

Ref: CO/Mktg./ZD/A/19 /PY 2025-26

Dated: 26.06.2025

To,  
All HODs of Central Office,  
All Zonal Offices, All Divisional Offices,  
All Branch Offices & Satellite Offices ,  
MDC/ ZTCs/STCs,  
Audit & Inspection Departments.

**Re: Group Personal Accident and Disability Benefit Scheme for Agents - Policy Year 2025-26**

The **Group Personal Accident and Disability Benefit Scheme** for Agents of the Corporation has been renewed w.e.f. 01.05.2025(for the period from 01.05.2025 to 30.04.2026) with **United India Insurance Company Limited**.

**A. Eligibility conditions for Coverage under the Scheme:-**

1. All Agents who were **Active** in the Financial Year 2024-25 and **In-force** as on 31.03.2025 will be eligible for coverage during Policy Year 2025-26.
2. All **Exempted Agents need to be Active** in the Financial Year 2024-25 to be eligible for the coverage.
3. To avail claim under the policy, **status of the Agency should be In-force on the day of occurrence of the contingent event.**
4. The Agent, against whom any Disciplinary proceeding is **in process or being contemplated at the time of the contingent event, shall be excluded** from the scope of this scheme.
5. The Agent, against whom the Disciplinary proceeding is completed during the current Policy Year i.e. 2025-26 shall be included in the scheme from the next Policy Year i.e. 2026-27, subject to fulfillment of eligibility conditions as on 31.03.2026.
6. No additions to the Scheme are allowed in the middle of the Policy Year.
7. The Agents Recruited/Reinstated/Reappointed on or after 1<sup>st</sup> April 2025 will become eligible for coverage under the scheme from the next Policy Year i.e. 2026-27, subject to fulfillment of eligibility conditions as on 31<sup>st</sup> March 2026.

**B. The salient features of the scheme are as follows:-**

- The Policy Number is **0205004225P102961544.**
- Master Policyholder will be the Executive Director (Marketing/PD) & CMO.
- The Scheme is **fully subsidized by the Corporation.**
- The Coverage is for Sum Assured of Rs.2,00,000/- for all eligible Agents.
- There will be no upper age limit for Coverage under the scheme.

**C. Benefits covered under the Scheme:-**

1. Coverage of Death due to Accident.
2. Coverage of Permanent Total Disability (PTD) due to Accident.
3. Coverage of Permanent Partial Disability (PPD) due to Accident.

**D. Various Annexures related to implementation of the Scheme are as follows:-**

1. The major benefits under the Policy are as per **Annexure –I & II.**
2. Personal Accident Claim Intimation Form **Annexure –III**
3. Personal Accident Insurance Claim Form **Annexure –IV**
4. KYC Form **Annexure –V**
5. Nodal Officer Certificate as per **Annexure –VI**
6. The procedure for claims and checklist of documents to be submitted for availing the claim and Grievance Redressal, as provided by the Insurer, is given in **Annexure VII.**
7. Terms & Conditions of the above policy are attached as **Annexure VIII.**

Please ensure that the Claim Form is duly filled in with correct address, contact number, email id and updated NEFT details and all relevant enclosures to avoid any delay.

**E. Procedural Aspect: With a view to ensure that the beneficiaries of the Policy are well-informed regarding the Terms and Conditions of the Policy, all Branch Offices should ensure the following:-**

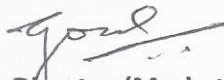
- The Terms and Conditions of the Policy should be **mandatorily and prominently displayed on the Branch NOTICE BOARD throughout the Policy Year.**
- All eligible Members covered under the Scheme for the Policy Year 2025-26 should be communicated by e-mails, Whatsapp messages, SMS messages, etc. regarding their inclusion in the Scheme and they may also be conveyed that the Terms and Conditions and all relevant documents related to the Policy may be obtained from the Branch Office.
- **Branch In-charge of the respective Branch Offices will be the Nodal officer for the Scheme.** The Nodal Officer will receive the intimation of contingency event from the claimant and forward it to the Insurer within 30 days from the date of occurrence of contingency. Hence, it is essential that all the eligible agents of the Branch Office are well informed about the sanctity of time lines.
- The Nodal Officer has to ensure that all the documents as per check list mentioned in **Annexure VII** are received from the claimant within 70 days from the date of **confirmation of Death/Disability.** **All these claim related documents received from the claimant, duly attested by the Nodal Officer, should be directly forwarded to the Insurer within 90 days from the date of confirmation of**



**Death/Disability, along with the Nodal Officer's Certification (Annexure VI), failing which the claim shall not be admissible. No claim documents should be sent to the Central office.**

- Copy of Nodal Officer's Certificate should be properly filed in Branch records so that it can be made available, as and when called for.
- An officer of the Sales department at the Divisional Office in the rank of AO/AO shall be the Monitoring officer at Divisional level to administer the Scheme and keep liaison with their respective Branch Nodal officers and the office of the Insurer. It will be the responsibility of the Divisional Monitoring Officer to obtain a confirmation from all the Branches under their jurisdiction regarding compliance of the above instructions.

You are requested to bring above information to the notice of all concerned.



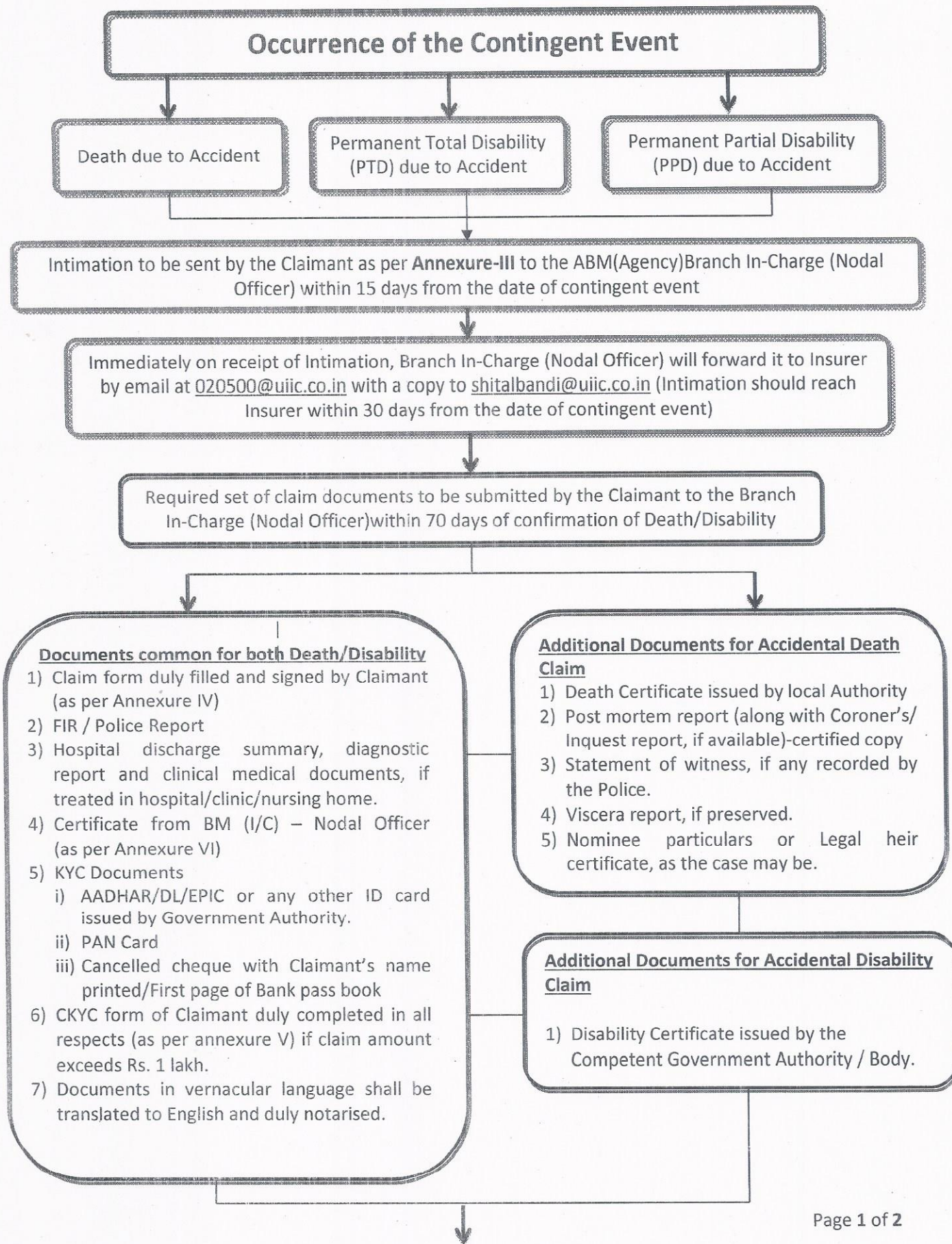
**Addl. Executive Director (Marketing/PD)**

**Enclosures:**

- Annexure-I&II – Major benefits under the Policy
- Annexure III – Personal Accident Claim Intimation Form
- Annexure IV – Personal Accident Insurance Claim Form
- Annexure V – KYC Form
- Annexure VI – Nodal Officer's Certificate
- Annexure VII – Procedure for claims and checklist of documents
- Annexure VIII --Terms & Conditions of the Policy

**GROUP PERSONAL ACCIDENT AND DISABILITY BENEFIT SCHEME FOR AGENTS**  
**POLICY YEAR 2025-26**

**PROCESS FLOW**





**GROUP PERSONAL ACCIDENT AND DISABILITY BENEFIT SCHEME FOR AGENTS  
POLICY YEAR 2025-26**

**PROCESS FLOW**

Branch In-charge (Nodal officer) to attest (with stamp & signature) these Claim papers and forward the hard/soft copies to the Insurer **within 90 days of confirmation of Death/Disability**, as follows:

The scanned copies of all the claim documents with a subject line, "PA Claim under LIC Agents Policy-Agency Code No. \_\_\_\_\_, to be mailed at [020500@uiic.co.in](mailto:020500@uiic.co.in) with a copy to [shitalbandi@uiic.co.in](mailto:shitalbandi@uiic.co.in).

**AND**

The hard copies of all the claim documents shall be sent in a cover superscribed, "PA Claim under LIC Agents Policy-Agency Code No. \_\_\_\_\_, by Speed Post/courier at the following address.

**United India Insurance Company Ltd.**  
Property and Casualty Hub.  
Mumbai Regional Office No 1,  
5<sup>th</sup> floor, Stadium House, Block no 1,  
Veer Nariman Road, Mumbai – 400020.  
Maharashtra  
Phone: 022-44741522

Claim settlement by the Insurer directly in favour of Claimant through NEFT

For any Grievance regarding settlement of claim

**Grievance Redressal**

Mail at [gpkathe@uiic.co.in](mailto:gpkathe@uiic.co.in) with a copy to Sr Divisional Manager ,  
Policy issuing office at [devyanipargaonkar@uiic.co.in](mailto:devyanipargaonkar@uiic.co.in)  
May further be escalated to below, if not resolved within  
stipulated time:

[Customercare.mumbai1@uiic.co.in](mailto:Customercare.mumbai1@uiic.co.in) or [customercare@uiic.co.in](mailto:customercare@uiic.co.in)  
or further grievance mechanism as mentioned in policy schedule.



## PERSONAL ACCIDENT INSURANCE POLICY

### SALIENT FEATURES

| COVERAGE – TABLE III          |                              |                    |             |
|-------------------------------|------------------------------|--------------------|-------------|
| S.I                           | Cover                        | Limit              | Refer       |
| 1                             | Death                        | 100% of CSI        |             |
| 2                             | Permanent Total Disability   | 50% to 100% of CSI | Annexure I  |
| 3                             | Permanent Partial Disability | 1% to 50% of CSI   | Annexure II |
| CSI means Capital Sum Insured |                              |                    |             |

| ANNEXURE-1 Permanent Total Disablement     |   |                       |   |              |
|--|---|-----------------------|---|--------------|
| SI   | Injury  |                       |   | Compensation |
| 1  | Loss of two limbs                             |                       |   | 100% of CSI  |
| 2  | Loss of sight of two eyes                     |                       |   |              |
| 3  | Loss of one limb and loss of sight of one eye |                       |   |              |
| 4  | Loss of one limb                              |                       |   | 50% of CSI   |
| 5  | Loss of sight of one eyes                     |                       |   |              |
| ANNEXURE -II Permanent Partial Disablement |   |                       |   |              |
| SI   | Group   | Injury                |   | Compensation |
| 1  | I   | Loss of Toes          | All   | 20%          |
| 2  |   |                       | Great - Both Phalanges                      | 5%           |
| 3  |   |                       | Great - One Phalanx                         | 2%           |
| 4  |   |                       | Other than Great - Each toe                 | 1%           |
| 5  | II  | Loss of Hearing       | Both Ears                                   | 50%          |
| 6  |   |                       | One Ear                                     | 15%          |
| 7  | IV  | Loss of All 5 Fingers |   | 40%          |
| 8  | V   | Loss of 4 Fingers     |   | 35%          |
| 9  | VI  | Loss of Thumb         | Both Phalanges                              | 25%          |
| 10   |   |                       | One Phalanx                                 | 10%          |
| 11   | VII   | Loss of Index Finger  | Three Phalanges                             | 10%          |
| 12   |   |                       | Two Phalanges                               | 8%           |
| 13   |   |                       | One Phalanx                                 | 4%           |
| 14   | VIII  | Loss of Middle Finger | Three Phalanges                             | 6%           |
| 15   |   |                       | Two Phalanges                               | 4%           |
| 16   |   |                       | One Phalanx                                 | 2%           |
| 17   | IX  | Loss of Ring Finger   | Three Phalanges                             | 5%           |
| 18   |   |                       | Two Phalanges                               | 4%           |
| 19   |   |                       | One Phalanx                                 | 2%           |
| 20   | X   | Loss of Little Finger | Three Phalanges                             | 3%           |
| 21   |   |                       | Two Phalanges                               | 3%           |
| 22   |   |                       | One Phalanx                                 | 2%           |
| 23   | XI  | Loss of metacarples   | First 4                                     | 3%           |
| 24   |   |                       | Fifth                                       | 2%           |
| 25   | XII   | Any other PPD         | As assessed by the Medical Board/ Authority |              |





#### PERSONAL ACCIDENT CLAIM INTIMATION

**Policy No.** 0205004225P102961544  
**Policy Period:** 01/05/2025 to 30/04/2026  
**Capital Sum Insured:** Rs. 2, 00,000 Per Person  
**Insured:** Life Insurance Corporation of India  
3<sup>rd</sup> Floor, Yogakshema Building, Jeevan Bima Marg,  
Nariman Point, Mumbai, Maharashtra- 400020

|   |                              |  |
|---|------------------------------|--|
| 1 | Name of Agent                |  |
| 2 | Address:                     | <div>Mobile No. Email</div>  |
| 3 | Agency Details               | <div>Agency Code: License No.</div>  |
| 4 | Agent's LIC Office Details   | <div>Office Code:<br/>Address:<br/><br/>Office Phone No.<br/><br/>Mobile no. of BM/DM<br/><br/>Office Email ID</div> |
| 5 | Type of Claim                | Death / Disability   |
| 6 | Date of Accident             | <div>Date: Time :</div>  |
| 7 | Place of Accident            |  |
| 8 | Full Description of Accident |  |

Name & Signature of Claimant

Seal & Signature of LIC Office

Registered & Head Office:24, Whites Road, Chennai 600014



The issue to this form is not to be taken as an admission of Liability

#### PERSONAL ACCIDENT INSURANCE CLAIM FORM (PARTICULARS) OF ACCIDENT

**Policy No.** 0205004225P102961544  
**Policy Period:** 01/05/2025 to 30/04/2026  
**Insured:** Life Insurance Corporation of India  
**Claim No.** \_\_\_\_\_

#### TO BE COMPLETED BY THE INSURED

1.

- a) Name of the Injured Person: \_\_\_\_\_  
b) Address in  
Full \_\_\_\_\_  
c) Profession or occupation \_\_\_\_\_  
d) Age at Last birthday \_\_\_\_\_  
e) Agency Code \_\_\_\_\_ License No. \_\_\_\_\_  
f) Mobile No. \_\_\_\_\_ Email \_\_\_\_\_  
g) Details of the Legal Nominee (as per office record):  
• Name: \_\_\_\_\_  
• Relation \_\_\_\_\_

2. **Sum Insured:** Rs. 2,00,000 per person

**Table of Cover:** Table III (Death+PTD+PPD)

|   |  |  |
|---|--|--|
| 3 | a) Date of Accident ?<br>b) Time of Accident ?<br>c) Place of Accident ?<br>d) Name and address of witness |  |
| 4 | How did the accident occur ?   |  |





# UNITED INDIA INSURANCE CO. LTD.

## PERSONAL ACCIDENT INSURANCE POLICY FOR LIC AGENTS

|    |  |  |
|----|--|--|
| 5. | Nature of injury received<br>(If to limb or eye state whetherright<br>or left)   |  |
| 6. | a) Nature of disablement<br>Extent of disablement [from_____To<br>Confined to bed _____ ]<br>Confined to house [from_____TC<br>b) Present state of incapacity _____              |  |
| 7. | Name and address of surgeon in<br>attendance   |  |
| 8. | a) Where and when can a Medical<br>Officer of the Company visit you, if<br>necessary ?<br>Name of nearest railway stationand<br>distance therefrom                               |  |
| 9. | α) Are you insured in any other office<br>or offices granting compensation for<br>accident<br>If so state name and address of<br>company or companies and amount<br>of insurance |  |

I hereby declare that the foregoing statements are made by myself and are true in all respect and that I have not attempted to conceal from the Company anything which it ought to be made acquainted and also that I have not abstained from any usual occupation longer than absolutely necessary and I agree that if I have made, or in any further declaration the Company may require, shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatever, the Policy shall be void and my right to compensation forfeited and am willing, if required to make a Statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I may make a connection with this claim.

Witness:

Name\_\_\_\_\_

Signature of the Claimant

Signature

Date

Address

Seal & Signature of LIC of India



# UNITED INDIA INSURANCE CO. LTD.

## PERSONAL ACCIDENT INSURANCE POLICY FOR LIC AGENTS

### CERTIFIED TO BE FILLED UP AND SIGNED BY AN EYE WITNESS TO THE ACCIDENT

I hereby certify that I was present when the Accident occurred to  
Mr. \_\_\_\_\_ On the \_\_\_\_\_ day of  
\_\_\_\_\_ 20\_\_\_\_ in the manner stated by him over leaf, that  
it was caused by \_\_\_\_\_ which \* was / was not his willful act and  
that he \*was/was not under the influence of intoxicating liquor at the time

Signature \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Date \_\_\_\_\_

\*\* Strike out which is not applicable





#### CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

##### Important Instructions:

- A) Fields marked with '\*' are mandatory fields.  
 B) Tick '✓' wherever applicable.  
 C) Please fill the form in English and in BLOCK letters.  
 D) Please fill the date in DD-MM-YYYY format.  
 E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.  
 F) Please read section wise detailed guidelines / instructions at the end.  
 G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
 H) List of two character ISO 3166 country codes is available at the end.  
 I) KYC number of applicant is mandatory for update application.  
 J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode



##### For office use only

(To be filled by financial institution)

Application Type\*

☐ New ☐ Update

KYC Number

(Mandatory for KYC update request)

Account Type\*

☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

#### ☐ 1. PERSONAL DETAILS\* (Please refer instruction A at the end)

|                      |  |  |                      |
|----------------------|--|--|----------------------|
| Prefix               | First Name   | Middle Name                                | Last Name            |
| <input type="text"/> | <input type="text"/>   | <input type="text"/>                       | <input type="text"/> |
| Maiden Name          | <input type="text"/>   | <input type="text"/>                       | <input type="text"/> |
| Father / Spouse Name | <input type="text"/>   | <input type="text"/>                       | <input type="text"/> |
| Mother Name          | <input type="text"/>   | <input type="text"/>                       | <input type="text"/> |
| Date of Birth*       | <input type="text"/>   | <input type="text"/>                       | <input type="text"/> |
| Gender*              | <input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender |  |                      |
| PAN*                 | <input type="text"/>   | <input type="checkbox"/> Form 60 furnished |                      |

#### ☐ 2. PROOF OF IDENTITY AND ADDRESS\* (Please refer instruction B at the end)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A- Passport Number   
☐ B-Voter ID Card   
☐ C-Driving Licence   
☐ D-NREGA Job Card   
☐ E-National Population Register Letter   
☐ F-Proof of Possession of Aadhaar

II ☐ E-KYC Authentication

III ☐ Offline verification of Aadhaar

☐ PHOTO\*



##### Address

|                        |                      |
|------------------------|----------------------|
| Line 1*                | <input type="text"/> |
| Line 2                 | <input type="text"/> |
| Line 3                 | <input type="text"/> |
| District*              | <input type="text"/> |
| Pin/Post Code*         | <input type="text"/> |
| City / Town / Village* | <input type="text"/> |
| State/U.T Code*        | <input type="text"/> |
| ISO 3166 Country Code* | <input type="text"/> |

#### ☐ 3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

☐ Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A- Passport Number   
☐ B-Voter ID Card   
☐ C- Driving Licence   
☐ D-NREGA Job Card   
☐ E- National Population Register Letter   
☐ F - Proof of Possession of Aadhaar

II ☐ E-KYC Authentication

III ☐ Offline verification of Aadhaar

IV ☐ Deemed Proof of Address - Document Type code

V ☐ Self Declaration

##### Address

|                        |                      |
|------------------------|----------------------|
| Line 1*                | <input type="text"/> |
| Line 2                 | <input type="text"/> |
| Line 3                 | <input type="text"/> |
| District*              | <input type="text"/> |
| Pin / Post Code*       | <input type="text"/> |
| City / Town / Village* | <input type="text"/> |
| State/U.T Code*        | <input type="text"/> |
| ISO 3166 Country Code* | <input type="text"/> |





### CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form

#### A Clarification / Guidelines on filling 'Personal Details' section

- 1 Name: The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 One of the following is mandatory : Mother's name, Spouse's name, Father's name.

#### B Clarification / Guidelines on filling 'Current Address details' section

- 1 In case of deemed PoA such as utility bill, etc. or self declaration, the document need not be uploaded on CKYCR
- 2 PoA to be submitted only if the submitted Pol does not have current address or address as per Pol is invalid or not in force.
- 3 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 4 In Section 2, one of I, II, and III is to be selected. In case of online E-KYC authentication, II is to be selected.
- 5 In Section 3, one of I, II, III and IV is to be selected. In case of online E-KYC authentication, II is to be selected.
- 6 List of documents for 'Deemed Proof of Address':

| Document Code | Description   |
|---------------|---|
| 01            | Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).   |
| 02            | Property or Municipal tax receipt.  |
| 03            | Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.   |
| 04            | Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and licence agreements with such employers allotting official accommodation. |
- 7 Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
- 8 "Equivalent e-document" means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- 9 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- 10 REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository

#### C Clarification / Guidelines on filling 'Contact details' section

- 1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

#### D Clarification / Guidelines on filling 'Related Person details' section

- 1 Provide KYC number of related person, if available.

#### E Clarification on Minor

- 1 Guardian details are optional for minors above 10 years of age for opening of bank account only
- 2 However, in case guardian details are available for minor above 10 years of age, the same (or CKYCR number of guardian) is to be uploaded.





# UNITED INDIA INSURANCE CO. LTD.

## PERSONAL ACCIDENT INSURANCE POLICY FOR LIC AGENTS

List of two digit state / U.T codes as per Indian Motor Vehicle Act, 1988

| State/U.T                            | Code | State / U.T      | Code | State / U.T   | Code |
|--------------------------------------|------|------------------|------|---------------|------|
| Andaman & Nicobar                    | AN   | Himachal Pradesh | HP   | Pondicherry   | PY   |
| Andhra Pradesh                       | AP   | Jammu & Kashmir  | JK   | Punjab        | PB   |
| Arunachal Pradesh                    | AR   | Jharkhand        | JH   | Rajasthan     | RJ   |
| Assam                                | AS   | Karnataka        | KA   | Sikkim        | SK   |
| Bihar                                | BR   | Kerala           | KL   | Tamil Nadu    | TN   |
| Chandigarh                           | CH   | Lakshadweep      | LD   | Telangana     | TS   |
| Chattisgarh                          | CG   | Madhya Pradesh   | MP   | Tripura       | TR   |
| Dadra & Nagar Haveli and Daman & Diu | DD   | Maharashtra      | MH   | Uttar Pradesh | UP   |
| Ladakh                               | LA   | Manipur          | MN   | Uttarakhand   | UA   |
| Delhi                                | DL   | Meghalaya        | ML   | West Bengal   | WB   |
| Goa                                  | GA   | Mizoram          | MZ   | Other         | XX   |
| Gujarat                              | GJ   | Nagaland         | NL   |               |      |
| Haryana                              | HR   | Orissa           | OR   |               |      |

List of ISO 3166 two digit Country Code

| Country                               | Country Code | Country                                | Country Code | Country                                      | Country Code | Country                                      | Country Code |
|---------------------------------------|--------------|--|--------------|--|--------------|--|--------------|
| Afghanistan                           | AF           | Dominican Republic                     | DO           | Libya  | LY           | Saint Pierre and Miquelon                    | PM           |
| Aland Islands                         | AX           | Ecuador                                | EC           | Liechtenstein                                | LI           | Saint Vincent and the Grenadines             | VC           |
| Albania                               | AL           | Egypt                                  | EG           | Lithuania                                    | LT           | Samoa  | WS           |
| Algeria                               | DZ           | El Salvador                            | SV           | Luxembourg                                   | LU           | San Marino                                   | SM           |
| American Samoa                        | AS           | Equatorial Guinea                      | GO           | Macao  | MO           | Sao Tome and Principe                        | ST           |
| Andorra                               | AD           | Eritrea                                | ER           | Macedonia, the former Yugoslav Republic of   | MK           | Saudi Arabia                                 | SA           |
| Angola                                | AO           | Estonia                                | EE           | Madagascar                                   | MG           | Senegal                                      | SN           |
| Anguilla                              | AI           | Ethiopia                               | ET           | Malawi                                       | MW           | Serbia                                       | RS           |
| Antarctica                            | AQ           | Falkland Islands (Malvinas)            | FK           | Malaysia                                     | MY           | Seychelles                                   | SC           |
| Antigua and Barbuda                   | AG           | Faroe Islands                          | FO           | Maldives                                     | MV           | Sierra Leone                                 | SL           |
| Argentina                             | AR           | Fiji                                   | FJ           | Mali   | ML           | Singapore                                    | SG           |
| Armenia                               | AM           | Finland                                | FI           | Malta  | MT           | Sint Maarten (Dutch part)                    | SX           |
| Aruba                                 | AW           | France                                 | FR           | Marshall Island                              | MH           | Slovakia                                     | SK           |
| Australia                             | AU           | French Guiana                          | GF           | Martinique                                   | MQ           | Slovenia                                     | SI           |
| Austria                               | AT           | French Polynesia                       | PF           | Mauritania                                   | MR           | Solomon Island                               | SB           |
| Azerbaijan                            | AZ           | French Southern Territories            | TF           | Mauritius                                    | MU           | Somalia                                      | SO           |
| Bahamas                               | BS           | Gabon                                  | GA           | Moyotte                                      | YT           | South Africa                                 | ZA           |
| Bahrain                               | BH           | Gambia                                 | GM           | Mexico                                       | MX           | South Georgia and the South Sandwich Islands | GS           |
| Bangladesh                            | BD           | Georgia                                | GE           | Micronesia, Federated States of              | FM           | South Sudan                                  | SS           |
| Barbados                              | BB           | Germany                                | DE           | Moldova, Republic of                         | MD           | Spain  | ES           |
| Belarus                               | BY           | Ghana                                  | GH           | Monaco                                       | MC           | Sri Lanka                                    | LK           |
| Belgium                               | BE           | Gibraltar                              | GI           | Mongolia                                     | MN           | Sudan  | SD           |
| Belize                                | BZ           | Greece                                 | GR           | Montenegro                                   | ME           | Suriname                                     | SR           |
| Benin                                 | BJ           | Greenland                              | GL           | Montserrat                                   | MS           | Svalbard and Jan Mayen                       | SI           |
| Bermuda                               | BM           | Grenada                                | GD           | Morocco                                      | MA           | Swaziland                                    | SZ           |
| Bhutan                                | BT           | Guadeloupe                             | GP           | Mozambique                                   | MZ           | Sweden                                       | SE           |
| Bolivia, Plurinational State of       | BO           | Guam                                   | GU           | Myanmar                                      | MM           | Switzerland                                  | CH           |
| Bonaire, Sint Eustatius and Saba      | BQ           | Guatemala                              | GT           | Namibia                                      | NA           | Syrian Arab Republic                         | SY           |
| Bosnia and Herzegovina                | BA           | Guernsey                               | GG           | Nauru  | NZ           | Taiwan province of China                     | TW           |
| Botswana                              | BW           | Guinea                                 | GN           | Nepal  | NP           | Tajikistan                                   | TJ           |
| Bouvet Island                         | BV           | Guinea-Bissau                          | GW           | Netherlands                                  | NL           | Tanzania, United Republic of                 | TZ           |
| Brazil                                | BR           | Guyana                                 | GY           | New Caledonia                                | NC           | Thailand                                     | TH           |
| British Indian Ocean Territory        | IO           | Haiti                                  | HT           | New Zealand                                  | NZ           | Timor-Leste                                  | TL           |
| Brunei Darussalam                     | BN           | Heard Island and McDonald Islands      | HM           | Nicaragua                                    | NI           | Togo   | TG           |
| Bulgaria                              | BG           | Holy See (Vatican City State)          | VA           | Niger  | NE           | Tokelau                                      | TK           |
| Burkina Faso                          | BF           | Honduras                               | HN           | Nigeria                                      | NG           | Tonga  | TO           |
| Burundi                               | BI           | Hong Kong                              | HK           | Niue   | NU           | Trinidad and Tobago                          | TT           |
| Cabo Verde                            | CV           | Hungary                                | HU           | Norfolk Island                               | NF           | Tunisia                                      | TN           |
| Cambodia                              | KH           | Iceland                                | IS           | Northern Mariana Islands                     | MP           | Turkey                                       | TR           |
| Cameroon                              | CM           | India                                  | IN           | Norway                                       | NO           | Turkmenistan                                 | TM           |
| Canada                                | CA           | Indonesia                              | ID           | Oman   | OM           | Turks and Caicos Islands                     | TC           |
| Cayman Islands                        | KY           | Iran, Islamic Republic of              | IR           | Pakistan                                     | PK           | Tuvalu                                       | TV           |
| Central African Republic              | CF           | Iraq                                   | IQ           | Palau  | PW           | Uganda                                       | UG           |
| Chad                                  | TD           | Ireland                                | IE           | Palestine, State of                          | PS           | Ukraine                                      | UA           |
| Chile                                 | CL           | Isle of Man                            | IM           | Panama                                       | PA           | United Arab Emirates                         | AE           |
| China                                 | CN           | Israel                                 | IL           | Papua New Guinea                             | PG           | United Kingdom                               | GB           |
| Christmas Island                      | CX           | Italy                                  | IT           | Paraguay                                     | PY           | United States                                | US           |
| Cocos (Keeling) Islands               | CC           | Jamaica                                | JM           | Peru   | PE           | United States Minor Outlying Islands         | UM           |
| Colombia                              | CO           | Japan                                  | JP           | Philippines                                  | PH           | Uruguay                                      | UY           |
| Comoros                               | KM           | Jersey                                 | JE           | Pitcairn                                     | PN           | Uzbekistan                                   | UZ           |
| Congo                                 | CG           | Jordan                                 | JO           | Poland                                       | PL           | Vanuatu                                      | VU           |
| Congo, the Democratic Republic of the | CD           | Kazakhstan                             | KZ           | Portugal                                     | PT           | Venezuela, Bolivarian Republic of            | VE           |
| Cook Islands                          | CK           | Kenya                                  | KE           | Puerto Rico                                  | PR           | Viet Nam                                     | VN           |
| Costa Rica                            | CR           | Kiribati                               | KI           | Qatar  | QA           | Virgin Islands, British                      | VG           |
| Cote d'Ivoire (Cote d'Ivoire)         | CI           | Korea, Democratic People's Republic of | KP           | Reunion (Reunion)                            | RE           | Virgin Island, U.S.                          | VI           |
| Croatia                               | HR           | Korea, Republic of                     | KR           | Romania                                      | RO           | Wallis and Futuna                            | WF           |
| Cuba                                  | CU           | Kuwait                                 | KW           | Russian Federation                           | RU           | Western Sahara                               | EH           |
| Curacao (Curacao)                     | CW           | Kyrgyzstan                             | KG           | Rwanda                                       | RW           | Yemen  | YE           |
| Cyprus                                | CY           | Lao People's Democratic Republic       | LA           | Saint Barthelemy (Saint Barthelemy)          | BL           | Zambia                                       | ZM           |
| Czech Republic                        | CZ           | Latvia                                 | LV           | Saint Helena, Ascension and Tristan da Cunha | SH           | Zimbabwe                                     | ZW           |
| Denmark                               | DK           | Lebanon                                | LB           | Saint Kitts and Nevis                        | KN           |  |              |
| Djibouti                              | DJ           | Lesotho                                | LS           | Saint Lucia                                  | LC           |  |              |
| Dominica                              | DM           | Liberia                                | LR           | Saint Martin (French Part)                   | MF           |  |              |



### SALIENT FEATURES

| COVERAGE                      |                              |                    |             |
|-------------------------------|------------------------------|--------------------|-------------|
| S.I                           | Cover                        | Limit              | Refer       |
| 1                             | Death                        | 100% of CSI        |             |
| 2                             | Permanent Total Disability   | 50% to 100% of CSI | Annexure I  |
| 3                             | Permanent Partial Disability | 1% to 50% of CSI   | Annexure II |
| CSI means Capital Sum Insured |                              |                    |             |

### Definitions

**Accident:** Sustain any bodily injury solely and directly from an accident caused by external, violent and visible means.

**Death:** If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death.

**Permanent Total Disability:** If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of limbs/ eyes as per Annexure I.

**Permanent Partial Disability:** If such injury shall within twelve calendar months of its occurrence be sole and direct cause of the total and irrevocable loss of use or of the actual physical separation, then compensation shall be as per Annexure II.

### Claim Intimation

Upon occurrence of loss, notice of claim in the prescribed format as per Annexure III shall be made to the Property and Casualty Hub within 30 days of incident by email/physical copy to [shitalbandi@uiic.co.in](mailto:shitalbandi@uiic.co.in) with cc to [020500@uiic.co.in](mailto:020500@uiic.co.in)

**All the Claim papers must reach to our Claims Hub on or before 90 days of Death/Disability confirmed.**

Property and Casualty Hub  
United India Insurance Co Ltd,  
Mumbai Regional Office No I,  
5Th floor, Stadium House,  
Block no 1,Veer Nariman road,  
Mumbai 400020.  
Desk: 022-44741522

**IMPORTANT:** THE CLAIM DOCUMENTS (SOFT & HARD COPY) SHALL BE SENT THROUGH THE AGENT'S LIC OFFICE ONLY AND BE CERTIFIED BY CONCERNED LIC OFFICIAL.

#### Documents common for both Death and Disability Claims

- 1) Claim form duly filled and signed by the claimant (Annexure IV).
- 2) FIR/ Police report.

## PERSONAL ACCIDENT INSURANCE POLICY FOR LIC AGENTS

- 3) Hospital discharge summary, diagnostic reports and clinical medical documents, if treated in a hospital/ clinic/ nursing home.
- 4) Certificate from BM/DM of LIC to whom the agent is attached that the respective agent is active and in-force as on date of accident.
- 5) KYC Documents
  - a. AADHAR/ DL/ EPIC or any other ID card issued by an Government Authority.
  - b. PAN Card
  - c. Cancelled Cheque with Claimant's name printed/ First page of Bank pass book.
- 6) CKYC form of Claimant duly completed in all respects (Annexure V) if the claim amount exceeds Rupees One Lakh.
- 7) Documents in vernacular language shall be translated to English and duly notarised.

### **Additional Documents for Accidental Death Claims:**

- 1) Death Certificate issued by Local Authority.
- 2) Post mortem report (along with Coroner's/ inquest report, if available) - Certified copy.
- 3) Statement of witnesses, if any recorded by the Police.
- 4) Viscera report, if preserved.
- 5) Nominee particulars certified by LIC office or Legal Heir Certificate, if nomination is not submitted.

### **Additional Documents for Accidental Disability Claims:**

1. Disability Certificate issued by the Competent Government Authority/ Body.

Based on the information provided in the above documents additional information/ documents may be sought, if necessary.

## **Grievance Redressal**

In case of any grievance related to a claim, the claimants through respective LIC office may approach the Asst. Manager, policy issuing office at [gpkathe@uiic.co.in](mailto:gpkathe@uiic.co.in) with copy to Sr. Divisional Manager, policy issuing office at [devyanipargaonkar@uiic.co.in](mailto:devyanipargaonkar@uiic.co.in) .

May further be escalated to below, if not resolved within stipulated time:  
[customercare.mumbai1@uiic.co.in](mailto:customercare.mumbai1@uiic.co.in) or [customercare@uiic.co.in](mailto:customercare@uiic.co.in) or further grievance mechanism as mentioned in policy schedule.

Note: The information provided above is only indicative/ illustrative in nature. For detailed information including coverage, exclusions, etc., the policy wordings may be referred to.



**PERSONAL ACCIDENT POLICY (GROUP TAILOR MADE)**

WHEREAS the Insured named in the Schedule herein has made or caused to be made to the United India Insurance Co. Ltd., (herein after called 'the Company') written proposal dated as stated in Schedule herein (Warranting the truth of the statements contained therein) which is the basis of this contract and is deemed to be incorporated herein and has paid to the Company the Premium herein started for the insurance hereinafter for the period started in the Schedule.

NOW THIS POLICY WITNESSETH that subject to the terms, provisions, exclusions, definitions and conditions contained herein or endorsed or otherwise expressed hereon the Company will pay the insured as hereinafter mentioned :

1. If at anytime during the currency of this policy the insured shall sustain any bodily injury resulting solely and directly from accident caused by external violent and visible means, then the company shall pay to the insured or his legal personal representative(s) as the case may be the sum or sums hereinafter set forth that is to say :-
    - a) If such injury shall within twelve calendar month of its occurrence be the sole and direct cause to the death of the insured persons the Capital Sum insured stated in the Schedule herein.
    - b) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of :
      - i. Sight of both eyes, or the actual loss by physical separation of two entire hands or two entire feet, or one-entire hand and one entire foot or of such loss of sight of one eye and such loss of one entire foot, the capital sum insured stated in the Schedule herein.
      - ii. Use of hands or two feet, or of one hand one foot or such loss of sight of one eye and such loss of use of one hand or one foot, the capital sum insured stated in the Schedule herein.
    - c) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of :
      - i. The sight of one eye or of the actual loss by physical separation of one entire hand or one entire foot, fifty percent (50%) of the capital sum insured stated in the Schedule herein.
      - ii. Total and irrecoverable loss of use of a hand or a foot without physical separation, fifty percent (50%) of the capital sum insured stated in the Schedule herein.
- Note :** For the purpose of clause (b) and (c) above, physical separation of a hand or feet means separation of hands at or above the wrist and or of the foot at or above the ankle respectively.
- d) If such injury shall as a direct consequence thereof immediately permanently totally and absolutely, disable the insured person from engaging in any employment or occupation of any description whatsoever, then a lump sum equal to hundred percent (100%) of the Capital Sun insured.
  - e) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of use or the actual loss by physical separation of the following then the percentage of the Capital Sum insured as indicated below shall be payable:

| SI No. | Item   | % of Capital Sum Insured    |
|--------|--|-----------------------------|
| i      | a. Loss of toes -all   | 20                          |
|        | b. Greet -both phalanges                                     | 5                           |
|        | c. Greet -one phalanx  | 2                           |
|        | d. Other than greet, of more than one toe lost each          | 1                           |
| ii     | Loss of hearing -both ears                                   | 50                          |
| iii    | Loss of hearing -one ear                                     | 15                          |
| iv     | Loss of 4 fingers and thumb of one hand                      | 40                          |
| v      | Loss of 4 fingers  | 35                          |
| vi     | a. Loss of thumb -both phalanges                             | 25                          |
|        | b. Loss of thumb -one phalanx                                | 10                          |
| vii    | a. Loss of index finger -three phalanges                     | 10                          |
|        | b. Loss of index finger -two phalanges                       | 8                           |
|        | c. Greet -one phalanx  | 4                           |
| viii   | a. Loss of middle finger - 3 phalanges                       | 6                           |
|        | b. Loss of middle finger - 2 phalanges                       | 4                           |
|        | c. Loss of middle finger - 1 phalanx                         | 2                           |
| ix     | a. Loss of ring finger - 3 phalanges                         | 5                           |
|        | b. Loss of ring finger - 2 phalanges                         | 4                           |
|        | c. Loss of ring finger - 1 phalanx                           | 2                           |
| x      | a. Loss of little finger - 3 phalanges                       | 4                           |
|        | b. Loss of little finger - 2 phalanges                       | 3                           |
|        | c. Loss of little finger - 1 phalanx                         | 2                           |
| xi     | a. Loss of metacarpals - first or second (additional)        | 3                           |
|        | b. Loss of metacarpals - third, fourth or fifth (additional) | 2                           |
| xii.   | any other permanent partial disablement                      | % as assessed by the Doctor |

- f) If such injury shall be the sole and direct cause of temporary total disablement, then so long as the insured person shall be totally disabled from engaging in any employment or occupation of any description whatsoever a sum at the rate of one percent (1%) of the capital sum insured stated in the schedule herein per week, but in any case not exceeding Rs.5000/- per week in all under all policies per week in any case not exceeding 25% of the monthly salary.

Provided that the compensation payable under the foregoing sub-clauses (f) shall not be payable for more than 100 weeks in respect of any one injury calculated from the date of commencement of the disablement and in no case shall exceed the Capital sum insured .





- g) In the event of Death of the insured person due to accident as defined in the policy outside her/his residence the company shall reimburse expenses incurred for transportation of insured 'persons dead body to the place of residence subject to a maximum of 2% of capital sum insured or Rs.2,500/- which ever is less.
- h) In the event of death or permanent total disablement of the insured due to accident as defined in the insured due to accident as defined in the tariff, the policy shall also provide compensation towards Education Fund for the dependent children as below :
- If the insured person has one dependent child below the age of 23 years, an amount equal to 10% of the CSI subject to a maximum of Rs.5,000/-.
  - If the insured person has more than one dependent child below the age of 23 years, an amount equal to 10% of the CSI subject to a maximum of Rs.10,000/-.

The payment as above will be made along with the CSI of the same person/s who is/are entitled to receive the CSI

**Note:** 1. The benefit under this extension will be available on the basis of the original CSI only and not on the cumulative Bonus.  
2. The age limit of 23 years shall apply on the date of accident and not at the beginning of the policy year.

Provided that there be an any other subsisting PA Insurance/s in the name of the insured and benefit under this Regulation becoming payable under all such policies, the total amount so payable shall be limited to a maximum of Rs.5000/- in case there is one dependent child and Rs.10,000/- in case there is more than one dependent child. The amount so payable shall be borne by all the policies in proportion to the original sum insured.

## EXCEPTION

### PROVIDED ALWAYS THAT

The company shall not be liable under this policy for:

- Compensation under more than one of the foregoing sub-clauses in respect of the same period of disablement.
- Any other payment to the same person after a claim under one of the sub-clauses (a), (b), (c) or (d) has been admitted and become payable.
- Any payment in case of more than one claim under this Policy during any one period of insurance by which the maximum liability of the company in that period would exceed the sum payable under sub-clause (a) of the Policy.
- Payment of weekly compensation until the total amount shall have been ascertained and agreed.
- Payment of compensation in respect of death, injury or disablement of insured (a) from intentional self-injury, suicide or attempted suicide (b) whilst under the influence of intoxicating liquor or drugs (c) whilst engaging in aviation or Ballooning, whilst mounting / dismounting from or traveling 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 (d) directly or indirectly caused by venereal disease or insanity (e) arising or resulting from the insured committing any breach of the law with criminal intent.

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

- Payment of compensation in respect of Death, Injury or disablement of the insured due to arising out of or directly or indirectly connected with or traceable to war invasion, act of foreign enemy, Hostilities (whether war be declared or not) War, Rebellion, Revolution, Insurrection, Mutiny, Military or usurped Power, Seizure, Capture Arrests, Restraints and Detainment of all Kings, Princes and people of whatever nation, condition or quality so ever.
- Payment of compensation in respect of Death of, or bodily injury or any disease or illness of the insured persons
  - directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radio activity substains from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self sustaining process of nuclear fission.
  - directly or indirectly caused by or contributed to by or arising from nuclear weapon materials.

Provided also that the due observance and fulfillment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this policy) shall so far as they relate to anything to be done or not to be done by the insured be a condition precedent to any liability of the company under this Policy.

- Pregnancy Exclusion Clause :** The Insurance under this Policy shall not extend to cover death disablement resulting directly or indirectly from pregnancy or in consequence thereof.



## CUMULATIVE BONUS

Compensation payable under clause (a) (b) (c) and (d) of the policy viz. death, loss of limb(s) sight and permanent total disablement arising out of accidental injuries shall be increased by 5% thereof in respect of each completed year, during which, the policy shall have been in force, prior to the occurrence of an accident for which capital sum becomes payable but amount of such increase shall not exceed 50% of the capital sum insured stated in the schedule herein.

This clause shall not in any way altered the annual character of the insurance for the right of the company to decline to renew or to cancel this policy as hereinafter provided. The earned cumulative bonus will not be lost if the policy is renewed within 90 days after its expiry

## CONDITION

- Upon the happening of any event, which may give rise to claim under this Policy, written notice with full particulars must be given to the company immediately. In case of death, written notice also of the death must, unless reasonable cause is shown, be so given



before internment, cremation and in any case, within one calendar month after the death, and in the event of loss of sight or amputation of limbs, written notice thereof must also be given within one calendar month after such loss of a sight or amputation.

2. Satisfactory Proof to the Company shall be furnished of all matter upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the Persons of the insured on the occasion of any alleged injury or disablement when and so often as the same may reasonably be required on behalf of the company and in the event of death to make a post-mortem examination of the body of the insured persons. Such evidence as the company may from time to time require shall be furnished and a post-mortem examination report if necessary be furnished within the space of fourteen days after demand in writing and in the event of a claim in respect of loss of sight of the insured person(s) shall undergo at the insured's expense such operation or treatment as the company may reasonably deem desirable provided that in case of claim by death or permanent total disablement, all sums payable hereunder shall be payable only on the delivery of this policy for cancellation and discharge and in the case of a temporary total disablement only upon the termination of such disablement.

In the case of permanent partial disablement all sums payable hereunder shall be payable on the delivery of this policy for reduction of the sum insured by the amount admission under the claim.

3. The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent statement or device, whether by the insured or by any person on behalf of the insured persons.
4. a) The Insured shall give immediate notice to the Company on any change in his business or occupation.  
b) The insured shall on tendering any premium for the renewal of this policy give notice in writing to the Company of any disease physical defect or infirmity with which any of the insured person(s) have become affected since the Payment of the last preceding premium.
5. This policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to the Company on or before the date of expiry of the policy or of the subsequent renewal thereof. The Company shall not, however be bound to give notice that such Renewal Premium is due.
6. The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by the insured by sending fifteen days notice in writing by Registered A/D to the insured at his last known address in which case the Company shall return to the insured a proportion of the last premium corresponding to the unexpired period of insurance if no claim has been paid under the policy. The insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's short period rates provided no claim has occurred upto the date of cancellation.
7. The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this policy but the receipt of the insured shall in all cases be an effective discharge to the Company.
8. If any dispute or difference shall arise as to the quantum to be paid under this 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 to or if they cannot agree upon a single arbitrator within 30 days of any party invoking 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 hereinbefore 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 the award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained  
It is also hereby expressly agreed and declared that If the Company shall disclaim liability to the Insured for any claim herein under, and such claim shall not, within 12 calendar months from the date of such disclaimed have been made the subject matter of a suit in a court of law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

## **DEFINITIONS:**

### **1 ACCIDENT**

Accident - An accident is a sudden, unforeseen and involuntary event caused by external and visible and violent means  
"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 recovery.

B. "Chronic condition" - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics -

- i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests -
- ii. it needs ongoing or long-term control or relief of symptoms
- iii. it requires your rehabilitation or for you to be specially trained to cope with it
- iv. it continues indefinitely
- v. it comes back or is likely to come back.

### **2 CONGENITAL ANOMALY**

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- a. Internal Congenital Anomaly  
Which is not in the visible and accessible parts of the body.
- b. External Congenital Anomaly  
Which is in the visible and accessible parts of the body.

### **3 CONDITION PRECEDENT**

Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

### **4 CONTRIBUTION**

Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion.

### **5 DAY CARE CENTRE**





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-
- d. Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

**6 DAY CARE TREATMENT** - Day Care treatment means the medical treatment and/or surgical procedure which is -(i). Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological and (ii) which would have otherwise required a hospitalisation of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

**7 DEDUCTIBLE**

Deductible is a cost sharing requirement under a Personal Accident 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.

**8 HOSPITAL/NURSING HOME**

A 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 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 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.

**9 HOSPITALISATION**

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

**10 INJURY**

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.

**11 IN-PATIENT CARE**

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.

**12 INTENSIVE CARE UNIT**

The term "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.

**13 MEDICAL ADVISE**

Medical Advise - Any consultation or advice from a Medical Practitioner including the issue of a any prescription or repeat prescription.

**14 MEDICAL EXPENSES**

Medical expenses - 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.

**15 MEDICALLY NECESSARY**

Medically Necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- a. Is required for the medical management of the illness or injury suffered by the insured;
- b. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
- c. Must have been prescribed by a Medical Practitioner;
- d. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

**16 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 thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

The term Medical Practitioner would include Physician, Specialist and Surgeon. (The Registered Practitioner should not be the insured or close family members such as parents, in-laws, spouse and children).

**17 NOTIFICATION OF CLAIM**

Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address/telephone number to which it should be notified.

**18 ROOM RENT**





Room rent shall mean the amount charged by a hospital for the Occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

**19 SUBROGATION**

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

**20 SURGERY OR SURGICAL PROCEDURE**

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.

**Communicable Disease Exclusion Clause:**

1. Notwithstanding any provision, clause or term of this insurance contract to the contrary, this insurance Contract excludes any loss, cost, damage, liability, claim, fines, penalty or expense or any other amount of whatsoever nature, whether directly or indirectly and/or in whole or in part, related to, caused by, contributed to by, resulting from, as a result of, as a consequence of, attributable to, arising out of, arising under, in connection with, or in any way involving (this includes all other terms commonly used and/or understood to reflect or describe nexus and/or connection from one thing to another whether direct or indirect):

1.1 a Communicable Disease and/or the fear or threat (whether actual or perceived) of a Communicable Disease and/or the actual or alleged transmission of a Communicable Disease regardless of any other cause or event contributing and/ or occurring concurrently or in any sequence thereto, and

1.2 a pandemic or epidemic, as declared by the World Health Organisation or any governmental authority.

2. As used herein, Communicable Disease means: any infectious, contagious or communicable substance or agent and/or any infectious, contagious or communicable disease which can be caused and/or transmitted by means of substance or agent where:

2.1 the disease includes, but is not limited an illness, sickness, condition or an interruption or disorder of body functions, systems or organs, and

2.2 the substance or agent includes, but is not limited to, a virus, bacterium, parasite, other organism or other micro-organism (whether asymptomatic or not); including any variation or mutation thereof, whether deemed living or not, and

2.3 the method of transmission, whether direct or indirect, includes but not limited to, airborne transmission, bodily fluid transmission, transmission through contact with human fluids, waste or the like, transmission from or to any surface or object, solid, liquid or gas or between organisms including between humans, animals, or from any animal to any human or from any human to any animal, and

2.4 the disease, substance or agent is such:

2.4.1 that causes or threatens damage or can cause or threaten damage to human health or human welfare, or

2.4.2 that causes or threatens damage to or can cause or threaten damage to, deterioration to, contamination of, loss of value of, loss of marketability of or loss of use or usefulness of, tangible or intangible property. For avoidance of doubt, Communicable Disease includes but is not limited to Coronavirus Disease 2019 (Covid -19) and any variation or mutation thereof.

3. For further avoidance of doubt, any contingent or other business interruption loss, cost, damage, loss of income, loss of use, increased cost of working and/or extra expense arising out of or attributable to:

3.1 any partial or complete closure of and/or slowdown in, including but not limited to any closure by or under the advisories of public, military, government or civil authorities, or any denial of access to insured premises, or customer and or supplier premises (including service / utility providers), or

3.2 change in consumer behaviour, or

3.3 an absence of infected employees or employees suspected of being infected shall not be covered by this insurance Contract. .

4. For still further avoidance of doubt, loss, cost, damage, liability, claim, fines, penalty or expense or any other amount excluded hereby, includes but is not limited to any cost to identify, clean-up, detoxify, disinfect, decontaminate, mitigate, remove, evacuate, repair, replace, monitor, sanitize or test: (1) for a Communicable Disease or (2) any tangible or intangible property covered by this [insurance Contract] that is affected by such Communicable Disease.

5. It is clarified that (1) no other prior, concurrent or subsequent provision, clause, term or exception of this insurance Contract (including (but not limited to) any prior, concurrent or subsequent endorsement and/or any provision, clause, term, buy back or exception that operates, or is intended to operate, to extend the coverage of, or protections provided by, this insurance Contract] by whatever name called like any coverage extension, additional coverage, global extension, exception to any exclusion); (2) any change in the law, clause or similar provision; (3) any follow the fortunes clause or similar provision; and/or (4) no change in the law or any regulation (to the extent permitted by applicable law), shall operate to provide any insurance, coverage or protection under this insurance Contract that would otherwise be excluded through the exclusion set forth in this [Endorsement][Clause].

6. If the insurer alleges that by reason of this [Endorsement][Clause] any amount is not covered by this insurance Contract the burden of proving the contrary shall rest in the insured.

**Pandemic /Epidemic Specific Exclusion Clause:**

Notwithstanding any provision, clause or term of this Contract, this insurance Contract excludes any first party and/or third party actual or alleged loss, injury, sickness, disease, death, medical payment, defence cost, cost, damage, liability, claim, fines, penalty, compensation, expenses or any amount of whatsoever nature, whether directly or indirectly and/or in whole or in part, arising out of (this includes all other terms commonly used and/or understood to reflect or describe, direct or indirect nexus and/or connection between one thing and another), intentional or unintentional violation of

a. The provisions of Disaster Management Act, 2005 as amended from time to time

b. The provisions of The Epidemic Diseases Act 1897 as amended from time to time

c. The provisions of any act dealing with public health and/or public safety

d. The rules, regulations, orders, guidelines, policies, notification etc issued from time to time under any of the above acts.

**Disclosure to Information Norm**

The policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of mis-representation, mis-description, or non-disclosure of any material fact.

