



**my: Credit - Personal Accident (Group)**

**Policy Wordings**

**Table of Contents**

Insuring Clause ..... 1

Reference to Definitions ..... 1

Section A – Coverage ..... 2

    1. Credit Shield ..... 2

    2. Accident Shield ..... 2

    2.2 Optional Covers ..... 2

Section B – my: Health Active ..... 3

    i. Health Coach: ..... 3

    ii. Wellness services ..... 3

Section C – Exclusions ..... 4

Section D – Definitions ..... 4

Section E – Claims Procedure ..... 7

Section F – General Conditions ..... 8

    List of Ombudsman ..... 13

**Insuring Clause**

In consideration of payment of **Premium** by **You** and realized by **Us, We** will provide insurance cover to the **Insured Person(s)** under this Policy up to **Sum Insured** mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate**.

This **Policy** is subject to **Your** statements in respect of all the **Insured Persons** in Proposal form/Application Form, declarations, payment of premium and the terms and conditions of this **Policy**.

**Reference to Definitions**

Certain words used in the Coverage description have specific meanings which are mentioned in Definitions and which impacts the Coverage. All such words, where ever mentioned in this document are mentioned in bold to enable you to identify that particular word has a specific meaning for which You need to refer Section D

**Section A – Coverage**

**1. Credit Shield**

We will pay the **Sum Insured**, as specified in the **Policy Schedule/Certificate of Insurance**, if Insured Person sustains **Injury** due to **Accident** which shall within twelve (12) months of its occurrence be the sole and direct cause of:

- I) Death
- II) **Permanent Total Disability** as specified in table below

Sr. No.	Permanent Total Disability	% of Sum Insured
1	Loss of sight on both eyes	100
2	Loss of both hands	100
3	Loss of both feet	100
4	Loss of one hand and one foot	100
5	Loss of one eye one hand	100
6	Loss of one eye one foot	100
7	Other total permanent total disability	100

The coverage under this section is applicable until policy expiry or loan closure date, whichever is earlier.

**2. Accident Shield**

We will pay the **Sum Insured**, as specified in the **Policy Schedule/Certificate of Insurance**, if **Insured Person** sustains **Injury** due to **Accident** which shall within twelve months of its occurrence be the sole and direct cause of Death

**2.2 Optional Covers**

*a) Permanent Total Disability*

We will pay the **Sum Insured**, as specified in the **Policy Schedule/Certificate of Insurance**, if **Insured Person** sustains Injury due to **Accident** which shall within twelve months of its occurrence be the sole and direct cause of **Permanent Total Disability** as per Table below

Sr. No.	Permanent Total Disability	% of Sum Insured
1	Loss of sight on both eyes	100
2	Loss of both hands	100
3	Loss of both feet	100
4	Loss of one hand and one foot	100
5	Loss of one eye one hand	100
6	Loss of one eye one foot	100
7	Other total permanent total disability	100

*b) Permanent Partial Disability*

We will pay the percentage of **Sum Insured** as specified in table below, if **Insured Person** sustains Injury due to **Accident** which shall within twelve months of its occurrence be the sole and direct cause of **Permanent Partial Disability**

<b>Table – Permanent Partial Disability</b>	
<b>Permanent Partial Disability of</b>	<b>%of Sum Insured</b>
An arm at the shoulder joint	70
An arm above the elbow joint	65
An arm beneath the elbow joint	60
A hand at the wrist	55
A thumb	20
An index finger	10
Any other finger	5
A leg above mid-thigh	70
A leg upto mid-thigh	60
A leg upto beneath the knee	50
A leg upto mid-calf	45
A foot at the ankle	40
A large toe	5
Any other toe	2
Any eye	50
Hearing loss on one ear	30
Hearing loss on both ears	75
Sense of smell	10
Sense of taste	5

### Section B – my: Health Active

The services listed below are available to all **Insured Person** through **Our Network Provider** on **Our my: health mobile app** only.

#### i. Health Coach:

An **Insured Person** will have access to Health Coaching services in areas such as:

- Disease management
- Activity and fitness
- Nutrition
- Weight management.

These services will be available through **Our my: health mobile app** as a chat service or as a call back facility.

#### ii. Wellness services

- **Discounts:** on OPD, Pharmaceuticals, pharmacy, diagnostic centers.
- **Customer Engagement:** Monthly newsletters, Diet consultation, health tips
- **Specialized programs:** like stress management, Pregnancy Care, Work life balance management.

### Disclaimer applicable to my: health Mobile app and associated services

It is agreed and understood that Our my:Health mobile app and Wellness services are not providing and shall not be deemed to be providing any **Medical Advice**, they shall only provide a suggestion for the Insured Person's consideration and it is the Insured Person's sole and absolute choice to follow the suggestion for any health related advice. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations suggested under this benefit.

## Section C – Exclusions

We will not make any payment for any claim in respect of any **Insured Person** directly or indirectly for, caused by, arising from or in any way attributable to any of the following

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. War or any act of war, invasion, act of foreign enemy, war like operations (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
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage directly or indirectly caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide while mentally sound or unsound.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation, adventure sports like winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters, participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which the Insured is untrained, unless specifically covered under the Policy
- viii. Suicide, attempted suicide or self-inflicting injury

## Section D – Definitions

The terms defined below have the meanings ascribed to them wherever they appear in this **Policy** and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same

- Def. 1. **Accident or Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Def. 2. **Age or Aged** means completed years as at the **Policy** Commencement Date.
- Def. 3. **Commencement Date** means the commencement date of the **Policy** as specified in the **Policy Schedule**.
- Def. 4. **Company** means HDFC ERGO General Insurance Company Limited.
- Def. 5. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon



## HDFC ERGO General Insurance

- Def. 6. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Def. 7. **Financial Institution** shall have the same meaning assigned to the term as per Reserve Bank of India Act, 1934 and shall include a Non Banking Financial Company as defined under section 45 I of the Reserve Bank of India Act, 1934
- Def. 8. **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.
- Def. 9. **Hospital** means any institution established for In-patient Care and **Day Care Treatment of Illness** and/or injuries and which has been registered as a **Hospital** with the local authorities under 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 at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
  - has qualified nursing staff under its employment round the clock,
  - has 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 will make these accessible to the insurance company's authorized personnel.
- Def. 10. **Hospitalization** means admission in a **Hospital** for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
- Def. 11. **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.
- Def. 12. **Insured Person** means a person whose name specifically appears under the Insured in the Policy Schedule / Certificate of Insurance
- Def. 13. **Loan / Credit** means the sum of money lent at interest or otherwise to the Insured by any Financial Institution as identified by the Loan Account Number / Account Number referred to in the Policy Schedule / Certificate of Insurance
- Def. 14. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.
- Def. 15. **Medical Practitioner** is a person who holds a valid registration from the medical council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and acting within the scope and jurisdiction of license
- Def. 16. **my: Health App** is proprietary App of HDFC ERGO General Insurance Company. With my: Health App You can:

- Access **YourPolicy** Details
  - Manage **Your Policy**, download **Your Policy Schedule/Certificate of Insurance** and access to **Your** e-card will always be at **Your** fingertips, 24 x 7.
- **Policy** Endorsement made easy
  - By submitting a request to us through my:Health App, **You** can make any modifications in **YourPolicy**, for e.g. change in spelling of the name, contact number etc.
- Effortless Claims Management
  - Now **You** can Submit **Your** claims from the app for faster processing and track the status at **Your** fingertips. **You** can also intimate a claim using the app. **You** can also view Network hospitals in **Your** area with directions.
- Stay Active – Short Walks, Big Benefits
  - The App tracks **Your** steps, fitness session and lets **You** earn incentive on renewal discount on **YourPolicy**.

Def. 17. **Nominee** means the person(s) nominated by the Insured to receive the insurance benefits under this Policy payable on the death of the Insured. For the purpose of avoidance of doubt it is clarified that if the Insured is a minor, his guardian shall appoint the Nominee.

Def. 18. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication

Def. 19. **Policy Period/ Coverage Period** means the period between the Commencement Date and the Expiry Date specified in the **Policy Schedule/Certificate of Insurance**

Def. 20. **Permanent Partial Disability** means disablement, as a result of Bodily Injury arising within 12 months of bodily injury being sustained and which is certified by the Medical Practitioner as total and continuous loss or impairment of a bodypart or sensory organ

Def. 21. **Permanent Total Disability** means disablement, as the result of a Bodily Injury arising within 12 months of bodily injury being sustained, which:

- (i) Continues for a period of twelve (12) consecutive months, and
- (ii) is confirmed as total, continuous and permanent by a Physician after the twelve (12) consecutive months, and
- (iii) entirely prevents an Insured Person from engaging in or giving attention to gainful occupation of any and every kind for the remainder of his/her life.

Def. 22. **Physical Separation** means as regards the hand actual separation at or above the wrists, and as regards the foot means actual separation at or above the ankle

Def. 23. **Physician** means a person currently legally licensed and registered to practice medicine in the jurisdiction of loss, other than

- An Insured Person under this Policy;
- An Immediate Family of the Insured Person. For purposes of this definition only, the term Immediate Family Member shall not be limited to natural persons resident in the same country as the Insured Person.



## HDFC ERGO General Insurance

- Def. 24. **Policy** means Your statements in the proposal form/application form (which are the basis of this Policy), this policy wording (including endorsements, if any), and the **Policy Schedule/Certificate of Insurance** (as the same may be amended from time to time).
- Def. 25. **Policyholder** means Entity who has proposed the Policy and in whose name the Policy is issued
- Def. 26. **Policy Schedule/Certificate of Insurance** means **Schedule** attached to and forming part of this **Policy** mentioning the details of the **Insured Persons**, the **Sum Insured**, the period and the limits to which benefits under the **Policy** are subject to (**Schedule of coverage**), including any Annexure and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.
- Def. 27. **Principal Outstanding** means the principal amount of the Loan outstanding as on the date of occurrence of Insured Event less the portion of principal component included in the EMIs payable but not paid from the date of the loan agreement till the date of the Insured Event/s and less arrears of the borrower(s) due to any reasons whatsoever. For the purpose of avoidance of doubt, it is clarified that any EMIs that are overdue and unpaid to the Financial Institute prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.
- Def. 28. **Professional Sports** means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood.
- Def. 29. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def. 30. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of **Grace Period** for treating the **Renewal** continuous for the purpose of gaining credit for Pre-Existing Diseases, time-bound exclusions and for all waiting periods
- Def. 31. **Sum Insured** means the sum shown in the **Policy Schedule/Certificate of Insurance** which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Year
- Def. 32. **We/Our/Us** means the HDFC ERGO General Insurance Company Limited
- Def. 33. **You/Your** means an **Insured Person** named in the **Policy Schedule/Certificate of Insurance**.

### Section E – Claims Procedure

On the occurrence of any Insured Event that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed.

<b>Claim Intimation</b>	You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website
<b>Claim Intimation Timelines</b>	Within 14 days of the event
<b>Particulars to be provided to Us for Claim notification</b>	<ol style="list-style-type: none"> <li><b>Policy Number</b>,</li> <li>Name of the <b>Insured Person(s)</b> named in the <b>Policy Schedule</b> availing treatment,</li> </ol>

	<ol style="list-style-type: none"> <li>3. Nature of <b>injury</b>,</li> <li>4. Name and address of the attending <b>Medical Practitioner/Hospital</b></li> <li>5. Date and time of event if applicable</li> <li>6. Date of admission if applicable</li> </ol>
<p><b>Claims documents for Credit Shield (Accidental Death) / Accident Shield (Accidental Death)</b></p>	<ol style="list-style-type: none"> <li>1. Duly Completed Claim Form signed by <b>Nominee/</b> legal heir of the <b>Insured Person</b></li> <li>2. Copy of address proof (Ration card or electricity bill copy).</li> <li>3. Attested copy of Death <b>Certificate</b>.</li> <li>4. Burial <b>Certificate</b> (wherever applicable).</li> <li>5. Attested copy of Statement of Witness, if any lodged with police authorities.</li> <li>6. Attested copy of FIR / Panchanama / Inquest Panchanama.</li> <li>7. Attested copy of Post Mortem Report (only if conducted).</li> <li>8. Attested copy of Viscera report if any(Only if Post Mortem is conducted).</li> <li>9. NEFT details &amp; cancelled cheque of the <b>Insured Person</b></li> </ol>
<p><b>Claims documents for Credit Shield (Permanent Total Disability) / Accident Shield – Permanent Total Disability / Permanent Partial Disability</b></p>	<ol style="list-style-type: none"> <li>1. Duly Completed Claim Form signed by <b>Insured Person</b>.</li> <li>2. Attested copy of disability <b>Certificate</b> from Civil Surgeon of Government Hospital stating percentage of disability.</li> <li>3. Attested copy of FIR. (If any)</li> <li>4. All X-Ray / Investigation reports and films supporting to disability.</li> <li>5. NEFT details &amp; cancelled cheque of <b>Insured Person</b>.</li> </ol>
<p><b>Claims documents submission</b></p>	<p>In case of any Claim for the Insured Events, the list of documents as mentioned above shall be provided by the <b>Policy Holder/ Insured Person</b>, immediately but not later than 30 days of date of occurrence of an <b>Insured Event</b>, at own expense to avail the Claim</p>
<p><b>Condonation of delay</b></p>	<p>If the claim is not notified/ or submitted to <b>Us</b> within the specified time limits, then <b>We</b> shall be provided the reasons for the delay in writing. <b>We</b> will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control</p>

## Section F – General Conditions

### 1) **Fraudulent claim**

- i. If any claim made under the policy is found to be fraudulent, or is supported by any fraudulent means or devices or software by **Insured Person** or anyone acting on their behalf to obtain any benefit under this Policy then The policy shall be cancelled ab-initio from the inception date or the renewal date (as the case may be),
- ii. All benefits payable, if any, under such Policy shall be forfeited with respect to such claim

### 2) **Complete Discharge**

Payment by the Company to the Policyholder or Insured Person or the Nominee or the legal heir of the Insured Member, as the case may be, under the Policy shall in all cases be complete and construed as an effectual discharge in favor of the Company





**3) Free Look Period**

**You** have a period of 15 days from the date of receipt of the first policy to review the terms and conditions of this Policy. If **You** have any objections to any of the terms and conditions, **You** have the option of cancelling the Policy stating the reasons for cancellation. If **you** have not made any claim during the Free look period, **you** shall be entitled to refund of premium subject to,

- a deduction of the expenses incurred by **Us** on **Your** stamp duty charges and proportionate risk premium, if the risk has not commenced,
- a deduction of such proportionate risk premium commensuration with the risk covered during such period ,where only a part of risk has commenced

**4) Geography**

The cover is operative on worldwide basis.

**5) Non Disclosure or Misrepresentation**

If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, willfully or otherwise, the Policy shall be:

- i. cancelled ab initio from the inception date or the **Renewal** date (as the case may be), or the Policy may be modified by **Us**, at **Our** sole discretion, upon 30 day notice by sending an endorsement to **Your** address shown in the Schedule and
- ii. the claim under such Policy if any, shall be rejected/repudiated forthwith.

**6) Grace Period**

- i. A grace period of 30 days for Renewals is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, any treatment availed for an injury contracted during the grace period will not be admissible under the Policy.
- ii. For **Renewal** received after completion of 30 days grace period, the policy would be considered as a fresh policy.

**7) Premium Payment Option**

- i. **Policy holder/Insured Person** shall have the option to pay policy premium in total at the inception of policy or in instalments as per options as below

Options	Installment Premium Option
Option 1	Yearly
Option 2	Half Yearly
Option 3	Quarterly
Option 4	Monthly

- ii. No Additional charges, on the existing premium are applicable irrespective of the Instalment Option selected.



- iii. **Grace Period** of 15 days in case of Monthly premium payment option and 30 days for half yearly and Quarterly premium payment option shall be applicable. In case of claim in **Grace Period** under the policy, unpaid instalment premium will be recovered from the Claim amount payable.
- iv. If case of non-receipt of Instalment Premium on the Instalment due date or before expiry of the grace period, the policy stands cancelled and the Premium for unexpired period will be refund as below
- v. **Cancellation**
  - a. Where Instalment option is not opted and premium has been paid in lump sum, cancellation grid as mentioned in clause 9 ii below will be applicable
  - b. For all other Premium Payment options, 50% of current instalment premium will be refunded when the current period is less than 6 months in to the policy year. For instalment after 6 months, no refund will be payable.
  - c. No refund of any premium in case of any claim during **Policy Year**

**8) Renewal**

- i. The **Company** shall be under no obligation to renew the policy on expiry of the period for which premium has been paid. The **Company** reserves the right to offer revised rates, terms and conditions at renewal based on claim experience and a fresh assessment of the risk. This policy may be renewed only by mutual consent and subject to payment in advance of the total premium at the rate in force at the time of renewal. The **Company**, however, shall not be bound to give notice that the policy is due for renewal or to accept any renewal premium. Unless renewed as herein provided, this policy shall automatically terminate at the expiry of the **Policy Period/ Coverage Period**.
- ii. The policy is ordinarily renewable for life except for
  - a. on grounds of fraud, moral hazard or non-disclosure of any material facts or misrepresentation or non-cooperation by the insured Person
  - b. where claim had been paid on account of bodily Injury resulting in Death or Permanent Total Disability
  - c. In case of fore-closure of Loan availed from the Financial Institution

**9) Cancellation**

**i. Cancellation by Insurer**

**We** may cancel on grounds of misrepresentation, fraud, non-disclosure of material facts as sought to be in proposal form or non-cooperation by any **Insured Person**. Cancelled ab initio from the inception date or the renewal date (as the case may be), at our sole discretion upon giving 30 days' notice

**ii. Cancellation by Insured**

You may cancel this **Policy** at any time by giving **Us** written notice. The cancellation shall be from the date of receipt of such written notice. In case of any claim made during **Policy Year**, no premium will be refunded.

If no claim has been made under the Policy, We will refund premium in accordance with the table below

Month	1 Year	2 Year	3 Year	4 Year	5 Year
Up to 1 month	86.7%	92.5%	95.0%	95.0%	95.0%
Up to 3 month	70.0%	85.0%	90.0%	95.0%	95.0%
Up to 6 month	45.0%	75.0%	80.0%	85.0%	90.0%

Up to 12 month	0.0%	50.0%	65.0%	75.0%	80.0%
Up to 15 month	NA	35.0%	55.0%	70.0%	75.0%
Up to 18 month	NA	25.0%	50.0%	60.0%	70.0%
Up to 24 month	NA	0.0%	35.0%	50.0%	60.0%
Up to 27 month	NA	NA	25.0%	45.0%	55.0%
Up to 30 month	NA	NA	15.0%	37.5%	50.0%
Up to 36 month	NA	NA	0.0%	25.0%	40.0%
Up to 39 month	NA	NA	NA	20.0%	35.0%
Up to 42 month	NA	NA	NA	12.5%	30.0%
Up to 48 month	NA	NA	NA	0.0%	20.0%
Up to 51 month	NA	NA	NA	NA	15.0%
Up to 54 month	NA	NA	NA	NA	10.0%
Up to 60 month	NA	NA	NA	NA	0.0%

## 10) Endorsements

The following endorsements are permissible during the **Coverage Period**:

### 1.1. Non-Financial Endorsements – which do not affect the premium

- i. Minor rectification/correction in name of the **Insured Person** (and not the complete name change)
- ii. Rectification in gender of the **Insured Person** (if this does not impact the premium)
- iii. Rectification of date of birth of the **Insured Person** (if this does not impact the premium)
- iv. Change in the correspondence address of the Proposer(if this does not impact the premium)
- v. Change in **Nominee** Details
- vi. Change in bank details
- vii. Any other non-financial endorsement

### 1.2. Financial Endorsements – which result in alteration in premium

- i. Any other financial endorsement

## 11) Revision/ Modification of the product

We may revise the **Renewal** premium payable under the **Policy** or the terms of cover, with the prior approval from Insurance Regulatory and Development Authority of India. We will intimate **You/ Policy Holder** of any such changes at least 3 months prior to date of such revision or modification

## 12) Withdrawal of the Product

- i. **We** may withdraw this product with the prior approval from Insurance Regulatory and Development Authority of India.
- ii. **We** will intimate **You/Policy Holder** of any such changes at least 3 months prior to date of such revision or modification.
- iii. In such an event of withdrawal of this product, **You/ Policy Holder** can choose to renew this policy under any of Our similar Health insurance products.
- iv. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on Renewal with **Us**



**13) Payment of Claim**

- i. If there are any deficiencies in the necessary claim documents which are not met or are partially met, **We** will send a maximum of 3 (three) reminders following which **We** will send a closure letter or make a part-payment if **We** have not received the deficiency documents after 45 days from the date of the initial request for such documents
- ii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, **We** shall offer within a period of 30 days a settlement of the claim to the Insured person.
- iii. Upon acceptance of an offer of settlement by the **Insured person**, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the **Insured Person**. In the cases of delay in the payment **We** shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.
- iv. However, where the circumstances of a claim warrant an investigation, **We** will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, **We** will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- v. If **We**, for any reason decide to reject the claim the reasons regarding the rejection shall be communicated to You in writing within 30 days of the receipt of documents.
- vi. If requested by **Us** and at **Our** cost, the **Insured Person** must submit to medical examination by **Our Medical Practitioner** as often as **We** consider reasonable and necessary and **We/Our** representatives must be permitted to inspect the medical and Hospitalization records pertaining to the treatment of **Insured Person** and to investigate the circumstances pertaining to the claim.
- vii. **We** and **Our** representatives must be given all reasonable co-operation in investigating the claim in order to assess **Our** liability and quantum in respect of the claim

**14) Contact Us**

	Within India	Outside India
<b>Claim Intimation:</b>	<p><b>Service No.</b> 022-62346234 / 0120-62346234  <b>Email:</b>healthclaims@hdfcergo.com</p>	<p><b>Toll Free No:</b> 800 08250825  <b>Global Toll Free No :</b> +800 08250825                      (accessible from locations outside India only)  <b>Landline no (Chargeable) :</b> 0120-4507250  <b>Email:</b> <a href="mailto:travelclaims@hdfcergo.com">travelclaims@hdfcergo.com</a></p>
<b>Claim document submission at address</b>	<p>HDFC ERGO General Insurance Co. Ltd.                      Stellar IT Park, Tower-1                      5th Floor, C - 25, Sector 62                      Noida – 0120 398 8360</p>	<p>HDFC ERGO General Insurance Co Ltd                      6th Floor, Leela Business Park,                      AndheriKurla Road, Andheri East,                      Mumbai-400059,                      Ph-022 66383600</p>

**15) Grievance Redressal Procedure**

- i. If You/ Policy Holder have a grievance that You/ Policy Holder wish Us to redress, You/ Policy Holder may contact Us with the details of grievance as given below

Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contacts us at	<a href="https://www.hdfcergo.com/customer-care/grievances">https://www.hdfcergo.com/customer-care/grievances</a> Call - 1800-2700-700	<a href="https://www.hdfcergo.com/customer-care/grievances/escalation">https://www.hdfcergo.com/customer-care/grievances/escalation</a> level 1 Call - 1800-2700-700	<a href="https://www.hdfcergo.com/customer-care/grievances/escalation">https://www.hdfcergo.com/customer-care/grievances/escalation</a> level2 Call - 1800-2700-700
Write to us at	<a href="mailto:care@hdfcergo.com">care@hdfcergo.com</a>	<a href="mailto:grievance@hdfcergo.com">grievance@hdfcergo.com</a>	<a href="mailto:cgo@hdfcergo.com">cgo@hdfcergo.com</a>
	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West). MUMBAI – 400078.	The Compliance Officer, Registered & Corporate Office: HDFC House, 1st Floor, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400020

- ii. If You/ Policy Holder are not satisfied with **Our** redressal of grievance through one of the above methods, You/ Policy Holder may approach the nearest Insurance Ombudsman for resolution of **Your** grievance. The contact details of Ombudsman offices are mentioned below.

**List of Ombudsman**

<b>GUJARAT,DADRA &amp; NAGAR HAVELI,DAMAN AND DIU</b>	<b>KARNATAKA.</b>
AHMEDABAD - Shri/Smt.....	BENGALURU - Smt. Neerja Shah
Office of the Insurance Ombudsman,	Office of the Insurance Ombudsman,
JeevanPrakash Building, 6th floor,	JeevanSoudhaBuilding,PID No. 57-27-N-19
TilakMarg,	Ground Floor, 19/19, 24th Main Road,
Relief Road,	JP Nagar, 1st Phase,
Ahmedabad – 380 001.	Bengaluru – 560 078.
Tel.: 079 - 25501201/02/05/06	Tel.: 080 - 26652048 / 26652049
Email: <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a>	Email: <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a>
<b>MADHYA PRADESH, CHATTISGARH</b>	<b>ORISSA</b>
BHOPAL - Shri Guru Saran Shrivastava	BHUBANESHWAR - Shri/Smt.....
Office of the Insurance Ombudsman,	Office of the Insurance Ombudsman,
JanakVihar Complex, 2nd Floor,	62, Forest park,
6, Malviya Nagar, Opp. Airtel Office,	Bhubneshwar – 751 009.
Near New Market,	
Bhopal – 462 003.	
Tel.: 0755 - 2769201 / 2769202	Tel.: 0674 - 2596461 /2596455
Fax: 0755 – 2769203	Fax: 0674 – 2596429
Email: <a href="mailto:bimalokpal.bhopal@ecoi.co.in">bimalokpal.bhopal@ecoi.co.in</a>	Email: <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">bimalokpal.bhubaneswar@ecoi.co.in</a>
<b>PUNJAB,HARYANA,HIMACHAL PRADESH,JAMMU &amp; KASHMIR,CHANDIGARH</b>	<b>TAMIL NADU,PONDICHERRY TOWN AND KARAIKAL (WHICH ARE PART OF PONDICHERRY).</b>



CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 – 2708274 Email: <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">bimalokpal.chandigarh@ecoi.co.in</a>	CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 – 24333664 Email: <a href="mailto:bimalokpal.chennai@ecoi.co.in">bimalokpal.chennai@ecoi.co.in</a>
<b>DELHI.</b>	<b>ASSAM,MEGHALAYA,MANIPUR,MIZORAM, ARUNACHAL PRADESH, NAGALAND AND TRIPURA</b>
DELHI - Shri/Smt..... Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: <a href="mailto:bimalokpal.delhi@ecoi.co.in">bimalokpal.delhi@ecoi.co.in</a>	GUWAHATI - ShriKiriti .B. Saha Office of the Insurance Ombudsman, JeevanNivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: <a href="mailto:bimalokpal.guwahati@ecoi.co.in">bimalokpal.guwahati@ecoi.co.in</a>
<b>ANDHRA PRADESH,TELANGANA,YANAM AND PART OF TERRITORY OF PONDICHERRY.</b>	<b>RAJASTHAN.</b>
HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 – 23376599 Email: <a href="mailto:bimalokpal.hyderabad@ecoi.co.in">bimalokpal.hyderabad@ecoi.co.in</a>	JAIPUR - Smt. SandhyaBaliga Office of the Insurance Ombudsman, JeevanNidhi – II Bldg., Ground Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363 Email: <a href="mailto:Bimalokpal.jaipur@ecoi.co.in">Bimalokpal.jaipur@ecoi.co.in</a>
<b>KERALA, LAKSHADWEEP,MAHE-A PART OF PONDICHERRY.</b>	<b>WEST BENGAL,SIKKIM,ANDAMAN &amp; NICOBAR ISLANDS</b>
ERNAKULAM - Shri/Smt..... Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 – 2359336 Email: <a href="mailto:bimalokpal.ernakulam@ecoi.co.in">bimalokpal.ernakulam@ecoi.co.in</a>	KOLKATA - Shri/Smt..... Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 – 22124341 Email: <a href="mailto:bimalokpal.kolkata@ecoi.co.in">bimalokpal.kolkata@ecoi.co.in</a>
<b>LUCKNOW -Shri/Smt.....</b>	<b>NOIDA - Shri/Smt.....</b>
Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 – 2231310 Email: <a href="mailto:bimalokpal.lucknow@ecoi.co.in">bimalokpal.lucknow@ecoi.co.in</a>	Office of the Insurance Ombudsman, BhagwanSahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: GautamBuddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: <a href="mailto:bimalokpal.noida@ecoi.co.in">bimalokpal.noida@ecoi.co.in</a>
<b>Districts of Uttar Pradesh :</b>	<b>State of Uttaranchal and the following Districts of Uttar Pradesh:</b>
Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki,	Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi,

## HDFC ERGO General Insurance



Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
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<b>GOA, MUMBAI METROPOLITAN REGION, EXCLUDING NAVI MUMBAI &amp; THANE</b>	<b>BIHAR, JHARKHAND</b>
MUMBAI - ShriMilind A. Kharat	PATNA
Office of the Insurance Ombudsman, 3rd Floor, JeevanSeva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006.
Tel.: 022 - 26106552 / 26106960	Tel.: 0612-2680952
Fax: 022 – 26106052	
Email: <a href="mailto:bimalokpal.mumbai@ecoi.co.in">bimalokpal.mumbai@ecoi.co.in</a>	Email: <a href="mailto:bimalokpal.patna@ecoi.co.in">bimalokpal.patna@ecoi.co.in</a>

<b>MAHARASHTRA, AREA OF NAVI MUMBAI AND THANE, EXCLUDING MUMBAI METROPOLITAN REGION.</b>
PUNE
Office of the Insurance Ombudsman, JeevanDarshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030.
Tel.: 020-41312555
Email: <a href="mailto:bimalokpal.pune@ecoi.co.in">bimalokpal.pune@ecoi.co.in</a>