

**MANIPALCIGNA LIFESTYLE PROTECTION GROUP  
POLICY**

**MASTER POLICY SCHEDULE**

Policy Issuing Office : <b>ManipalCigna Health Insurance Company Limited,</b> 401/402, Raheja Titanium, Western Express Highway, Goregaon East, mumbai - 400063, India		Policy Servicing Office : ManipalCigna Health Insurance Company Limited, 401/402, 4th Floor Raheja Titanium, Western Express Highway, Goregaon(East), Mumbai, Maharashtra - 400063	
Intermediary name : Alliance Insurance Brokers Pvt Ltd	Code: IMD1657516-01	Contact numbers :	
<b>Policy Name</b>	HAND TO HAND FIGHTING SPORT FEDERATION OF INDIA		
<b>Master Policy Number</b>	208300002118/00/00		
<b>Proposer Details :</b>			
Name :	HAND TO HAND FIGHTING SPORT FEDERATION OF INDIA		
Address :	FLAT NO 103, SHRI DATTA LAXMI COMPLEX SR 21/4, KRANTI PARK, PUNE, MAHARASHTRA - 411014		
Business Description :	Sports Training		
Telephone number(s) :	8600990979		
Email Address :	h2h.indiahq@gmail.com		

<b>Policy Details :</b>		
Policy number :	208300002118/00/00	
Policy Period :	<b>Inception Date</b> From: 14/03/2022	<b>Expiry date</b> To: 13/03/2023
Policy Tenure :	1 Year	
Premium Payment Mode :	Single	
Total no. of Insured Persons :	As per enrollments	
Renewal Status :	New Policy	
Name of the TPA :	ManipalCigna Health Insurance Company Limited	
Member Details :	UnNamed	
Cover Details :	Refer Annexure II	
Special Conditions :	Refer Annexure III	
Co-insurance/ Installment Premium Details :	Refer Annexure IV	

<b>Premium Details:</b>	
Base Cover Premium (Rs.)	8400.00
Optional Covers Premium (Rs.)	
Loadings/Discounts (Rs.)	0.00
Goods & Service Tax (Rs.)	1512.00
GST Cess (Rs.)	0.00
<b>Total Premium(Rounded Off)</b>	<b>9912.0000</b>

PAN No:	AAECC7904J	GSTIN	27AAECC7904J1ZI	Category	General Insurance Business
Consolidated Stamp Duty of Rs.5.00 paid in cash or by demand draft or by payorder or by cheque					
Vide Receipt / Challan No. 0006222494202122			Dated : 04/02/2022		

Note: Basic premium is inclusive of opted Add ons and after adjustment of premium discounts, wherever applicable.

In the event of dishonour of cheque, this policy document automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not.

**In the event of a claim:**

Please contact Us through any of these modes	Address for Correspondence	<b>ManipalCigna Health Insurance Company Limited</b> 401/402, Raheja Titanium, Goregaon (East), Mumbai, Maharashtra - 400063
	Contact Number	022-61703689 18001024462
	Fax Number	022-61703689
	Email ID	servicesupport@manipalcigna.com

This Policy has been issued based on the information provided by you on the proposal form. Attached with this Policy Schedule are the Policy Terms & Conditions, and Annexures. Please ensure that these documents have been received, read and understood. If any of these documents have not been received, please contact our Customer Service at the below mentioned details at the earliest. In case you find any discrepancy in the same, please contact us immediately.

For any grievance related to the policy you may write to The Grievance Officer at the policy issuing office address mentioned above or email at [headcustomercare@manipalcigna.com](mailto:headcustomercare@manipalcigna.com).

You may also write to us at [servicesupport@manipalcigna.com](mailto:servicesupport@manipalcigna.com) Or call us at toll free no. 1800-10-24462.

In witness, whereof this Policy has been signed at ManipalCigna Health Insurance on 25/03/2022

**Warm Regards,**

**ManipalCigna Health Insurance Company Limited**

"This is a System generated communication and does not require signature"

**Annexure II: Cover Details**

Plan Benefits (may be provided as an annexure to the Policy Schedule) Self				
Cover Limit Basis (Group Personal Accident – Basic Cover: Accidental Death Benefit,Permanent Total Disablement Benefit,Permanent Partial Disablement Benefit):		Sum Insured		
Coverage Details	Name of the Benefit	Brief Description	Sum Insured	Sub limits/Conditions
Group Personal Accident – Basic Cover	Accidental Death Benefit	Capital Sum Insured/ Sum Insured, as applicable, paid on benefit basis if accidental Injury solely and directly results in the death of the Insured	100000.00	
	Permanent Total Disablement Benefit	% of the Capital Sum Insured/ Sum Insured, as applicable, paid on benefit basis if accidental Injury solely and directly results in the Permanent Total Disablement of the Insured	100000.00	
	Permanent Partial Disablement Benefit	% of the Capital Sum Insured/ Sum Insured, as applicable, paid on benefit basis if accidental Injury solely and directly results in the Permanent Partial Disablement of the Insured	100000.00	
Optional Covers under Group Personal Accident	Repatriation of Mortal Remains Benefit	Covers expenses towards the costs associated with the transportation of mortal remains from the place of death to the home location on a reimbursement basis	2000.00	
	Education Fund Benefit	In case of Accidental Death or Permanent Total Disablement, We will pay the amount in respect of the tuition fees paid towards the Dependent Child's education for the Policy Period	50000.00	
	Accidental Medical Expenses Benefit (Three Sub-Options)	In case of Death, Permanent Total Disablement or Permanent Partial Disablement of the insured, expenses towards the Reasonable and Customary Charges for Medical Expenses incurred is reimbursed	40000.00	

### Annexure III: Special Conditions

#### Special Conditions Applicable to the Policy :

##### Special Conditions

- i. In addition to the conditions mentioned above, all the terms will be as mentioned in ManipalCigna Lifestyle Protection Group Insurance Policy
- ii. UnNamed GPA ( Sports Policy )- Total 120 members are covered under the policy. The Sum Insured for Accidental Death and Permanent Disablement Section shall not exceed the 100,000.
- iii. Accidental medical expenses is covered sum insured 40% of sum insured or actual whichever is less employee
- iv. Repatriation of Mortal Remains Benefit-2% of SI up or actual whichever is less
- v. Education Fund Benefit-Up to Rs.25,000 per child maximum for 2 children
- vi. Total Sum Insured is Rs.1,20,00,000/-
- vii. The quote has been issued on an Unnamed basis.  
Onus of proof lies with insured for employment/enrollment and coverage under the policy for the person on the behalf of whom the claim is made.  
At any point of time the total number of employees/lives on rolls should not exceed the total number of persons declared under the policy.  
To furnish the total number of employees/lives on rolls at the time of accident.  
At any given time the attendance sheet / roll should be available for inspection. On monthly basis declaration of the employees/lives is required from the employer/Insured.
- viii. Minimum entry age for Employee is restricted to 18 years and for students 3 years only.
- ix. Maximum age for Employee is up to 75 years and for Children 25 years only.
- x. Addition and Deletion to the list of insured member shall be communicated to the insurer in writing within reasonable time but not later than 30 days from date of joining or being relieved from the organization
- xi. Addition and deletion of the employees will be done from day 1 of joining provided sufficient CD balance being maintained.
- xii. Claims should be intimated to ManipalCigna with 10 days from the date of accident. All Supporting documents relating to claims must be submitted to the company within 30 days from the date of accident.
- xiii. The insured/Policy Holder shall immediately notify the company of any and all changes during the policy period to the insured's professional activity or occupation as stated in the policy schedule.

### Annexure IV: Co-insurance/Installment Premium Details

#### Co-insurance Schedule

NA

It is hereby agreed and understood that premium under this policy will be paid in the following instalments (wherever Monthly/ Quarterly/ Half yearly option is taken):

NA