BAJAJ ALLIANZ LIFE INSURANCE COMPANY

BAJAJ ALLIANZ HEALTHCARE
Policy Document

1. Benefits Payable:

Guaranteed Benefits

The benefits payable under this policy are stated in the policy schedule. The benefits payable under any of the covers mentioned shall be clubbed together under all policies of Bajaj Allianz HealthCare plan and shall not in any case exceed the maximum benefits stated below.

Cover:

a) Life Cover	Maximum Rs1 Lakh
b) Hospital Cash	Equal to Room Charges Maximum Rs 5000 per day (Rs. 10000 per day in ICU) and Maximum of Rs. 3 lakhs in a policy year.
c) Post Hospitalisation Benefit	50% of the hospital cash claim settled per day (Maximum 5 days in a policy year)
d) Surgical Benefit	Equal to Surgical expenses, Maximum Rs 5 lakhs in a policy year
e) Critical Illness Cover	Maximum Rs 5 lakhs during the policy term.
f) Benefit for partial and total permanent disability due to accident	Maximum Rs 5 Lakhs payable on permanent total disability and Maximum Rs 2.5 Lakhs payable on permanent partial disability.

a) Life Cover

a) On the death of the Life Assured;
The guaranteed death benefit shall be the sum assured. On the death of the life assured the policy terminates.
b) On the survival of the Life Assured;
On the Life Assured surviving the term of the policy nothing is payable and the contract terminates. After the contract has been terminated or surrendered the company shall bear no liability to pay any benefit.

b) Hospital Cash

The daily hospital cash benefit will be as per cover selected and payable if the policy is in full force. If the insured person has to stay for more than 72 (seventy two) hours in hospital as a result of injury, sickness or disease, the company pays for each full day an amount that is the lower one of:

(a) The room charge in hospital;
(b) the daily hospital cash amount as per cover chosen.

For every period of hospitalisation during a policy year, the first three days would not be paid for. The maximum amount of hospital cash that would be payable in a policy year would be restricted to the maximum amount mentioned in the policy schedule, irrespective of the number of days of hospitalisation. The benefit period starts after a waiting period of 60 (sixty) days from the commencement of risk or reinstatement of risk, except for accidental injury. However, if the incident occurs or hospitalisation is due to injury, sickness or disease prior to the expiry of this waiting period, the claim cannot be entertained but the policy may be continued and claims may be entertained for subsequent unrelated events covered under the plan.

The amount is paid as a lump sum at the end of the stay in hospital subject to providing satisfactory proof of stay in the hospital and the charges paid and the condition being covered under the policy.

Only claims for stays in hospitals (as defined below) will be admitted. The Company reserves the right to decide on the justification of hospital cash claim on the basis of normal assessment of the illness, the number of days normally required for hospitalization and the location of the hospital. Intimation of hospitalization should be sent to the company within 15 (fifteen) days of hospitalization through the hospital and by the life assured with supporting evidences. All original documents have to be submitted. The claim should be submitted to the company within 15 (fifteen) days of discharge from the hospital. In case of death the nominee can claim the hospitalization benefit as above.

Hospital (definition): Hospital means any institution in India established for the indoor medical care and treatment of patients and which either:

a) Is registered and licensed as a hospital or nursing home with the appropriate local authorities and is under the supervision of a Doctor in attendance for 24 hours a day and is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the addicted, detoxification centre, sanatorium, home for the aged, mentally disturbed, remodelling clinic or similar institution,
b) Also complies with the following criteria:
    i) It has at least 15 inpatient beds
    ii) It has a fully equipped and functioning operating theatre
    iii) It has qualified nursing staff (any person who holds a certificate issued by a recognized nursing council) in attendance 24 hours a day
    iv) It has a Doctor who is in attendance 24 hours a day
    v) It maintains daily records for each of its patients

c) Post Hospitalisation Benefit

Post Hospitalisation Benefit will be allowed for a maximum of 5 days in a policy year on the basis of a specific recommendation of the hospital/surgeon for essential

follow-up treatment at the rate of 50% of Hospital Cash benefit settled per day under the preceding hospital cash benefit cover settled under this policy.

d) Surgical Benefit

This benefit will be provided to the life assured in case of a surgery done by a qualified surgeon for a surgical operation and performed at a hospital as in-patient due to a covered injury or sickness for surgical procedures advised by a qualified doctor/physician/surgeon, and the policy is in full force. The benefit amount payable will equal to the surgical expenses (i.e. Surgeons fee, operation theatre charges and anaesthetist charges) subject to the maximum surgical benefit mentioned in the policy schedule.

There is a waiting period of 180 (One hundred and eighty) days, i.e. the surgical benefit can only be claimed if the illness covered is diagnosed at least 180 (One hundred and eighty) days after the date of commencement of risk or reinstatement of risk. No waiting period if surgery is due to injury. "Injury" shall mean bodily damage caused solely and directly by accident. However, if the incident occurs or illness is diagnosed prior to the expiry of this waiting period, the claim cannot be entertained but the policy may be continued and claims may be entertained for subsequent unrelated events covered under the plan.

e) Critical Illness Cover

In case the life assured is diagnosed with any of the critical illnesses mentioned below and the policy is in full force, the company shall pay a sum equal to the amount mentioned in policy schedule and the policy will continue with all other benefits.

There is a waiting period of 180 (one hundred and eighty) days, i.e. the critical illness benefit can only be claimed if the illness is diagnosed at least one hundred and eighty days after the date of commencement or reinstatement of risk. However, if the incident occurs or illness is diagnosed prior to the expiry of this waiting period, the claim cannot be entertained but the policy may be continued and claims may be entertained for subsequent unrelated events covered under the plan.

If the life assured has been diagnosed with any of the condition mentioned under critical illness, the company should be intimated of the same within 30 days from the date of diagnosis.

No benefit shall be payable until the insured person has provided satisfactory proof to the company of the occurrence of the relevant critical illness. This includes a diagnosis confirmed by a registered Medical Practitioner with relevant specialization supported by acceptable clinical, radiological, histological and laboratory evidence acceptable to the company.

The critical illness cover terminates on payment of the first critical illness benefit but the policy continues with all the other benefits.

Critical illnesses to be covered

1. **First Heart Attack**

The death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis should be based on all of the following:

- a history of typical chest pain, if any
- new and recent electrocardiography changes indicating myocardial infarction
- elevation of cardiac enzymes

Diagnosis based on the elevation of Troponin T Test, alone shall not be considered diagnostic of a heart attack.

Angina or chest pain are especially excluded.

2. Coronary Artery Disease Requiring Surgery

The undergoing of heart surgery to correct narrowing of blockage of left main coronary artery or three or more coronary arteries with bypass grafts in persons with limiting anginal symptoms and compromise of blood supply supported by investigation but excluding non-surgical techniques such as balloon angioplasty, laser relief of an obstruction or other forms of Coronary artery clearing through catheters or similar devices. Narrowing of the affected artery should be more than 75% (seventy five percent).

3. Stroke

Any cerebrovascular incident producing neurological sequel lasting more than twenty-four hours and including infarction of brain tissue by thrombosis, hemorrhage and embolisation from an extra-cranical source. There must be evidence of permanent neurological deficit for more than six months. The diagnosis must be based on changes seen in a CT scan or MRI & certified by a recognized consultant neurologist holding an appointment in this capacity with a major hospital.

Cerebral symptoms due to transient ischaemic attacks, any reversible ischaemic neurological deficit, migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye or optic nerve as well as ischaemic disorders of the vestibular system are excluded.

4. Cancer

The presence of one or more malignant tumours including leaukaemia (other than chronic lymphocytic leukaemia), lymphomas and Hodgkins disease characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue diagnosed by a medical practitioner who is a consultant oncologist. The following cancers are not covered by the policy: -

I. Tumours showing the malignant changes of carcinoma in situ (including cervical dysplacia CIN-1, CIN-2, and CIN- 3) or, which are histologically described as pre malignant and Ductal carcinoma in situ of the breast.

II. Melanomas of less than 1.5-mm maximum thickness as determined by histological examination or less than Clark Level 3 Depth of invasion;

III. All hyperkeratoses or basal cells carcinomas of the skin;

IV. All squamous cell carcinomas of the skin unless there has been a spread to other organs;
V. Kaposi's sarcoma and other tumours associated with HIV infections or AIDS;
VI. Papillary carcinoma of the bladder and Prostatic cancers which are histologically described as TNM Classification T1 (includingT1 (a) T2 (b) or are of another equivalent or lesser classification) and
VII. Hodgkins disease stage 1.

5. Kidney Failure
End stage renal disease of chronic irreversible failure of kidneys of the insured person undergoing regular peritoneal dialysis or haemodialysis or having had a renal transplantation.

6. Major Organ Transplantation
The undergoing as a recipient of a transplant of a heart, heart and lung, liver, kidney, pancreas (excluding the transplantation of the islets of Langerhans only) or bone marrow.

7. Multiple Sclerosis
Unequivocal diagnosis by a recognised consultant neurologist holding an appointment in this capacity in a major hospital. The following combination, which has persisted for at least a continuous period of six (6) months: -
I. Symptoms referable to tracts (white matter) involving the optic nerves, brain stem and spinal cord, producing well-defined neurological deficits;
II. A multiplicity of discrete lesions; and
III. A well-documented history of exacerbation and remissions of said symptoms/neurological deficits.
IV. Confirmed by modern investigational techniques.

8. Aorta Graft Surgery
The undergoing of surgery to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta. Narrowing of Aorta of congenital is excluded. Surgery of the branches of the abdominal aorta as well as traumatic injury of the aorta are also excluded.

9. Primary Pulmonary Arterial Hypertension
Means primary pulmonary hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization , resulting in permanent irreversible physical impairment to the degree of at least class 3 of the NEW YORK Heart Association Classification of cardiac impairment and resulting in the Life Insured being unable to perform his/her usual occupation. The condition has to be documented for at least three months.

10. Alzheimer's Disease
Deterioration or loss of intellectual capacity or abnormal behaviour as evidenced by the clinical state and accepted standardised questionnaires or tests arising from Alzheimer's disease excluding neurosis, psychiatric illness, and any drug or alcohol

related organic disorder, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the life insured. The diagnosis must be clinically confirmed by recognised consultant neurologist holding an appointment in this capacity in a major hospital.

11. Paralysis

The complete and permanent loss of use of both arms or both legs or one arm and one leg, through paralysis of grade 0-2/6 motor power caused by illness, persisting for at least six months from the date of illness.
Unequivocal diagnosis by recognised consultant neurologist holding an appointment in this capacity in a major hospital must certify it.

The critical illness cover ceases on payment of the first critical illness benefit but the other benefits under the policy shall continue.

f) Benefit for partial and total permanent disability due to accident

The amount payable on total permanent disability due to accident and partial permanent disability due to accident will be as per the amount mentioned in the schedule, provided the policy is in force.

Disability should occur within 180 (one hundred and eighty) days of the accident and also written intimation of accident should be given within 60 (sixty) days. Immediately after the happening of the disability, full particulars thereof must be given in writing to the office of the Company where this policy is serviced together with the then address and whereabouts of the Life Assured in the manner required by it, proof of disability satisfactory to the Company and without any expense to the Company.

Accidental permanent total disability
Disability as a result of an accident and must be total and permanent, and the accident must result in one of:

- ✓ Loss of both eyes
- ✓ Loss of both arms or both hands
- ✓ Loss of one arm and one leg
- ✓ Loss of one arm and one foot
- ✓ Loss of one hand and one foot
- ✓ Loss of one hand and one leg
- ✓ Loss of both legs
- ✓ Loss of both feet
- ✓ Removal of the lower jaw

Accidental permanent partial disability
Disability as a result of an accident and must be permanent and the accident must result in one of:

- ✓ Loss of one eye
- ✓ Loss of one leg
- ✓ Loss of one arm

- ✓ Loss of one hand
- ✓ Loss of one foot

Loss of hand will mean above wrist, loss of arm will mean above elbow, loss of feet will mean above ankle and loss of leg will mean above knee.

g) Multiple Claims: Hospital Cash, Post Hospitalisation Benefit & Surgical Benefit can be claimed on multiple occasions subject to the overall limits mentioned in the policy schedule provided the policy is in force at the time of claim.

2. Bonus

Bonus is not available under the policy.

3. Payment of Premiums:

a) Premiums are payable on the due dates. However, a grace period of one month not less than 30 (thirty) days shall be allowed under any circumstances whatsoever. If any claim occurs during the grace period the benefits payable under this Policy shall be paid as if the policy was in force for full sum assured after deduction of the premium for the full policy year.

b) Premiums shall be payable on the due dates within the grace period allowed without there being any obligation on the company to notify the Life Assured/Policy holder of the due dates. Where the premiums have not been paid on the due dates or even during the grace period, the Policy shall lapse. Lapsed policies are not entitled for any benefits under the policy.

4. Non-forfeiture:

In the event of non-payment of premiums due under this policy within the grace period the policy will lapse. The policy if lapsed can be revived within six months of the due date of first unpaid premium, subject to underwriting and payment of outstanding premiums plus interest from the original premium due dates. Waiting period will be applicable after such reinstatement.

5. **Surrender Value**:

Surrender value is not available under the policy.

6. **Paid-up Value**:

Paid-up value is not available under the policy.

7. **Non disclosure**:

In case of non-disclosure or fraud or misrepresentation in any document leading to the acceptance of the risk, the company may at its discretion repudiate the claim, subject to Section 45 of the Insurance Act.

General Conditions

8. **Age**:
   i) The premium payable under the policy shall be calculated on the basis of the age of the Life Assured as declared in the Proposal. Where the age of the Life Assured has not been admitted by the Company, the Proposer/Life Assured shall furnish such proof of age of the Life Assured as is acceptable to the Company and have the age admitted.
   ii) In the event the age so admitted ("the correct age") is found to be different from the age declared in the Proposal, without prejudice to the Company's other rights and remedies including those under the Insurance Act, 1938, one of the following actions shall be taken:
      a. If the correct age is such as would have made the Life Assured uninsurable under the plan of assurance specified In the Policy Certificate, the plan of assurance shall stand altered to such plan of assurance as is generally granted by the Company for the correct age of the Life Assured, subject to the terms and conditions as are applicable to that plan of assurance. If it is not possible to grant any other plan of assurance, the Policy shall stand cancelled from the date of issue of the Policy and the premium paid shall be refunded subject to the deduction of the expenses incurred by the Company on the Policy.
      b. If the correct age is higher than the age declared in the Proposal, the premium payable under the Policy shall be altered corresponding to the correct age of the Life Assured ("the corrected premium") from the date of commencement of the Policy and the Proposer/Life Assured shall pay to the Company the accumulated difference between the corrected premium and the original premium from the commencement of the Policy up to the date of such payment with interest at such rate and in such manner as is charged by the Company for late payment of premium. If the Life Assured fails to pay the difference of premium with interest thereon as mentioned above, the same shall be treated as a debt due to the Company and shall be recovered with further interest thereon as mentioned above from the moneys payable under the Policy.
      c. If the correct age of the Life Assured is lower than the age declared in the Proposal, the premium payable under the Policy shall be altered corresponding to the correct age of the Life Assured ("the corrected premium") from the date of commencement of the Policy and the Company may, at its discretion, refund without interest, the accumulated difference between the original premium paid and the corrected premium.
   iii) The issue age of the policyholder is calculated as age attained (i.e., age last birthday) as on the date of commencement of the related benefit.

9. **Reinstatement of the policy**:

A Policy, which has lapsed for non-payment of premium after the days of grace may be reinstated subject to the following conditions;

(a) The application for reinstatement is made within 6 months from the due date of the first unpaid premium and before the Maturity Date of Policy;
(b) The applicant being the Proposer/ Life Assured/ or his assignee shall furnish, at his own expense, satisfactory evidence of health of the Life Assured;
(c) The arrears of premiums together with interest at such rate as the company may charge for late payment of premium shall be paid;
(d) The reinstatement of the Policy may be made on terms different from those applicable to the Policy before it lapsed; and
(e) The reinstatement will take effect only on it being specifically communicated by the Company to the Proposer/ Life Assured or his assignee.

10. **Assignment:**
The Policy cannot be assigned.

11. **Nomination**:
The Life Assured, where he is the holder of the Policy, may, at any time before expiry Date of Policy make a nomination for the purpose of payment of the moneys secured by the Policy in the event of his death. Where the nominee is a minor, he shall also appoint a person to receive the money during the minority of the nominee. Nomination shall be made by an endorsement on the Policy and by communicating the same in writing to the Company. Any change of nomination, which may be effected before the Maturity Date of Policy shall also be communicated to the Company.

The Company does not express itself upon the validity or accept any responsibility on the nomination or registering the nomination or change in nomination.

12. **Loans**:
No Loan is available under the policy.

13. **Suicide**:
Where the Life Assured commits suicide whether sane or insane, within one year from the date of commencement of risk/reinstatement under this Policy, the contract of insurance shall be void whether or not any beneficial interest has been created and no benefit shall be payable under this policy.

14. **Special Provisions**:
Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

15. **Notices**:
Any notice, direction or instruction to be given under this policy shall be in writing and delivered by hand, post, facsimile or email to: -
Policyholder /Life assured/Assignee:

As per the details specified by the Policyholder/Life assured/assignee in the Proposal form change of address intimation submitted by him to the company.
Notice and instructions shall be deemed served 7 (seven) days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.
The company shall be not responsible for any consequences arising out of non-intimation of change of address.

16. **Payment of Claim**:
Before any claim becomes payable the Company shall be entitled to require the delivery to it of the original of this Policy document.

In addition to the Claim form we would require the documents mentioned below for the particular Claim benefit:

i) Critical Illness: All medical reports including pathological reports, all investigation reports, treatment papers, etc. pertaining to the diagnosis of the Critical Illness, Discharge card (if any), Hospital summary (if any), Doctor's Certificate confirming the diagnosis and giving the medical details

ii) Hospital Cash: All medical reports including investigation reports, treatment papers, etc., Hospital discharge card, Hospital summary and the original bills pertaining to the hospitalisation

iii) Surgical Benefit: The medical reports prior to the surgery alongwith the Doctor's letter advising the surgery, Hospital discharge card with bills for that particular surgery, Surgeons recommendation for post hospitalisation (if any)

iv) Disability due to Accident:
   a. The Hospitalisation summary /discharge card.
   b. The Certificate from an authorised Doctor certifying the extent of Permanent/ Partial Disability as a result of the accident.

All documents related to these claims have to be submitted to the company within 60 days of the occurrence of the event.

Also, the supporting documents required by Bajaj Allianz Life Insurance Company in case of death claims may include, but not limited to:

a) Medical records from the physician last seen.
b) Coroner's /postmortem report.
c) Report from police in case of accidental/unnatural death.
d) Death certificate.
e) Medical cause of death certificate.
f) Copy of crematorium record specifying the date, day and time of cremation. This would be accepted only if none of the above is available and if so stated in an affidavit, as an exception not as a rule.
g) Documents to establish right of claimant in case of no valid nomination.

17. **Electronic Transactions**:
The Customer agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

18. Occupation

The applicant or the insured must notify the Company in writing as soon as possible and in any case within 10 (ten) days upon a change of occupation.

The new occupation shall be classified according to the underwriting rules of the Company at the time of change.

Where the new occupation is in the class which the Company declines, the critical illness rider and hospital cash rider**, if included**, shall cease as from the date of change of occupation and the Company shall refund the unearned premium.

Where the new occupation is in a class which the company accepts, a new premium shall be calculated by the Company and shall be payable from next policy year, where renewed with the current premium unchanged during the remaining period of **running** policy year. In the case where the applicant or the insured fails to notify the Company and pays the renewal premium based on the former occupation class, the Company shall take the following steps:

Where the new occupation is in a class of higher risk, The Company shall pay the benefit according to the ratio which the premium paid bears to the premium which would have been paid if the higher risk class had been charged.

Where the new occupation is in a class of lower risk, The Company shall refund the difference between the premium paid and the premium that would have been paid if the lower risk had been charged, with a maximum of difference of one policy year.

19. Freelook Period:

Within 15 days from the date of receipt of the policy, you have the option to review the terms and conditions and return the policy, if you disagree to any of the terms & conditions, stating the reasons for your objections. You will be entitled to a refund of the premium paid, subject only to a deduction of a proportionate risk premium for the period on cover and the expenses incurred on, but not limited to, medical examination and stamp duty charges.

20. **Grievance Redressal:**
For any assistance pertaining to the policy servicing, the policyholder may contact any nearest Customer Care Center during our office hours 9 am to 6 pm. Alternatively, you may communicate with us by post at:
Customer Care Desk
Bajaj Allianz Life Insurance Company Ltd.
GE Plaza, Airport Road, Yerawada, Pune - 411006
By Fax: 020 5602 6772
By Phone: 020 5602 6777 (Ext 741)
By email: life@bajajallianz.co.in

Grievance Redressal Committee
The Company is concerned about the grievances of its policyholders and has a grievance redressal mechanism in place for quick and satisfactory resolution of grievances. Any grievance or complaint or dispute or suggestions in respect of this policy or on the functioning of the office may be sent to the above email address/fax/phone or by post addressed to:
Grievance Redressal Officer
Bajaj Allianz Life Insurance Company Ltd.
GE Plaza, Airport Road, Yerawada, Pune - 411006

21. Ombudsman:
To attend to grievance of policyholders with respect to their insurance policies, Central Government has established offices of insurance ombudsman. The details of ombudsman are available on the IRDA website at www.irdaonline.org/ombudsmanlist.htm and also at Bajaj Allianz website http://www.bajajallianz.co.in

22. Exclusions:

a) Exclusion for Life Cover:
In case of Suicide within one year from commencement/reinstatement of risk, whether sane or not, the death benefit shall not be payable.

b) Exclusions under Hospital Cash Benefit:
The hospital cash benefit will not be paid if the hospital confinement is due to:

i) Any pre-existing conditions,
ii) Routine eye tests, dental treatment or other examination and/or tests not incidental to the treatment or diagnosis of an injury, sickness or disease,
iii) Pregnancy, miscarriage (except as a result of an accident), impotency, sex change, abortion or birth control,
iv) Sleep disorder, psychiatric or mental disorders,
v) AIDS, any AIDS related illness or HIV infection,
vi) Prostheses, cosmetic surgery or reconstructive surgery unless as a result of an accidental injury,
vii) Custodial care, bed rest, convenience care, convalescence, general debility, rest cure,
viii) Any treatment relating to obesity, weight reduction, weight improvement,
ix) Self-inflicted injuries or attempted suicide while sane or insane,
x) War, invasion, civil war, rebellion,
xi) Any injury, sickness or disease received as a result of the insured person committing any breach of law,
xii) Any injury, sickness or disease received as a result of the insured person being under the influence of alcohol or drugs other than in accordance with the directions of a registered medical practitioner,
xiii) Any injury, sickness or disease received as a result of the insured person taking part in any naval, military or air force operation,
xiv) Any injury, sickness or disease received as a result of the insured person participating in or training for any dangerous or hazardous sport or competition or riding or driving in any form of race or competition,
xv) Any injury, sickness or disease received as a result of aviation, gliding or any form of aerial flight other than as a fare-paying passenger of a recognised airline on regular routes and on a scheduled timetable.

c) Exclusions under surgical benefit
The Surgical benefit will not be paid if the hospital confinement is due to:

i) Pre-existing injuries, illnesses or conditions
ii) Routine eye tests, dental treatment or other examination and/or tests not incidental to the treatment or diagnosis of an injury, sickness or disease,
iii) Pregnancy, miscarriage (except as a result of an accident), impotency, sex change, abortion or birth control,
iv) Sleep disorder, psychiatric or mental disorders,
v) AIDS, any AIDS related illness or HIV infection,
vi) Prostheses, cosmetic surgery or reconstructive surgery unless as a result of an accidental injury,

vii) Congenital diseases, and Physical Defects already manifested or evident at the time of taking the policy or of which the policyholder was aware at the time of taking the policy,
viii) Any treatment relating to obesity, weight reduction, weight improvement,
ix) Self-inflicted injuries or attempted suicide while sane or insane,
x) War, invasion, civil war, rebellion,
xi) Any injury, sickness or disease received as a result of the insured person committing any breach of law,
xii) Any injury, sickness or disease received as a result of the insured person being under the influence of alcohol or drugs other than in accordance with the directions of a registered medical practitioner,
xiii) Any injury, sickness or disease received as a result of the insured person taking part in any naval, military or air force operation,
xiv) Any injury, sickness or disease received as a result of the insured person participating in or training for any dangerous or hazardous sport or competition or riding or driving in any form of race or competition,
xv) Any injury, sickness or disease received as a result of aviation, gliding or any form of aerial flight other than as a fare-paying passenger of a recognised airline on regular routes and on a scheduled timetable.

d) Exclusions under Critical Illness Benefit

In the following cases the critical illness benefit will not be paid:

i) Critical illness or the related symptoms existed at the date of commencement or reinstatement of risk,
ii) Critical illness is diagnosed within 180 days of the date of commencement or reinstatement,
iii) Critical illness as a result of AIDS, any AIDS related illness or HIV infection,
iv) Critical illness occurs as a result of the insured person committing any breach of law,
v) Critical illness as a result of war, invasion, civil war or rebellion,
vi) Critical illness as a result of self-inflicted injuries whilst sane or insane,
vii) Critical illness as a consequence of the insured person being under the influence of alcohol or drugs other than in accordance with the directions of a registered medical practitioner,
viii) Critical illness occurs as s result of the insured person taking part in any naval, military or air force operation,
ix) Critical illness occurs as a result of the insured person participating in or training for any dangerous or hazardous sport or competition or riding or driving in any form of race or competition,
x) Critical illness occurs as a result of aviation, gliding or any form of aerial flight other than as a fare paying passenger of a recognised airline on regular routes and on a scheduled timetable,
xi) Failure to seek or follow medical advice.

e) Exclusions under Accidental Permanent Total/Partial Disability Benefit

In the following cases the disability benefits will not be paid:

i) Disability occurs as a result of the insured person committing any breach of law,
ii) Disability as a result of war, invasion, civil war or rebellion,
iii) Disability as a consequence of the insured person being under the influence of alcohol or drugs other than in accordance with the directions of a registered medical practitioner,
iv) Disability occurs as s result of the insured person taking part in any naval, military or air force operation,
v) Disability occurs as a result of the insured person participating in or training for any dangerous or hazardous sport or competition or riding or driving in any form of race or competition,
vi) Disability occurs as a result of aviation, gliding or any form of aerial flight other than as a fare paying passenger of a recognised airline on regular routes and on a scheduled timetable,
vii) Disability occurs as a result of attempted self injury whilst sane or insane
viii) Failure to seek or follow medical advice.

"The Policy shall be subject to and governed by the terms of the Policy document and all the terms and schedule contained **herein** (enclosed), **endorsements if any,** shall together form a single agreement"

SECTION 45 OF THE INSURANCE ACT, 1938:
No Policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy-holder and that the policy holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.