

Conditions

- a) Written Notice of a claim must be given to the Company within 60 days of diagnosis.
- b) The admission of any claim shall be subject to satisfactory proof that the Life Assured is diagnosed to be suffering from any Critical Illness / has undergone any treatment specifically stated under the Event Based Payout, as the Company may reasonably require.
- c) In the event of any doubt regarding the appropriateness or correctness of the diagnosis, the Company shall have the right to call for an examination of the Life Assured on the evidence used in arriving at such diagnosis, by a Medical Specialist appointed by the Company and the opinion of such Specialist as to such diagnosis shall be considered binding on both the Life Assured and the Company.
- d) If due to any reason the application under Diabetes Assure does not get converted into policy, then the cost of medical tests done shall be borne by the company.
- e) There will be no restriction on travel within India.
- f) Reinstatement: The policy can be revived upto 1 year from the date of lapsation either by giving a simple declaration of health or by undergoing the applicable medical test, if required, and by paying the applicable interest and arrears.
- g) Free Look period: A period of 15 days is available to review the policy. If the terms and conditions of the policy are not acceptable to the life assured, the life assured should return the policy.
- h) Modal rebate: There will be an annual rebate of 2% on annual premium payment mode. In case of monthly mode of payment, 5% extra will be charged.
- i) In accordance to the Section 45 of the Insurance Act,1938, no Policy of life insurance shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal of insurance or any report of a medical officer, or a referee, or friend of the insured, or in any other document leading to the issue of the Policy, was inaccurate or false, unless the insurer shows that such statements was on material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the Policyholder and that the Policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.