Section I Operative Clause

WHEREAS You, the Insured named in the Schedule chose this Kshema Hospi DinDhan Suraksha (Retail) and have applied to us, Kshema General Insurance Limited for insurance cover as stated in this Policy. You further provided us the information about yourself through written Proposal form or Digital Proposal form or on the platform of Kshema mobile Application or through Kshema Website or manually and based on your confirmation that the information submitted is correct and true and having received the premium paid by you, we promise to provide you insurance cover as stated in the Policy Schedule subject to the Terms, Conditions, Provisions, Exceptions and Exclusions set out in this Policy or as contained in any Annexures and/or Endorsement that may be issued thereunder.

Proposal Form, Policy wording, Policy schedule, Declarations and any Annexures/Endorsements thereto shall be considered as one document and any word or expression to which a specific meaning has been attached in any of them shall bear such meaning throughout this insurance policy unless specified otherwise.

Throughout this policy, the words “You”, “Your”, “Yourself”, “Insured Person” refer to the named insured party shown in the policy schedule. The words “We, “Our”, and “Us”, “Insurer” and “Company” refer to Kshema General Insurance Limited.

Section II Definitions

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy and references to the singular or to the masculine shall include references to the plural and to the feminine wherever the context so permits:

Words not specifically defined hereunder shall carry ordinary meaning as in any popular English dictionary.

1. Accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. Age or Aged means completed years as at the Commencement Date of the Policy
3. Authority means the Insurance Regulatory and Development Authority of India established under sub section 1 of section 3 of IRDA Act 1999.
4. Bank Rate means the rate fixed by the Reserve Bank of India (RBI) at the beginning of the Financial Year in which claim has fallen due.
5. Claim means a demand made by You or on Your behalf for payment of benefits, as covered under the Policy.
6. Commencement Date means the commencement date of this Policy as specified in the Schedule.
7. "Disease" means an alteration in the state of the body or of some of its organs, interrupting or disturbing the performance of the functions, and causing or threatening pain and weakness or physical or mental disorder and certified by a Medical Practitioner.
8. Grace Period means the specified period of time immediately following the renewal 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.
9. “Hazardous Sport / Hazardous Activities” means engaging whether professionally or otherwise in any sports or activity, which is potentially dangerous to You (whether trained, or not). Such Sport/Activity including but not limited to Winter sports, Ice hockey, Skiing, Skydiving, Parachuting, Ballooning, Scuba Diving, Bungee Jumping, Mountain Climbing, Riding or Driving in Races or Rallies, caving or pot holing, hunting or equestrian activities, diving or under-water activity, rafting or canoeing involving rapid waters, yachting or boating outside coastal waters, jockeys, horseback, Polo, Circus personnel, army/navy/air force personnel and policemen whilst on duty, persons working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high-tension supply, nuclear installations, handling hazardous chemicals.
10. Hospital means any institution established for In-patient care and Day care treatment of disease / injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of the said Act, or under such relevant Regulation in the state or country in which it operates; 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 those towns having a population of less than 10 lakh and 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 shall make these accessible to the Company's authorized personnel.

- **Hospital does not mean:**
- A Convalescent, nursing, or rest home or facility, or a home for the aged; rejuvenation or health resort
- A place mainly providing Custodial, Educational, or Rehabilitative Care; or
- A facility mainly used for the treatment(s) of drug addicts or alcoholics.

11. Hospitalization means admission in a hospital for a minimum period of 24 consecutive 'In-patient care' hours.
12. Hospital Daily Cash Benefit (HospiCash) means Daily Cash Benefit provided for each day of hospitalisation as per the Policy Schedule.
13. Inception Date means the inception date of this Policy as specified in the Policy Schedule
14. Insured Person means You and the persons named in the Schedule.
15. Illness means a sickness or a disease leading to the impairment of normal physiological function requires medical treatment.
    i. Acute Condition means a disease, illness or injury that is likely to response 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.
    ii. Chronic Condition means a disease, illness, or injury that has one or more of the following characteristics.
        a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests.
        b. it needs ongoing or long-term control or relief of symptoms.
        c. it requires rehabilitation for the patient or for the patient to be special trained to cope with it.
        d. it continues indefinitely.
        e. it recurs or is likely to recur.
16. Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner
17. In-patient means an Insured Person who is admitted to a hospital and stays for at least 24 hours for the sole purpose of receiving treatment.
18. 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
19. Material Facts means all relevant information sought by Us in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk.
20. Medical Advice means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.
21. 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 You.
    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 confirm to the professional standards widely accepted in international medical practice or by the medical community in India.
22. Medical Practitioner/ Physician means a person who holds a valid registration from the medical council of any state or medical council of India or council of Indian Medicine or for homeopathy set up by the government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction.
23. Notification of Claim means the process of intimating a claim to Us through any of the specified modes of communication.
24. Nominee the person whose name specifically appears as such in the Policy Schedule and is the person to whom the proceeds under this Policy, if any, shall become payable in the event of Your death. Nominee for all other Insured Person(s) shall be Yourself.

25. Pre-existing disease means any condition, ailment, injury or disease:
    i. Diagnosed by a physician within the specified period prior to the effective date of this policy issued by Us or its reinstatement or
    ii. For which medical advice or treatment was recommended by, or received from, a physician within the specified period prior to the effective date of the policy or its reinstatement.
26. Policy includes Your statements in the Proposal Form, this Policy Wording (including endorsements, if any), and the Policy Schedule and Annexures if any.
27. Policy Period means the period commencing from Policy start date and hour as specified in the Schedule and terminating at midnight on the Policy end date as specified in the Policy Schedule attached to this Policy.
28. Policy Year means a year following the Commencement Date and its subsequent annual anniversary.
29. Renewal means Your Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to Us on or before the date of expiry of the Policy or of the subsequent renewal thereof. However, We shall not be bound to give notice that such renewal premium is due.
30. 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.
31. Sum Insured means the sum shown in the Policy Schedule which represents Our maximum liability for the Insured Person for any and all benefits claimed during the Policy Period.
32. Waiting Period means a period from the inception of this Policy where there is no coverage under this policy. On completion of such period, the HospiCash cover shall be operative, provided the Policy has been continuously renewed without any Break in the Period of Insurance

Section III Scope of Cover

Benefits shall be applicable on an Individual basis. The limit per Policy Year specified in Your Policy Schedule shall be Our maximum, total and cumulative liability for the number of days of hospitalization for any and all claims arising under these benefits in respect of that Insured Person.

Total payout in all events shall not exceeds the Individual Policy Sum Insured.

Benefits shall be applicable on an Individual basis. The limit per Policy Year specified in Your Policy Schedule shall be Our maximum, total and cumulative liability for the number of days of hospitalization for any and all claims arising under these benefits in respect of that Insured Person.

Total payout in all events shall not exceeds the Individual Policy Sum Insured.

All claims under this Section must be made in accordance with the procedure set out in Claims Process.

A. Basic Covers:

i. **HospiCash Cover:** If You are Hospitalized in India during the Policy Period for Medically Necessary Treatment of an disease/Illness or accidental Injury which occurs during the Policy Period, We shall pay the Daily Cash Benefit specified in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalization.

B. Optional Covers:

The following Optional Covers will be available to You only if the premium in respect of the Optional Cover has been received in full and the Policy Schedule specifies that the Optional Cover is in force. The Policy Schedule will specify which of the following Optional Covers are in force and available for You under the Policy.

Benefits of Optional Covers are subject to the Terms, Conditions and Exclusions of this Policy.

All claims of Optional Covers must be made in accordance with the procedure set out in Claim Process.

i. **Intensive Care Unit (ICU) HospiCash:** If You are Hospitalized in an Intensive Care Unit (ICU) during the Policy Period for Medically Necessary Treatment of an Illness or an Injury that occurred during the Policy Period.

ii. **Accidental HospiCash:** If You are Hospitalized due to an Injury that occurred due to Accident during the Policy Period for medically necessary treatment that occurred during the Policy Period.

iii. **Maternity HospiCash:** Hospitalization arising from or traceable to pregnancy, childbirth including normal/ caesarean section, for a maximum of 5 days irrespective of the number of days opted under base policy.

C. Specific Conditions for Optional Cover

a. The following Optional cover shall apply only if the premium in respect of the optional cover has been received and the Policy Schedule states that the optional cover is in force and is available for the Insured Persons under the Policy.

b. No refund is allowable in case You cancel the optional cover selected during the Policy Period.

c. For optional cover Intensive Care Unit (ICU) HospiCash and Accidental HospiCash that occur during the Policy Period, we shall pay 2 times the Daily Cash Benefit and for optional cover Maternity HospiCash the daily cash limit as specified in the Policy Schedule shall be applicable for each continuous and completed period of 24 hours of Hospitalization.

d. Under Intensive Care Unit (ICU) HospiCash and Accidental HospiCash Optional Cover Benefit shall be available for maximum of not more than 50% of the days as selected in Base cover and under iii to a maximum of 5 days. This limit for number of days is included within the per Policy Year Limit as specified in the Policy Schedule.

e. The Hospitalization must be for Medically Necessary Treatment of an Illness, or Injury that occurred during the Policy Period.

f. For any given day of Hospitalization, if the Benefit is payable under optional cover, then there shall be no additional payment under base cover.

g. In the event that the Sum Insured under Optional Covers i and ii are fully exhausted, then we will pay you under the Base Cover, subject to and not exceeding the remaining Sum Insured specified for the Base Cover in the Policy Schedule.

h. Total number of days for these Benefits, including the days for which claim is payable, shall not exceed as specified in the Policy Schedule

i. The maximum benefit per day shall be the highest payout per day for a single coverage among the coverages applicable.

Section IV Exclusions (Reasons Why We Don't Pay)

i. We will not pay any claim for a period of less than 24 hours of Hospitalization.

ii. No Day Care Treatment shall be covered under this Benefit.

iii. We will not be liable to make any payment under the policy in connection with or in of the following expenses till the expiry of the waiting period mentioned below:

v. Pre-Existing Disease Waiting Period

a. Hospital Cash benefit for the hospitalization related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of first policy with Us.

b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

c. If You are continuously covered without any Break in Policy as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then the waiting period for the same would be reduced to the extent of prior coverage.

d. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

v. Specific Disease/ Medical Procedure Waiting Period

a. Hospital Cash benefit for the hospitalization related to the treatment of the listed Conditions, surgeries/treatments as per Table A and Table B below, shall be excluded until the expiry of 24 months and 36 months respectively of continuous coverage after the date of inception of the first policy with Us.

b. In the case of enhancement of sum insured the exclusion shall apply a fresh to the extent of sum insured increase.

c. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.

d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e. If You are continuously covered without any Break in Policy as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

f. List of specific diseases/procedures:

Table A: 24 Months' Waiting Period	
Cataract	Piles, Fissures and Fistula-in-Ano
Benign Prostatic Hypertrophy	Sinusitis and related disorders
Treatment for Menorrhagia/ Fibromyoma, Myoma and Prolapse of Uterus	Gout and Rheumatism
Hernia of all types	Calculus diseases
Hydrocele	Congenital Internal diseases

Table B: 36 Months' Waiting Period	
Joint Replacement due to Degenerative condition, unless necessitated due to an accident.	Age-related Osteoarthritis & Osteoporosis
Age-related Macular Degeneration (ARMD)	All Neurodegenerative disorders

vi. First Thirty Days Waiting Period
   a. HospiCash daily benefit within 30 days from the first policy commencement date shall be excluded.
   b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
   c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

vii. Investigation & Evaluation Admission primarily for diagnostics and evaluation purposes only

viii. Rest Cure, Rehabilitation and Respite Care

ix. Any admission primarily for enforced bed rest and not for receiving treatment. This also includes
   a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
   b. Any services for people who are terminally ill to address physical, social, emotional, and spiritual needs.

x. Obesity/ Weight Control - Hospitalization required for treatment of Obesity

xi. Change-of-Gender Treatments: Hospitalization required to change characteristics of the body to those of the opposite sex.

xii. Cosmetics or Plastic Surgery Hospitalization required for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accidental injuries.

xiii. Hazardous or Adventure Sports Any kind of Hospitalization regarding Hazardous and Adventurous Sports are excluded.

xiv. Breach of Law Hospitalization required for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

xv. In House Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons

xvi. Refractive Error Hospitlization related to the treatment for correction of eyesight due to refractive error less than 7 .5 diopters.

xvii. Unproven Treatments:

Hospitalization related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

xviii. Hospitalization required for Sterility and Infertility

xix. Maternity
   a. HospiCash daily benefit traceable to childbirth (including complicated deliveries and caesarean sections during hospitalization).
   b. HospiCash daily benefit towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

xx. Circumstantial Exclusion
   i. Treatment arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, uprising, revolution, insurrection, military participation or involvement in naval, military or air force operation

ii. Usurped acts, nuclear weapons / materials, chemical and biological weapons, ionizing radiation, contamination by radioactive material or radiation of any kind, nuclear fuel, nuclear waste.

iii. Your direct participation in terrorist acts

xxi. Behavioural Exclusions

1. Suicide or attempted suicide, wilfully self-inflicted injury;
2. Illegal act of the Insured Persons.
3. Any hospitalisation for Injury/Illness/Disease resulting from the consumption of alcohol or any intoxicating substance, its intake or abuse thereof
4. the use of drugs (other than drugs taken under treatment prescribed and directed by a Medical Practitioner but not for the treatment of drug addiction);
5. Hospitalization for any Congenital (internal and External) Diseases or Defects or anomalies.

xxii. Medical Exclusions

1. All routine examinations and preventive health check-ups.
2. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment)
3. All treatments that are availed as an out-patient basis (without any Hospitalization) shall be excluded
4. Preventive care, vaccination including inoculation and immunizations (except in case of post-bite treatment); any physical, psychiatric or psychological examinations or testing
5. Admission for nutritional and electrolyte supplements unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
6. External Congenital Anomalies, diseases or defects
7. Stem cell therapy or surgery (except Hematopoietic stem cells for bone marrow transplant for hematological conditions), or growth hormone therapy or Hormone Replacement Therapy
8. Dentures, implants and artificial teeth
9. Cost incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose
10. Hospitalization other than Allopathic, Ayurvedic, Unani, Siddha and Homeopathic branches of medicine.

Section V Deductible:

A Deductible of one day shall be applicable for each claim except Maternity HospiCash. If one Hospitalization event also consists of days of Hospitalization in the ICU / Accidental Injury, then the first day shall be considered for Deductible, irrespective of whether it is a day of Hospitalization in the ICU / Accidental Injury or not.

Section VI General Terms & Conditions

a. Disclosure of information:
The policy shall be void ab initio and all premium paid thereon shall be forfeited to Us in the event of Misrepresentation, Misdescription or Non-Disclosure of any material fact by You.

b. Condition Precedent to Admission of Liability
The Terms and Conditions of the policy must be fulfilled by You for Us to make any payment for claim(s) arising under the policy.

c. Complete Discharge for Claims Settlements
Any payment to You, Your nominees or Your legal representative, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by Us to the extent of that amount for the particular claim.

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

1. the suggestion, as a fact of that which is not true and which You does not believe to be true; or
2. the active concealment of a fact by You having knowledge or belief of the fact; or
3. any other act fitted to deceive; or
4. any such act or omission as the law specially declares to be fraudulent

We shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if You can prove that the misstatement was true to the best of Your knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of Us.

e. Nomination:
You are required at the inception of the policy and at the time of renewal to make a nomination for the purpose of

payment of claims under the policy in the event of death of the policyholder. Nomination can be changed any time during the term of the policy. 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. In the event of death of the policyholder, We will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy. Nominee for all other Insured Person(s) shall be Yourself.

f. Migration:
You will have the option to migrate the Policy to other health insurance products / plans, offered by Us, by applying for migration of the policy at least 30 days before the policy renewal date. If such person is presently covered and has been continuously covered without any lapses under any health insurance product / plan offered by Us, You will get the accrued continuity benefits to the extent of the Sum Insured, Cumulative Bonus if any, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period, provided the policy was renewed continuously without break.
For Detailed Guidelines on migration, kindly refer the link https://irdai.gov.in/document-detail?documentId=393128

(Please note referred link is of the IRDAI website and subject to change from time to time.)

g. Portability
You will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, You will get the accrued continuity benefits to the extent of the Sum Insured, Cumulative Bonus, if any, specific waiting periods, waiting period for pre-existing disease, Moratorium period, provided the policy was renewed continuously without break.
For Detailed Guidelines on portability, kindly refer the link https://irdai.gov.in/document-detail?documentId=393128

(Please note referred link is of the IRDAI website and subject to change from time to time.)

h. Renewal of Policy
The Policy shall ordinarily be renewable provided the product is not withdrawn, except on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person/s.

i. We shall endeavour to give notice for renewal. However, We are not under any obligation to give any notice for renewal.

ii. Renewal shall not be denied on the grounds that You had made a claim or claims in the preceding Policy Years.

iii. Request for renewal along with requisite premium shall be received by Us before the end of the Policy Period.

iv. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of (30) thirty days in all other cases to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

v. We shall condone a delay in renewal up to the Grace Period from the due date of renewal without considering such condonation as a break in policy.

vi. No loading shall apply on renewals based on individual claims experience

vii. We shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the policyholder, We may underwrite only to the extent of increased sum insured.

i. Moratorium Period
After completion of sixty continuous months of coverage or any other timeline prescribed by the IRDAI which is applicable for this Policy, (including portability and migration) in health insurance policy, no policy and claim shall be contestable by Us on grounds of non- disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the Sum insured of the first Policy. Wherever the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period

j. Free Look Period
The Free Look Period shall be applicable on fresh Kshema Hospi DinDhan Suraksha (Retail).
Free-Look shall not be applicable on renewals or at the time of porting / migrating the policy.
You shall be allowed Free Look Period of thirty days from date of receipt of the policy document, whether received electronically or otherwise, to review the terms and conditions of the policy, and to return the same if not acceptable.
If you have not made any claim during the Free Look Period, You shall be entitled to:

i. Refund of the premium paid, less any expenses incurred by Us on Your medical examination and stamp duty charges, where the risk has not commenced or

ii. Where the risk has already commenced and the option of return of the policy is exercised by You, a deduction towards the proportionate risk premium for period of cover, expenses, if any incurred by Us on Your medical examination and stamp duty charges or

iii. Where only a part of the insurance coverage has

commenced, such proportionate premium commensurate with the insurance coverage during such period, expenses, if any incurred by Us on Your medical examination and stamp duty charges.

A request received by Us for cancellation of the policy during free look period shall be processed and premium shall be refunded within 7 days of receipt of such request.

k. Claim Settlement

i. We shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.

ii. However, where the circumstances of a claim warrant an investigation in Our opinion it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, We shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

l. Withdrawal of Policy
In the likelihood of this product being withdrawn in future, We will intimate You about the same 90 days prior to expiry of the policy.
You will have one time option to migrate to similar health insurance product available with Us at the time of renewal with all the accrued continuity benefits to the extent of Sum Insured, Cumulative Bonus, if any, waiver of waiting period, Specific waiting periods, waiting period for Pre-existing disease, moratorium period, as per IRDAI guidelines, provided the policy has been maintained without a break.

m. Possibility of Revision of Terms of the Policy including the Premium Rates
We shall reserve the right to revise or modify the terms of the Policy, including the premium rates with prior approval of the Product Management Committee, of the Company. You shall be notified three months before the changes are effected.

n. Automatic Termination of Insurance
Your Coverage shall automatically terminate in case of Your demise or exhaustion of Policy Sum Insured. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. Other insured people may also apply to renew the policy. In case the other insured person is minor, the policy shall be renewed only through any one of Your natural guardian or guardians appointed by court. All relevant particulars in respect of such person (including Your relationship with the insured person) must be submitted to the company along with the application.
Provided no claim has been made, and termination takes place on account of death of the insured person, due to reasons apart from what stands covered under the policy, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.

o. Material Change
Material information to be disclosed includes every matter that You are aware of, or could reasonably be expected to know, that relates to questions in the Proposal Form and which is relevant to Us in order to accept the risk of insurance. You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement of the contract. The Policy terms and conditions will not be altered.

p. Confidentiality and Data Privacy
We will maintain the confidentiality of all personal and medical data of Yours and will process and store such data strictly in compliance with the Insurance Act, IRDAI (Protection of Policyholders' Interests) Regulations, 2024, and applicable data-protection laws. By purchasing this Policy, Your consent of sharing the necessary information with IRDAI, IIB, TPAs and service providers for policy servicing, claims processing, portability, and statutory reporting.

q. Alterations in the Policy
This Policy constitutes the complete contract of insurance. 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.

r. No Constructive Notice
Any knowledge or information of any circumstance or condition in relation to You which is in Our possession and not specifically informed by You shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

s. Geography
We will cover HospiCash for Hospitalization during the Policy Period in India only and We will only make payment within India and in Indian Rupees.

t. Grace Period
The Policy may be Renewed by mutual consent for life subject to application of renewal and realization of renewal premium and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days from the date of expiry of the Policy. If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected

u. Communication & Notices
Any communication or notice or instruction under this Policy shall be in writing and will be sent to:

i. The Policyholder's, at the address as specified in the Policy Schedule

ii. To Us, at the address specified in the Policy Schedule.

iii. No insurance agents, brokers, other person or entity is authorised to receive any notice on behalf of Us unless explicitly stated in writing by Us.

v. 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.

w. Cancellation

1. You can cancel the policy at any time during the term, by informing to Us. In case You cancel the policy, You are not required to give reasons for cancellations.
2. We can cancel the policy only on the grounds of established fraud, by giving minimum notice of 7 days to You.
3. We shall –
   a. Refund proportion premium for unexpired policy period, if the term of the policy is up to one year and there is no claim(s) made during the policy period.
   b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.
4. In case a claim is intimated on the policy, no premium shall be refunded upon cancellation under any circumstances.
5. No refund is allowable in case of Insured Person cancel the optional cover selected during the Policy Period.

x. Electronic Transactions
You agrees to comply with all the terms and conditions of electronic transactions as We shall prescribe from time to time, and confirms that all transactions effected facilities for conducting remote transactions such as the internet, World Wide Web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, in respect of this Policy and claim related details, shall constitute legally binding when done in compliance with Our terms for such facilities. Sales through such electronic transactions shall ensure that all conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to the Policyholder. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent will be subsequently validated / confirmed by the Policyholder.

y. Severability
If any provision of this Policy is held to be invalid, illegal or unenforceable, the remainder of the Policy will remain in full force and effect.

z. Policy Dispute
Any dispute concerning the interpretation of the Terms, Conditions, Limitations and/or Exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

aa. Records to be maintained
You shall keep an accurate record containing all relevant medical records and shall allow Us or our representative(s) to inspect such records. You 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 and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy

Section VII: Claims Process:

1. Intimation of Claim
You shall have to give an intimation by calling Our call centre or by e-mail or by writing to Our office address along with the following details within 7 days of admission in the Hospital
   a. The Policy number;
   b. Name of the Policyholder;
   c. Name and address of the Insured Person in respect of whom the request is being made;
   d. Photo ID, KYC documents
   e. Nature of Illness or Injury and the treatment/Surgery taken;
   f. Name and address of the attending Medical Practitioner;
   g. Hospital where treatment/Surgery was taken;
   h. Date of admission and date of discharge;
   i. Approximate expenses or approximate length of stay towards Hospitalization for Illness / Injury or percentage of disability
   j. Any other information that may be relevant to the Illness/ Injury/ Hospitalization
2. Claims Documents Submission
The following documents as per the cover being sought must be provided to Us within 30 days of the occurrence of the event giving rise to a claim under the Policy or date of discharge from the Hospital.
   1. Duly filled claim form
   2. Photo ID and Age proof
   3. Self attested copy of discharge card / day care summary / transfer summary
   4. Self attested copy of the final bill
   5. Self attested copy of the invoice and payment receipt.
   6. Self attested copy of previous consultation papers indicating history and treatment details for current ailment.
   7. Self attested copy of all diagnostic reports (including imaging and laboratory) along with the medical prescription & copy of invoice / bill and receipt from the diagnostic center.
   8. Self attested copy of MLC / FIR copy – in Accidental cases only

9. Self attested copy of death summary & death certificate (in death claims only)
10. Any other support requisitioned by the claims department
11. KYC documents

If these details are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation in respect of that request.

Please refer to the Section on Terms and Conditions for general provisions pertaining to Claims Administration, Processing.

1. Claims terms applicable to all Covers under the Policy
   The full fillment of the terms and conditions of this Policy (including payment of premium in full and on time) in so far as they relate to anything to be done or complied with You, including complying with the following in relation to claims, shall be conditions precedent to admission of Our liability under this Policy:
   a. On the occurrence or discovery of any Illness or Injury that may give rise to a claim under this Policy, the claims procedure set in the Policy shall be followed.
   b. The directions, advice and guidance of the treating Medical Practitioner shall be strictly followed. We shall not be obliged to make any payments that are brought about or contributed to as a consequence of or failure to follow such directions, advice or guidance.
   c. If requested by Us and at Our cost, You must submit to medical examination by Our Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment and to investigate the circumstances pertaining to the claim.
   d. We and Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim.

Section VIII Grievance Redressal Clause

If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address Your grievance as follows:

a. For resolution of any query or grievance, You may contact the Policy issuing office or email Us at customer.support@kshema.co or through Kshema Application or write to Us at Grievance Redressal Officer, Kshema General Insurance Limited, Regd. Office:# 413, 4th Floor, My Home Tycoon, Kundan Bagh, Begumpet, Hyderabad, Telangana, India- 500016.

b. If You are not satisfied with the resolution provided, You may escalate to Our Nodal Desk E-mail gro@kshema.co or can write to Us at the sub section "Grievance Redressal" on Our website www.kshema.co (Customer Support section).

c. In case Your complaint is not fully addressed by Us, You may use the Bima Bharosa, a Grievance Redressal Portal of IRDAI (Bima Bharosa) for escalating the complaint to IRDAI. Through Bima Bharosa You can register Your complaint online and track its status. For registration, please visit Website https://bimabharosa.irdai.gov.in/

d. If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of the grievance at https://www.cioins.co.in.

Details of the Ombudsman are mentioned below.

S.No.	Location	Name of Ombudsman	Designation	Office of the Insurance Ombudsman	Jurisdiction	Telephone Number	Email
1.	AHMEDABAD	Shri k. Vinayak Rao	Insurance Ombudsman	Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001.	Gujarat, Dadra & Nagar Haveli, Daman and Diu.	079 - 25501201/02	oio.ahmedabad@cioins.co.in
2.	BENGALURU	Ms Neerja Kapur	Insurance Ombudsman	Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078.	Karnataka	080 - 26652048 / 26652049	oio.bengaluru@cioins.co.in
3.	BHOPAL	Shri Ajay Kumar	Insurance Ombudsman	1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir,Arera Hills Bhopal – 462 011.	Madhya Pradesh, Chhattisgarh.	0755 - 2769201 / 2769202 / 2769203	oio.bhopal@cioins.co.in
4.	BHUBANESWAR	Shri. Bimbadhar Pradhan	Insurance Ombudsman	62, Forest park, Bhubaneswar – 751 009.	Odisha	0674 - 2596461 /2596455/2596429/2596003	oio.bhubaneswar@cioins.co.in
5.	CHANDIGARH	Ms Alka Jha	Insurance Ombudsman	Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017.	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) , Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.	0172-2706468	oio.chandigarh@cioins.co.in
6.	CHENNAI	Shri. K.Vinayak Rao	Insurance Ombudsman	Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018.	Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry).	044 - 24333668 / 24333678	oio.chennai@cioins.co.in
7.	DELHI	Ms Sunita Sharma	Insurance Ombudsman	2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh .	011 - 46013992/23213504/23232481	oio.delhi@cioins.co.in
8.	GUWAHATI	Shri. Ajay Kumar Sharma	Insurance Ombudsman	Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM).	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	0361 - 2632204 / 2602205 / 2631307	oio.guwahati@cioins.co.in

S.No.	Location	Name of Ombudsman	Designation	Office of the Insurance Ombudsman	Jurisdiction	Telephone Number	Email
9.	HYDERABAD	Ms G Shobha Reddy	Insurance Ombudsman	6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace,A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.	040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325	oio.hyderabad@cioins.co.in
10.	JAIPUR	Shri Satyajeet Rajan	Insurance Ombudsman	Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.	Rajasthan	0141 – 2740363	oio.jaipur@cioins.co.in
11.	KOCHI	Shri Pradeep Kumar Jain	Insurance Ombudsman	10th Floor, Jeevan Prakash,LIC Building, Opp to Maharaja's College Ground,M.G.Road, Kochi - 682 011.	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.	0484 – 2358759	oio.ernakulam@cioins.co.in
12.	KOLKATA	Ms Kiran Sahdev	Insurance Ombudsman	Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072.	West Bengal, Sikkim, Andaman & Nicobar Islands.	033 - 22124339 / 22124341	oio.kolkata@cioins.co.in
13.	LUCKNOW	Shri. Atul Sahai	Insurance Ombudsman	6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001.	Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, 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.	0522 - 4002082 / 3500613	oio.lucknow@cioins.co.in
14.	MUMBAI	Ms Sarojini S Dikhale	Insurance Ombudsman	3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.	Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N , S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.	022 - 69038800/27/29/31/32/33	oio.mumbai@cioins.co.in

S.No.	Location	Name of Ombudsman	Designation	Office of the Insurance Ombudsman	Jurisdiction	Telephone Number	Email
15.	NOIDA	Shri Bimbadhar Pradha	Insurance Ombudsman	Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301.	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.	0120-2514252 / 2514253	oio.noida@ cioins.co.in
16.	PATNA	Ms. Susmita Mukherjee	Insurance Ombudsman	2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001.	Bihar, Jharkhand.	0612-2547068	oio.patna@ cioins.co.in
17.	PUNE	Shri Sunil Jain	Insurance Ombudsman	Jeevan Darshan Bldg., 3rd Floor, C.T.S. No's. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030.	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district,Palghar District, Raigad district & Mumbai Metropolitan Region	020-24471175	oio.pune@ cioins.co.in
18.	THANE	Shri Umesh Sinha	Insurance Ombudsman	2nd Floor,Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West)- 400604	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T."	022-20812868/69	oio.thane@ cioins.co.in

*Note: As the above ombudsmen contact details may change from time to time, we suggest you to refer the https://www.cioins.co.in for an updated list

Information about Us

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