

## A.3. Policy Schedule

Name of the Policy	Exide Life Elite Term Insurance Plan			
UIN of the Product	114N089V01			
Policy Number				
Date of the Proposal				
Policy Commencement Date				
Risk Commencement Date				
Death Benefit Payout Option				
Sum Assured (Rs.)				
Rider(s)	Description	Premium	Sum Assured (₹)	Cessation Date
UIN of the Rider(s)				
Premium Amount (Rs.)	Base Premium (₹)	Extended Term Premium (₹)	Total Premium (₹)	
Frequency of Premium Payment				
Due Date of Premium Payment				
Premium Payment Term				
Policy Term				
Extended Term	5/10 years			
Date of Last Installment Premium				
Name and Address of the Policyholder				
Date of Birth of the Policyholder				
Name and Address of the Life Assured				
Whether Age admitted?				

Name of Nominee and relationship to Life Assured	Name of Nominee/(s)	Age of Nominee/(s)	Relationship to Life Assured	Proportion (%)
Name of Appointee, If Nominee is Minor and Relationship of Appointee with Nominee				
Policy Termination Date				
Special Conditions				

**Consolidated Revenue Stamp Duty Paid to the GOVERNMENT for this contract is ₹**

The Modal Premium shown in the policy schedule above is exclusive of Goods and Services Tax (GST). GST at the applicable rates will be charged on premiums paid.

## EXIDE LIFE ELITE TERM INSURANCE PLAN (UIN: 114N089V01)

### TERMS AND CONDITIONS

#### PART B

#### Important Terms and Definitions

#### DEFINITIONS

In this Policy, unless the context requires otherwise, the following words and expressions shall have the meaning ascribed to them respectively herein below:

- 1. Accident** is defined as sudden, unforeseen and involuntary event caused by external and visible means.
- 2. Age** shall be Age of Life Assured at Policy Commencement Date as at last birthday i.e. the Age in completed years and is recorded in the Policy Schedule based on the details provided by the Policyholder;
- 3. Annualized Premium** shall be the Premium amount payable in a year chosen by the Policyholder, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal Premiums, if any;
- 4. Benefit/s** means the Death Benefit, Surrender Benefit, or any other Benefit as applicable under the terms of this Policy;
- 5. Eligible Person** means the Policyholder, including assignees under Section 38 of the Insurance Act, 1938 as amended from time to time or Nominees under Section 39 of the Insurance Act, 1938 as amended from time to time, or proving executors of administration or other legal representatives, as per the applicable laws & Regulations;
- 6. Extended Term** means an option provided to the Policyholder to extend his/her Policy Term beyond the original Policy Term. The extended Policy Term shall be chosen at the Policy inception and is as stated in the Policy Schedule.
- 7. Force Majeure Event** shall mean an event beyond the control of the Company by which performance of any of Our obligations are prevented or hindered as a consequence of, including but not limited to act of God (such as, but not limited to, fires, explosions, earthquakes, drought, and floods or other natural disasters), act of war, invasion or terrorism, rebellion, revolution, or civil war, labour dispute, riot, strikes, lock outs or disorder, epidemic, acts and regulations of the Government of India or any of its authorized agencies.
- 8. Grace Period** means the time granted by the Company from the due date for the payment of Premium without levy of any interest or penalty during which time the Policy is considered to be In Force. The Grace Period so granted is fifteen (15) days for monthly premium payment mode and thirty (30) days for other available Premium payment modes from the respective Premium payment due date;
- 9. Guaranteed Surrender Value (GSV)** means the minimum guaranteed amount that is payable in the event of the Policy being surrendered as mentioned in Part D.3.3 of the terms of this Policy;
- 10. Health Re-assessment** means the process of conducting re-medical examination for a Life Assured who has opted for regular premium-paying term and, is classified as standard non-smoker at inception.
- 11. In Force** means the status of the Policy being active, all due premiums have been paid and the Policy is not terminated.
- 12. Lapse** means a non-active life insurance contract on account of nonpayment of Premium within the Grace Period;
- 13. Life Assured** means the person named as such in the Policy Schedule, on whose life the Policy has been taken in terms hereof;
- 14. Nominee/s** means the person/(s) named in the Policy Schedule who has/have been nominated by the Policyholder (who is also the Life Insured in the Policy) in accordance with the Section 39 of the Insurance Act, 1938 as amended from time to time to receive the Benefits in respect of this Policy.
- 15. Non-smoker** means a person who has not consumed any form of tobacco, gutkha, paan masala in the last 24 months.
- 16. Policy** means the contract of insurance entered into between the Policyholder and the insurer as evidenced by the Policy Document;
- 17. Policy Commencement Date/Date of Inception of the Policy** means the Date, Month, and Year the Policy comes into effect and is specified as such in the Policy Schedule.
- 18. Policy Document** means and includes the necessary document, the Annexure, the signed Proposal form, the Policy Schedule and any attached endorsements or supplements together with all addendums;

- 19. Policyholder** shall mean the owner of this Policy and is referred to as the proposer in the Proposal form and is named as such in the Policy Schedule.
- 20. Policy Termination Date** means the date of completion of either the Policy Term or Extended Term if Extended Term is opted by Policyholder as specified in the Policy Schedule.
- 21. Policy Schedule** means the Schedule issued by the Company that sets out the details of this Policy and is attached to and forming part of this Policy.
- 22. Policy Term** means the tenure of this Policy as specified in the Policy Schedule.
- 23. Policy Year** means a period of twelve (12) consecutive months starting from the Policy Commencement Date and ending on the day immediately preceding the following Policy anniversary date and each subsequent period of twelve (12) consecutive months thereafter.
- 24. Premium/s** means the contractual amount payable by the Policyholder in a Policy Year as set out in the Policy Schedule to secure the Benefits under this Policy. Applicable GST, cess and other levies if any are payable in addition.
- 25. Premium Payment Term (PPT)** means the period in years during the Policy Term in which Premiums are payable by the Policyholder under the Policy, as specified in the Policy Schedule.
- 26. Proposal** means the proposal form submitted to the Company for issuance of this Policy.
- 27. Regulations** mean the laws and Regulations in effect as amended from time to time and applicable to this Policy, including without limitation the Regulations and directions issued by the Insurance Regulatory and Development Authority of India (IRDAI) from time to time. The applicable Regulation shall form a part and parcel of the terms and conditions, and the terms and conditions shall be read along with the Regulation.
- 28. Revival** means restoration of the Policy, which was discontinued due to non-payment of the Premium, by the Company with all the Benefits mentioned in the terms and conditions, with or without Rider Benefits, if any, upon receipt of all the Premiums due and other charge/late fee, if any, as per the terms and conditions of the Policy, upon the Company being satisfied as to the continued insurability of the Life Assured/Policyholder on the basis of the information, documents and reports furnished by the Policyholder, in accordance with the board approved underwriting policy.
- 29. Revival Period** shall mean the period of five years from the due date for payment of the first unpaid Premium during which the Policyholder is entitled to revive the Policy for full Benefits, as provided in terms of Clause D.2.
- 30. Rider** means the Rider(s), if any, which provides additional cover which can be opted by the Life Assured/Policyholder and issued by the Company, attached to and forming part of this Policy;
- 31. Rider Benefits** means the amount of Benefit payable on a specified event offered under the Rider and is allowed as add-on Benefit to Benefit under base product, and may include waiver of premium benefit on other applicable Riders.
- 32. Rider Endorsement Letter** means the letter issued by the Company on a Policy anniversary date to which the Rider Policy is attached to and forms a part of the Policy.
- 33. Risk Commencement Date/Date of Commencement of Risk** means the date from which risk is assumed by the Company and as specified in the Policy Schedule;
- 34. Sum Assured** means an absolute amount of Benefit which is guaranteed to become payable on the event of death of the Life Assured in accordance with the terms and conditions of the Policy and is specified as such in the Policy Schedule or such amount as may be endorsed on the Policy.
- 35. Surrender** means complete withdrawal/termination of the entire Policy by the Policyholder in accordance with the terms of the Surrender as mentioned in Part D.
- 36. Surrender Value** means an amount, if any, that becomes payable in case of Surrender in accordance with the terms and conditions of the Policy. Surrender Value is the refund of unexpired risk premium as per the formula mentioned in section D 3.3.
- 37. Total Premiums Paid** means total of all the Premiums received, excluding any extra Premium, any rider Premium and taxes.
- 38. "We", "Us", "Our" and "Company"** refers to Exide Life Insurance Company Limited.
- 39. "You", "He", "She" and "Your"** refers to the Policyholder.

**PART C**  
Product Core Benefits

**BENEFITS PAYABLE UNDER THIS POLICY**

**C.1. Death Benefit:** Subject to terms and conditions of this Policy and the Policy remaining in full force and effect (not in lapsed mode) as on the date of the death of the Life Assured (after the Risk Commencement Date but before Policy termination Date), the Company shall pay the Death Benefit to the Eligible Person. In the event of death claim during the Grace Period, the Company shall pay the Death Benefit subject to the deduction of any Premium which is unpaid as on the date of death.

The Policy will terminate on payment of Death Benefit in the event of death of Life Assured.

The Death Benefit is calculated as highest of the following:

- (a) 'X' \* times the Annualized Premiums; or
- (b) Minimum Sum Assured on Maturity; or
- (c) Absolute amount assured to be paid on death; or
- (d) 105% of Total Premiums Paid.

The multiple of 'X' times is defined as follows:

For Regular Premium:

'X' (Till 44 years)	'X' (45 years and above)
10 times	7 times

For Single Premium

'X' (Till 44 years)	'X' (45 years and above)
1.25 times	1.25 times

**C.1.1. Absolute amount assured to be paid on death** is equal to Sum Assured as specified in Policy Schedule.

The Death Benefit is paid according to the Death Benefit Payout Option that is opted by the Policyholder at the inception of the Policy:

**C.1.2 Option A – Lumpsum Payout**

Under this option, on the death of the Life Assured the Death Benefit is paid to the Eligible Person in Lumpsum and upon such payment, this Policy terminates. Or;

**C.1.3. Option B -Lumpsum with Family Income Payout (FIP):**

Under this option on the death of the Life Assured, 50% of the Death Benefit is paid to the Eligible Person as lumpsum. The balance 50% of the Death Benefit is paid to the Eligible person as Family Income payable as a monthly installment @ 0.95% of the Death Benefit over a period of 60 consecutive months.

The first instalment under this Lumpsum with Family Income payout option shall be deemed to commence and accrue one month from the date of the death of Life Assured. Upon approval of claim all accrued instalments from the date of death of the Life Assured will be paid and thereafter instalments will be paid on a monthly basis. The last monthly instalment will be paid in the 60th month from date of death of Life Assured. The Policy terminates after the last monthly instalment is paid by the Company. Or;

**C.1.4. Option C- Family Income Payout (FIP):**

Under this option, on the death of the Life Assured the Family Income is payable as monthly installment @ 1.07% of the Death Benefit over a period of 120 consecutive months, every month from the date of death of Life Assured. The first installment under this Family Income payout option shall be deemed to commence and accrue one month from the date of the death of the Life Assured. Upon approval of claim all accrued instalments from the date of death of the Life Assured will be paid and thereafter instalments will be paid on a monthly basis. The last monthly instalment will be paid in the 120th month from date of death of Life Assured. The Policy terminates after the last monthly instalment is paid by the Company.

**C.2. Rider Benefits:** If any Riders are opted and attached to this Policy as specified in the Policy Schedule or in the Rider Endorsement Letter, the Rider Benefit shall become eligible, subject to the Rider terms and conditions.

**C.3. Survival Benefit:** There is no survival benefit to be paid under this policy.

**C.4. Premium under This Policy**

**C.4.1 Payment of Premiums:** This Policy is issued subject to the Policyholder making prompt and regular payment of Premium for the Premium Payment Term as mentioned in the Policy Schedule and it shall be the responsibility of the Policyholder to ensure prompt and regular payment of the Premium.

In the event the Policyholder makes a choice of monthly premium payment mode, maximum three (3) months premiums shall be collected in advance on the Policy Commencement Date and adjusted towards the Policy only on the due dates. These advance premiums shall be non-refundable, except in case of Free Look Cancellation of this policy.

**C.4.2. Health re-assessment:** If you have opted for regular Premium Payment Term and Policy was issued at standard non-smoking premium rate then you would be entitled for Health re-assessment. Health Re-assessment is process wherein Policyholder on completion of 25th Policy month and before 35th Policy month may approach the Company for undergoing re-medicals at the cost of the Company to increase the Sum Assured without increase in Premium. Along with the renewal notices for Premiums due on third anniversary for In Force Policies, the Company will notify the Life Assured to avail re-medicals if the Policy is In Force at the end of 25th month. If the results of re-medicals confirm that his/her medical conditions have improved and fulfill Super Elite Non-smoker underwriting criteria of the Company, then the Policyholder will be entitled for increased Sum Assured. The Sum Assured of the Policy will be increased from 37th Policy month onwards. This increase in Sum Assured will be commensurate with our Super Elite Non-smoker rates assuming you continue paying the same amount of Premium. If the Health re-assessment does not satisfy our Super Elite Non-smoker underwriting criteria, your Policy will continue as per the original terms.

**C.4.3. Payment of Advance Premiums:** Collection of advance premium shall be allowed within the same financial year for the premium due in that financial year. However, where the premium due in one financial year is being collected in advance in earlier financial year, premium for maximum period of three months in advance of the due date shall be collected. The premium so collected in advance shall only be adjusted on the due date of the premium.

**C.4.4. Refund of Additional Premium (only available if Extended Term is opted).**

After one year is elapsed from Policy Commencement Date for a Policy where Extended Term is opted and if any subsequent Premium due has not been paid and the Policy is not revived by the end of the Revival Period, then the Policy will lapse. The Policyholder will be eligible for refund of Premium i.e. refund of additional Premium charged for the Extended Term. This refund will be made immediately at the end of the Revival Period and the Policy will terminate.

- Policies where Premiums have been paid for atleast 1 year shall be paid 90% of the additional premium charged for Extended Term.
- Policies where Premiums have been paid for atleast 5 years shall be paid 100% of the additional premium charged for Extended Term.

**C.5. Payment of Benefits**

**C.5.1.** Payment of the Benefits under this Policy shall be subject to deduction of any unpaid premium due for the Policy year of death.

**C.5.2.** Payment of all the Benefits as shown in the Policy Schedule shall be subject to receipt of proof by the Company to its satisfaction:

**C.5.2.1.** of the Benefits having become payable as set out in this Policy; and

**C.5.2.2.** of the title of the person or persons claiming the Benefits; and

**C.5.2.3.** of the correctness of the Age of the Life Assured as stated in the Proposal, if not previously admitted.



**C.6. Mode of payment of Benefits**

- C.6.1. All Benefits and other sums under this Policy shall be paid in the manner and currency allowed/permitted under the Regulations and shall be payable by NEFT, account payee cheque or other permissible modes.
- C.6.2. The Company shall pay the applicable Benefits and other sums payable under this Policy. Any discharge given by the Eligible Person, or by any person authorized by the Eligible Person in writing in respect of the Benefits or the sums payable under this Policy shall constitute a valid discharge to the Company in respect of such payment. The Company's liability under the Policy shall be discharged by such payment.
- C.6.3. Apart from the Benefits mentioned hereinabove in Part C the Company shall not be liable to pay any other Benefits to the Eligible Person.

**C.7. Grace Period**

A Grace Period of fifteen (15) days for policies with monthly Premium payment mode and thirty (30) days for other available regular Premium payment modes from the Premium payment due date shall be allowed for payments of each Premium. The regular Premiums are payable on the due date for payment and in any case not later than the Grace Period. During the Grace Period, the Policy shall continue to be In Force for availing the Death Benefit.

The Company shall pay the Death Benefit for death during Grace Period, subject to the deduction of the premiums due as well as balance premiums for the Policy Year, if any under the Policy.

If unpaid premiums are not paid within the Grace Period, the Policy shall be subject to non-forfeiture provision as mentioned in Clause D.3.

**PART D**

Policy Servicing Related Aspects

**D.1. Free Look Provisions:** The Policyholder shall have a period of 15 days (30 days if the Policy is sourced through Distance Marketing# as provided in Distance Marketing Guidelines IRDA/ADMN/GDL/MISC/059/04/2011 dated 05/04/2011) from the date of receipt of the Policy Document to review the terms and conditions of this Policy and if the Policyholder disagrees with the said terms and conditions, the Policyholder shall have the option to return the Policy to the Company for cancellation, stating the reasons for His objections. Upon such Free-Look cancellation, the Company shall return the Premium paid subject to deduction of a proportionate risk Premium for the period of insurance cover and medical examination fees (if any) in addition to the stamp duty charges. All Benefits and rights under this Policy shall immediately stand terminated on the cancellation of the Policy.

#Distance Marketing includes solicitation through all modes other than in person.

**D.2. Revival of the Policy:**

D.2.1. Subject to the approval of the Company and the board approved underwriting policy, this Policy, if lapsed, may be revived for full Benefits before the Policy Termination Date or within five years from the due date for payment of the first unpaid Premium whichever is earlier, provided that;

D.2.1.1. This Policy has not been surrendered for cash;

D.2.1.2. No claim has arisen under this Policy.

D.2.1.3. Where required by the Company, a written application for Revival is received from the Policyholder by the Company, together with evidence of insurability and health of the Life Assured, to the satisfaction of the Company; and

D.2.1.4. All amounts necessary to revive this Policy including all arrears Premiums with interest/Revival charge is set as per the formula below and is subject to IRDAI's approval:

Bank rate fixed by RBI as on 1st April + 2.5%, rounded up to a multiple of 50 basis points.

The Revival interest rate for financial year 2019-20 is 9% p.a.

D.2.2. Notwithstanding anything to the contrary contained elsewhere in this Policy, the Company reserves the right to revive the lapsed Policy either on its original terms and conditions or on such other or modified terms and conditions as the Company may specify or to reject the Revival. . If needed the Company may refer it to its medical examiner in deciding on Revival of lapsed Policy. Subject to the provisions of Clauses D.2.1 above, the Revival shall come into effect on the date when the Company specifically communicates it in writing to the Policyholder.

D.2.3. If the Policy is not Revived for full Benefits before the Policy Termination Date but within five years from the due date for payment of the first unpaid Premium and if the Policy has not acquired Guaranteed Surrender Value, then the Policy will terminate.

**D.3. Non-Forfeiture options:**

D.3.1. Regular premium paying policy: There is no surrender value under regular pay mode. No Benefits will be paid to the Policyholder or the Eligible Person if the Policy is in a lapse stage.

D.3.2. Single premium paying policy: After one year is elapsed from Policy Commencement Date, Policyholder will be eligible for Surrender Value (refund of unexpired risk premium as per the formula explained in Part D.3.3).

D.3.3.Surrender the Policy: If a Policy is eligible for Surrender Value as provided in Part D.3.2, the Guaranteed Surrender Value which is unexpired risk premium as per the formula mentioned below, shall be payable immediately on Surrender. The Policy cannot be surrendered after the death of the Life Assured. Upon payment of the Surrender Value, the Policy shall stand terminated with no further Benefits payable under the Policy and the Company shall be relieved and discharged from all obligations under this Policy thereafter. The Guaranteed Surrender Value payable is as mentioned below:

Single Premium:

$$\text{Guaranteed Surrender Value} = \left[ \frac{\text{Number of years outstanding}}{\text{Policy Term}} \times (70\%)* \right] \text{Single Premium}$$

Number of years outstanding = Policy Term minus number of completed years.

The Surrender Values provisions apply only to the base policy mentioned in the Schedule and not to any Riders.

**D.4. Policy Loan:** There shall be no loan facility under this product.



**PART E**

All the applicable Charges, Fund Name, Fund Options etc. (Applicable especially for ULIP Policies)

**E.1.** Not Applicable as this is a Non-linked individual product.

**PART F**

## General Terms and Conditions

**F.1 Fraud, Misrepresentation and forfeiture:** In issuing this Policy, the Company has relied on, and would rely on, accuracy and completeness of the information provided by the Policyholder/Life Assured and any other declarations or statements made or as may be made hereafter, by the Policyholder/Life Assured.

In case of fraud or misrepresentation or forfeiture, the Policy shall be treated in accordance with the provisions of Section 45 of the Insurance Act 1938 as amended from time to time.

**[A Leaflet containing the simplified version of the provisions of Section 45 is enclosed as Annexure I for reference]**

**F.2 Admission of Age:** The Age of the Life Assured has been admitted on the basis of the declaration made by the Policyholder / Life Assured in the Proposal form and/or in any document/statement based on which this Policy has been issued. If the Age of the Life Assured is found to be different from that declared, the Company may, adjust the Premiums and/or the Benefits under this Policy and/or recover the applicable balance amounts, if any, as it deems fit. This Policy shall however become void from commencement, if the Age of the Life Assured at the Policy Commencement Date is found to be higher than the maximum or lower than the minimum entry Age that was permissible under this Policy at the time of issue and the Company shall return the Premiums paid subject to deduction of a proportionate risk Premium for the period of insurance cover in addition to the expenses incurred on medical examination (if any) and stamp duty charges .

**F.3. Assignment:** Assignment should be in accordance with provisions of Section 38 of the Insurance Act 1938 as amended from time to time.

**[A Leaflet containing the simplified version of the provisions of Section 38 is enclosed as Annexure II for reference].**

**F.4. Nomination:** Nomination should be in accordance with provisions of Section 39 of the Insurance Act 1938 as amended from time to time.

**[A Leaflet containing the simplified version of the provisions of Section 39 is enclosed as Annexure III for reference]**

**F.5. Review, revision:** The Company reserves the right to review, revise, delete and/ or alter any of the terms and conditions of this Policy, including without limitation the Benefits, the Premiums with the prior approval of IRDAI.

**F.6. Release and discharge:** The Policy will terminate automatically on payment of the Surrender Value, Death Benefit, on Lapse of the Policy or on happening of events that the Policy reads specifically that the Policy shall terminate, as the case may be, and the Company will be relieved and discharged from all obligations under this Policy thereafter.

**F.7. Taxes, duties and levies and disclosure of information:** The Company shall deduct the applicable taxes in accordance with the prevailing provisions of the tax laws in India. All Premiums and Benefits payable under this policy are subject to applicable taxes, cess, etc which shall be paid by the Policyholder along with the Benefits or Premiums. The Policyholder will be liable to pay all applicable taxes as levied by the Government of India/ Statutory Authorities of India from time to time.

**F.8. Notice by the Company under the Policy:** Any of the notices required to be issued in terms of this Policy may be issued, either by issuing individual notices to the Policyholder, including by electronic mail and/or facsimile, or by issuing a general notice, including by publishing such notices in newspapers and/or on the Company's website.

Please communicate any changes in your mailing address or any other communication details as soon as possible. This will enable us to serve you better.

**F.9. Entire Contract:** This Policy comprises of the terms and conditions set forth in this Policy Document, the Policy Schedule, and the endorsements, if any, made on or applicable to this Policy, which shall form an integral part and the entire contract evidenced by this Policy. The liability of the Company is at all times subject to the terms and conditions of this Policy and the endorsements made from time to time.

**F.10. Risk Factors:**

- a) This is a Non- Linked, Non-Participating, Pure Risk Premium, Individual Life Insurance Product.
- b) Exide Life Insurance Company Limited is only the name of the Insurance Company and Exide Life Elite Term Insurance Plan is only the name of the product and does not in any way indicate the quality of the product, its future prospects or returns.

**F.11. Governing Law and Jurisdiction:** This Policy shall be governed by and interpreted in accordance with the laws of India. All actions, suits and proceedings under this Policy shall be subject to the exclusive jurisdiction of the courts in India.

**F.12. Suicide Exclusion:** In case of death due to suicide within 12 months from the Date of Commencement of Risk under the policy or from the date of Revival of the policy, as applicable, the Eligible Person shall be entitled to at least 80% of the Total Premiums Paid till the date of death or the Surrender Value available, if any as on the date of death whichever is higher, provided the policy is In Force.

**F.13. Requirements for death claims:** In the event of a claim for Death Benefit arising under this Policy, the Eligible Person shall intimate to the Company in writing of the claim and provide the following document to the Company to enable the Company to process the claim:

**F.13.1. In case of death claims, except death claims arising out of accidents or unnatural deaths**

- (i) Death Certificate, in original, issued by the competent authority;
- (ii) Policy Document, in original;
- (iii) Identification proof (bearing photo) of person receiving the Benefit and the Life Assured.
- (iv) Medical treatment records (discharge summary / death summary, investigation reports, etc.) if Life Assured has taken treatment for illness leading to his/her death.
- (v) Bank account details of the claimant along with IFSC code (payment would be made vide NEFT only)

**F.13.2. In case of death claims arising out of accidents or unnatural deaths**

- (i) Death Certificate, in original, issued by the competent authority;
- (ii) Policy Document, in original;
- (iii) Identification proof (bearing photo) of person receiving the Benefit and the Life Assured.
- (iv) First Information Report, Inquest and the Final Investigation Report thereof, duly attested by concerned jurisdictional Police Official.
- (v) Post Mortem Report duly attested by the concerned officials.
- (vi) Bank account details of the claimant along with IFSC code (payment would be made vide NEFT only)

Notwithstanding anything contained in Clause F.13.1 and F.13.2 above, depending upon the cause or nature of the claim, the Company reserves the right to call for any other and/or additional documents or information, including documents/information concerning the title of the person claiming the Death Benefit under this Policy, to the satisfaction of the Company, for processing of the claim.

The claim is required to be intimated to the Company within a period of 90 days from the date of death, to treat the same as a valid claim. However, delay in intimation of claim or submission of documents for the reasons beyond the control of the insured/claimant may be condoned by the Company.

**F.13.3. Issuance of Duplicate Policy:** In the event if the Policyholder loses/misplaces /destroys the original Policy bond, the Policyholder shall immediately inform the Company. The Company after obtaining satisfactory evidence shall issue duplicate Policy by collecting necessary charges not exceeding INR 250 .

**F.14. Force Majeure:** During Force Majeure Event, the performance of the Policy may be wholly or partially suspended under an intimation and prior approval of the IRDAI. We will resume Our obligations under the Policy after the Force Majeure Event ceases to exist.

**PART G**

Grievance Redressal Mechanism, List of Ombudsman and Other Annexures

**G.1. Contact Information Complaints & Grievance Redressal****Contact Us**

- Meet your Grievance Officer at Your nearest Exide Life Branch Office
- Write to care@exidelife.in from Your registered email address
- Call 1800 419 8228 from your registered mobile number

**Grievance Escalation Matrix****Level 1**

In case the complainant is not satisfied with the response, the complainant can escalate the grievance to Chief Grievance Redressal Officer within 8 weeks from date of complaint resolution at [gro@exidelife.in](mailto:gro@exidelife.in)

**Address:**

**The Chief Grievance Redressal Officer  
Exide Life Insurance Company Limited  
3rd Floor, JP Techno Park, No. 3/1, Millers Road  
Bengaluru 560 001, India.  
Tel No: 080 4134 5134**

**Level 2**

In case the complainant is not satisfied with the response or does not receive any response from the Chief Grievance Redressal Officer within 15 days, complainant may approach the grievance cell of the Insurance Regulatory and Development Authority of India (IRDAI):

IRDAI Grievance Call Centre –

**Address : Consumer Affairs Department, Insurance Regulatory and Development Authority of India  
Survey No. 115/1, Financial District,  
Nanakramguda, Gachibowli, Hyderabad  
Telangana State – 500032**

**Toll Free Number : 155255 (or) 1800 4254 732**

**Timings : 8 AM to 8 PM (Monday to Saturday)**

**Email : grievances@irdai.gov.in**

**Website : <http://igms.irda.gov.in>**

**Level 3****Manner of making complaints to Insurance Ombudsman**

In case the complainant is not satisfied with the decision/resolution of the Company, or does not receive any response from the Company within 30 days of filing the complaint, the complainant may approach the Insurance Ombudsman. Refer <http://www.ecoi.co.in/ombudsman.html> for the updated list of Insurance Ombudsman.

As per the provisions of Rule 13(1) of Insurance Ombudsman Rules, 2017, the Ombudsman shall receive and consider complaints or disputes relating to: a. delay in settlement of claims; b. any partial or total repudiation of claims; c. disputes over premium paid or payable in terms of the policy; d. misrepresentation of policy terms and conditions; e. legal construction of insurance policies in so far as the dispute relates to claim; f. servicing related grievances against insurers, their agents and intermediaries; g. issuance of policy not in conformity with Proposal form submitted; h. non-issuance of insurance policy after premium receipt; and i. any other matter resulting from regulatory violation, related to issues mentioned at clauses a. to h.

As per the provisions of Rule 14 of Insurance Ombudsman Rules, 2017:

Rule 14(1), any person who has a grievance against an insurer, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the insurer complained against or the residential address or place of residence of the complainant is located.

Rule 14(2), the complaint shall be in writing, duly signed by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman.

Rule 14(3), no complaint to the Insurance Ombudsman shall lie unless:

(a) the complainant makes a written representation to the insurer named in the complaint and

(i) either the insurer had rejected the complaint; or

(ii) the complainant had not received any reply within a period of one month after the insurer received his representation; or

(iii) the complainant is not satisfied with the reply given to him by the insurer;

(b) The complaint is made within one year\_

(i) after the order of the insurer rejecting the representation is received; or

(ii) after receipt of decision of the insurer which is not to the satisfaction of the complainant;

(iii) after expiry of a period of one month from the date of sending the written representation to the insurer if the insurer named fails to furnish reply to the complainant.

Rule 14(4), the Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the insurer against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these rules.

Rule 14(5), no complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

### List of Insurance Ombudsman Centers

CONTACT DETAILS	JURISDICTION
<p><b>AHMEDABAD</b> Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in</p>	<p>State of Gujarat and Union Territories of Dadra &amp; Nagar Haveli and Daman and Diu.</p>
<p><b>BENGALURU</b> Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in</p>	<p>State of Karnataka</p>
<p><b>BHOPAL</b> Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, Opp. Airtel, Near New Market, Bhopal (M.P.)-462 003. Tel.:- 0755-2769201/9202 Fax : 0755-2769203 Email: bimalokpal.bhopal@ecoi.co.in</p>	<p>States of Madhya Pradesh and Chattisgarh.</p>
<p><b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar-751009. Tel.:- 0674-2596461/2596455 Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in</p>	<p>State of Orissa</p>
<p><b>CHANDIGARH</b> Office of the Insurance Ombudsman, S.C.O. No.101-103,2nd Floor, Batra Building, Sector 17-D, Chandigarh-160 017. Tel.:- 0172-2706196 / 2706468 Fax : 0172-2708274 Email: bimalokpal.chandigarh@ecoi.co.in</p>	<p>States of Punjab, Haryana, Himachal Pradesh, Jammu &amp; Kashmir and Union territory of Chandigarh.</p>
<p><b>CHENNAI</b> Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, Chennai-600 018. Tel.:- 044-24333668 /24335284 Fax : 044-24333664 Email: bimalokpal.chennai@ecoi.co.in</p>	<p>State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).</p>
<p><b>NEW DELHI</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, New Delhi-110 002. Tel.:- 011-2323481/23213504 Fax : 011-23230858 Email: bimalokpal.delhi@ecoi.co.in</p>	<p>States of Delhi</p>



### List of Insurance Ombudsman Centers

CONTACT DETAILS	JURISDICTION
<p><b>ERNAKULAM</b> Office of the Insurance Ombudsman, 2nd Floor, CC 27 / 2603, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.:- 0484-2358759/2359338 Fax:- 0484-2359336 Email:- bimalokpal.ernakulam@ecoi.co.in</p>	<p>State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.</p>
<p><b>GUWAHATI</b> Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, Guwahati-781 001 (ASSAM). Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email: bimalokpal.guwahati@ecoi.co.in</p>	<p>States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p><b>HYDERABAD</b> Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004. Tel : 040-65504123/23312122 Fax: 040-23376599 Email: bimalokpal.hyderabad@ecoi.co.in</p>	<p>States of Andhra Pradesh, Telangana and Union Territory of Yanam and a part of the Union Territory of Pondicherry..</p>
<p><b>JAIPUR</b> Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, Jaipur – 302005 Tel : 0141-2740363 Email: Bimalokpal.jaipur@ecoi.co.in</p>	<p>State of Rajasthan</p>
<p><b>KOLKATA</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4, C.R. Avenue, 4th Floor, Kolkata - 700 072. Tel : 033-22124339/22124340 Fax : 033-22124341 Email:- bimalokpal.kolkata@ecoi.co.in</p>	<p>States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.</p>
<p><b>LUCKNOW</b> Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, Lucknow-226 001. Tel : 0522 -2231331/2231330 Fax : 0522-2231310 Email: bimalokpal.lucknow@ecoi.co.in</p>	<p>States of Uttar Pradesh and Uttaranchal.</p>
<p><b>MUMBAI</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), Mumbai-400 054. Tel : 022 - 26106552 / 26106960 Fax : 022-26106052 Email: bimalokpal.mumbai@ecoi.co.in</p>	<p>States of Goa and Mumbai Metropolitan Region excluding areas of Navi Mumbai &amp; Thane</p>

### List of Insurance Ombudsman Centers

CONTACT DETAILS	JURISDICTION
<p><b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Gautam Budh Nagar, Noida Tel.: 0120-2514250 / 2514252 / 2514253 Email:- bimalokpal.noida@ecoi.co.in</p>	<p>States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur</p>
<p><b>PATNA</b> Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel.: 0612-2680952 Email:- bimalokpal.patna@ecoi.co.in</p>	<p>States of Bihar and Jharkhand</p>
<p><b>PUNE</b> Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in</p>	<p>State of Maharashtra, Area of Navi Mumbai &amp; Thane but excluding Mumbai Metropolitan Region</p>

**Note:** For current ombudsman list please visit <http://www.irda.gov.in>

**IRDAI Notice:** Beware of Spurious/Fraud Phone Calls: IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

## ANNEXURE - I

### **Section 45 – Policy shall not be called in question on the ground of misstatement after three years**

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time are as follows:

01. No Policy of Life Insurance shall be called in question **on any ground whatsoever** after expiry of 3 years from
  - a. the date of issuance of policy or
  - b. the date of commencement of risk or
  - c. the date of revival of policy or
  - d. the date of rider to the policywhichever is later.

02. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
  - a. the date of issuance of policy or
  - b. the date of commencement of risk or
  - c. the date of revival of policy or
  - d. the date of rider to the policywhichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

03. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
  - a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
  - b. The active concealment of a fact by the insured having knowledge or belief of the fact;
  - c. Any other act fitted to deceive; and
  - d. Any such act or omission as the law specifically declares to be fraudulent.
04. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
05. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / claimant can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the Policyholder, if alive, or claimant.
06. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.
07. In case repudiation is on ground of misstatement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.
08. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.
09. The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

**[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 45 of the Insurance Act, 1938, as amended from time to time for complete and accurate details].**

## ANNEXURE - II

### **Section 38 - Assignment and Transfer of Insurance Policies:**

Provisions regarding assignment or transfer of a policy in terms of Section 38 of the Insurance Act, 1938, as amended from time to time are as follows:

01. This policy may be transferred/assigned, wholly or in part, with or without consideration.
02. An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.
03. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
04. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
05. The transfer of assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy there of certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer.
06. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
07. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
08. If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced.
09. The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is
  - a. not bonafide or
  - b. not in the interest of the Policyholder or
  - c. not in public interest or
  - d. is for the purpose of trading of the insurance policy.
10. Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of Policyholder giving a notice of transfer or assignment.
11. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
12. The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.
13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
  - a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR
  - b. where the transfer or assignment is made upon condition that
    - i. the proceeds under the policy shall become payable to Policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR
    - ii. the insured surviving the term of the policySuch conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.
14. In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
  - a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
  - b. may institute any proceedings in relation to the policy
  - c. obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings
15. Any rights and remedies of an assignee or transferee of a life insurance policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Act 2015 shall not be affected by this section.

**[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 38 of the Insurance Act, 1938, as amended from time to time for complete and accurate details].**

## ANNEXURE - III

### Section 39 – Nomination by Policyholder

Provisions regarding nomination of a policy in terms of Section 39 of the Insurance Act, 1938, as amended from time to time are as follows:

01. The Policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
02. Where the nominee is a minor, the Policyholder may appoint any person to receive the money secured by the policy in the event of Policyholder's death during the minority of the nominee. The manner of appointment is to be laid down by the insurer.
03. Nomination can be made at any time before the termination of the policy.
04. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.
05. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
06. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bona fide payment is made to the person named in the text of the policy or in the registered records of the insurer.
07. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
08. On receipt of notice with fee, the insurer should grant a written acknowledgement to the Policyholder of having registered a nomination or cancellation or change thereof.
09. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.
10. In case of nomination by Policyholder whose life is insured, if the nominees die before the Policyholder, the proceeds are payable to Policyholder or his heirs or legal representatives or holder of succession certificate.
11. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).
12. Where the Policyholder whose life is insured nominates his
  - a. Parents, or
  - b. Spouse, or
  - c. Children, or
  - d. Spouse, and children
  - e. or any of themthe nominees are beneficially entitled to the amount payable by the insurer to the Policyholder unless it is proved that Policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.
13. If nominee(s) die after the Policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).
14. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Act 2015.
15. If Policyholder dies after termination but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.
16. The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Amendment) Act 2015, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

**[Disclaimer: This is not a comprehensive list of amendments. Policy Holders are advised to refer to Section 39 of the Insurance Act, 1938, as amended from time to time for complete and accurate details].**