



Shri Criticare Insurance – Prospectus UIN – SGLHLIP21483V022021

1. General

Shriram General Insurance Company Limited will provide the insurance cover detailed in the Policy to the Insured Person up to the Sum Insured subject to the terms and conditions of this Policy, Your payment of premium and realization thereof by us, and Your statements in the Proposal, which is incorporated into the Policy and is the basis of it.

2. Who can take the policy?

- 2.1. Critical illness covers only resident Indian citizens.
- 2.2. The policy provides coverage for Indian Residents with in Indian Territory (Indian Territory means 12 nautical miles (22.2 km; 13.8 mi) from the baseline (usually the mean low-water mark) of a coastal state)

3. Types of Plans:

Policy covers following plans:

Standard	Superior	Advanced
<ol style="list-style-type: none"> 1. Cancer of specified severity 2. Myocardial Infarction (First heart attack - of specified severity) 3. Open chest CABG 4. Open heart replacement or repair of heart valves 5. Kidney failure requiring regular dialysis 6. Stroke resulting in permanent symptoms 7. Major organ /bone marrow transplant 8. Permanent paralysis of limbs 9. Multiple sclerosis with persisting symptoms 10. Primary (Idiopathic) Pulmonary Hypertension 	<ol style="list-style-type: none"> 1. Cancer of specified severity 2. Myocardial Infarction (First heart attack - of specified severity) 3. Open chest CABG 4. Open heart replacement or repair of heart valves 5. Kidney failure requiring regular dialysis 6. Stroke resulting in permanent symptoms 7. Major organ /bone marrow transplant 8. Permanent paralysis of limbs 9. Multiple sclerosis with persisting symptoms 10. Primary (Idiopathic) Pulmonary Hypertension 11. Coma Of Specified Severity 12. End Stage Liver Failure 13. Loss Of Limbs 14. Major Head Trauma 15. Angioplasty 	<ol style="list-style-type: none"> 1. Cancer of specified severity 2. Myocardial Infarction (First heart attack - of specified severity) 3. Open chest CABG 4. Open heart replacement or repair of heart valves 5. Kidney failure requiring regular dialysis 6. Stroke resulting in permanent symptoms 7. Major organ /bone marrow transplant 8. Permanent paralysis of limbs 9. Multiple sclerosis with persisting symptoms 10. Primary (Idiopathic) Pulmonary Hypertension 11. Coma Of Specified Severity 12. End Stage Liver Failure 13. Loss Of Limbs 14. Major Head Trauma 15. Angioplasty 16. Benign Brain Tumor 17. Blindness 18. Deafness 19. End Stage Lung Failure 20. Loss Of Speech 21. Third Degree Burns



**22. Motor Neuron Disease
With Permanent
Symptoms**

4. What is the entry age and renewal age?

- 4.1. The minimum insurable age is 18 years except for dependent children for whom the minimum insurable age is 5 yrs.
- 4.2. The general maximum age of entry is 65 years. The requirement of medical reports will depend on the entry age and maximum renewal age is 70 years.

5. Sum Insured:

- 5.1. The policy provides a minimum sum insured of Rs 50,000.
- 5.2. The policy provides a maximum sum insured of Rs. 3 crores.

6. What is the policy tenure?

- 6.1. The maximum policy tenure for individual is upto 3 years.

7. What are the advantages of Critical Illness Insurance cover?

- 7.1. The benefit amount is payable once the disease is diagnosed meeting specific criteria and the insured survives 30 days after the diagnosis.
- 7.2. The insured member can utilize this amount for treatment of the disease, lifestyle changes, donor expenses or a planned treatment in India etc.
- 7.3. Hassle-free In-House claim process
- 7.4. Premium paid is exempt under section 80-D of Income Tax Act.
- 7.5. Competitive premium rates.
- 7.6. Shriram General Insurance Company agrees to reimburse upto 50% of the cost of examinations pertaining to the proposal to the insured on acceptance of the proposal and approval of the policy. This will be provided as reimbursement to the customer after approval from the underwriters on policy issuance.

8. General Exclusions

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:

- 8.1. All pre-existing disease/ condition/injuries which are existing when this insurance cover incepts for the first time. And the same will be covered after lapse of 36 months.
- 8.2. Any Illness, sickness or disease, other than specified as Critical Illness, as mentioned in the policy schedule, or
- 8.3. Any Critical Illness resulting from a physical or mental condition which existed before the Policy Issue Date or the last Commencement Date which was not disclosed, or
- 8.4. Intentionally self-inflicted Injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune-deficiency Virus (HIV) infection; suicide, or
- 8.5. War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or
- 8.6. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from



burning nuclear fuel; or

- 8.7. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
- 8.8. Participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sport, any bodily contact sport or any other hazardous or potentially dangerous sport for which you are trained or untrained; or
- 8.9. Any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy, or
- 8.10. Any Critical Illness based on a Diagnosis made by the Insured or his/her Immediate Family Member or anyone who is living in the same household as the Insured or by a herbalists, acupuncturist or other non-traditional health care provider; and
- 8.11. Cosmetic or plastic surgery or any elective surgery or cosmetic procedure that improve physical appearance, surgical and non-surgical treatment of obesity (including morbid obesity) and weight control programs, or treatment of an optional nature;
- 8.12. Special nursing care, routine health checks or convalescence, Custodial Care, general debility, lethargy, rest cure;
- 8.13. Any investigation(s) or treatments not directly related to a Covered Illness or Covered Injury or the conditions or diagnosis necessitating hospital admission;
- 8.14. Pre-Existing Diseases - Code- Excl01
 - Expenses 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 the first policy with insurer.
 - In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
 - If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
 - 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 Insurer.

9. General Conditions

9.1. 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

9.2. 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.



9.3. **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.

9.4. **Free Look Period**

You have a period of 30 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. a deduction of the expenses incurred by Us on Your medical examination, stamp duty charges, if the risk has not commenced,
- b. a deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, If the risk has commenced
- c. a deduction of such proportionate risk premium commensurating with the risk covered during such period, where only a part of risk has commenced
- d. Free Look Period will not be applicable for renewal Policies.
- e. This option is available if policy period is one year or more

9.5. **Renewal Conditions**

- 9.5.1. The health insurance policy shall be renewable except on grounds of established fraud, or non-disclosure misrepresentation by the insured, provided the policy is not withdrawn and also subject to Moratorium clause.
- 9.5.2. A Company shall not deny the renewal of a health insurance policy on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy like critical illness policy
- 9.5.3. If a claim was paid during this policy period for any one of the covered critical illnesses, then this policy will not be renewed subsequently for any other critical illness.
- 9.5.4. The Company 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
- 9.5.5. For individual products, the loadings on renewal premium shall be at portfolio and not based upon any individual policy claim experience. However, discount in premium may be provided by Company to individual policyholders for good claims experience
- 9.5.6. Company shall not resort to fresh underwriting by calling for medical examination, fresh proposal form etc. at renewal stage where there is no change in sum insured offered. Provided that where there is an improvement in the risk profile, the company may endeavour to recognize that for removal of loadings at the point of renewal.
- 9.5.7. If the policy is renewed for enhanced sum insured, then coverage for additional sum insured shall be as if a new policy has been issued for the additional sum insured. In other words, all policy conditions shall apply to the enhanced sum insured as if the same is covered under a fresh policy.
- 9.5.8. If the insured was covered under a benefit policy from any other insurer in India covering the same health condition /s and under the same terms as are being covered under this policy for the previous 12 continuous months, then the 90 days waiting period clause shall not apply for such renewals, provided the renewal is continuous.
- 9.5.9. In cases where Insured approaches for renewal after lapse of 30 days of policy expiry, the proposal will be treated as fresh proposal and it will be underwritten as if the proposal is received for the first time.
- 9.5.10. The company may from time to time revise the premium rates/terms and conditions based on Company's experience and to factor increasing costs, subject to prior approval from the regulator
- 9.5.11. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- 9.5.12. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.



9.5.13. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

9.6. 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 Insured Person at Insured Person's last known address at least 15 days in advance in which case We shall refund pro-rata premium for the unexpired portion of the policy on the date of cancellation, provided no claim has occurred upto the date of cancellation.

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

9.7. Territory:

This Policy applies to incidents anywhere in the world unless limited by Us through endorsement.

9.8. Concealment or fraud:

The entire Policy/ Certificate of Insurance will be void if, whether before or after a loss, You have, related to this insurance:

- 9.8.1. intentionally or recklessly or otherwise concealed, not disclosed or misrepresented what we consider to be any material fact or circumstance;
- 9.8.2. engaged in what we consider to be fraudulent, dishonest or deceitful conduct; or
- 9.8.3. made false statements.

9.9. Notice of claim/loss:

It is a condition precedent to Our liability hereunder that written notice of claim must be given by You to Us within 7 days after an actual or potential loss begins or as soon as reasonably possible and in any event not later than 30 Days after an actual or potential loss begins.

9.10. Claim forms:

We, upon receipt of a notice of claim, will furnish Your representative with such forms as We may require for filing proofs of loss.

9.11. Time for filing claim forms and evidence:

Completed claim forms and written evidence of loss must be furnished to Us within thirty (30) Days after the date of such loss. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if you can satisfy us that it was not reasonably possible for You to give proof within such time. However, no proof will be accepted if furnished later than one (1) year from the time the loss occurred.

9.12. Time of payment of claim:

- a) Our Medical Practitioners will scrutinize the claims and flag the claim as settled/ rejected/ pending within the period of 15 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.

9.13. Payment of claim:

All claims under this Policy that are payable to You / Your assignee shall be paid in Indian currency.

9.14. Assignment of indemnities:

Indemnity, 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.

9.15. Consent of assignee:

Consent of the assignee, if any, shall not be a pre-requisite for any change of assignee or to any other changes in this Policy.

9.16. Change of assignee:

No change of assignee under this Policy shall bind Us, unless consent / such change thereto is formally endorsed thereon by Our authorized officer.

9.17. Medical examination:

We, at Our own expense, shall have the right and opportunity to obtain a post mortem examination report of Your body as permitted by law. You or Your estate’s compliance with the need for such examination report is a condition precedent to establishing liability under the Policy.

9.18. 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 45 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.
- The existing insurer shall provide the information sought by the Acquiring insurer immediately but not more than 72 hours of receipt of request through Insurance Information Bureau of India (IIB) <https://iib.gov.in/> portal.
- The Acquiring insurer shall decide and communicate on the proposal immediately but not more than 5 days of receipt of information from Existing insurer.
- The policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease, Moratorium period etc from the Existing Insurer to the Acquiring Insurer in the previous policy.
- For Detailed Guidelines on portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3
- Portability is not available under the benefit-based health insurance policy.

9.19. Migration

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. For Detailed Guidelines on migration, kindly refer the link: https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

9.20. Moratorium Period

After completion of 60(sixty) continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the company on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of 60(sixty) continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of 60(sixty) continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.



9.21. Legal actions:

Without prejudice to Uniform Provision 14 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.

9.22. Misstatement of Age:

If Your Age has been misstated, all amounts payable under this Policy shall be adjusted to the coverage amount that would have been purchased for the premium paid. In the event Your Age has been misstated, and if according to Your correct Age, the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then Our liability during the period You are not eligible for coverage, shall be limited to the refund, upon written request, of all premiums paid for the period not covered by the Policy.

9.23. Compliance with policy provisions:

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

9.24. Limitations:

Multiple policies: If an Insured Person suffers a covered Illness or Sickness or Disease for which benefits, are payable under more than one Critical Illness Policy issued by Us, the maximum amount payable under all Policies combined will not exceed the amount payable under the Policy which pays the largest benefit.

9.25. Payment of Interest

In case of delay of seven days or more in payment of claim after the acceptance by the insured, the Company will pay interest on the claim amount at a rate which is 2% above the bank rate for the period of delay

9.26. Other interest:

No person(s) other than you and/or your nominee (s) named by you in this application form can claim or sue us under this policy.

9.27. Change of occupation:

If You sustain a loss after having changed occupation to one We classify as more hazardous than the stated in the Proposal or while doing for compensation anything pertaining to an occupation so classified, We will pay such portion of the indemnities provided in this policy as the premium paid would have purchased at the rates and within the limits We have fixed for such more hazardous occupation.

9.28. Associated companies and change in risk:

If this policy covers associated companies, You must provide a list of these companies. If Your Associated companies or Your business activities change from those You have told Us about and summarized in the Proposal and Business description in the Schedule, You must tell Us immediately. We must confirm in writing that We accept the changes.


10. Premium Rates

Premium Rate per Mile

Age Group	Standard	Superior	Advanced
05-17	1.76	2.64	3.88
18-25	1.86	2.80	4.10



Shriram General Insurance Co. Ltd.

IN PARTNERSHIP WITH THE  **Sanlam GROUP**
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Toll Free: 1800-100-3009, 1800-300-30000, ISO/IEC 27001:2013 certified

26-30	2.36	3.53	5.17
31-35	2.85	4.27	6.25
36-40	4.80	7.22	10.58
41-45	7.25	10.88	15.97
46-50	13.22	18.93	27.76
51-55	18.93	27.89	40.19
56-60	31.00	45.67	65.83
61-65	59.84	88.25	129.42
66-70	98.05	147.08	215.71
>70	147.08	220.61	323.58

11. How to claim?

11.1. 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

11.2. Get a Claim Registration Number.

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

12. 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 further 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.

13. Section 41 of Insurance Act 1938

PROHIBITION OF 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.