

Date: 20/11/2023

To,
KRISUMI CORPORATION PVT LTD
3RD FLOOR, CENTRAL PLAZA MALL, DLF GOLF COURSE ROAD, SECTOR 53,
Gurugram, Haryana, 122001

Dear Sir/Madam,

Subject: Risk Assumption Letter

Thank you for choosing Magma-HDI General Insurance Company Limited as your preferred General Insurance Company. Please find attached herewith Policy No: **P0024100001/9999/100026** which has been issued based on the information received from you and accordingly, the proposal has been processed.

Coverage of risk is subject to realisation of the full premium post which, insurance coverage under the policy would commence. In case the premium is not received by us due to cheque dishonour or any other reason, the insurance cover shall be void ab-initio.

If you require any changes in the certificate of insurance cum policy schedule, you are requested to inform us by either writing to us at customercare@magma-hdi.co.in or calling our toll free helpline on 1800-266-3202. Absence of any communication from you in this regard within a period of 20 days of date of this letter, would mean that the issued policy is in order and as per your proposal.

The Risk Assumption Letter is to be read in conjunction with the policy and shall be considered as null and void without the same.

Thanking You,
Regards

For Magma HDI General Insurance Company Ltd.



Authorised Signatory

Group Accident Suraksha

Preamble

The insurance cover provided under this Policy shall be subject to (a) the terms and conditions of this Policy, (b) the receipt of premium, and (c) Disclosure to information norm (including information and statements which the Policyholder/ Insured person has provided in the proposal form for all persons to be insured. Please inform Us immediately of any change in the address, nature of job, state of health, or of any other changes affecting any Insured Person.

If any claim arising as a result of an Injury that occurred during the Policy Period becomes payable, then We shall pay the Benefits in accordance with the terms, conditions and exclusions of the Policy subject to availability of Sum Insured.

Part I: Policy Schedule

Policy Details

Policy Issuing Office	99, 1ST FLOOR,, ABOVE HDFC BANK, PREM NAGAR, AMBALA CITY, AMBALA ,AMBALA -134001 ,HARYANA , PH: (1800) 2663202
Policy Number	P0024100001/9999/100026
Name of Proposer	KRISUMI CORPORATION PVT LTD
Address of the Proposer	3RD FLOOR, CENTRAL PLAZA MALL, DLF GOLF COURSE ROAD, SECTOR 53, Gurugram, Haryana, 122001
GST Number	06AAECV0565A1ZR
Industry Type	Construction (All are office / Desk job employees)
Policy Period	Annual Period
Start Date & time	From 00:01hrs : 06/11/2023
End Date & time	midnight of : 05/11/2024
Territory of Insurance	Worldwide

Intermediary Details

Intermediary Name	Intermediary Code	Contact Number	Mail ID
POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED	BRC0000434	-	care@policybazaar.com

Other Basic Details

Insured Description	Employee
No. of lives to be insured	110
Type of Policy	Named
Details of Persons	As per Annexure
Total Sum Insured	Rs. 84,000,000/-
Maximum Sum Insured	Rs. 1,000,000/-
Aggregate Limit	Rs. 50,000,000/-
Sum Insured Basis	Graded

Premium

Net Premium (Rs.)	22680/-
CGST @ 9% (Rs.)	2,041/-
SGST @ 9% (Rs.)	2,041/-
Total Premium (Rs.)	26,762/-

Details of Coverage and Sum Insured

Cover	Coverage Details
A. Basic Covers	
Table of Benefit*	D
Accidental Death	Cover
Permanent Total Disability	Cover
Permanent Partial Disability	Cover
Temporary Total Disability	Cover
TTD benefit at the rate per week	1% of Sum Insured or Rs.5,000/- or actual weekly salary whichever is lower for 104 weeks max
B. Extension Covers	
Accidental Medical Expenses (Accidental Hospitalization)	Covered up to 10% of Sum Insured or 40% of admissible claim amount or actuals whichever is lower
Children Education Grant	Covered up to Rs.20,000/- per child up to a maximum of two dependent children who are below age of 25 years and are pursuing an educational course as full-time student in an educational institute, only in the event of Accidental Death or Permanent Total Disablement of Insured Person
Repatriation of Remains	Covered up to Rs.10,000/- or actuals whichever is lower
Age Band	16 - 75 Years

*Table of Benefit:

Table A: Accidental Death Only

Table B: Death + Permanent Total Disability

Table C: Accidental Death+ Permanent Total Disability+ Permanent Partial Disability

Table D: Accidental Death+ Permanent Total Disability+ Permanent Partial Disability+ Temporary Total Disability

Special Conditions:

1. Terrorism is covered in the policy except for that arising out of Nuclear, Radio-active, Biological, Biochemical and/or Chemical means which is outside the scope of policy
2. The Insured shall give immediate notice to the Insurer of any changes in business or in occupation of any of the Insured Person
3. Limit of liability for Any one Accident &/or event limit is INR 50,000,000/-.
4. Claim is not payable of employee engaged other than Office / Desk job work .

Exclusions:

1. Compensation in respect of death, injury or disablement of Insured Person from participation in skydiving, para gliding, hang gliding, bungee jumping, mountaineering, driving in races or rallies using a motorized vehicle, skiing, hunting or equestrian activities, scuba diving, skin diving or any other underwater sport/activity, rafting, boating outside coastal waters (2 miles) or any potentially dangerous sports for which the Insured is untrained, unless specifically covered under the policy.
2. Any Pre-existing Condition or any complication arising therefrom
3. Any psychiatric or mental disorders
4. Congenital internal or external diseases, defects or anomalies or in consequences thereof
5. Infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other disease (except disablement arising from an accident)
6. Medical or surgical treatment except as may be necessary solely as a result of Injury
7. Perils of the sea are excluded from the scope of policy
8. Participation in actual or attempted felony, riot, civil commotion, crime misdemeanor
9. Professional sports team in respect of specific benefit for inability to perform
10. Any injury or any disease directly or indirectly caused by or arising from ionizing radiation or contamination by radioactivity from the combustion of nuclear fuel
11. Automatic passenger covers (Airlines)
12. GAS policies for crews of Aircraft and Ships
13. Air travel except as a fare paying passenger on a recognized airline operating on regular scheduled air routes or air travel by any charter aircraft duly licensed as a recognized air carrier and flown by professional crews between properly established and maintained airports/routes
14. Participation in any kind of motor speed contest (incl Trial, training and qualifying heats)
15. Group Insurances in respect of underground mining and for contractors specializing in tunnelling
16. Group insurance for naval, military or air force personnel
17. Employers liability, occupational disease
18. Any form of reimbursement of liability settlements
19. Death other than accidental death
20. Compensation under more than one of the benefits mentioned in Table of Benefits in respect of same period of disablement
21. Any other payment after a claim under one of the benefits 1,2, 3 and 4 in Table of benefits has been admitted and becomes payable

22. Any payment in case of more than one claim under this policy during any one period of Insurance by which our liability in that period would exceed CSI
23. Payment of compensation in respect of injury as a consequence of/resulting from
- Committing or attempting suicide, intentional self-injury
 - Whilst under influence of intoxicating liquor or drugs
 - Drug addiction or alcoholism
 - Whilst engaged in any adventurous sports
 - Committing any breach of law with criminal intent
 - War, Civil War, invasion, act of foreign enemies, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint, or detainment, confiscation, or nationalisation or requisition by or under the order of any government or public authority
24. Consequential loss of any kind and/or any legal liability
25. Pregnancy including child birth, miscarriage, abortion or complication arising there from
26. Participation in any naval, military or air force operations
27. Curative treatments or interventions

IN WITNESS WHEREOF the undersigned being duly authorized by and on behalf of the Company has/have here onto set his/their hands

Collection No C000010047

Dated-20/11/2023

Disclaimer:

- This Policy shall be null and voidable initio if the Premium cheque / the valid negotiable instrument as receipted by this company bearing the Collection No is dishonored by the bank.
- Issuance of the Premium receipt is not a proof of risk acceptance.

**For and On Behalf of
For Magma HDI General Insurance Co. Ltd.**



DULY CONSTITUTED ATTORNEY (S)

TAX INVOICE

GST Number of MHDI - 06AAGCM1685C1ZN

GST Invoice Number - POL0611240002358

Code for Service Accounting – 997133, Accident and health insurance services.

Place of Supply: HARYANA (06)

This is a valid Tax invoice in terms of Sub-rule 2 of Rule 54 of CGST Rule 2017. Further, being an Insurance Company, issuing of e-invoice and QR Code are not applicable on us in terms of Notification No 13 and 14 of 2020 dated 21st March 2020 issued from Central Board of Indirect Taxes and Customs. I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Whether Tax is payable on Reverse Charge - No

Consolidated Stamp Duty on the issue of General Insurance Policies Paid vide G.O No. 834, dated 18.05.2023

Head Office Address:

Magma HDI General Insurance Co Ltd
UNIT NO. 1B & 2B, 2ND FLOOR, EQUINOX BUSINESS PARK, TOWER – 3,
LBS MARG, KURLA (WEST), MUMBAI – 400070

Registered Office address:

DEVELOPMENT HOUSE 24, PARK STREET, KOLKATA, PIN – 700016
IRDA REG NO. 149 DATED 22nd MAY, 2012
CIN: U66000WB2009PLC136327

● [1800-266-3202](tel:1800-266-3202) ● customercare@magma-hdi.co.in ● www.magmahdi.com

UIN: MAGPAGP19026V011819

Group Accident Suraksha

POLICY NO. P0024100001/9999/100026

Group Accident Suraksha

Part II of Policy

Section 1. Interpretations & Definitions

The terms defined below have the meaning ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural, references to male include female and references to any statutory enactment include subsequent changes, replacements or amendments to the same:

Accident: An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

Accumulation limit means the amount stated in the Schedule which represents Our maximum liability for all claims under any and all benefits from all Insured Persons arising from the same [accident, event or occurrence or series of related accidents, events or occurrences] AND/OR [location], and if at any time the total value of unpaid claims would, if paid, result in the Accumulation Limit being exceeded (even if the Sum Insured is not) then the individual benefits attributable to those outstanding claims shall be reduced pro rata as necessary to ensure that the Accumulation Limit is not exceeded.

Act of God Perils means and includes lightening, storm, tempest, flood, inundation, subsidence, landslide, earthquake, cyclone, tsunami, volcano and other similar calamities.

Adventure Sport means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained in such sport or activity or not. Such sport/activity includes without limitation stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/obstacle riding, bobsleighting/using skeletons, bouldering, boxing, canyoning, cavin/pot holing, cave tubing, rock climbing/trekking/mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labour, marathon running, martial arts, micro-lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo riding, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling any type and Professional Sports (Professional sports mean Athletics, Bowling, Cycling, Football, Weightlifting, Cricket or any other sport for which a person getting compensated).

Age or Aged means age as on last birthday.

Aggregate limit means the amount stated in the Schedule which represents Our maximum liability for any and all claims made by all Insured Persons under any and all benefits, and if at any time the total value of unpaid claims would if paid, result in the Aggregate Limit being exceeded, the individual benefits attributable to those outstanding claims shall be reduced pro rata as necessary to ensure that the Aggregate Limit is not exceeded.

Ambulance means a road vehicle operated by a licensed/ authorized service provider and equipped for the transport and paramedical treatment of persons requiring medical attention.

Annexure means the document attached and marked as Annexure to this Policy.

Any One Illness: Any one illness means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

Cashless facility: Cashless facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.

Claim means a demand made by Insured Person or nominee in accordance with the terms and conditions of the Policy for payment under any of the covers (including Extension covers) under the Policy.

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

Congenital Anomaly: Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

a) Internal Congenital Anomaly

Congenital anomaly which is not in the visible and accessible parts of the body.

b) External Congenital Anomaly

Congenital anomaly which is in the visible and accessible parts of the body

Co-Payment: Co-payment means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

Certificate of Insurance means the certificate issued by Us to the insured person confirming the coverage under the Policy.

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

- i) has qualified nursing staff under its employment;
- ii) has qualified medical practitioner/s in charge;
- iii) has fully equipped operation theatre of its own where surgical procedures are carried out;
- iv) maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

Day Care Treatment: Day care treatment means medical treatment, and/or *surgical procedure* which is:

- i. undertaken under General or Local Anaesthesia in a *hospital/day care centre* in less than 24 hrs because of technological advancement, and
- ii. which would have otherwise required hospitalization of more than 24 hours.

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

Deductible: Deductible means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

Diagnostic Tests: Investigations, such as X-Ray or blood tests, to find the cause of the Insured Person's symptoms and medical condition.

Dental Treatment: Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

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

Domiciliary Hospitalization: Domiciliary hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a *hospital* but is actually taken while confined at home under any of the following circumstances:

- i) the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- ii) the patient takes treatment at home on account of non-availability of room in a hospital.

Emergency means a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

Emergency Care: Emergency care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a *medical practitioner* to prevent death or serious long term impairment of the insured person's health.

Grace Period: 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.

Hospital: 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 Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act Or complies with all minimum criteria as under:

- i) Has qualified nursing staff under its employment round the clock;
- ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- iii) has qualified medical practitioner(s) in charge round the clock;
- iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel:

Only for the purposes of any claim or treatment permitted to be made or taken outside India in accordance with Section 3.16, **Hospital (outside India)** means an institution (including nursing homes) established outside India for indoor medical care and treatment of illness and/or injuries which has been registered and licensed as such with the appropriate local or other authorities in the relevant area, wherever applicable, and is under the constant supervision of a medical practitioner. The term Hospital shall not include a clinic, rest home, or convalescent home for the addicted, detoxification centre, sanatorium, and old age home.

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.

Individual Policy means a policy named as an Individual Policy in the Policy Schedule in terms of which only one person is named in the Policy Schedule as the Insured Person.

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

(a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

(b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs ongoing or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

IRDAI means the Insurance Regulatory and Development Authority of India.

Injury: Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

Inpatient Care: Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

Intensive Care Unit: 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.

Insured Person means the person(s) named in the Policy Schedule/ Certificate of Insurance who are covered under this Policy and in respect of whom the appropriate premium has been received.

ICU Charges: ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

Maternity expenses: Maternity expenses means:

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

Medical Advice: Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

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.

Medical Practitioner: Medical Practitioner means 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 setup by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of licence.

Medically Necessary Treatment: Medically necessary treatment means any treatment, tests, medication, or stay in *hospital* or part of a stay in hospital which:

- i) is required for the medical management of the illness or injury suffered by the insured;
- ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- iii) must have been prescribed by a *medical practitioner*;
- iv) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Network Provider: Network Provider means hospitals enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

Nominee is the person selected by the Policyholder/Insured Person to receive the benefit in case of Death of the Insured Person, thus giving a valid discharge to the insurer on settlement of claim under an Insurance Policy.

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

Non-Network Provider: Non-Network means any hospital, day care centre or other provider that is not part of the network.

OPD treatment: OPD treatment means the one in which the Insured visits a clinic/ hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

Permanent total disability (PTD) means Disability, as the result of a bodily injury, which:
(a) Continues for a period of twelve (12) consecutive months, and
(b) Is confirmed as total, continuous and permanent by a physician after the twelve (12) consecutive months, and
(c) 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

Permanent partial disability (PPD) means the insured person has suffered a permanent loss of physical function or anatomical loss of use of a body part, substantiated by a diagnosis by a physician.

Policy means this Policy document, any annexures thereto and the Policy Schedule including endorsements, if any.

Policy Inception Date means the Policy Start Date of the first Policy with Us, as specified in the Policy Schedule, and renewed with Us continuously thereafter.

Policy Start Date means the start date of the Policy as specified in the Policy Schedule.

Policy Expiry Date means the date on which the Policy expires as specified in the Policy Schedule.

Policy Period means the period between the Policy Start Date and the Policy Expiry Date as shown in the Policy Schedule.

Policy Year means a period of twelve consecutive months commencing from the Policy Start Date as specified in the Policy Schedule or any anniversary thereof.

Policyholder means the person named in the Policy Schedule as the policyholder and who has concluded this Policy with Us.

Pre-Existing Disease: Pre-Existing Disease means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

Qualified Nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

Rehabilitation includes treatment aimed at restoring health or mobility, or to allow a person to live an independent life, such as after a stroke.

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

Renewal: 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.

Policy Schedule means the schedule issued by Us along with this Policy mentioning the details of the Policyholder and Insured person, period of Policy and other details. Any changes made to it shall be issued as Endorsement Schedule and shall be considered a part of this Policy.

Sum Insured means:

- i) For an Individual Policy, the sum shown in the Policy Schedule/ Certificate of Insurance against an Insured Person which represents Our maximum, total and cumulative liability for any and all claims under the Policy during a Policy Year in respect of that Insured Person.
- ii) For a Family Floater Policy, the sum shown in the Policy Schedule/ Certificate of Insurance which represents Our maximum, total and cumulative liability for any and all claims under the Policy during a Policy Year in respect of any and all Insured Persons.

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 from suffering and prolongation of life, performed in a hospital or day care centre by a *medical practitioner*.

Terrorism/Terrorist Activity means an act, including, but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or Government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

TPA or Third Party Administrator means a company registered with the Authority, and engaged by an insurer, for a fee or remuneration, by whatever name called and as may be mentioned in the agreement, for providing health services as mentioned under Third Party Administrators- Health Services Regulations 2016.

Unproven/Experimental treatment: Unproven/Experimental treatment means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

We/Our/Us means MAGMA HDI General Insurance Company Ltd.

You/Your/Policyholder means the employer or legally constituted group named in the Schedule who has concluded this Policy with Us.

Section 2. Benefits

A. Base Covers:

The Benefits under this Policy are subject always to the Sum Insured, any subsidiary limit specified in the Policy Schedule/ Certificate of Insurance, the terms, conditions, limitations and exclusions mentioned in the Policy and eligibility as per the insurance plan opted for or as shown in the Policy Schedule/Certificate of Insurance.

Following covers are available as Base covers under the policy. One or more base covers can be opted. Following Base covers are applicable to your Policy as mentioned in Policy Schedule/ Certificate of Insurance. If more than one covers from among the following base covers are opted and if claim arises under two or more these covers due to same accidental event then our liability will be restricted to the amount payable under one of these covers which has maximum benefit amount defined as per Policy Schedule.

2.1 Accidental Death

If at any time during the Policy Period, the Insured Person sustains an Injury resulting solely and directly due to an Accident anywhere in the world, and results in death of the Insured person within 12 months of such accident, then We shall pay the Insured Person or his/her nominee as the case may be, a lump sum amount equal to the Sum Insured as specified in Policy schedule/ Certificate of Insurance against this cover.

2.2 Permanent total Disablement (PTD)

If at any time during the Policy Period, the Insured Person sustains an Injury resulting solely and directly due to an Accident anywhere in the world, and results in permanent total disablement (PTD), of any of the nature specified below, of the Insured person within 12 months of such accident, then We shall pay the Insured Person or his/her nominee as the case may be, the lump sum amount as per below table. The benefit amount is calculated on the Sum Insured as specified in Policy schedule/ Certificate of Insurance against this cover.

The benefit as per nature of the permanent total disablement is as specified below:

Nature of Disablement (Loss means Actual loss by physical separation or Total and irrecoverable loss of functional use)	Percentage of Limit as mentioned in Policy schedule for "Permanent Disablement Cover"
Loss of sight of both eyes	100%
Loss of two entire hands	100%
Loss of two entire feet	100%
Loss of one entire hand and one entire foot	100%
Loss of one eye and one entire hand OR Loss of one eye and one entire foot	100%

UIN: MAGPAGP19026V011819

Group Accident Suraksha

POLICY NO. P0024100001/9999/100026

Loss of one entire hand or of one entire foot	50%
Loss of sight of one eye	50%
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	100%

For the purpose of this cover, Loss means the physical separation of body part, or, the total loss of functional use of a body organ or part provided such loss of functional use has continued for at least 12 months from the onset of such loss and is considered permanent by Medical Practitioner.

2.3 Permanent Partial Disablement (PPD):

If at any time during the Policy Period, the Insured Person sustains an Injury resulting solely and directly due to an Accident anywhere in the world, and results in permanent partial disablement (PPD), of any of the nature specified below, of the Insured person within 12 months of such accident, then We shall pay the Insured Person or his/her nominee as the case may be, the lump sum amount as per below table. The benefit amount is calculated on the Sum Insured as specified in Policy schedule/ Certificate of Insurance against this cover.

The benefit as per nature of the permanent partial disablement is as specified below:

Nature of PPD	Benefit as percentage of SI
Actual loss by physical separation of one entire hand or one entire foot	50%
Use of a hand or a foot without physical separation	50%
Loss of speech	75%
Loss of toes-all of any one foot	20%
Loss of toes great- both phalanges	5%
Loss of toes great- one phalanx	2%
Loss of toes other than great- if more than one toes lost: each	2%
Loss of hearing: both ears	75%
Loss of hearing: One ear	30%
Loss of four fingers and thumb of one hand	40%
Loss of four fingers of one hand	35%
Loss of thumb- both phalanges	25%
Loss of thumb- One phalanx	10%
Loss of index finger- three phalanges	10%
Loss of index finger- two phalanges	8%
Loss of index finger- one phalanx	4%
Loss of middle finger or Ring finger or little finger- three phalanges	6%
Loss of middle finger or Ring finger or little finger- two phalanges	4%
Loss of middle finger or Ring finger or little finger- one phalanx	2%
Loss of metacarpals- any (additional)	3%
Loss of sense of Taste	5%
Loss of sense of Smell	10%
Any other PPD	As assessed by Doctor

Such PPD must be solely and directly caused by the Accident only.

For the purpose of this cover, Loss means the physical separation of body part, or, the total loss of functional use of a body organ or part provided this has continued for at least 12 months from the onset of such loss and is considered permanent by medical Practitioner.

If the claim for limb shall also encompass some or all of its part, We shall pay for the limb only. No additional payment shall be done for the constituting parts of the limb.

Benefit amount paid under this Cover shall reduce the Sum Insured of Base Section for remaining Policy Period.

2.4 Temporary Total Disablement (TTD):

If at any time during the Policy Period, the Insured Person sustains an Injury resulting solely and directly due to an Accident anywhere in the world, and results in temporary total disablement (TTD), then We will pay weekly benefit subject to following:

- a. The TTD should be such that it completely prevents the Insured person from performing duties pertaining to employment/occupation
- b. TTD must be certified by Medical Practitioner or Doctor
- c. We will pay the benefit maximum up to 104 weeks from date of accident
- d. Maximum weekly benefit amount will be as per the same mentioned in the Policy schedule/Certificate of Insurance
- e. In no case, the benefit payable under this Cover shall exceed the overall Sum Insured for that Insured Person.
- f. We will not pay amount in excess of Insured Person's weekly income excluding bonus, overtime, commissions or any other special compensation
- g. If the disability is for a part of week, then only proportionate part of the weekly benefit will be payable
- h. This cover is not applicable to Insured Person(s) who are covered as spouse or children, unless specifically mentioned in Policy schedule/Certificate of Insurance

B. Extension Covers:

Following extension covers are applicable to each insured person under this Policy. These covers are opted by paying additional premium by Insured Person/policyholder and upon acceptance by Us and are specified in the Policy Schedule/ Certificate of Insurance. The limits for these covers are applicable for each Insured Person.

1. Accidental Medical Expenses:

We will cover the medical expenses incurred by the Insured Person for treatment required as a result of an accident during Policy Period. Our maximum liability under this cover will be as per limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

Claim under this extension cover will be applicable only if the claim is admissible under any of the Base Covers in this Policy, for the same accident event.

This cover is applicable for treatment in India only.

2. Accidental OPD cover:

We will cover the medical expenses incurred by the Insured Person as an Outpatient due to Accidental injury only. Our maximum liability under this cover will be as per the limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

OPD treatment means the one in which the Insured visits a clinic/ hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient

This cover is applicable for treatment in India only.

3. Modification of residential accommodation & vehicle & Workplace:

We will cover expenses incurred for modification of house and/or workplace and/or vehicle necessitated due to disability of the Insured Person resulting from an accident. Our maximum liability under this cover will be as per the limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

Claim under this extension cover will be applicable only if the claim is admissible under PTD or PPD Base Covers in this Policy, for the same accident event.

4. Carriage of dead body:

We will cover the expenses incurred for transportation of Insured's dead body to the place of residence from the place of death. Our maximum liability under this cover will be as per the limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

Claim under this extension cover will be applicable only if the claim is admissible under Accidental Death Base Covers in this Policy for the same accident event.

5. Funeral Benefit:

We will cover the expenses incurred towards funeral/ last rites of Insured's Person. Our maximum liability under this cover will be as per the limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

Claim under this extension cover will be applicable only if the claim is admissible under Accidental Death Base Covers in this Policy for the same accident event.

6. Repatriation of Remains:

We will cover the expenses incurred towards repatriation of mortal remains of Insured Person to the place of residence from the place of death. Our maximum liability under this cover will be as per the limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

Claim under this extension cover will be applicable only if the claim is admissible under Accidental Death Base Covers in this Policy for the same accident event.

7. Ambulance cover:

We will cover the Reasonable and Customary Charges up to the limit specified in the Policy Schedule/Certificate of Insurance that are incurred towards Insured Person's transportation by road ambulance to the nearest Hospital with adequate facilities in an Emergency following an Accidental Injury which occurs during the Policy Period which requires Hospitalization of Insured and provided that the ambulance service is offered by a registered healthcare or ambulance service provider.

8. Accident Hospitalization Daily Cash Benefit:

If an Insured Person is Hospitalized due to Injuries resulting from an Accident that happened during the Policy Period, then We shall pay the daily cash amount specified in the Policy Schedule /Certificate of Insurance for each continuous and completed period of 24 hours of Hospitalization provided that:

- Insured Person should have been Hospitalized for a minimum period of 48 hours continuously;

- We shall not make any payment under this Benefit to Insured Person for more than the no. days of Hospitalisation in total as specified in Policy Schedule/Certificate of Insurance under any Policy Period
- A deductible in terms of no. of days may be applied as specified in Policy Schedule/Certificate of Insurance for each hospitalization

9. Improved Disability Benefit:

In case of Permanent Total Disability (PTD), We will pay you a lump sum amount which is xx times, as specified in Policy Schedule/Certificate of Insurance, the Accidental death Sum Insured (Base Cover 1 of this Policy), instead of the Permanent Total disablement (PTD). All other terms and conditions as defined under Base Cover 2 Permanent Total Disablement will be applicable.

10. Children Education Grant:

In the event of Accidental death or Permanent Total Disablement of Insured Person, We shall additionally pay the amount as specified against this cover in Policy Schedule/Certificate of Insurance towards the education expenses of each dependent child(ren) of the Insured Person. Benefit for up to two dependent children, who are below age 25 years and are pursuing an educational course as full time student in an educational institute, shall be paid under this cover.

11. Prosthesis & Artificial Limbs Cover:

We will cover the reasonable and customary expenses incurred for purchasing Prosthesis or Artificial limb for Insured Person's use, necessitated as a result of Injuries solely and directly due to Accident event happening during Policy Period.

Our maximum liability under this cover will be up to the limit specified in the Policy Schedule/Certificate of Insurance. Claim under this extension cover will be applicable only if the claim is admissible under Permanent Total disablement (Base Cover 2) or Permanent Partial disablement (Base cover 3) in this Policy for the same accident event.

12. Attendant/Companion Benefit:

We of If an Insured Person is Hospitalized due to Injuries resulting from an Accident event which occurs during Policy Period, then for each such day that the Insured is Hospitalized, We will pay an additional lump sum daily amount towards expenses of attendant/companion.

Our maximum liability under this cover in terms of amount and maximum no. of days and deductible will be up to the limit specified in the Policy Schedule/Certificate of Insurance.

13. Fracture indemnity cover:

If an Insured Person suffers an Accident during Policy Period which directly and solely results in one or more broken bones (fracture), then We will reimburse the expenses of treatment of such fracture. Our maximum liability under this cover will be as per the limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

We will not pay any amount with respect to dislocation of bones/joints or hairline fractures under this extension cover.

Section 3. Permanent Exclusions

We shall not be liable to make any payment under this Policy for any claim directly or indirectly for, in connection with, caused by, arising out of, or in respect of, or howsoever attributable to the following:

1. Injury or treatment related to addictive conditions and disorders, or from any kind of substance abuse or misuse including alcohol abuse or misuse.

2. Participation in adventure sports.
3. Insured person committing any breach of law with criminal intent or participation in any riots, civil commotion or felony
4. Any intentional self-injury, suicide or attempted suicide, mental or psychiatric condition, insanity or stress
5. Condition resulting due to any disease or infection unless arising directly and solely due to accident
6. Any change of profession after inception of policy which results in increase in risk, unless declared by insured person and accepted & endorsed by Us
7. Any sexually transmitted disease
8. Related to or traceable to Pregnancy or childbirth
9. Whilst mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any scheduled airlines in the world or in any aircraft whether privately owned or chartered or operated by scheduled airlines
10. Insured person operating or learning to operate any aircraft or performing duties as member of crew on any aircraft or scheduled airlines or any airline personnel
11. War or war like operations, Civil War, invasion, act of foreign enemies, revolution, insurrection, mutiny, terrorism, military or usurped power, seizure, capture, arrest, restraint, or detainment, confiscation, or nationalisation or requisition by or under the order of any government or public authority.
12. Any act of Nuclear, Chemical, Biological Terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss
13. Radioactive, chemical, nuclear contamination or ionizing radiation
14. Any insured person's participation or involvement in any branch of naval, air force or military operations or any para military forces.

Section 4. Claim Procedure

Provided that due adherence/observance and fulfilment of the terms and conditions of this Policy (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 Policyholder and / or any Insured Person be a Condition Precedent to admission of Our liability under this Policy.

On the occurrence of an Injury that may give rise to a claim under this Policy, then as a Condition Precedent to Our liability under the Policy, the following procedure shall be complied with:

Intimation of Claim: If any injury is suffered or any condition happens which may give rise to Claim under this Policy, Insured person or any one acting on his behalf shall notify Us immediately.

Submission of claim: The claim form along with the attending Medical Practitioner's certificate duly filled and signed in all respects with the following claim documents will be submitted to Us not later than 30 days from the date of discharge from the Hospital.

Claim documents:

Following is the list of documents required for claim assessment.

We will also require additional documents as per the nature of extension covers as opted.

Apart from these, We may also ask for any other documents which may be necessary to establish validity of claim on case to case basis.

- **List of Documents for Death Claim :-**
 1. Duly filled PA claim form attested by Corporate Authority. (Claim form enclosed).
 2. FIR Copy duly attested by Corporate Authority.

3. Death Certificate duly attested by Corporate Authority.
4. Post mortem report duly attested by Corporate Authority.
5. Hospital Documents (of all hospitals where the insured was admitted after accident) with Casualty notes, duly attested by Hospital Authority.
6. Photo ID proof of Deceased person duly attested by Corporate Authority.
7. Attested copy of Employee ID card of deceased attested by Corporate Authority.
8. Attested copy of Last 3 months attendance sheet of deceased, prior to accident, attested by Corporate Authority.
9. Attested copy of Last 3 months salary slip of deceased, prior to accident, attested by Corporate Authority.
10. Attested copy of document confirming the Nominee as per the Corporate record attested by Corporate Authority.
11. Photo ID Proof of Nominee (Aadhar Card) duly attested by Corporate Authority.
12. Address Proof of Nominee duly attested by Corporate Authority. (Copy of Telephone bill / Bank account statement / Letter from any recognized public authority/ Electricity bill / Ration card)
13. PAN card / Form 60 copy of Nominee duly attested by Corporate Authority.
14. Recent Photo of Nominee.
15. Duly Filled Bank Mandate Form (Bank Mandate Form Enclosed).
16. Original cancel cheque copy duly signed by the account holder - Nominee / Insured.
17. Copy of Pass Book of Nominee / insured confirming the Name of the account holder / Account No. / IFSC Code duly attested by Bank Authority.
18. If the claim needs to be settled in favour of Corporate, following documents are required for the same (If the claim is payable) :-
 - i) Copy of PAN card of Company duly attested by Institute authorized person.
 - ii) Copy of Memorandum and Articles of Association duly attested by Institute authorized person.
 - iii) Copy of Certificate of Incorporation duly attested by Institute authorized person.
 - iv) Duly Filled bank Mandate form by corporate (Bank Mandate Form Enclosed).

• **List of Documents for PTD Claim:-**

1. Duly filled original Claim Form
2. Policy copy
3. Claim Intimation
4. FIR – Attested or Original
5. Final Police Report / Original Panchnama
6. Certificate of from government hospital doctor confirming the nature and degree of disability
7. Discharge summary of the treating hospital clearly indicating the Hospital Registration No.
8. Diagnostic reports
9. Confirmation of coverage letter
10. Photograph of the injured with reflecting disablement
11. Termination letter for claim under “ Loss of Employment”
12. Any other documents as and when requested by the claim settling authority

• **List of Documents for PPD Claim:-**

1. Duly filled original Claim Form
2. Policy copy
3. Claim Intimation
4. FIR – Attested or Original
5. Final Police Report / Original Panchnama
6. Certificate of from government hospital doctor confirming the nature and degree of disability
7. Discharge summary of the treating hospital clearly indicating the Hospital Registration No.

8. Diagnostic reports
9. Confirmation of coverage letter
10. Photograph of the injured with reflecting disablement

• **List of Documents for TTD Claim:-**

1. Duly filled original Claim Form
2. Policy copy
3. Claim Intimation
4. FIR – Attested or Original
5. Final Police Report / Original Panchnama
6. Certificate from government hospital doctor confirming the nature and degree of disability
7. Discharge summary of the treating hospital clearly indicating the Hospital Registration No.
8. Original Copies of prescription for diagnostic test, treatment advise medical references etc.
9. Diagnostic reports
10. Leave certificate
11. Confirmation of coverage letter
12. Any other documents as and when requested by the claim settling authority.

• **List of Documents for Accidental Medical Expenses Cover:-**

1. Original consolidated hospital bill with breakup of each item, duly signed by the insured
2. Original payment receipt of the hospital bill
3. Original bills, original payment receipts and reports for investigation
4. Original medicine bills and receipts with corresponding prescriptions
5. Original invoice/bills for implants (viz. Stent /PHS Mesh / IOL etc.) with original payment receipts
6. Treating doctor's certificate giving details of injuries (How, when and where injury sustained) including whether insured was under the influence of any intoxicating material.
7. Copy of the medico-legal certificate

Documents to be submitted to:

The claim documents should be sent to:

Magma HDI General Insurance Co Ltd
Unit No. 63, 6th floor, Der Deutsche Parkz, Near Nahur Railway
Station, Nahur West, Bhandup West, Mumbai, 400078.

Payment of Claim

- No liability will be admitted, if the claim is fraudulent or supported by fraudulent means.
- The Insured Person or any person acting on behalf of the Insured Person, as the case may be, must provide at his/her expense, all the information asked by Us in relation to the claim and he/she must provide all reasonable cooperation and assistance to Us as may be required.
- If required, the Insured Person or any person acting on behalf of the Insured Person, as the case may be, must give consent to obtain medical reports from the Medical Practitioner at Our expense
- If requested by Us, the Insured Person must agree to be examined by a Medical Practitioner of Our choice and at Our expense

- All claims under this Policy shall be payable in Indian Currency.
- Claims under this Policy shall be settled or rejected, as the case may be, within 30 days of the receipt of the last necessary document
- All claims are to be notified to Us within the timeline set out above. Where the delay in intimation is proved to be genuine and for reasons beyond the control of the Insured Person or nominee specified in the Policy Schedule or the claimant, We may condone such delay and process the claim. Please note that the waiver of the time limit for notice of claim and submission of claim is at Our discretion

Upon acceptance of an offer of settlement by the Insured Person or the claimant, as the case may be, the payment of the amount shall be made within 7 days from the date of acceptance. In case of delay in payment, We shall be liable to pay interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us.

Section 5. Standard Terms and Conditions

1. Disclosure to Information Norm

The Policy shall be null and void and no Benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, misdescription or non-disclosure of any material particulars in the quotation details, personal statement, declaration, claim form declaration, medical history on the claim form and connected documents, or any material information having been withheld by Insured Person /Policyholder or any one acting on Insured Person's /the Policyholder's behalf, under this Policy. Insured Person /the Policyholder further understand and agree that We may at Our sole discretion cancel the Policy and the premium paid shall be forfeited to Us.

2. Observance of terms and conditions

The due adherence/observance and fulfilment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by Insured Person /Policyholder, shall be a Condition Precedent to Our liability to make any payment under this Policy .

3. Material Change

It is a Condition Precedent to the Our liability under the Policy that the Policyholder shall immediately notify Us in writing of any material change in the risk on account of change in the nature of occupation or business at his/her own expense. We may, in Our discretion, adjust the scope of cover and/or the premium payable, accordingly. The Policyholder/ Insured Person must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement or reinstatement of the Policy. The Policy terms and conditions may be altered accordingly.

4. Multiple Policies

In case of multiple policies which provide fixed benefits, on the occurrence of insured event in accordance with the terms & conditions of the policies, each insurer shall make the claim payment independent of payment received under similar health policies.

If two or more policies are taken by an Insured Person during the same period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies.

1. In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
2. Claims under other policy/ies may be made after exhaustion of sum insured in the earlier chosen policy / policies. It is clarified that the Insured Person having multiple policies shall also have the right to prefer claims

from other policy/policies for the amounts disallowed under the earlier chosen policy/policies, even if the sum insured is not exhausted. The insurer shall then settle the claim subject to the terms and conditions of the other policy/policies so chosen.

3. If the amount to be claimed exceeds the sum insured under a single policy after considering the Deductibles or Co-Payment, the Insured Person shall have the right to choose insurers from whom he/she wants to claim the balance amount.
4. Where the Insured Person has policies from more than one insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the Hospitalization costs in accordance with the terms and conditions of the chosen policy.

5. Alteration to the Policy

This Policy constitutes the complete contract of insurance. Subject to the provisions of applicable law, no change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement signed and stamped by Us. No one except Us can change or vary this Policy.

6. No Constructive Notice

Any knowledge or information of any circumstances or condition in relation to the Policyholder/Insured Person which is in Our possession and not specifically informed by the Policyholder/ Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

7. Free Look Provision

The Insured Person shall have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If the Insured Person has any objections to any of the terms and conditions, he/she may cancel the Policy stating the reasons for cancellation and provided that no claims have been made under the Policy, We will refund the premium paid by the Insured Person after deducting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium for the period on cover. All rights and Benefits under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. The free look provision is not applicable and available at the time of Renewal of the Policy.

8. Cancellation/ Termination (other than Free Look cancellation)

- a. Cancellation by the Policyholder/ Insured Person :

The Policyholder/ Insured Person may terminate this Policy during the Policy Period by giving Us at least 30 days prior written notice. We shall cancel the Policy and refund the premium for the balance of the Policy Period in accordance with the table below, provided that no claim has been made under the Policy by or on behalf of Insured Person.

Cancellation refund grid for non-credit linked Policy:

Covered up to Days	Refund of Premium
7	Up to 90.00%
30	Up to 75.00%
60	Up to 65.00%
90	Up to 50.00%

120	Up to 40.00%
180	Up to 25.00%
240	Up to 15.00%
Exceeding 240	Nil

Cancellation refund grid for credit linked Policy: If policy is taken as linked to loan, following grid will be applicable

Policy Tenure 1 Yr		Policy Tenure 2 Yrs		Policy Tenure 3 Yrs		Policy Tenure 4 Yrs		Policy Tenure 5 Yrs	
Time of cancellation	Refund %	Time of cancellation	Refund %	Time of cancellation	Refund %	Time of cancellation	Refund %	Time of cancellation	Refund %
Up to 1 month	75%	Up to 3 months	75%	Up to 6 months	75%	Up to 1 yr	75%	Up to 1 yr	80%
> 1 month to 3 months	50%	> 3 months to 6 months	50%	> 6 months to 1 year	50%	> 1 year to 2 years	50%	> 1 year to 2 years	60%
>3 months to 6 months	25%	>6 months to 1 year	25%	> 1 year to 2 years	25%	> 2 years to 3 years	25%	> 2 years to 3 years	40%
>6 months	Nil	> 1 year	Nil	> 2 years	Nil	> 3 years	Nil	> 3 years to 4 years	20%
								> 4 years	Nil

b. Cancellation by Us:

Without prejudice to the above, We may terminate this Policy during the Policy Period by sending 30 days prior written notice to the Policyholder's address shown in the Policy Schedule without refund of premium if:

- i. The Policyholder or any Insured Person or any person acting on behalf of either has acted in a dishonest or fraudulent manner under or in relation to this Policy;
- ii. the Policyholder or any Insured Person has not disclosed or misrepresented any true, complete and all correct facts in relation to the Policy.

We may also terminate this Policy in case of non-cooperation by Policyholder or any Insured Person. Premium for such cases shall be refunded as per the short period rates table given in point "a" above.

9. Fraudulent claims

If a claim is in any way found to be fraudulent, or if any false statement, or declaration is made or used in support of such a claim, or if any fraudulent means or devices are used by the Policyholder or any Insured Person or any

false or incorrect Disclosure to information norm or anyone acting on the Insured Person's behalf to obtain any Benefit under this Policy, then this Policy shall be void and all claims being processed shall be forfeited for all Insured Persons and all sums paid under this Policy shall be repaid to Us by all Insured Persons who shall be jointly liable for such repayment.

10. Limitation of Liability

If a claim is rejected or partially settled and is not the subject of any pending suit or other proceeding or arbitration, as the case may be, within twelve months from the date of such rejection or settlement the claim shall be deemed to have been abandoned and Our liability shall be extinguished and shall not be recoverable thereafter.

11. Records to be maintained

The Policyholder or the Insured Person, as the case may be shall keep an accurate record containing all relevant medical records and shall allow Us or our representative(s) to inspect such records. The Policyholder or the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Period or until final adjustment (if any) and resolution of all claims under this Policy.

12. Geographical Scope

The geographical scope of this Policy applies to events worldwide. However, all admitted or payable claims shall be settled in India in Indian rupees only. For all admissible reimbursement claims the exchange rate on the date of payment by Insured to the treatment provider will be applicable.

13. Policy Disputes

Any and all disputes or differences under or in relation to this Policy herein shall be determined by Indian law and shall be subject to the jurisdiction of the Indian Courts.

14. Renewal of Policy

- a) This Policy will automatically terminate at the end of the Policy Period. This Policy is ordinarily renewable on mutual consent for life, subject to application of Renewal and realization of Renewal premium. All Renewal application should reach Us on or before the Policy Expiry Date.
- b) We may revise the Renewal premium payable under the Policy basis previous claims experience as per our filed rating approach. For any change from filed rating approach we will take Authority's approval.
- c) A Grace Period of 30 days is available at the time of renewal of this Policy with Us. Coverage is not available for the period for which premium is not received by Us and We shall not be liable for any claims incurred during such period. The provision of Section 64VB of the Insurance Act 1938 shall be applicable.
- d) Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by Insured Person /the Policyholder.
- e) Modification of cover(s) may be requested by the Policyholder at the time of Renewal of the Policy. We reserve the right to carry out underwriting subject to Our board approved underwriting policy in relation to any alterations like increase/decrease in Sum Insured, change in plan/coverage, addition/deletion of Insured Persons, or any such other change.
- f) This product may be modified or withdrawn by Us after due approval from the IRDAI in accordance with applicable law. In such a case, We shall offer and the equivalent product options available to the Insured Person at the time of Renewal of this Policy.

15. Endorsements

Insured Person/the Policyholder should request for any endorsement in writing. Any endorsement that is accepted by Us shall be effective from the date of the request as received from Insured Person /the Policyholder, or the date of receipt of premium, whichever is later.

We reserve the rights to do underwriting in case of any such endorsement requests which has a bearing on the premium and/or material risk.

16. Communications & Notices

Any communication or notice or instruction under this Policy shall be in writing and will be sent to:

- a) To Us, at the address as specified in Policy Schedule and Certificate of Insurance
- b) The Policyholder's, at the address as specified in Policy Schedule OR to the Insured Person , at the address as specified in Certificate of Insurance
- c) No insurance agents, brokers, other person or entity is authorized to receive any notice on behalf of Us unless explicitly stated in writing by Us
- d) Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

17. Grievance Redressal

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

Website: www.magmahdi.com

Toll free: 1800 266 3202

E-mail: Gro@magma-hdi.co.in

Fax: 91 033 4401 7471

Courier: Any of Our branch offices or corporate office during business hours

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

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at:

Magma HDI General Insurance Co Ltd
EQUINOX BUSINESS PARK, UNIT NO. 1B & 2B, 2ND FLOOR,
TOWER 3, LBS MARG, KURLA (WEST),
Mumbai - Maharashtra 400070

For updated details of grievance officer, kindly refer the link <https://www.magmahdi.com/grievance-redressal>.

If Insured Person is not satisfied with the redressal of grievance through above methods, insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules, 2017. The contact details of the Insurance Ombudsman offices have been provided as Annexure-I

Grievance may also be logged at IRDAI Integrated Grievance management system:
<https://bimabharosa.irdai.gov.in>

18. Nominee

At policy start date, the Insured person can make a nomination for the purpose of payment of claims under the Policy in the event of death.

Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the Policy is made by Us.

19. Complete Discharge

We will not be bound to take notice or be affected by any notice of any trust, charge, lien, or other dealing with or relating to this Policy. The payment made by Us to Insured Person /the Policyholder or to the Insured Person's nominee/legal representative or to the Hospital, as the case may be, of any Medical Expenses or compensation or Benefit under the Policy shall in all cases be complete, valid and be construed as an effectual discharge in favour of Us.

Further, the Insured may approach the nearest Insurance Ombudsman for redressal of the grievance, if he / she remains dissatisfied with the resolution provided by The Company. List of Ombudsman offices with contact details are attached for ready reference. You may approach the office of Insurance Ombudsman once the stipulated period of 30 days from date of filing the complaint is over. For updated status, please refer to websites www.irdai.gov.in or <https://www.cioins.co.in>

Annexure I

Office of the Ombudsman	Contact Details	Jurisdiction
AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat and Union Territories of Dadra & Nagar Haveli, Daman and Diu.
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh and Chattisgarh.
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha

UIN: MAGPAGP19026V011819

Group Accident Suraksha

POLICY NO. P0024100001/9999/100026

CHANDIGARH	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 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD	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 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan
ERNAKULAM	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim and Union Territories of Andaman and Nicobar Islands.
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh,

		Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038821/23/24/25/26/27/28/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane)
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)

Annexure

Attached to and forming part of policy number: P0024100001/9999/100026

SI No	E Code	Name	Gender	DOB	Age	Sum Insured
1	K1002	AKASH KHURANA	Male	04/07/1978	45	1,000,000
2	K1004	TOMY THOMAS	Male	30/10/1971	52	1,000,000
3	K1010	RAMBIR	Male	04/12/1987	35	800,000
4	K1019	SANJEEV KUMAR WASAN	Male	08/09/1970	53	1,000,000
5	K1021	MRATYUNJAY JHARKHADIYA	Male	02/10/1988	35	800,000
6	K1025	SHALINI JHA	Female	05/07/1981	42	1,000,000
7	K1029	JAGDISH KAMAT	Male	06/10/1983	40	600,000
8	K1030	VISHNU KUMAR YADAV	Male	01/01/1981	42	600,000
9	K1043	HANSRAJ	Male	15/05/1988	35	600,000
10	K1063	PARVEEN YADAV	Male	09/09/1972	51	800,000
11	K1065	NITIN BHATIA	Male	02/01/1981	42	1,000,000
12	K1067	BOBBY KURAMDAS	Male	04/07/1985	38	800,000
13	K1073	PRADHUMAN SINGH	Male	08/07/1981	42	800,000
14	K1074	SHISHPAL SINGH	Male	25/01/1986	37	800,000
15	K1085	SUSHIL KUMAR	Male	01/01/1985	38	600,000
16	K1089	ROBIN KUMAR	Male	10/07/1996	27	600,000
17	K1092	ARINUS TIRKEY	Male	16/01/1998	25	600,000
18	K1093	ALOK YADAV	Male	09/12/1989	33	600,000
19	K1094	KARMBIR	Male	05/06/1989	34	600,000
20	K1100	DEEPAK	Male	03/08/1997	26	600,000
21	K1105	HITESH	Male	24/01/1998	25	600,000
22	K1109	TAKAHIRO YAMAZAKI	Male	09/09/1981	42	1,000,000
23	K1114	PRIYANKA KHANNA	Female	10/02/1992	31	800,000
24	K1115	SUMEGHA HANDA	Female	05/07/1994	29	800,000
25	K1125	DISHA RAO	Female	19/02/1989	34	800,000
26	K1126	SANDEEP HARIT	Male	28/04/1978	45	800,000
27	K1127	DIVYA MISRA	Female	02/07/1994	29	800,000
28	K1132	KAMAL BHALLA	Male	20/03/1975	48	800,000
29	K1133	AMRUTA NAVRE	Female	14/08/1987	36	800,000
30	K1134	VINEET NANDA	Male	18/10/1963	60	1,000,000
31	K1137	SACHIN KUMAR	Male	28/08/1978	45	800,000
32	K1139	ADITYA BHARATI	Male	21/03/1989	34	800,000
33	K1141	RAVI SHANKAR KUMAR	Male	02/07/1971	52	1,000,000
34	K1143	DIMPLE RATHORE	Female	23/01/1989	34	800,000
35	K1223A	DEEPAK KUMAR	Male	22/04/1982	41	800,000
36	K1151	AMIT MEHROTRA	Male	06/07/1978	45	800,000
37	K1156	MOHIT JAIN	Male	07/09/1978	45	1,000,000
38	K1160	YASH VARSHNEY	Male	03/06/1996	27	800,000
39	K1163	SAKAAR GAUR	Male	07/08/1996	27	800,000
40	K1167	DHEER PAL SINGH	Male	05/01/1986	37	600,000
41	K1168	SANDEEP KUMAR	Male	10/04/1994	29	600,000

UIN: MAGPAGP19026V011819

Group Accident Suraksha

POLICY NO. P0024100001/9999/100026

42	K1169	RAVI KUMAR	Male	07/03/1994	29	600,000
43	K1172	JINSU JOHN	Male	19/01/1998	25	600,000
44	K1174	CHANDAN SINGH	Male	16/06/1984	39	600,000
45	K1176	MANJEET KAUSHIK	Male	18/11/1994	28	600,000
46	K1177	VAISHALI	Female	09/05/2000	23	600,000
47	K1178	YOGESH KUMAR	Male	02/08/1977	46	800,000
48	K1179	P KRISHNAN KUTTY	Male	24/02/1973	50	800,000
49	K1180	NAVDEEP BISLA	Male	22/10/1991	32	800,000
50	K1182	RAJNISH BHARDWAJ	Male	09/11/1974	48	1,000,000
51	K1184	VIVEK KUMAR	Male	15/07/1984	39	800,000
52	K1186	KANWAR PAL	Male	27/03/1981	42	800,000
53	K1187	AVINNA SUNDAR SAHOO	Male	15/05/1978	45	800,000
54	K1188	MANISH SHARMA	Male	19/11/1984	38	800,000
55	K1191	SATISH KUMAR	Male	10/07/1984	39	800,000
56	K1192	DINESH KUMAR YADAV	Male	12/08/1980	43	800,000
57	K1193	GYANENDRA MISHRA	Male	30/09/1985	38	800,000
58	K1194	AMIT KUMAR RAGHAV	Male	25/07/1994	29	600,000
59	K1195	RAJEET	Male	16/08/1984	39	800,000
60	K1197	SANJEET	Male	01/01/1988	35	600,000
61	K1198	SMITA THAPA	Male	26/03/1997	26	800,000
62	K1199	CH WICHUNLIU	Female	20/07/1996	27	600,000
63	K1200	KAMALJEET KAUR	Female	19/06/1995	28	800,000
64	K1203	KRITIK MITTAL	Male	31/03/2001	22	800,000
65	K1206	AMIT RANA	Male	19/12/1982	40	800,000
66	K1207	SATYA SHARMA	Male	30/10/1980	43	800,000
67	K1208	SAUMYA DOGRA	Female	28/12/1995	27	800,000
68	K1209	KEHEIYILE NEWME	Female	22/04/1995	28	600,000
69	K1210	BINU JACOB	Male	06/08/1989	34	800,000
70	K1212	PRATEEK NARANG	Male	08/11/1988	34	800,000
71	K1213	MAISILIU	Female	04/02/2000	23	600,000
72	K1214	SIDHIKA HANDA	Female	03/06/1996	27	800,000
73	K1215	MOHIT KUMAR SHARMA	Male	29/09/1989	34	800,000
74	K1216	NITIN	Male	12/09/1994	29	600,000
75	K1217	VINEET CHOPRA	Male	20/12/1976	46	1,000,000
76	K1219	DEEPTI KAPOOR	Female	27/12/1979	43	800,000
77	K1220	RAKESH	Male	08/04/1993	30	800,000
78	K1221	SAURABH ANEJA	Male	19/03/1982	41	800,000
79	K1222	RAHUL MANDIL	Male	15/10/1984	39	800,000
80	K1223	DEEPAK KUMAR	Male	01/02/1987	36	800,000
81	K1224	DARPAN GUPTA	Male	15/07/1987	36	800,000
82	K1225	VISHAL SIKARWAL	Male	07/05/1986	37	800,000
83	K1226	DHVANI HANDA	Female	16/02/1992	31	600,000
84	K1227	SONALI PAL	Female	14/01/1990	33	600,000
85	K1228	SUNIL YADAV	Male	01/02/1989	34	800,000
86	K1229	SARANG SALUJA	Male	25/09/1996	27	800,000
87	K1230	CHANDRA GAJMER	Male	29/01/1976	47	600,000

88	K1231	KUNAL YADAV	Male	29/08/1998	25	800,000
89	K1232	VISHAL RAJ	Male	05/11/1978	45	800,000
90	K1233	MOHIT BHUTANI	Male	04/02/1982	41	800,000
91	K1234	MONISHA SAGGAR	Female	20/08/2001	22	600,000
92	K1235	TANIYA	Female	20/04/2000	23	800,000
93	K1237	RITU SHARMA	Female	21/11/1993	29	800,000
94	K1238	NIMISHA KAUSHIK	Female	14/05/1980	43	800,000
95	K1242	YUKA NAGAO	Female	27/08/1991	32	800,000
96	K1243	RAJAT BALUNI	Male	02/01/1999	24	600,000
97	K1244	ANKITA AGARWALLA	Female	13/04/1993	30	800,000
98	K1245	ARUNA PRASAD	Female	30/12/2001	21	600,000
99	K1246	PAYAL MUDGIL	Female	06/09/1983	40	800,000
100	K1247	AMISHA SHANDILYA	Female	19/12/1999	23	800,000
101	K1249	MANU GUPTA	Male	06/01/1978	45	1,000,000
102	K1250	ASHOK KUMAR	Male	01/01/1973	50	800,000
103	K1251	AMIT JAIN	Male	03/12/1983	39	800,000
104	K1252	VISHNU KUMAR	Male	15/05/1985	38	600,000
105	K1253	MANISH BHAI PATEL	Male	30/06/1995	28	600,000
106	K1254	ARVIND KUMAR	Male	09/12/1974	48	800,000
107	K1255	PRATAP KUMAR PATRO	Male	15/06/1984	39	800,000
108	K1256	PARIJAT PANDEY	Male	15/01/1994	29	800,000
109	K1257	MANOJ KUMAR	Male	27/06/1977	46	800,000
110	K1258	DEEPAK SINGH	Male	04/04/2000	23	600,000