HDFC ERGO General Insurance

HOME CREDIT ASSURE PACKAGE INSURANCE

PROSPECTUS

INTRODUCTION

HDFC ERGO General Insurance Company Limited takes pleasure in offering this multi risk Package Insurance product to All Indian Nationals. This product is intended to provide varied personal insurance requirements of the Insured in respect of their personal belongings and properties (excluding land and buildings). It also protects the Individuals against any hardship faced financially due to untimely diagnosis of critical illness or accidental death / disablement. Further in the event of death of the Insured person, not only does the family deal with emotional trauma but also has to deal with a lot of financial burdens which leaves them nowhere i.e. without any sustenance support so this product also takes care of supporting the Education of the Child . Long term coverage is provided to the insured upto 5 years.

The salient features of the product and price are briefly stated hereunder. For further details on definitions, coverage, exclusions and conditions, please refer to the Home Credit Assure Policy form..

The Policy Form is available on request. Please call us on our Helpline No.
022 6234 6234 / 0120 6234 6234
for further clarity on any related issue. Website: www.hdfcergo.com

PRODUCT INFORMATION

ELIGIBILITY CRITERIA

This product may be obtained by any Indian Citizen who has taken a home loan and which is outstanding.

SALIENT PRODUCT FEATURES

- Package Policy
- Hassle free Claims Process
- No medicals / health check up required
- Tax benefit under section 80D (Basis Critical Illness cover only)

1. WHAT IS COVERED?

Covers accidental physical loss and/or damage caused to building & contents owned by and responsibility for which vests with the Insured family members due to:

Section 1 – Buidling & Contents

	Column A	Column B

	We cover physical loss or damage, or destruction caused to the Insured Property by	**We do not cover** any loss or damage, or destruction caused to the Insured Property
1	Fire	caused by burning of Insured Property by order of any Public Authority.
2	Explosion or Implosion	-
3	Lightning	-
4	Earthquake, volcanic eruption, or other convulsions of nature	-
5	Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation	-
6	Subsidence of the land on which Your Home Building stands, Landslide, Rockslide	caused by a. normal cracking, settlement or bedding down of new structures, b. the settlement or movement of made up ground, coastal or river erosion, c. defective design or workmanship or use of defective materials, or d. demolition, construction, structural alterations or repair of any property, or e. groundworks or excavations.
7	Bush fire, Forest fire, Jungle fire	-
8	Impact damage of any kind, i.e., damage caused by impact of, or collision caused by any external physical object (e.g. vehicle, falling trees, aircraft, wall etc.)	caused by pressure waves caused by aircraft or other aerial or space devices travelling at sonic or supersonic speeds.
9	Missile testing operations	-
10	Riot, Strikes, Malicious Damages	caused by a. temporary or permanent dispossession, confiscation, commandeering, requisition or destruction by order of the government or any lawful authority, or b. temporary or permanent dispossession of Your Home by unlawful occupation by any person.
11	Acts of terrorism (Coverage as per Terrorism Clause attached)	Exclusions and Excess as per Terrorism Clause attached.
12	Bursting or overflowing of water tanks, apparatus and pipes.	-
13	Leakage from automatic sprinkler installations.	a. repairs or alterations in Your Home or the building in which Your Home is located, b. repairs, removal or extension of any sprinkler installation, or c. defects in the construction known to You.
14	Theft within 7 (seven)days from the occurrence of and proximately caused by any of the above Insured Events.	if it is a. of any article or thing outside Your Home, or b. of any article or thing attached from the outside of

		the outer walls or the roof of Your Home, unless securely mounted.

SECTION 2 - Burglary, Housebreaking, and Theft (On 40% First loss Basis). - Basis of Sum insured is 25% of Section 1 Sum Insured.Coverage provided is at first loss basis of 40%. Jewellery will be covered upto 20% of this sections sum insured only.

- Earthquake and Terrorism to be Included for this section

SECTION 3 - Major Medical Illness and Procedures which covers any illness, medical event or surgical procedure as specifically defined in the policy schedule whose first signs or symptoms arising after 90 days from the commencement of Period of Insurance. Under this section the following 9 diseases are covered.

- Sum Insured can be less than or upto a maximum of loan Value Only

Under Critical Illness the following 9 diseases only will be covered. The list and descriptions are as attached below

Cancer of specified severity:

A malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma.

The following are excluded:

i. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
i. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
ii. Malignant melanoma that has not caused invasion beyond the epidermis;
iii. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
iv. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
v. Chronic lymphocytic leukaemia less than RAI stage 3
vi. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
vii. All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

Myocardial Infarction (First Heart Attack -of Specified Severity):

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply

to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

a. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
a. New characteristic electrocardiogram changes
b. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

I. The following are excluded:
   a. Other acute Coronary Syndromes
   b. Any type of angina pectoris
   c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

Open Chest CABG:

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

I. The following are excluded:
a. Angioplasty and/or any other intra-arterial procedures

Stroke resulting in Permanent symptoms:

I. Any cerebrovascular incident producing permanent neurological sequelae.

   a. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source.
   b. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

II. The following are excluded:
   a. Transient ischemic attacks (TIA)
   a. Traumatic injury of the brain
   b. Vascular disease affecting only the eye or optic nerve or vestibular functions.

Permanent Paralysis of Limbs:
Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist Medical Practitioner must be of the opinion that paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

Kidney Failure Requiring Regular Dialysis:
End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis must be confirmed by a specialist Medical Practitioner.

Major Organ/Bone MarrowTransplant:
The actual undergoing of a transplant of:

a. One of the following human organs: lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ,
a. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

a. Other stem-cell transplants
a. Where only islets of langerhans are transplanted

Multiple Sclerosis with persistent symptoms:

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
   a. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
   b. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Neurological damage due to SLE is excluded.

Open Heart Replacement or Repair of Heart Valves:
The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

Benign Brain Tumor

I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
   i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
   ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

III. The following conditions are excluded:
   Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

Parkinson's disease

The occurrence of Parkinson's Disease where there is an associated Neurological Deficit that results in Permanent Inability to perform independently atleast three of the activities of daily living as defined below

i. Transfer: Getting in and out of bed without requiring external physical assistance

i. Mobility: The ability to move from one room to another without requiring any external physical assistance
ii. Dressing: Putting on and taking of all necessary items of clothing without requiring any external physical assistance
iii. Bathing/Washing: The ability to wash in the bath or shower (including getting in and out of the bath or shower) or wash by other means
iv. Eating: All tasks of getting food into the body once it has been prepared

Parkinson's disease secondary to drug and/or alcohol abuse is excluded

End Stage Liver Failure

I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
    i. Permanent jaundice; and
    ii. Ascites; and
    iii. Hepatic encephalopathy.

II. Liver failure secondary to drug or alcohol abuse is excluded

Surgery of Aorta

The actual undergoing of medically necessary surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. Traumatic injury of the aorta is excluded

Alzheimer's disease
Clinically established diagnosis of Alzheimer's Disease (presenile dementia) resulting in a permanent inability to perform independently three or more activities of daily living – bathing, dressing/undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication – or resulting in need of supervision and permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months

Third Degree Burns

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

Loss of Speech

I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of Page 19 of 92 hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing" in both ears.

Coma of Specified Severity

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

i. no response to external stimuli continuously for at least 96 hours;
ii. life support measures are necessary to sustain life; and
iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

SECTION 4 - Personal Accident: -

- Sum Insured can be less than or upto a maximum of loan Value Only

1. **Death of the Insured person on account of an Accident**
2. **Permanent Total Disability (PTD)** of the Insured person on account of an Accident which shall mean Injury sustained during the Policy Period which shall within twelve months of its occurrence be the sole and direct cause Permanent Total Disablement (as per the table in the Policy).
3. **Dependent Child Education Benefit** pays the education fees for the Insured Person's surviving Dependent Child up to the amount stated in the Schedule per year up to the number of years stated in the Schedule if an Insured Person sustains Bodily Injury which directly and independently of all other causes results in death within twelve (12) months of the Date of Loss.

OPTIONS PAYABLE BASIS SUM INSURED AMOUNT – Dependent Child Education Benefit

LOAN AMOUNT		OPTION
FROM	TO	
1	500,000	NIL
500,001	1,000,000	1
1,000,001	2,000,000	2
2,000,001	3,000,000	3
3,000,001	4,000,000	4
4,000,001	5,000,000	5

5,000,001	30,000,000	6

Dependent Child Education Benefit - Plan Options

No. of Children	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
	(Maximum Sum Insured Per Child) (Rs.)					
One	25,000	50,000	100,000	150,000	200,000	250,000
Two	50,000	100,000	200,000	300,000	400,000	500,000

SECTION 5 - Loss of Employment of Insured person means termination from employment of the Insured by the employer during the Policy Period as per the employers rules/regulations or executed/implemented by the employer in compliance of any laws for the time being in force or any directives by any Public Authority.

- **This section provides cover of upto 3 EMI's only.**

(Definitions) - Pls refer to the Policy wordings attached for all definitions

2. WHAT IS NOT COVERED

There are several risks which are either uninsurable or are specifically excluded from the scope of cover. The following is an illustrative non exhaustive list of some of the types of risks and items which will not be covered:

HOME INSURANCE	PERSONAL ACCIDENT AND CRITICAL ILLNESS
• Wear and tear, deterioration. • Loss or Damage due to faulty workmanship, defective design or material , atmospheric or climatic conditions, intentional acts or gross negligence, • Loss or damage to cash and money in any form, , plans, manuscripts, , perishables, consumables, contact lenses, dentures. • Consequential or indirect loss or damage and contractual liability. • Jewellery in Excess of 20% of the total burglary Sum Insured , unless declared specifically and endorsed upon payment of additional premium as applicable within the first 20 days of receipt of the policy document •	• Any Person learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in aviation or ballooning, or whilst the Insured is mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airline anywhere in the world. • Treatment relating to, external congenital Illnesses, • Payment of compensation in respect of death, injury or disablement of Insured (a) from engaging in or participation in adventure sports • Suicide or Intentional Injury leading to death or Permanent Total Disability is not covered. • If the Insured is under influence of any Intoxicating drugs or alcohol before the incident unless prescribed by Medical Practitioner. • Pregnancy and Child birth related

	diseases are not covered.
GENERAL EXCLUSIONS • War and Nuclear Risks. • Chemical or biological terrorism • The Policy does not cover any other contingencies or benefits except as stated above under the Product Features. • The Policy does not cover General Exclusions applicable to the entire Policy which may be referred to in the Policy wording.	**LOSS OF JOB** • Under the Loss of Job section - Unemployment at the time of inception of the Policy Period. • Unemployment arising within the first 90 days of inception of the Policy Period. • Self Employed personnel are not covered under loss of Job. • Any unemployment due to resignation or voluntary retirement. • Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation. • Any termination, dismissal, temporary suspension or retrenchment from employment of the Insured being attributed to any dishonesty or fraud or poor performance on the part of the Insured or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.

3. COVERAGE PERIOD

- The single Policy Period is from 1 year upto a maximum policy period of five years only, thereafter which can be renewed by mutual consent.
- The Cover under the policy commences from the date of loan disbursal.
- The cover under this Policy, for the specific Insured, shall terminate in the event of a claim under any section of the policy in respect of that insured becoming admissible and accepted by the Company and only upon full sum insured being payable to the insured except under loss of job.
- If applicable and if payment has been made under the permanent disablement section, any amounts(s) paid under that section would be deducted from payment of a claim under any of the other sections.
- Critical Illness and Unemployment cover operates after a three month waiting period from inception of the policy.

4. EXTENT OF COVERAGE

- The Sum Insured (SI) as mentioned in the Policy Schedule is the maximum sum payable as a whole under the Policy during the Policy Period for all the Insured perils and Contingencies
- Under Section 2 In case of a claim, indemnity will be provided based on the market value of the item lost. The Company's liability is restricted to the extent of 40% of the limit of Indemnity caused by actual or attempted Burglary and / or Theft, provided that such Contents are insured against Section 1 of the Policy.
- Maximum Sum Insured (SI) under Section 3, 4 & 5 are payable as mentioned in the schedule as these are benefit sections.
- Dependent Child Education Benefit is Payable from Rs 25,000 per child upto maximum of Rs 500,000 for two children on reimbursement basis i.e. on production of original tuition fee receipt from the accredited Institution. The Company's liability is limited upto the maximum sum insured under the section. This will help in supporting education for upto a period of upto 24 months depending on the Primary Sum Insured of the Policy under Section 3 of the Policy. Maximum upto two children may be covered under this benefit.

FOR A MORE COMPLETE DESCRIPTION OF COVERAGE / EXTENT THEREOF AND EXCLUSIONS, PLEASE REFER TO THE POLICY FORM.

PREMIUM

- Depends up on the Sum Insured (SI) selected.
- The premium rate is shown below in the range which will be used taking into account the various risk factors associated with the Insured Persons and the coverage offered. This also includes the premium rates to be applicable for renewals.

Loadings

We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).

We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 7 days.

Please note that We will issue Policy only after getting Your consent.
We will not apply any additional loading on **Your** policy premium at **Renewal** based on claim experience in **Your** Policy.

Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the Policy.

The **Insured Person** shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the Insured has not made any claim during the Free Look Period, the insured shall be entitled to

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the **Insured Person** and the stamp duty charges or
ii. where the risk has already commenced and the option of return of the Policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover **or**
iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

- Any Benefit/Indemnity payable by the Company, if any, in case of Your loss of life is payable as defined in the Policy Schedule by default to the assignee declared by You; indemnity is payable to Your estate. Any payment We make in good faith pursuant to this provision shall fully discharge Us to the extent of the payment.

- Disclosure of Information

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

- Complete Discharge

Any payment to the **Policyholder**, **Insured Person** or his/ her nominees or his/ her legal representative or assignee or to the **Hospital**, as the case may be, for any benefit under the **Policy** shall be a valid discharge towards payment of claim by the **Company** to the extent of that amount for the particular claim.

- Portability

The **Insured Person** 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 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to **Portability**. 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, the proposed **Insured Person** will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

- Possibility of Revision of terms of the Policy including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The **Insured Person** shall be notified three months before the changes are effected.

- Withdrawal of Policy

  i. In the likelihood of this product being withdrawn in future, the Company will intimate the **Insured Person** about the same 90 days prior to expiry of the policy.

  ii. **Insured Person** will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as **Cumulative Bonus**, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

- Nomination**:**

  The **Policyholder** is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the **Policyholder**. Any change of nomination shall be communicated to the Company 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**, the Company 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**.

CLAIMS

- Section 1 loss: Notice of loss is required as soon as practicable but no later than 14 days after discovery.
- Section 2 loss: Notice of loss is required as soon as practicable but no later than 48 hours after the loss event is triggered.
- For burglary, theft, arson, riot and strike, malicious damage, immediate notice of the crime should be given to the Police / Fire Brigade, as applicable.
- In the event of a fire, immediate notice shall be given to the Fire Brigade / Police, as applicable.
- On the happening of any loss event resulting in a claim under the Policy, the Insured shall take all possible steps to minimize the loss
- The Insured must provide proof of loss with full particulars within 14 days after the date of the initial discovery.
- Proof of loss must include all relevant documents together with internal and external records of any kind, correspondence with carriers, other parties, legal documents, bills, cash memos, receipts or such other documents as HDFC ERGO General Insurance Company Limited deems necessary for handling the claim.
- Notice of claim shall be provided in writing to HDFC ERGO General Insurance Company Limited at its address as set forth in the policy or by email to the email address mentioned on the policy or by calling our call centre (Please consider if you would like to insert a clause stating that “All information recorded by the call centre shall be binding on the Insured”). Subsequently a claim form needs to be submitted by the Insured.
- Methodology for the valuation of property is provided for in the policy.
- For property losses under Sec.1 of the policy, a surveyor may be appointed to assess the loss.
- For claims under Medical Illnes , death and PTD,the loan amount excluding the premium financed would be paid. While for Loss of Job claim 3 EMI’s at actuals would be payable.

- In case of change in Rate of interest the actual EMI being charged by Bank / Financial Institution at the time of loss would be payable.
- In case of fixed plans where the loans are prepaid before the end of the policy period, the 3 EMIs in case of Loss of Job claims would be paid as per the original EMI schedule

THE ABOVE IS DESCRIPTIVE ONLY. THE ACTUAL TERMS AND CONDITIONS CAN BE FOUND IN THE POLICY DOCUMENT. INSURED “S ARE ADVICED TO READS THE POLICY DOCUMENT COMPLETELY.

INSURANCE IS THE SUBJECT MATTER OF THE SOLICITATION