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Shriram General insurance Co. Ltd.

IN PARTNERSHIP WITH THE Sanlam GROUP
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Shri Vector Care Insurance Policy – Prospectus

1. Introduction

Vector borne diseases account for a large chunk of infectious diseases. Mosquito being the most common carrier.
Shri Vector Care Insurance policy is the health insurance benefit product. It is designed to cater escalating medical cost arising of hospitalization due to covered vector borne diseases.

2. Product Feature

2.1. Sum insured

Plan available with following sum insured basis

1. ₹10,000
2. ₹15,000
3. ₹25,000
4. ₹40,000
5. ₹50.000
6. ₹75,000

Maximum sum assured per life basis would be restricted to INR 75,000 considering all policies under this product.

2.2. Age of Entry

- 91 days – 65 years
- Coverage for child (91 days – 18 years) is not allowed without any family member (more than 18 years) being the proposer or covered in the policy
- Lifelong renewability is applicable

Policy is available for Individual as well as for family floater

Family means comprising of:

- Self
- Spouse
- Children (including unmarried children, step children or legally adopted children, who are financially dependent and aged between 91 days and 18 years).
- Parents/parents-in-law

2.3. Policy available for period

- 1 Year, 2 Year and 3 Year

3. Scope of Converge

If the Insured or the Insured Person(s), as the case may be diagnosed as suffering from any of covered Vector Borne disease during the Policy Period and Hospital admission longer than 24 continuous hours, the Company shall pay a lump sum payment of 100%, as specified under the Policy Schedule, subject to Sum Insured limits, terms, conditions, definitions and exclusions contained or otherwise expressed in the Policy Schedule.

Following are the vector borne disease covered under the policy

Disease	Details
A. Malaria	A registered medical practitioner should confirm diagnosis of Malaria with confirmatory tests indicating presence of Plasmodium falciparum/ vivax/ malariae in the patient's blood by laboratory examination countersigned by a pathologist/microbiologist in peripheral blood smear or positive rapid diagnostic test (antigen detection test). Continuous Hospitalization of 24 hrs should be necessary along with high fever and shaking chills. Please note Indoor case papers should be mandatorily obtained for each claim and the diagnosis of admission should be malaria and its complications, if any. Below are the specific exclusions for this condition: • Any Treatment other than for malaria and its complications • Hospitalization less than 24 hours
B. Dengue	The applicant will be eligible for the benefit pay out in case of being diagnosed with Dengue confirmed by a registered medical practitioner (RMP). Hospitalization must be necessary as advised by the RMP and the Laboratory examination result countersigned by a pathologist/microbiologist must confirm the following: • Decreasing platelet levels- less than 100,000 cells/mm3; and • Immunoglobulins/PCR test showing positive results for Dengue Please note Indoor case papers should be mandatorily obtained for each claim and the diagnosis of admission should be Dengue in addition to the above two conditions. Below are the specific exclusions for this product: • Any Treatment other than for Dengue (as defined above)Hospitalization less than 24 hours
C. Lymphatic Filariasis (Payout only once in lifetime)	Commonly known as elephantiasis, a registered medical practitioner must confirm the same and Laboratory examination result must be documented with presence of microfilariae in a blood smear by microscopic examination and along with any two of the following criteria: Clear and visible manifestation of the disease as follows: • lymphoedema, • elephantiasis and • scrotal swelling Please note Indoor case papers should be mandatorily obtained for each claim and the diagnosis of admission should be Filariasis in addition two of the above conditions. Claim against 'Lymphatic Filariasis shall be paid only once in the entire lifetime of the Insured upon first occurrence post start of coverage under this policy.

	Below are the specific exclusions for this product: • Any Treatment other than for Filariasis and its complications (as defined above) • Hospitalization less than 24 hours
D. Kala-azar	Visceral leishmaniosis, also known as kala-azar, is characterized by irregular bouts of fever,substantial weight loss, swelling of the spleen and liver, and anaemia. The diagnosis must be confirmed by a registered medical practitioner and by parasite demonstration in bone marrow/spleen/lymph node aspiration or in culture medium, as the confirmatory diagnosis or positive serological tests for kala azar should clearly indicate the presence of this disease. Please note Indoor case papers should be mandatorily obtained for each claim and the diagnosis of admission should be Kala Azar. Below are the specific exclusions for this product: • Any Treatment other than for Kala Azar (as stated above) • Hospitalization less than 24 hours
E. Japanese Encephalitis	Characterized by rapid onset of high fever, headache, neck stiffness, disorientation, coma, seizures,and spastic paralysis. To confirm Japanese Encephalitis (JE) infection and to rule out other causes of encephalitis requires a laboratory testing of serum or preferably cerebrospinal fluid. The diagnosis must be confirmed by a registered medical practitioner and positive serological test for JE by immunoglobulin M (IgM) antibody capture ELISA (MAC ELISA) for serum and cerebrospinal fluid (CSF) Please note Indoor case papers should be mandatorily obtained for each claim and the diagnosis of admission should be Japanese Encephalitis. Below are the specific exclusions for this product: • Any treatment other than for Japanese Encephalitis (as stated above) • Hospitalization less than 24 hours
F. Chikungunya	Chikungunya is characterized by an abrupt onset of fever with Joint pain. Other common signs and symptoms include muscle pain, headache, nausea, fatigue and rash. The diagnosis must be documented by a registered medical practitioner and by Serological tests,such as enzyme-linked immunosorbent assays (ELISA), confirming the presence of IgM and IgG anti-chikungunya antibodies. Please note Indoor case papers should be mandatorily obtained for each claim and the diagnosis of admission should be Chikungunya. Below are the specific exclusions for this product: • Any Treatment other than for Chikungunya • Hospitalization less than 24 hours
G. Zika Virus	People with Zika virus disease can have symptoms like mild fever, skin rash,

	conjunctivitis, muscle and joint pain, malaise or headache. A diagnosis of Zika virus infection should be confirmed by a registered medical practitioner and by plaque-reduction neutralization testing (PRNT). PRNT is performed by CDC or a CDC-designated confirmatory testing laboratory to confirm presumed positive, equivocal, or inconclusive IgM results. Please note Indoor case papers should be mandatorily obtained for each claim and the diagnosis of admission should be Zika virus. Below are the specific exclusions for this product: • Any treatment other than for Zika virus (as stated above) • Hospitalization less than 24 hours

4. Coverage Option

Option 1- Coverage without Restoration

1. **Individual Cover**
   Upon admission of any claim against one of the listed diseases, 100% sum assured will be paid and policy terminates subject to other terms and condition of policy.

2. **Family Floater Cover**

   Upon admission of a claim to any member against one of the listed diseases, 100% sum assured will be paid and policy terminates for the member for whom claim is admitted while policy continues for the remaining members, if more than one claim is allowed under the floater policy. If only one claim is allowed, policy will terminate after admission of the first claim. (refer table below for the number of members and allowed number of claims).

   Illustration

i. Family floater policy covering two members.

   Policy is bought on 01 January 2019 covering two members without restoration and if any of the member is diagnosed with Dengue on 01 February 2019. We will pay 100% sum assured (subject to fulfillment of other terms and conditions) and the policy shall terminate for both members as maximum number of claim allowable is one.

   If the Policy is renewed within 60 days from the date of admission of the previously paid claim, a 60 days cooling off period shall apply for Dengue in the new policy for member for whom claim is admitted.
   However other members will be continuously covered (post renewal) without any cooling off period.

ii. Family Floater Policy covering more than 2 members

   Policy is bought on 01 January 2019 covering more than two members without restoration and if any of the member is diagnosed with Dengue on 01 February 2019. We will pay 100% sum assured (subject to fulfillment of other terms and conditions) and the policy coverage shall cease for named insured member for whom the claim is admitted.

The policy shall continue for rest of the members covered under the policy. However after payment of 100% sum assured against the second claim (subject to fulfillment of other terms and conditions), the policy shall terminate for all covered members as maximum number of allowable claim are two.

Scenario. No.	Covered Members	Max covered members per policy	Max number of claims per policy
1	Self	1	1
2	Self+ Spouse	2	1
3.	Self + Spouse+ 1or 2 Member (Child or Parent)	3 or 4	2
4	Self+ Spouse+3or 4 members (Child or/and parents)	5 or 6	2

Under option 3 and 4 above, irrespective of the number of parents / parents in laws covered, max number of members covered in family will not exceed the numbers mentioned above.

Option 2- Coverage with Restoration

1. **Individual Basis**.

Upon admission of any claim against one of the listed diseases, sum assured will be restored to 100% and the policy continues until allowable number of claims is made under the policy or end of the policy term whichever is earlier subject to cooling off period.

Illustration

If policy is bought on 01 January 2019 by an individual with restoration and Dengue is diagnosed on 1 February 2019. We will pay 100% sum assured (subject to fulfillment of other terms and conditions) and sum assured will be restored to 100%. Coverage will continue for all diseases except Dengue during the 60 days cooling off period.
However coverage for Dengue will be restored with effect from 03 April 2019 (60 days post 1 February 2019)

2. **Family floater**

Upon admission of any claim against one of the listed diseases, sum assured will be restored to 100% and policy continues until allowable number of claims is made under the policy or end of the policy term whichever is earlier subject to cooling off period.

Illustration

If Policy is bought on 01 January 2019, family floater with restoration and two members are covered. If any of the members is diagnosed with Dengue on 01 February 2019 .We will pay 100% sum assured (subject to fulfillment of other terms and conditions) to named insured member for whom the claim has been made and sum assured will be restored to 100%. Coverage will continue for all diseases except Dengue during the 60 days cooling off period for member for whom claim has been paid. Coverage for this member against Dengue will be restored with effect from 03 April 2019 (60 days post 1 February 2019).

Other members will continue to be covered for all diseases without any cooling off period. Since two claims are allowed, after the second claim on any of the member, policy will terminate.

Scenario. No.	Covered Members	Max covered members per policy	Max number of claims per policy*
1	Self	1	2 claims including 1 restoration
2	Self+ Spouse	2	2 claims including 1 restoration
3.	Self + Spouse+ 1or 2 Member (Child or Parent/ Parent In law)	3 or 4	6 claims including 3 restorations
4	Self+ Spouse+ 3 or 4 members (Child or/and Parents/Parent in law)	5 or 6	6 claims including 3 restorations

***Per member max of 2 claims per policy year is allowed.**
Under option 3 and 4 above, irrespective of the number of parents / parents in laws covered, max number of members covered in family will not exceed the numbers mentioned above.

5. Policy Termination

The policy will terminate on death of the life assured or on payment of all allowable claims under the policy or end of the policy term, whichever is earlier.

6. What is not covered

This entire Policy does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly in respect of:

I. General Exclusion

1. Any condition other than Malaria, Lymphatic Filariasis, Dengue Fever, Japanese Encephalitis, and Kala Azar, Chikungunya or Zika virus as defined under this policy.
2. Admission to hospital for less than 24 hours.
3. Any of the covered vector borne disease diagnosed with in the waiting period
4. Diagnosis and treatment outside India. However, this exclusion shall not be applicable in the following countries: Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, USA, and countries of the European Union. The Reinsurer may review theabove list of accepted foreign countries from time to time. Claims documents from outside India are only acceptable in English language unless specifically agreed otherwise, and duly authenticated.
5. Any claim during waiting period

II. Specific Exclusion

1. Any of the listed vector borne disease diagnosed within the first 15 days of the date of commencement of the Policy is excluded. This exclusion shall not apply to an Insured/Insured Persons, as the case may be, for whom coverage has been renewed without a break, for subsequent years provided there are NIL claims in the previous Policies.

2. The initial waiting period of 15 days will be increased to 60 days, if the insured is suffering or has suffered within 60 days prior to the date of proposal, from any one of the listed vector borne disease except Lymphatic Filariasis at the time of taking the policy.

3. In case, if the insured is suffering or has suffered within 60 days prior to the date of proposal, from Lymphatic Filariasis at the time of taking the policy, Lymphatic Filariasis will be excluded from the policy and the other listed vector borne disease shall have an initial waiting period increased to 60 days.

7. Condition(s)

7.1. Due Observance

The due observance of and compliance with the terms, provisions, warranties and conditions of this Policy in so far as they relate to anything to be done or complied with by the Insured and/or the Named Insured shall be a condition precedent to the Company's liability under this Policy

7.2. Insured

No person other than a person named as an Insured shall be covered under this Policy unless and until his name has been notified in writing to the Company. Cover under this Policy shall be withdrawn from any person named as an Insured immediately upon the Named Insured delivering written notice of the same to the Company. The Named Insured agrees to and shall hold the Company harmless against any and all claims, costs and expenses that may result because of the incorrect or unintentional cancellation of this insurance in relation to any Insured.

7.3. Communications

- Any communications, notifications or declarations meant for Us must be in writing and delivered to Our address specified in the Schedule.
- Any communication meant for You will be sent by Us to Your address shown in the Schedule. You must notify Us immediately of any change in Your address.
- Our agents are not authorized to receive communications, notices or declarations on Our behalf.

7.4. Fraud

If the Insured and/ or Named Insured shall make or advance any claim knowing the same to be false or fraudulent as regards amount or otherwise, this Policy shall be void and all claims or payments hereunder shall be forfeited.

7.5. Free Look Period

You have a period of 15 days from the date of receipt of the first policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation. If you have not made any claim during the Free look period, you shall be entitled to refund of premium subject to,

A deduction of the expenses incurred by Us on Your medical examination, stamp duty charges, if the risk has not commenced,
A deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, If the risk has commenced
A deduction of such proportionate risk premium commensurating with the risk covered during such period, where only a part of risk has commenced
Free Look Period will not be applicable for renewal Policies.

7.6. Renewal

A. Renewal with Nil Claims

i. Under normal circumstances, lifetime renewal benefit is available under the Policy except on the grounds of fraud, misrepresentation or moral hazard or non-co-operation by the Insured/Insured Persons or if any false statement, or declaration is made or used or Upon the occurrence of an event of Vector Borne disease.

ii. In case of our own Company's renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of waiting period. Any claim incurred as a result of Insured disease contracted during the grace period will not be admissible under the Policy.

iii. For renewals received after completion of 30 days grace period, afresh application of this policy should be submitted to Us, it would be processed as per a new business proposal.

iv. Premium payable or any changes in terms & conditions on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA

B. Renewal upon admission of a claim**:**

i. Upon payment of claim the Insured has option to renew the Policy with immediate effect or on a later date as per below terms & conditions
   - If the Policy is renewed within 60 days from the date of admission of the previously paid claim for the named insured a 60 days cooling off period shall apply for the same disease in the new Policy opted, however there would be no waiting period for other listed vector borne diseases.
   - If the Policy is renewed post 60 days from the date of admission of the previously paid claim for the named insured then a fresh waiting period of 15 days shall apply for all listed vector borne diseases

ii. For Lymphatic Filariasis, once the sum assured is paid for any life,no other claim for this particular condition shall be paid to the Named insured in the entire lifetime.

7.7. Cancellation

We may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact by sending notice in writing by Registered A/D to the insured at his/her last known address at least 15 days in advance in that case we shall refund pro-rata premium for the unexpired portion of the policy on the date of cancellation, provided no claim has occurred till the date of cancellation.

The Insured may also give 15 days' notice in writing, to the Company, for the cancellation of this policy, in which case the Company shall retain the premium for the period this Policy has been in force at the Company's short period scales

Period on risk	**% of Annual Premium refunded**		
	1 Year Policy	2 Year Policy	3 Year Policy
Upto 1 month	70%	75%	80%
Exceeding 1 month and upto 3 months	55%	70%	70%
Exceeding 3 months and upto 6 months	30%	55%	65%
Exceeding 6 months and upto 12 months	Nil	30%	45%

Exceeding 12 months and upto 18 months		10%	30%
Exceeding 18 months and upto 24 months		Nil	10%
Exceeding 24 months and upto 30 months			5%
Exceeding 30 months			Nil

7.8. When Claim Arise

A. **Claims Procedure**

a) We must be informed of any event or occurrence that may give rise to a claim under this Policy within 48 hours of hospitalization of the illness. You can intimate us through letter, email, fax or telephone.

b) You or someone claiming on Your behalf must promptly and in any event within 15 days of discharge from a Hospital give Us the necessary documents along with all original supporting documentation, including but not limited to the following, and other information We ask for, to investigate the claim for Our obligation to make payment for it

i. Our claim form duly completed (along with captioned documents) and signed by/ on behalf of the Insured Person.
ii. Original Discharge Summary or copy duly attested by hospital
iii. A precise diagnosis of the treatment for which a claim is made.
iv. Treating doctor's certificate regarding the duration of the illness & etiology.
v. KYC documents.
vi. Laboratory reports.

B. Claims Payment

a) We shall be under no obligation to make any payment under this Policy unless We have been provided with the documentation and information We have requested to establish the circumstances of the claim or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
b) We will only make payment to You under this Policy. Your receipt shall be considered as a complete discharge of Our liability against any claim under this Policy.
c) In the event of Your death, We will make payment to the Nominee (as named in the Schedule). No assignment of this Policy or the benefits there under shall be permitted.

C. Settlement of Claims

a) Our Medical Practitioners will scrutinize the claims and flag the claim as settled/ rejected/ pending within the period of 30 days of the receipt of the last necessary documents.
b) In case of '**pending'** claims, We will ask for submission of incomplete documents.
c) '**Rejected'** claims will be informed to the Insured Person in writing with reason for rejection.
d) In the circumstances where a claim warrant an investigation in Our opinion, We 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 the claim within 45 days from the date of receipt of last 'necessary' document.

e) In the cases of delay in the payment of a '**settled'** claim, We shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate which is 2% above the bank rate.

f) In case multiple Shri Vector Care Insurance policies are opted by single insured person, Our maximum liability for claim towards a single hospitalization shall be restricted to Sum Insured of ₹75,000/- (all policies put together).

7.9. Portability

Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if he/she chooses to switch from one Insurer to another.

If the Policyholder/ Insured Person renew with the Company, without break, any similar individual health insurance policy from any insurance company registered with IRDA, then the Waiting Periods as defined in exclusions shall be reduced by the number of years of continuous coverage under such health insurance policy with the previous insurer(s).

The Company's total liability for payment of all claims in aggregate, incurred during the Policy Period, on account of Portability shall not exceed Sum Insured Limit for Portability as defined in Policy Schedule.

The Waiting Periods as defined in policy exclusions shall be applicable individually for each Insured Person and Claims shall be assessed accordingly

7.10. Legal actions:

Without prejudice to Uniform Provision 7.15 above, no action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) Days after written evidence has been furnished in accordance with the requirements of this Policy. If no evidence has been furnished within one (1) year of the date upon which it should have been furnished then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

If We disclaim liability to You for any claim, and if You do not notify Us in writing within one (1) year from the date of receipt of the notice of such disclaimer that You do not accept such disclaimer and intend to recover this claim from Us, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

7.11. Compliance with policy provisions:

Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.

7.12. Territorial Limits and Law

- We cover sickness sustained by the Insured Person during the Policy Period anywhere in India.
- All medical/ surgical treatments including investigations under this policy shall have to be taken in India, however if diagnosis and treatment is taken in following countries/ cities: Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, USA, and countries of the European Union, the same would be accepted, provided that the claims documents are only in English language unless specifically agreed otherwise, and duly authenticated. The admissible claims thereof shall be payable in Indian currency (Indian Rupees).
- The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian Law.

- The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Schedule.

7.13. Examination of Records

We may examine Your records relating to the insurance 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

7.14. Arbitration

i. If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).

ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.

iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

7.15. Endorsement(Change in Policy)

i. This Policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.

ii. The policyholder may be changed only at the time of renewal. The new policyholder must be the legal heir immediate family member Such change would be subject to acceptance by the company and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break. The policyholder may be changed during the Policy Period only in case of his/her demise him/her moving out of India.

7.16. Change of Sum Insured

Sum insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the Company.

7.17. Terms and condition of the Policy

The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

7.18. 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 For Claim settlement under reimbursement, the Company will pay the policyholder, In the event of death of the policyholder, the Company will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement of any) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated full and final as of discharge its liability under Policy.

8. How to claim?

8.1. Inform our 24x7 Claim Help Desk about the loss on Toll Free Numbers & Mail id:-

Toll Free: 1800-103-3009, 1800-300-30000

Mail ID: chd@shriramgi.com

8.2. Get a Claim Registration Number.

8.3. We will ensure fast settlement of claims after submission of all the relevant documents.

9. Disclaimer

This is only a summary of the product features. The actual benefits available are as described in the policy, and will be subject to the policy terms, conditions and exclusions.
Please seek the advice of your insurance advisor if you require any futher information or clarification.

Note: Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDA.

The above are only indicative in nature. For other details for any context, please contact our nearest office.

10. Section of 41 Insurance Act 1938

PROHIBITIONOF REBATES –

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, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
2. Any person making default in complying with the provision of this Section shall be punishable with fine, which may extend to ten lakh rupees.