IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

IFFCO-TOKIO MOS-BITE PROTECTOR POLICY

UIN: IFFHLIP20071V011920

PROSPECTUS/ SALES LITERATURE

IFFCO-Tokio Mos-Bite Protector Policy has been filed as a benefit policy in order to manage with the expenses incurred by the persons who have contracted a Vector borne disease.

COVERAGE

HOSPITALISATION BENEFIT

WHAT IS COVERED

We will pay the Sum Insured as mentioned in the schedule, in the event of You/Insured person being hospitalized solely and directly for any of the vector borne diseases as specifically listed below, during the policy period provided that

1. the disease was first diagnosed atleast 30 (Thirty) days after the commencement of the policy period (or first policy period in case of renewal without break) and,
2. the hospitalization is not less than 48 (Forty eight) hours

Diseases covered are as below:

a) Dengue fever
b) Malaria
c) Lymphatic Filariasis
d) Kala-azar
e) Chikungunya
f) Japanese Encephalitis
g) Zika Virus

WHAT IS NOT COVERED

We will not pay for:

1. Any treatment taken on out-patient basis.
2. Any claim if Insured was already diagnosed and had not fully recovered from any of the listed vector borne diseases at the time of purchase of policy.
3. Any claim based on certification/ diagnosis/ treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for, or any diagnosis or treatment that is not scientifically recognized or

Unproven/Experimental Treatment, or is not Medically Necessary or any kind of self-medication and its complications;

4. Convalescence, rest cure, sanatorium treatment, rehabilitation measures, respite care, long term nursing care or custodial care, general debility and exhaustion.
5. Any claim where the hospitalization is outside the Republic of India.
6. Hospitalization primarily for any purpose which in routine could have been carried out on an outpatient basis and which is not followed by an active treatment or intervention during the period of hospitalization.
7. Any claim in which treatment could have been on an outpatient basis, but had been hospitalized primarily for diagnostic / evaluation purpose and is not followed by active treatment / management during the hospitalization period .
8. Any claim if the diagnosis, treatment or procedure is carried out in any of the "List of Excluded Hospitals" to this Policy, except in case of unforeseen emergency measures to save the insured person's life or measures solely designed to relieve the acute pain. The list of such excluded hospital(s) is dynamic and may change from time to time. Hence, we suggest you to please check our website www.iffcotokio.co.in or contact our call centre/nearest office for updated list of such excluded hospitals before admission.

SPECIFIC CONDITIONS

1. Only one claim per policy year, for each Insured person, shall be admissible and accepted by Us. The cover shall immediately and automatically cease for that Insured person upon acceptance of claim. The policy shall remain active for other members covered in the policy.
2. Lymphatic Filariasis will be payable only once in Insured person's lifetime. Upon subsequent renewals, all other vector borne diseases except Lymphatic Filariasis shall be covered under this policy, if a claim has already been accepted for Lymphatic Filariasis before.

GENERAL EXCLUSIONS

(WHAT IS NOT COVERED BY THE WHOLE POLICY)

We will not be liable for

1. **Willful Act or Gross Negligence** – Injury, disease or damage due to willful act including attempting suicide or intentional self-injury or gross negligence of You or Insured person or his/her family.

2. **Consequential Loss –** Any consequential or indirect loss or expenses arising out of or related to any insured event.

GENERAL CONDITIONS

(These conditions apply to the whole Policy)

1. The policy can be issued on individual basis to Insured and his/her family
2. For policies where all the members of the family are covered in a single policy, separate Sum Insured shall be applicable for each member.
3. **CANCELLATION -** We may cancel the policy on grounds of fraud, moral hazard or misrepresentation or non-cooperation by You by sending 15 (fifteen) days notice under recorded delivery to You at Your last known address and in such event, We will return to You, except in case of fraud or illegality on Your part, the premium paid less the pro rata portion thereof for the period the Policy has been in force. The refund shall be calculated on pro rata basis as per the following formula:

$$R = \frac{(365 * k) - n}{(365 * k)} * P$$

where,
R = Refund on the policy
k = 1/ 2/ 3 years (policy duration)
n = total number of days of policy in force
P = Premium paid by the insured

You may cancel this Policy by sending 15 (fifteen) days written notice to Us. We will then allow a refund after retaining the premium based on short period table as defined below.

Refund Percentage	**Policy Tenure**		
Cancellation date upto (x months) from Policy start date	**1 year**	**2 years**	**3 years**
Post free-lookup period and Upto 1 month	75%	87%	91%
Upto 3 month	50%	74%	82%
Upto 6 month	25%	61.5%	72.5%
Upto 12 month	0%	48.5%	64.5%
Upto 15 month	NA	24.5%	47%
Upto 18 month	NA	12%	38.5%
Upto 24 month	NA	0%	30%
Upto 30 month	NA	NA	8%
Beyond 30 months	NA	NA	0%

This refund of premium is subject to the condition that no claim has been preferred on Us.

4. **AUTOMATIC TERMINATION OF INSURANCE –**

The coverage for the Insured Person(s) shall automatically terminate in the case of his/ her (Insured Person) demise or exhaustion of Sum Insured. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period.
The other insured persons 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 his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including

his/her 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.

5. **RENEWAL-** This Policy shall ordinarily be renewable for lifelong only by mutual consent except justified on grounds such as mis-representation, fraud, moral hazard or non co-operation by You/ Insured person and subject to payment in advance of the total premium at the rate in force at the time of renewal and subject to the Policy is renewed within the Grace period of 30 days from date of Expiry. Unless renewed as herein provided, this Policy shall automatically terminate at the expiry of the period for which premium has already been paid.

6. **DISCLOSURE TO INFORMATION NORM** - The Policy shall be void and all premium paid hereon shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

7. **NOTICE** – You/ Insured person will give every notice and communication in writing to Our office through which this insurance is effected.

8. **CHANGE IN CIRCUMSTANCES –** You/ Insured person must inform Us, as soon as reasonably possible, of any change in information You have provided to Us about Yourself and the Insured person(s), their occupation, which may affect the insurance cover provided. You/ Insured person must also notify Us about any alteration made or change in information as described aforesaid whereby risk is increased. In case of such alteration or changes made and not accepted by Us in writing, all covers under this Policy shall cease.

9. **FREE LOOKUP PERIOD –** The free look period shall be applicable at the inception of the policy and
   1) The insured will be allowed a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable.
   2) If the insured has not made any claim during the free look period, the insured shall be entitled to—
      a) A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
      b) where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
      c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

10. **RECORDS TO BE MAINTAINED –**
    The Insured Person shall keep an accurate record containing all relevant medical records and shall allow Us or Our representative(s) to inspect such records. The Insured Person shall furnish such information as We may require 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.

11. **CLAIM PROCEDURE AND REQUIREMENTS -** An event, which gives rise to a claim or might become a claim under the Policy, must be reported to Us as soon as possible.

    A written statement of the claim will be required and a Claim Form will be provided. This written statement of claim along with supporting documentation must be delivered to Us within 45 (forty five) days of occurrence of Insured event, except under genuine circumstances beyond your/ Insured person's control in our opinion.

12. We are entitled to:
    i) Receive all necessary information, proof of occurrence of Insured event and assistance from You/ Insured person and from any other person seeking benefit under this Policy.
    ii) Inspect the medical hospitalization records, investigate the facts and examine the Insured person.

13. You/ Insured person shall assist and not hinder or prevent Us or Our Representatives in persuance of their duties for ascertaining the admissibility of the claim under the Policy.

14. In case of any inconsistency in the terms and conditions in the policy wordings vis-a-vis the information contained in the Policy Schedule, the information contained in the Policy schedule shall prevail.

15. **PORTABILITY –**
    (A) Portability will be granted to policyholders to a similar health benefit policy of Us/ any other insurer to Vector Borne Disease Protector Policy as per portability guidelines as mentioned below in 12 (B).
    (B) The Portability of health insurance policies shall be governed by the Health Insurance Regulation, 2016 dated 12th July, 2016. For more information, please refer to the page no.41 on the following URL of the IRDA website:
    https://www.irdai.gov.in/ADMINCMS/cms/frmGeneral_Layout.aspx?page=PageNo2908&flag=1

    The salient features mentioning the rights and obligations of the insurer and insured are as follows:
    a) A policyholder desirous of porting his policy to another insurance company shall apply to such insurance company, to port the entire policy along with all the members of the family, if any, at least 45 days before the premium renewal date of his/her existing policy.
    b) Insurer may not be liable to offer portability if policyholder fails to approach the new insurer at least 45 days before the premium renewal date.
    c) Portability shall be opted by the policyholder only as stated in (a) above and not during the currency of the policy.
    d) In case insurer is willing to consider the proposal for portability even if the policyholder fails to approach insurer at least 45 days before the renewal date, it may be free to do so.
    e) Where the outcome of acceptance of portability is still waiting from the new insurer on the date of renewal:

i. The existing policy shall be allowed to extend, if requested by the policyholder, for the short period by accepting a pro- rate premium for such short period, which shall be of at least one month and

ii. Shall not cancel existing policy until such time a confirmed policy from new insurer is received or at the specific written request of the insured.

iii. The new insurer, in all such cases, shall reckon the date of the commencement of risk to match with date of expiry of the short period, wherever relevant.

iv. If for any reason the insured intends to continue the policy further with the existing insurer, it shall be allowed to continue by charging a regular premium and without imposing any new condition.

(C) The portability clause does not alter our right to decline to renew or to cancel the Policy.

(D) Portability will be allowed for all individual health policies issued by non-life insurance companies/ Health insurance companies.

16. **FRAUD -** If a claim is fraudulent on account of fraudulent means or action used by You/ Insured person(s), all benefits and rights under this Policy shall be forfeited.

17. **Notice of Change**: We will not be bound to take cognizance or be effected by any notice of trust, charge, lien, assignment or other dealings with or relating to this policy. Your receipt or receipt of insured person shall in all cases be an effective discharge to us.

18. **ARBITRATION -** If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of the sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 (thirty) days of any party invoking arbitration the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by two such arbitrators and arbitration shall be conducted under and in accordance with the provisions of the arbitration and conciliation act, 1996. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if We have disputed or not accepted liability under or in respect of this policy. It is understood, however, that You shall have the right at all times during currency of the policy to communicate only, with the leading or issuing office in all matters pertaining to this insurance.

19. **Policy disputes:** The parties to this policy expressly agree that the laws of the republic of India shall govern the validity, construction, interpretation and effect of this policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to by both the insured and the company to be subject to Indian law. All matters arising hereunder shall be determined in accordance with the law and practice of such court within Indian Territory.

20. **DISCLAIMER CLAUSE -** If We shall disclaim Our liability in any claim, and such claim shall not have been made the subject matter of a suit in a court of law within 12 (twelve) months from the date of disclaimer,

then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

21. All claims shall be settled in India in Indian Rupees.

22. The provision of this Policy shall be governed by the laws of India for the time being in force. The parties hereto unconditionally subject to the jurisdiction of the Courts in India.

23. **WITHDRAWAL & ALTERATION OF POLICY CONDITIONS** - The policy terms and conditions may undergo alteration as per the IRDA Regulation. However the same shall be duly notified to You at least three months prior to the date when such alteration or revision comes into effect by registered post at Your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Regulation.
    A product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to You in advance as per the IRDA guidelines with details of options provided by us. If We do not receive Your response on the intimation of withdrawal, the existing product shall be withdrawn on the renewal date and You shall have to take a new policy available with us, subject to terms & conditions.

24. **PAYMENT OF PREMIUM** - The premium payable shall be paid in advance before commencement of risk. No receipt for premium shall be valid except on Our official form signed by Our duly authorized official. In similar way, no waiver of any terms, provision, conditions and endorsements of this policy shall be valid unless made in writing and signed by Our authorized official.

25. No sum payable under this Policy shall carry any interest/penalty except as mentioned under General Condition of Protection of Policy holder's interest.

26. **No Constructive Notice:** Any knowledge or information of any circumstance(s) or condition in connection with you / insured person(s), in possession of any of our official shall not be the notice to or be held to bind or prejudicially affect us notwithstanding subsequent acceptance of the premium.

27. **Electronic Transaction:** You and/or insured person(s) agree(s) to adhere to and comply with all such terms and conditions as we may prescribe from time to time and hereby agree(s) and confirm(s) that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centers, 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 us for and in respect of the policy or its terms or our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with our terms and conditions for such facilities, as may be prescribed from time to time. However, the terms of the condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDA regulations for protection of policy holder's interests.

28. **PROTECTION OF POLICY HOLDER'S INTEREST** - In the event of a claim, if the same is found admissible under the policy, We shall make an offer of settlement or convey the rejection of the claim within 30 (thirty) days of receipt of all relevant documents and investigation/ assessment report (if required). In case the claim is admitted, the claim proceeds shall be paid within 7(seven) days of Your/ Insured person's acceptance of Our offer. In case of delay in payment, We shall be liable to pay interest at a rate which is 2% (two percent) above the bank rate prevalent at the beginning of financial year in which the claim is received by us.

29. **PROVISION FOR SENIOR CITIZENS**

a) The insured will be informed in writing of any underwriting loading charged over and above the premium and the specific consent of the policyholder for such loading will be obtained before issuance of a policy.

b) Separate channel to address the related claims and grievances of senior citizen are mentioned below:

Claims/ Grievance: seniorcitizengrievance@iffcotokio.co.in
Contact Number: 0124-2850100
Address: IFFCO-Tokio General Insurance Company Limited.
IFFCO TOWER – II
Plot No.3, Sector-29, Gurgaon
Haryana-122001

30. **GRIEVANCE OR COMPLAINT -** You may register a grievance or complaint by visiting Our website www.iffcotokio.co.in You may also contact the offices from where You have bought the policy or the grievance officer who can be reached at Our corporate office.

Grievance Department details are as mentioned below:

E-Mail ID: chiefgrievanceofficer@iffcotokio.co.in
Address: IFFCO-Tokio General Insurance Company Limited.
IFFCO TOWER – II
Plot No.3, Sector-29, Gurgaon
Haryana-122001

RATING CHART

SECTION – HOSPITALISATION BENEFIT			
Sum Insured	Premium (in Rs)		
	Policy Tenure		
	One Year	Two Years	Three Years
5,000	44	85	123
10,000	88	170	246
15,000	131	253	366
20,000	175	338	489
25,000	219	423	613

30,000	263	508	736
35,000	307	593	859
40,000	350	676	979
45,000	394	761	1,102
50,000	438	845	1,224
55,000	482	930	1,347
60,000	526	1,015	1,470
65,000	569	1,098	1,590
70,000	613	1,183	1,713
75,000	657	1,268	1,837
80,000	701	1,353	1,960
85,000	745	1,438	2,083
90,000	788	1,521	2,203
95,000	832	1,606	2,326
1,00,000	876	1,691	2,449

POINTS TO REMEMBER –

1. Eligibility: Persons of any nationality may avail the benefits of this policy but he/she should be a normal resident of India.

2. Midterm revision of sum insured shall not be available in the policy.

3. Details Of Insured Person: The policy can be issued to Individuals as well as families. For policies where all the members of the family are covered in a single policy, separate Sum Insured shall be applicable for each member. Family means Self, Spouse, Children, Parents/ Parents-in-laws, Brothers and Sisters.
   The Insured shall be required to furnish complete details of all insured person(s) in the format as indicated in the Proposal Form. Any additions and deletions during the currency of the Policy should be intimated to the Company in the same format.

4. Sum Insured – Upto Rs 1 lac in multiples of Rs 5,000

5. Minimum Entry Age –
   a. Child – 91 days
   b. Adult – 18 years
6. Maximum Entry Age –
   a. Child – 23years
   b. Adult – 65 years
7. Maximum Renewable Age – Lifelong
8. Period of Insurance – 1 year/ 2 years/ 3 years
9. Pre-policy Health Checkup – No medical check-up required.

PROHIBITION OF REBATES

Section 41 of the Insurance Act 1938 provides as follows:

1. No person shall allow, or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in Company with the provisions of the section shall be punishable with fine which may extend to ten lakh rupees.

Note: Sales literature contains salient features of the product. For exhaustive details on covers, exclusions and conditions, kindly refer Policy Wordings. For all Insurance contracts, Policy Schedule along with Policy Wordings will be considered as contract documents. For more and detailed information regarding policies/ claims, please contact the nearest IFFCO-Tokio Office/ Bima Kendra/ Authorized Company Agent.