuer of such bills/receipts/cash memos.
- 4.24 Domiciliary treatment: Any expenses incurred on domiciliary treatment are not covered.
- 4.25 Maternity expenses: Treatment arising from or traceable to pregnancy/childbirth including caesarean section, miscarriage, surrogate or vicarious pregnancy, abortion or complications thereof including changes in chronic conditions arising out of pregnancy other than ectopic pregnancy which may be established by medical reports.

5. Claims Procedure

A. Claims Administration and Process

It shall be the condition precedent to admission of our Liability under this policy that the terms and conditions of making payment of premium on full or in time in so far as they relate to anything to be done or complied with by you or any insured Person, are fulfilled including complying with the following in relation to claims;

- On the occurrence or discovery of any illness or injury that may give rise to a claim under this
 policy, the claims procedure set out below shall be followed.
- The treatment should be taken as per the advice, directions and guidance of the treating medical practitioner. Any failure to follow such advice, directions and guidance will prejudice the claim.
- The insured person must submit to medical examination by our medical practitioner in case requested by us and at our cost, as often as we consider reasonable and necessary and we/our representatives must be permitted to inspect the medical and hospitalisation records pertaining to the insured person's treatment and to investigate the circumstances pertaining to the claim.
- We and our representatives must be given all reasonable cooperation in investigating the claim in order to assess our liability and quantum in respect of the claim.



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Notification of Claim

Upon the happening of any event which may give rise to any claim under this policy, the insured or insured's representative shall notify the TPA in writing by letter, email, fax providing all relevant information relating to claim including plan of treatment, policy number etc. within prescribed time limit.

| Notification of Claim in case of Cashless facility | TPA must be informed: |
|--|--|
| In the event of planned hospitalisation | At least 72 hours prior to the insured person's admission to network provider/ PPN hospital |
| In the event of emergency hospitalisation | Within 24 hours of the insured person's admission to network provider/PPN hospital. |

| Notification of Claim in case of Reimbursement | TPA must be informed: | |
|--|--|--|
| In the event of planned hospitalisation | Within 48 hours of the insuredperson's admission to network provider/non network/ PPN hospital | |
| In the event of emergency hospitalisation | Within 48 hours of the insured person's admission to network provider/ non networ /PPN hospital. | |

B. Procedure for cashless claims

- Cashless facility for treatment shall be available to insured in network hospitals only.
- Treatment may be taken in a network provider/PPN and is subject to pre authorization by the
 TPA. Booklet containing list of network providers/PPN hospitals shall be provided by the TPA.
 Updated list of network provider/PPN is available on website of the company
 (https://nationalinsurance.nic.co.in/en/health-insurance/city-wise-list-ppn-hospitals) and the
 TPA mentioned in the schedule.
- Call the TPA's toll free phone number provided on the health ID card for intimation of claim and related assistance. Inform the ID number for easy reference.
- 4. On admission in the network provider/PPN, produce the ID card issued by the TPA at the hospital helpdesk. Cashless request form available with the network provider/PPN and TPA shall be completed and sent to TPA for authorization. Each request for pre authorization must be through duly completed standard pre-authorization format including the following details:
 - The health card which the insurer or the associated TPA has issued to the insured person supported with KYC documents;
 - ii. The Policy Number;
 - iii. Name of the Policy/ Number/Employer;
 - Name and address of insured person/Employee/member in respect of whom the request is being made;
 - Nature of the illness/injury and the treatment/surgery required;
 - vi. Name and address of the attending Medical Practitioner;
 - Hospital where the treatment/surgery is proposed to be taken;
 - viii. Proposed date of admission;

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- If these details are not provided in full or sufficient or are insufficient for the associated TPA to consider the request, the associated TPA will request additional information or documentation in respect of that request.
- 6. When the associated TPA has obtained sufficient details to access the request, the associated TPA will issue the authorisation letter specifying the specified amount, any specific limitation on the claim, applicable deductibles, and non-payable items if applicable, or We may reject the request for pre-authorisation specifying reason for the rejection.
- The TPA upon getting cashless request form and related medical information from the insured person/network hospital/PPN shall issue pre-authorisation letter to the hospital after verification.
- 8. Once the request for pre-authorisation has been granted, the treatment must take place within 15 days of the pre-authorisation date at a Network Provider and pre-authorisation shall be valid only if all the details of the authorised treatment, including dates, hospitals and locations match with the details of the actual treatment received. For Hospitalisation where Cashless Facility is apre-authorised by the associated TPA, the associated TPA will make the payment of the amounts assessed to be due directly to the Network Provider.
- In the event that the cost of hospitalisation exceeds the authorised limits as mentioned in the authorisation letter:
 - a. The network provider shall request us for an enhancement of authorization limit as described under section 5.B including details of the specific circumstances which have led to the need for increase in the previously authorised limit. We will verify the eligibility and evaluate the request for enhancement on the availability of further limits.
 - We shall accept or decline such request for enhancement of pre-authorised limit for enhancement.

In the event of any change in the diagnosis, plan of Treatment, cost of Treatment during Hospitalisation to the insured person, the network provider shall obtain a fresh authorisation letter from us in accordance with the process described under 5.8 above.

- At the time of discharge, the insured person shall verify and sign the discharge papers and pay for non-medical and inadmissible expenses.
- 11. At the time of discharge:
 - a. The Network Provider may forward a final request for authorisation for any residual amount to the TPA along with the discharges summary and the detailed bill break up in accordance with the process described at 5.Babove.
 - Upon receipt of the final authorisation letter from TPA, the insured person may be discharged by the Network Provider.

Note: (Applicable to 5 B): Cashless facility for hospitalisation expenses shall be limited exclusively to Medical Expenses incurred for treatment undertaken in a Network Provider/PPN hospital for Illness orlnjury/Accident/Criticalillnessasthecasewhichmaybewhicharecoveredunderthepolicy. Forall cashless authorisations, the insured person, will in any event be required to settle all non-admissible expenses, expenses above specified Sub Limits (if applicable), Co-Payments and/or opted Deductible (Per Claim/Aggregate/Corporate) (if applicable), directly with the hospital.

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- 12. The TPA reserves the right to deny pre-authorisation in case the insured person is unable to provide the relevant medical details. Denial of a pre-authorisation request is in no way to be construed as denial of treatment or denial of coverage. The insured person may get the treatment as per treating doctor's advice and submit the claim documents to the TPA for possible reimbursement.
- Claims for pre hospitalisation and post hospitalisation will be settled on a reimbursement basis on production of cash receipts.

C. Procedure for reimbursement of claims

In non-network hospitals payment must be made upfront and for reimbursement of claims the insured person may submit the necessary documents to TPA (if claim is processed by TPA)/the bank's office authorised to deal with Health Claims within the prescribed time limit.

For all claims for which Cashless Facilities have not been pre-authorised or for which treatment has not been taken at a Network Provider, We shall be given written notice of the claim along with the following details within the timelines as mentioned for reimbursement claims in B above:

- The Policy Number;
- Name of the Policy Number/Employer;
- Name and address of Insured person/Employee/member in respect of whom the request is being made;
- iv. Health Card, photo ID, KYC documents;
- v. Nature of illness or injury and the treatment/Surgery taken;
- vi. Name and address of the attending medical practitioner;
- vii. Hospital where treatment/surgery was taken;
- viii. Date of Admission and Date of Discharge;
- Any other information that may be relevant to the Illness/Injury/Hospitalisation;
- x. Duly completed claim form

D. Documents

- The claim is to be supported with the following original documents and submitted within the
 prescribed time limit.
 - i. Duly completed claim form
 - Photo ID and Age Proof
 - iii. Health Card, Policy copy, Photo ID and KYC documents
 - iv. Attendingmedicalpractitioner's/surgeon'scertificateregardingdiagnosis/natureof operation performed along with date of diagnosis, investigation test reports etc supported by the prescription from attending medical practitioner
 - v. Original discharge card/day care summary/transfer summary
 - vi. Original final hospital bill with all original deposit and final payment receipt
 - Original invoice with payment receipt and implant stickers for all implants used during surgeries i.e. lens sticker and invoice in cataract surgery, stent invoice and sticker in Angioplasty surgery
 - All previous consultation papers indicating history and treatment details for current ailment
 - ix. All original diagnostic reports (including imaging and laboratory)along with medical practitioner's prescription and bill/invoice with receipt from diagnostic centre.

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- x. All original medicine/pharmacy bills along with medical practitioner's prescription;
- xi. MLC /FIR copy- in Accidental case only;
- xii. Copy of death summary and copy of death certificate (in death claims only);
- xiii. Pre and post-operative imaging reports-in Accidental cases only;
- Copy of indoor case papers with nursing sheet detailing medical history of the Insured Person, treatment details and the Insured Person's progress;

Note

In the event of a claim lodged as per Settlement under multiple policies clause and the original documents having been submitted to the other insurer, the company may accept the duly certified documents listed under condition 5.C. & 5.D. And claim settlement advice duly certified by the other insurer subject to satisfaction of the company.

Time limit for submission of documents

| Type of claim | Time limit for submission of documents to company/TPA | |
|--|---|--|
| Where Cashless Facility has been authorised | Immediately after discharge. | |
| Reimbursement of hospitalisation and pre- hospitalisation expenses (limited to 30 days) | Within 30 (Thirty) days of date of discharge from hospital | |
| Reimbursement of post hospitalisation expenses (limited to 90 days) | Within 30 (thirty) days from completion of Post-hospitalisation treatment. | |

Note: Waiver of this condition may be considered in extreme case of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible for him of any other person to give such notice or file claim within the prescribed timelimit.

- The insured Person shall also give the TPA/Company such additional information and assistance as the TPA/Company may require in dealing with the claim including an authorisation to obtain Medical and other records from the hospital, lab, etc.
- All the documents submitted to TPA shall be electronically collected by us for settlement and denial of the claims by the appropriate authority.

E. Scrutiny of Claim Documents

a. The TPA shall scrutinize the claim form and the accompanying documents. Any deficiency in the documents shall be intimated to the Insured Person/Network Provider as the case may bewithin7workingdaysofsubmissionofdocuments. If the deficiency in the necessary claim documents is not met or are partially met in 10 working days, The TPA will send a maximum of 3 (three) reminders. We may, at our sole discretion, decide to deduct the amount of claim for which deficiency is intimated to the Insured Person and settle the claim if we observe that such a claim is otherwise valid under the Policy.

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- b. In case a reimbursement claim is received when a pre-authorization letter has been issued, before approving such a claim, a check will be made with the Network Provider whether the pre-authorization has been utilized as well as whether the Insured Person has settled all the dues with the Network Provider. Once such check and declaration is received from the Network Provider, the case will be processed.
- c. The Pre-Hospitalization Medical Expenses Cover claim and Post-Hospitalization Medical Expenses Cover claim shall be processed only after decision of the main Hospitalization claim.

F. Claim Assessment

Insurer will pay the fixed or indemnity amount as specified in the applicable Base of Optional Cover in accordance with the terms of the Policy.

Insurer will assess all admissible claims under the Policy in the following progressive order:

- If any Sub Limit on Medical Expenses are applicable as specified in the Policy Schedule/Certificate of Insurance, our liability to make payment shall be limited to the extent of the applicable Sub Limit for that Medical Expense.
- II. Opted Deductible (PreClaim/Aggregate/Corporate), if any, shall be applicable on the amount payable by Us after applying (I), and (ii) above.
- III. Co-Payments if any, shall be applicable on the amount payable by us after applying (i), and (ii).

The Claim amount assessed under Section 5.F (i), (ii) and (iii) will be deducted from the following amounts in the following progressive order after applying Sub Limit.

a. Sum Insured

G. Claim Settlement

- On receipt of the final document(s), the company shall within a period of 24 (Twenty Four)
 days offer a settlement of the claim to the insured person.
- In the cases of delay in the payment, the company shall pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate that is 2%(Two percent) above the bank rate prevalent at the beginning of the financial year in which the claim is paid.
- However, where the circumstances of a claim warrant an investigation in the opinion of the
 company, it shall initiate and complete such investigation at the earliest, in any case not later
 the 30 days from the date of receipt of last necessary document. In such cases, Insurer shall
 settle the claim within 45 days from the date of receipt of last necessary document.
- 4. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate prevalent at the beginning of the financial year in which the claim is paid, from the date of receipt of last necessary document to the date of payment of claim.
- The payment of the amount due shall be made by the company, upon acceptance of an offer of settlement as stated above by the insured person, within 7(Seven) days from the date of acceptance of the offer.
- 6. A claim, which is not covered under the policy cover and conditions, can be rejected.



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H. Rejection/Repudiation of Claim

- a. If the company, for any reasons, decides to reject/repudiate –a claim under the policy, we shall communicate to the insured person in writing explicitly mentioning the grounds for rejection/repudiation and within a period of 30 (thirty) days from the receipt of the final document(s) of investigation report (if any), as the case may be. Where a rejection is communicated by the Company, the Insured Person may, is so desired, within 15 days from the date of receipt of the claims decision represent to the Company for reconsideration of the decision.
- b. In case of rejection of claims, it would go through a committee setup of the Bank, Third Party Administrator and National Insurance Co. Ltd. unless rejected by the committee in real time the claim should not be rejected.

I. Claim Payment Terms

- We shall have no liability to make payment of a claim under the Policy in respect of an Insured Person once the Sum Insured for that Insured Person is exhausted.
- II. All claims will be payable in India and in Indian rupees.
- III. We are not obligated to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person could have reasonably minimized the costs incurred, or that is brought about or contributed to by the Insured Person by failing to follow the directions, Medical Advice of guidance provided by a Medical Practitioner.
- IV. The Sum insured opted under the Policy shall be reduced by the amount payable/ paid under the Policy terms and conditions and any optional covers applicable under the Policy and only the balance shall be available as the Sum Insured for the unexpired Policy Period.
- V. If the Insured Person suffers a relapse within 45 days from the date of discharge from the Hospital for which a claim has been made, then such relapse shall be deemed to be part of the same claim and all the limits for "Any one illness" under this Policy shall be applied as if they were under a single claim.
- For Cashless claims, the payment shall be made to the Network Provider whose discharge would be complete and final.
- VII. For Reimbursement claims, the payment shall be made to the Insured person. In the unfortunate event of the Insured person's death, we will pay the Nominee (as named in the Policy Schedule/ Certificate of Insurance) and in case of no Nominee, to the legal heir who holds a succession certificate of indemnity bond to that effect, whichever is available and whose discharge shall be treated as full and final discharge of Our liability under the Policy.
- J. Claims will be managed through the same Office of the Bank from where it is managed at Present. The Third Party Administrator will be setting up a help desk at that office and supporting the bank in clearing all the claims on real time basis.



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6 CONDITIONS

6.1 Disclosure of Information

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the Proposer. (Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

6.2 Condition Precedent to Admission of Liability

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

6.3 Communication

- All communication should be made in writing.
- ji. For Policies serviced by TPA, ID card, PPN/Network Provider related issues to be communicated to the TPA at the address mentioned in the Schedule. For claim serviced by the Company, the Policy related issues to be communicated to the Policy issuing office of the Company at the address mentioned in the Schedule.
- iii. Any change of address, state of health or any other change affecting any of the insured Person, shall be communicated to the Policy issuing office of the Company at the address mentioned in the Schedule.
- iv. The Company or TPA shall communicate to the Proposer/ Insured Person at the address mentioned in the Schedule.

6.4 Physical Examination

Any Medical Practitioner authorised by the Company shall be allowed to examine the Insured Person in the event of any alleged Illness/Injury requiring Hospitalisation when and as often as the same may reasonably be required on behalf of the Company.

6.5 Fraud

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this Policy and the premium paid shall be forfeited. Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the Company. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the Hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the Company or to induce the Company to issue an Insurance Policy:

 The suggestion, as a fact of that which is not true and which the insured Person does not believe to be true;

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- The active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent The Company shall not repudiate the claim and/or forfeit the policy benefits on the ground of Fraud, if the Insured Person/ beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Company.

6.6 Territorial Limit

All medical treatment for the purpose of this policy will have to be taken in India only.

6.7 Medical expenses incurred under two policy periods

If the claim event falls within two policy periods, the claim shall be paid taking into consideration the available Sum insured under the expiring policy only. Sum insured of the renewed policy will not be considered for the claim event which has commenced in the expiring policy.

6.8 Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- The company shall endeavour to give notice for renewal. However, the company is not under obligation to give any notice for renewal.
- Renewal shall not be denied on the ground that the insured person had made acclaim
 or claims in the preceding policy years.
- Request for renewal along with requisite premium shall be received by the company before the end of the policy period.
- iv. After the end of the policy period, the policy can be renewed within the Grace Period of 30 days to maintain continuity benefits without break in policy. Cover age is not available during the grace period.
- No Loading shall apply on renewals based on individual claims experience.

6.9 Guideline for Addition of members:-

Midterm additions are allowed only for employees retired from their service during currency of the policy subject to intimation received within 30 days.

6.10 Cancellation:

i. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

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चंडीनुस पूर्व प्रमान कार्यालय : परिवार क्रमांच 18-3074, पर्वीट इस्पेच सीचीटी-81, जू टाइन, फोलबाता 700 156, प्रीडम बंपास Registered & Head Office : Premises No. 18-3074, Piot No. CBD-81, New Town, Noticate 700 158, West Sengel P No. 1339-22831705-06 Fiss: 033-32831712 ansall : websits admissistator@inc.co.in



ii. The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

| Period of risk | Rate of premium to be charged | | |
|--------------------|-------------------------------|--|--|
| Up to 1 month | 1/4 of the annual rate | | |
| Up to 3 months | 1/2 of the annual rate | | |
| Up to 6 months | 3/4 of the annual rate | | |
| Exceeding 6 months | Full annual rate | | |

6.11 Territorial Jurisdiction

The All disputes or differences under or in relation to the Policy shall be determined by the Indian court and according to Indian law.

6.12 Maintenance of member Records

The insured shall throughout the period of insurance keep and maintain a proper record of register containing the names of all the insured persons and other relevant details as are normally kept in any institution/ Organization. The insured shall declare to the company any additions in the number of insured persons as and when arising during the period of insurance and shall pay the additional premium as agreed.

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

6.13 Low Claim Ratio Discount (Bonus)

Low Claim Ratio Discount at the following scale will be allowed on the total premium at renewal only depending upon the incurred claim ration for the entire group Insured under the Group Mediclaim Insurance Policy for the preceding 3 completed years excluding the year immediately preceding the date of renewal where the Group Mediclaim Insurance Policy has not been in force for 3 completed years, such shorter period of completed years excluding the year immediately preceding the date of renewal will be taken in to account.

| Incurred Claim Ratio under the Policy | Discount |
|---------------------------------------|----------|
| Above 70% | Nil |
| 66-70% | 2,50% |
| 61-65% | 5% |
| 56-60% | 10% |
| 51-55% | 15% |
| 41-50% | 25% |
| 31-40% | 35% |
| 21-30% | 40% |
| Not exceeding 20% | 50% |

নিয়ানত হুল্যাইন্ম কম্মনী ত্রিমিটর National Insurance Company Limited CIN: U10200WE1908G01001712 IRDA Rogistration No. 58



पैजीवृत एवं प्रधान कार्यालय : परिसर अनोक 18-3074, पर्याट कमांक सौबोडी-81, न्यू टाउन, कोलकता 700 156, पींबन बंपाल Registered & Head Office : Promises No. 18-3074, Pol No. CBD-81, New York, Koskuta 700 156, West Bangul P No : 033-22831706-06 Pox: 033-22831712 erask) : website administration/Jonic co. in



6.14 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 a sole arbitrator to be appointed in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shell 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 such two 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 the company has disputed or not accepted liability under or in respect of this policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

6.15 Disclaimer

If the company shall disclaim liability to the Insured Person for any claim hereunder and if the Insured Person shall not within twelve (12) calendar months from the date of receipt of the notice of such disclaimer notify the Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

6.16 IRDA Regulations

This policy is subject to Provisions of Insurance Act, 1938, IRDAI (health Insurance) Regulations 2016 and IRDA (protection of policyholder's interest) Regulations 2017 as amended from time to time.

6.17 Grievance Redressal

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

Website: https://nationalinsurance.nic.co.in/

Post: National Insurance Co. Ltd.,

Premises No. 18-0374, Plot no. CBD-81, Rajarhat,

New Town, Kolkata – 700156 Toll free: 1800 345 0330

CRM Dept., E-mail: customer.relations@nic.co.in

Phone : (033) 2283 1742

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

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer (Office in-Charge) at that location,

For updated details of grievance officer, kindly refer the link: https://nationalinsurance.nic.co.in/

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নিয়ানল হুন্থবাইনল কম্মনী নিশিকৈ National Insurance Company Limited CIN: U10200WB1966G01001713 IRDA Registration No. 58



चंडीकृत एवं प्रधान आर्थालय । परिचर क्षणांच 18-2074, परिट क्षण्डं चीचंडी-81, जू टाउन, प्रीतामाता 700-156, प्रीडम बंगाल Registered & Head Office : Premises No. 18-9074, Prot No. CSD-81, New York, Kolkusa 700-150, West Bernad P No. 033-22881715-06 Fee: 000-22801713 email : website administrator@nic.co.in

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 (Annexure II).

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/

6.18 Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The insured person shall be notified three months before the changes are effected.

6.19 Withdrawal of Policy

In the likelihood of this product being withdrawn in future, the company will intimate the insured person about the same 90 days prior to expiry of the policy.

Insured person will have the option to migrate to similar health insurance product available with the company at the time of renewal with all the accrued continuity benefits such as waiver of Waiting Period as per IRDAI guidelines, provided the policy has been maintained without a break.

1) "Policy Issuing Office: Mumbai"

2) " Consolidated Stamp Duty deposited as per the order of Government of India

For National Insurance Co Ltd

Authorised Signatory

नेशानल इन्त्योपेन्स कम्पनी लिमिटेड National Insurance Company Limited GIN : UT8200W81986G01981713 IRDA Registration No. 50 ਪੰਡੀਬ੍ਰਨ ਸੂਬੇ ਸ਼ਬਾਜ ਕਰਬੀਜ਼ਬ : ਸੰਦਿਦ ਲਈਬਾ 18-3074. ਪਸੰਟ ਲਗਬ ਜੀਬੀਡੀ-81, ਜ੍ਰਾ ਟਾਤਜ, ਅੰਜਵਰਗ 700 156, ਪੰਡਜ ਕਾਰਜ Registered & Head Office : Premises No. 18-3074, Plot No. CBD-81, New Town, Kolkota 700 156, West Bangal P No. 033-22831705 056 No. 033-2301712 ਸ਼ਬਾਬੀ ਅਵੀਰੀਕ ਰਵੀਅੰਗਰੇਸ਼ਬੀਰ ਵਿੱਚਾਂਟ ਦਨ in



| - | List J - List of which coverage is not available in the policy |
|-----|--|
| SI | lirm |
| 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 |
| 10 | HOSPITAL) |
| 11 | LEGGINGS |
| 12 | LAUNDRY CHARGES 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 |
| 12 | Television Charges |
| 13 | SURCHARGES |
| 26 | ATTENDANT CHARGES |
| 25 | EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS |
| 10 | PART OF RED CHARGE) |
| 26 | BERTH CERTIFICATE |
| 27 | CERTIFICATE CHARGES |
| 18 | COURTER CHARGES |
| 19 | CONVEYANCE CHARGES |
| 10 | MEDICAL CERTIFICATE |
| 11 | MEDICAL RECORDS |
| 12 | PHOTOCOPS & CHARGES |
| 3.3 | MORTUARY CHARGES |
| 14 | WALKING AIDS CHARGES |
| 15 | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE ROSPITAL) |
| 36 | SPACER |
| 18 | SPIROMETRE |
| 19 | NEBULIZER KIT STEAM INHALER |
| 40 | ARMSLING |
| tī | THERMOMETER |
| 12 | CERVICAL COLLAR |
| 13 | SPLINT |
| 14 | DIABETIC FOOT WEAR |
| 45 | KNEE BRACES (LONG/SHORT/HINGED) |
| 46 | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER |
| 47 | LUMDO SACRAL BELT |
| 48 | NIMBUS BED OR WATER OR AIR BED CHARGES |
| 19 | AMBULANCE COLLAR |
| 50 | AMBULANCE EQUIPMENT |
| 51 | ABDOMINAL BINDER |
| 51 | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES |
| 53 | SUGAR FREE Tablets |
| 54 | CREAMS POWDERS LOTIONS (Todetries are not poyable, only prescribed |
| | midical pharmaceuticals payable) |
| 5 | ECG ELECTRODES |
| 16 | OLOVES NEBOL MATROD VIV |
| 17 | NEBULISATION KIT |
| SE. | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] |
| 99 | KIDNEY TRAY |
| 0 | MASK |
| 11 | OUNCE GLASS |
| 2 | OXYGEN MASK |
| 3 | PELVIC TRACTION BELT |
| 14 | PAN CAN |
| 5 | TROLLY COVER |
| 56 | UROMETER, URINE JUG |
| \$7 | AMBULANCE |
| 18 | VASOFIX SAFETY |
| 7.1 | List II - Items that are to be subsumed into Room Charges |
| \$1 | ltem |
| | BABY CHARGES (UNLESS SPECIFIED/INDICATED) |
| 2 | HAND WASH |
| | |
| 3 | SHOE COVER |
| | SHOE COVER CAPS |

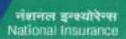
नेशनल इन्वयोपेन्स कम्मनी लिमिटेड National Insurance Company Limited CIN: U18290W81908G01901713 IRDA Registration No. 58



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| S CRADLE CHARGES 6 COMB 7 PALI-DE-COLDER / BOOM FRESHNERS 8 FOOT COVER 9 GOWN 10 SLIPPERS 11 TISSUE PAPER 12 TOOTH PASTE 13 TOOTH BRUSS 14 BED PAN 13 PACE MASK 14 FACE MASK 16 FLEXI MASK 17 HAND HOLDER 18 SPUTUM CUP 19 DISINFECTANT LOTIONS 10 LUXURY TAX 21 HVAC 10 LUXURY TAX 22 HOUSE KEIPPING CHARGES 13 AR CONDITIONER CHARGES 14 MI V NUBCTION CHARGES 15 CLEAN SHEET 16 BLANKETW ARMER BEANKET 17 ADMISSION KIT 18 DIABIETY CHART CHARGES 19 DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES 10 DISCHARGE PROCEDURE CHARGES 11 DIABIETY CHART CHARGES 12 ENTRANCE PASS / VISITORS PASS CHARGES 13 INCIDENTAL EXPENSES / MISC CHARGES 14 FILE OPENING CHARGES 15 PATENT CHARGES 16 FLEE OPENING CHARGES 17 PULSONYMETER CHARGES 18 INCIDENTAL EXPENSES / MISC CHARGES (NOT EXPLANABL) 19 PULSONYMETER CHARGES 19 PULSONYMETER CHARGES 10 LIAN BERSOVAL CREAM 10 DISCHARGE PROCESSABLE (FOR SHE PURPORTION BAND IN NAME TAG 19 PULSONYMETER CHARGES 10 LIAN BERSOVAL CREAM 10 DISCHARGE PROCESSABLE (FOR SHE PURPORTIONS) 10 LIAN BERSOVAL CREAM 10 DISCHARGE PROCESSABLE (FOR SHE PURPORTIONS) 11 EYE FRED 11 MICROSCOPE COVER 12 SHARLED TO PROCESSABLE SHAWENED 13 SUSCICAL DIBLE. 14 EYE SIT 15 EYE DAAPE 16 ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS 17 BOYLES APPARATUS CHARGES 19 ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS 11 MICROSCOPE COVER 15 SUSCICIAL DIBLE. 16 YEAR PARAM 17 BOYLES APPARATUS CHARGES 19 ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS 11 MICROSCOPE COVER 21 SHARLED BERNOON CHARGES 22 HORSTITAL BAND BERNOON CHARGES 23 HORSTITAL BAND BERNOON CHARGES 24 APRON 25 TORNSIQUET 26 DAAPE CONTINUED 26 TORNSIQUET 27 ORTHODROPHEN TO CHARGES 28 HORSTITALISATION CHARGES 29 HORSTITALISATION CHARGES 30 LURIS CONTINUED 31 TORNSIQUET 31 AND SUSCICAL TAPE 4 APPEN 4 APPEN 4 APPEN 4 APPEN 5 BERNOON CHARGES 5 BIFAP MACHINE 6 CPAPY CAPO EQUIPMENTS 7 INCIDENT PANNOON CHARGES 5 BIFAP MACHINE 6 CPAPY CAPO EQUIPMENTS 7 INCIDENT PANNOON CHARGES 5 BIFAP MACHINE 6 CPAPY CAPO EQUIPMENTS 7 INCIDENT PANNOON CHARGES 7 BIFAD THAN THAN THE PANNOON CHARGES 7 BIFAD THAN THAN THE PANNOON CHARGES 7 B | _ | xure I |
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| 7 P. ALL-TRE-COLL COME / ROOM FRESHNERS 8 FOOT COVER 9 GOWN 10 SEJPPERS 11 TISSUE PAPER 12 TCOTH PASTE 13 TCOTH BRUSS 14 BED FAN 13 FACE MASK 14 BED FAN 13 FACE MASK 16 FLEXT MASK 17 HAND HOLDER 18 SPUTUM CUP 19 DISINFECTANT LOTIONS 20 LUXURY TAX 21 HVAC 21 HOUSE KEIPPING CHARGES 22 HOUSE KEIPPING CHARGES 23 AIR CONDITIONER CHARGES 24 IM IV INJECTION CHARGES 25 CLEAR SHEET 26 BLANKET/WARMER BLANKET 27 ADMISSION KIT 28 DIAMNET/CHART CHARGES 29 DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES 29 DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES 30 DISCHARGE PROCEDURE CHARGES 31 EXPENSES RELATED TO PRES'CRITION ON DISCHARGE 4 ENTRANCE FASS / VISITORS PASS CHARGES 31 EXPENSES RELATED TO PRES'CRITION ON DISCHARGE 4 FILE OPENSED CHARGES 31 ENTRANCE FASS / VISITORS PASS CHARGES 32 ENTRANCE FASS / VISITORS PASS CHARGES 33 ENTRENCE FASS / VISITORS PASS CHARGES 34 EXPENSES RELATED TO PRES'CRITION ON DISCHARGE 35 ENTRANCE FASS / VISITORS PASS CHARGES 36 EXPENSES RELATED TO PRES'CRITION ON DISCHARGE 37 PULSBOXYMETER CHARGES 38 INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLANSION) 39 PULSBOXYMETER CHARGES 4 IN HAR BEMOVAL CREAM 2 DISPOSABLES RAZORS CHARGES (for site preparations) 4 FILE OF SHEED 5 CAMBELS OVER 6 DVD. CD CHARGES 6 DVD. CD CHARGES 7 GAINE SOUT 14 EYE SHEED 15 CAMBELA COVER 16 ADVD. CD CHARGES 17 GAINE SOUT 18 GAINE SOUT 19 AND HOUSE AND AND HOUSE CHARGES 19 AND HOUSE AND AND HOUSE CHARGES 10 AND HOUSE AND AND HOUSE OF PASTRUMENTS 11 MICROSCOPE COVER 15 EYE DOATE 16 AND AND HOUSE SHEADES, HARMONICS CALPEL SHAVER 18 SUBSCICAL DIGIT. 18 JEL - Bross that are to be subsumed into Cods of freatment 19 COTTON BANDAGE 10 ADDISONOPHER CONTAINER 10 ADDISONOPHER CONTAINER 11 HOUSE APPARATUS CHARGES 10 HOUSE AND AND HOUSE CHARGES 11 DISPOSADE LOOP HARMONICS CALPEL SHAVER 11 ADMISSION PRICE SUBDICE SHIRTH DISINECTANTS ETC 18 CONTON BANDAGE 19 CONTON BANDAGE 21 TORNIQUET ON THE PARATUS CHARGES 22 HOSPICAL BRADE AND CHARGES 31 BROOKED PRES'RUDIC CHARGES 31 BROOKED PRES'RUDIC CHARGES 31 BROOKED PRES'RUDIC CHARGES 31 BROOKED PRICE | 5 | CRADLE CHARGES |
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| 15 ALCOHOL SWABES | | |
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| 16 SCRUB SOLUTION/STERILLIUM | _ | |
| 17 Glucomer & Strips | | |
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पैक्षेत्रका पूर्व प्रथम कार्यासम् । परिवर कार्यक १८-३०७४, अर्गट क्रमांच सीमीडी-81, म्यू टाइन, फोलकारा १०० १५६, प्रीटम कार्यस Registered & Heed Office : Previses No. 18-3074, Pot No. CBO-81, Now Your, Nobelle 200 198, West Sangal P No 1003-22631705-06 Fax: (03)-23631712 email : website.administrator@rig.co.in



| The contact | details of the | Insurance | Ombudsman | offices | are as below- |
|-------------|----------------|-----------|-----------|---------|---------------|
| | | | | | |

| Areas of Jurisdiction | Office of the Insurance Ombudsman |
|--|---|
| Gujarat , UT of Dudra and | Office of the Insurance Ombudsman, 2nd floor, Ambica House, |
| Nagar Haveli, Daman and | Near C.U. Shah College, |
| Disa | 5, Navyug Colony, Ashram Road, |
| | Ahmedabad - 380 014. |
| | Tel: 079 - 27546150 / 27546139 |
| | Fax: 079 - 27546142 |
| | Email: |
| | bimalokpal ahmedahad@ecni.co.in |
| Karrataka | Office of the Insurance Ombudsman, JeevanSouthaBuilding,PID No. 57-27- |
| | N-19 |
| | Ground Floor, 19/19, 24th Main Road, |
| | JP Nagor, 1st Phase, |
| | Bengaluru - 560 078. |
| | Tel.: 080 - 26652048 / 26652049 |
| | Email: |
| | bimalokpal bengalura/jecoi.co.in |
| Madhya Pradesh and | Office of the Insurance Ombudsman, |
| Chhattisgarh | Janak Vihar Complex, 2nd Floor, |
| | 6, Malviya Nagar, Opp. Ainel Office, |
| | Near New Market, Bhopal = 462 003. |
| | Tel.: 0755 - 2769201 / 2769202 |
| | Fax: 0755 - 2769201 / 2769202 |
| Street, or other party of | Email: himstokpal.bhogal/secol.co.m |
| Odisha | Office of the Insurance Ombudamas, |
| | 62, Forest park, |
| The Party of the P | Bhubneshwar - 751 009, |
| | Tel: 0674 - 2596461 /2596455 |
| | Pax: 0674 - 2596429 |
| | Emailis. |
| n 11 10 | bimtlekeel,bestansware ccoi.co.in |
| Punjab , Haryana, Hanashal | Office of the Insurance Ombudsman, |
| Pradesh, Jammu and | S.C.O. No. 101, 102 & 103, 2nd Floor, Bate Dubbling Second 17 |
| Kashmir, UT of Chandigarh | Bates Building, Sector 17 - D, Chard-garh - 160 017. |
| | Tel: 0172 3706196 / 2706468 |
| | Fax: 0172 - 2708274 |
| | Email: |
| | bimalokpal chandigarh@ecoi.co.in |
| Tamel Nado, UT- | Office of the Insurance Ombudsman, |
| Pondicherry Town and | Fatima Akhur Court, 4th Floor, 453, |
| Karackal (which are part of | Anna Salai, Teynampet, |
| UT of Poulicherry) | CHENNAI #600 018. |
| | Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 |
| | Fax: 044 - 24333064 Email: bimalokpal.chemai@ecoj.co.in |
| Delhi | |
| arvine . | 2/2 A, Universal Insurance Building, |
| | Asaf Ali Road, |
| | New Delhi - 119 002. |
| | Tel.: 011 - 23239633 / 23237532 |
| | Fax: 011 - 23230858 |
| | Email: bimalokpal.delhi@ecoi.co.in |
| Assum , Meghaloya, | Office of the Insurance Ombudsman, |
| Manipur, Mizoram, | JeevanNivesh, 5th Floor, |
| Arunochel Pradesh, Nagaland and Tripura | Nr. Panhazar over bridge, S.S. Road, |
| sofemen me tabert | Guwahati - 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 |
| | Fax: 0361 - 2732937 |
| | Email: bimslokpal.gowshati@ecoj.co.ir |
| Andhra Pradesh, Telangana | Office of the Insurance Ombudsman, |
| and UT of Yanam - a part of | 6-2-46, 1st floor, "Moin Court", |
| the UT of Pondicherry | Lane Opp. Saleem Function Palace, |
| | A. C. Guards, Lakdi-Ka-Pool, |
| | Hyderabad - 500 004. |
| | Tel: 040 - 65504123 / 23312122 |
| | Fax: 040 - 23376599 |
| | Emeil: |
| | |
| Rajesthan | himalokpal hyderabadi@ecoi.co.in Office of the Insurance Ombudsman. |

| | Annexure II |
|--|--|
| | Bhawani Siagh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 |
| Kerala , UT of (a) Lakshadweep, (b) Mahe – a part of UT of Pondicherry | Email: Bimalokpal.jajpur@ccoi.co.is Office of the Insurance Osebudsman, 2nd Floor, Palinst Bldg., Opp. Cochin Shipyard, M. Cl. Read, Emskulam - 682 015, Tel.: 0484 - 2358759 / 2359138 Fax: 0484 - 2359336 Emsil: |
| West Bengal, UT of Andaman and Nicobar Islands, Sikkim | bimalokpal ernskularn@eco.co.in Office of the Insurance Ombudsman, Hindustan Bldg. Americ, 4th Floor, 4, C.R. Avenue, KOLKATA - 700-072, Tel.: 033 - 22124339 / 22124340 Fax: 033 - 22124341 Email: bimalokpal.kolkata@eco.co.in |
| Districts of Utter Pradesh: Laitpur, Jhensi, Mahoba, Hamirpur, Banda, Chitrakoet, Allahabad, Mirzapur, Sonbhabdra, Fatchpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanper, Lucknow, | Office of the Insurance Ombudsman, 6th Floor, JoevanBhawan, Plane-II, Nawal Kishere Road, Harratganj, Lucknow - 226 001. Tel. 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: himalokpal.lucknow@ecoi.co.in |
| Umao, Sitapar, Lakhimpur, Bahraich, Bunbuski, Raebareli, Savasti, Gonda, Faizabud, Amethi, Kaushamen, Bahrampur, Basti, Ambedkarnagar, Suhtaspur, Maharajgang, Santkabumagar, Azamgath, Kushimagar, Gerkhpur, Deoris, Mau, Ghezipur, Chandauli, Ballia, Sidharathragar. | |
| Gos. Mumbai Metropelitan Region excluding Navi Mumbai & Thane | Office of the Inserance Cambudaman, 3rd Floor, JeevanSevaAnnexe, S. V. Road, Santacraz (W), Mambai 400 054, Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106552 Email: bimalokyol.mumbai@ccci.co.in |
| State of Uttaranchal and the following Districts of Uttar Prackesh: Agro, Aligarh, Baggon, Bareilly, Bijnor, Budsun, Bulandshehar, Etah, Kanooj, Maenguri, Mathara, Mecnat, Monafahad, Muzaffamagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautumbodhanagar, Ohaziabad, Hardei, Shahijahanpur, Hapur, Shamii, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshirannagar, Saharanpur | Office of the Insurance Ombadamon, BhagwarSahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Dist: GantanBuddh Nagar, U.P-201301. Tel: 9120-2514250 / 2514251 / 2514253 Email: bimalokpal.noida@ecoi.co.in |
| Bihar, Jharkhand, | Office of the Insurance Ombudsman, Ist Floor, Kalpana Ascade Building., Bazar Samiti Road, Bahaduepur, Patna 800 006. Email: bimalokpal, patna@ecol.co.in |
| Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region | Office of the Insurance Ombudsman, JeevenDershan Bldg., 3rd Floor, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 (30). Tele 020 – 32341330 |

नशनल इन्योदन्स कम्पी लिपिटब National Insurance Company Limited CIN: U10206WB1906G01001713 IRDA Registration No. 58 HEZ DINES HINES - DE SENSOR DE SENSOR CO. IN

Registered & Head Office : Premises No. 19-3074, Plot No. CBD-81,
New Town, Wolcon 700 196, West Bengal

New York, Kokota 700 156, Viest Bengal P No : 033-22831705-06 Fax : 033-22831712 email: website.administratori@nic.co.in

For any information please contact the Policy Issuing Office or visit our website at www.nationalinsuranceindia.com