



## UNITED INDIA INSURANCE COMPANY LIMITED

VERONA BHABAN DURGACHAK HALDIA, MEDINIPUR, WEST BENGAL  
EAST MIDNAPORE - 721602 WEST BENGAL  
PH: (03224) 274302 FAX: EMAIL:

**GROUP PERSONAL ACCIDENT POLICY**  
**POLICY NO.:0317004224P111813155**

**PERIOD OF INSURANCE**  
**From 00:00 Hrs of 03/11/2024**  
**To Midnight of 02/11/2025**

*Insured*

### **MS HALDIA GLOBAL EDUCATIONAL SOCIETY**

SRIKRISHNAPUR, SUTAHATA, PURBA MIDNAPORE DIST. : MEDINIPUR, WEST BENGAL

721635  
EAST MIDNAPORE  
WEST BENGAL

**IMPORTANT NOTICE:** KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60. PLEASE IGNORE IF ALREADY UPDATED.

Agent Name	: TUSAR KUMAR BERA
Agent Code	: AGD0004457
Mobile/Landline Number/Email	: <u>9476168969</u> <u>reach2beratusar@gmail.com</u>

The genuineness of the policy can be verified through "Verify Your Policy" link at [www.uiic.co.in](http://www.uiic.co.in).

For any Information, Service Requests, Claim intimation and Grievances please write to [031700@uiic.co.in](mailto:031700@uiic.co.in)

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Download Customer App([www.uiic.co.in](http://www.uiic.co.in)). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.  
Website: <http://www.uiic.co.in>

**Printed By : CUSTOMER @ 01/11/2024 9:07:31 PM**



**GROUP PERSONAL ACCIDENT POLICY  
SCHEDULE**

Policy No.:	<b>0317004224P111813155</b>	Prev.Pol.No.:	0317004223P109409529
Name of Customer/ID	<b>MS HALDIA GLOBAL EDUCATIONAL SOCIETY / 1181042463</b>		
Tel.(O):		Fax:	
Business/Occupation :	None	Tel.(R):	
Period of Insurance:	From 00:00 Hours of 03/11/2024	Email:	
	To MIDNIGHT of 02/11/2025	Mobile:	9775012222

<b>Coinsurance</b>	UIIC 031700 : 100%
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Premium : Two thousand three hundred ninety-four rupees only

Risk Category	No. of Person/Category	Covers	Premium	Loading/Discount	Calculated Amount
RiskCategory I	21	Table III DEATH PTD PPD Medical Expenses	1,995.00 399.00		

<b>Total No Of Person</b>	<b>21</b>	<b>Total Sum Insured for the Group</b>	<b>₹ 2100000</b>
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Special Conditions	
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Net Premium:	2,394.00
CGST(9%):	215.00
SGST(9%):	215.00
Stamp Duty:	5.00
<b>Total :</b>	<b>2,824.00</b>
Receipt Number :	10103170024113385146
Receipt Date:	01/11/2024
Agency/Broker Code :	AGD0004457
Dev. Officer Code :	
Direct Business :	OTHERS

<b>Customer GST/UIN No.:</b>		<b>Office GST No.:</b>	19AAACU5552C1ZG
<b>SAC Code:</b>	997133	<b>Invoice No. &amp; Date:</b>	4224I111813155 & 01/11/2024
<b>Amount Subject to Reverse Charges-NIL</b>			

**We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.**

**Anti Money Laundering Clause:-**In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

**LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT <https://pledge.cvc.nic.in>.**

Date of Proposal and Declaration:03/11/2024

WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at DO HALDIA on this 01 th day of November 2024

**For United India Insurance Co. Ltd.**

Affix Policy Stamp here.

**Authorized Signatory.  
Underwritten By - BAS36432 ( DO UNDERWRITER )**

## GROUP PERSONAL ACCIDENT POLICY

WHEREAS the Insured named in the Schedule herein ( herein after called the insured) has made/had made and/ or caused to be made to the United India Insurance Co. Ltd., (herein after called 'the Company') proposals and/or declaration dated as stated in Schedule hereto which together with any statements and warranties contained therein shall be the basis of this contract and is /are deemed to be incorporated herein for the insurance hereinafter set forth in respect of persons detailed in the Schedule of insured persons ( herein after called the 'Insured Persons').

NOW THIS POLICY WITNESSETH that subject to and in consideration of the payment made to the Company the premium for the period stated in the schedule or for any further period for which the Company, may accept payment and subject to the terms, provisions, exclusions, definitions and conditions contained herein or endorsed or otherwise expressed hereon the Company shall pay the insured to the extent and in the manner hereinafter provided that if any of the insured persons shall :

1. Sustain any bodily injury resulting solely and directly from accident caused by external violent and visible means, then the company shall pay to the insured or his legal personal representative(s) as the case may be the sum or sums hereinafter set forth in respect of any of the insured persons specified in the schedule :-
    - a) If such injury shall within twelve calendar month of its occurrence be the sole and direct cause to the death of the insured persons the Capital Sum insured stated in the Schedule hereto applicable to such insured person.
    - b) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of :
      - i. Sight of both eyes, or the actual loss by physical separation of two entire hands or two entire feet, or one-entire hand and one entire foot or of such loss of sight of one eye and such loss of one entire hand or loss of one entire foot, the capital sum insured stated in the Schedule hereto applicable to such insured person.
      - ii. Use of two hands or two feet, or of one hand and one foot or of such loss of sight of one eye and such loss of use of one hand or one foot, the capital sum insured stated in the Schedule hereto.
    - c) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of :
      - i. The sight of one eye or of the actual loss by physical separation of one entire hand or one entire foot, fifty percent (50%) of the capital sum insured stated in the Schedule hereto applicable to such insured person.
      - ii. Total and irrecoverable loss of use of a hand or a foot without physical separation, fifty percent (50%) of the capital sum insured stated in the Schedule hereto applicable to such insured person.
- Note :** For the purpose of clause (b) and (c) above, physical separation of a hand or feet means separation of hands at or above the wrist and or of the foot at or above the ankle.
- d) If such injury shall as a direct consequence thereof immediately permanently totally and absolutely, disable the insured person from engaging in any employment or occupation of any description whatsoever, then a lump sum equal to hundred percent (100%) of the Capital Sun insured stated in the schedule hereto applicable to such insured person.
  - e) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and/or partial irrecoverable loss of use or the actual loss by physical separation of the following then the percentage of the Capital Sum insured applicable to such insured person in the manner indicated below:

Sl No.	Item	% of Capital Sum Insured
i	a. Loss of toes -all b. Greet -both phalanges c. Greet -one phalanx d. Other than greet, of more than one toe lost each	20 5 2 1
ii	Loss of hearing -both ears	50
iii	Loss of hearing -one ear	15
iv	Loss of 4 fingers and thumb of one hand	40
v	Loss of 4 fingers	35
vi	a. Loss of thumb -both phalanges b. Loss of thumb -one phalanx	25 10
vii	a. Loss of index finger -three phalanges b. Loss of index finger -two phalanges c. Greet -one phalanx	10 8 4
viii	a. Loss of middle finger - 3 phalanges b. Loss of middle finger - 2 phalanges c. Loss of middle finger - 1 phalanx	6 4 2
ix	a. Loss of ring finger - 3 phalanges b. Loss of ring finger - 2 phalanges c. Loss of ring finger - 1 phalanx	5 4 2
x	a. Loss of little finger - 3 phalanges b. Loss of little finger - 2 phalanges c. Loss of little finger - 1 phalanx	4 3 2
xi	a. Loss of metacarpals - first or second (additional) b. Loss of metacarpals - third, fourth or fifth (additional)	3 2
xii.	any other permanent partial disablement	% as assessed by the Doctor

- f) If such injury shall be the sole and direct cause of temporary total disablement, then so long as the insured person shall be totally disabled from engaging in any employment or occupation of any description whatsoever a sum at the rate of one percent (1%) of the capital sum insured stated in the schedule hereto per week, but in any case not exceeding Rs.5000/-

per week or 25% of the monthly salary whichever is lowest in all under all PA policies covering such insured person.

Provided that the compensation payable under the foregoing sub-clauses (f) shall not be payable for more than 100 weeks in respect of any one injury calculated from the date of commencement of the disablement and in no case shall exceed the Capital sum insured applicable to such insured person.

- g) In the event of Death of the insured person due to accident as defined in the policy outside her/his residence the company shall reimburse expenses in addition to the amount payable under sub clause(a) to (f) expenses incurred for transportation of insured 'persons dead body to the place of residence subject to a maximum of 2% of capital sum insured or Rs.2,500/- which ever is less.

## EXCEPTION

### PROVIDED ALWAYS THAT

The company shall not be liable under this policy for:

1. Compensation under more than one of the foregoing sub-clauses in respect of the same period of disablement.
2. Any other payment to the same person after a claim under one of the sub-clauses (a), (b), (c) or (d) has been admitted and become payable.
3. Any payment in case of more than one claim in respect of such insured person under this Policy during any one period of insurance by which the maximum liability of the company in that period would exceed the sum payable under sub-clause (a) of the Policy to such insured person.
4. Payment of weekly compensation until the total amount shall have been ascertained and agreed.
5. Payment of compensation in respect of death, injury or disablement of insured person (a) from intentional self-injury, suicide or attempted suicide (b) whilst under the influence of intoxicating liquor or drugs (c) whilst engaging in aviation of Ballooning, whilst mounting into dismounting from or traveling in any Balloon or aircraft other than as a passenger (fare-paying or otherwise) in any duly Licensed Standard type of aircraft anywhere in the world (d) directly or indirectly caused by venereal disease or insanity (e) arising or resulting from the insured committing any breach of the law with criminal intent.

Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine.

6. Payment of compensation in respect of Death, Injury or disablement of the insured person due to arising out of or directly or indirectly connected with or traceable to war invasion, act of foreign enemy, Hostilities (whether war be declared or not) Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or usurped Power, Seizure, Capture Arrests, Restraints and Detainment of all Kings, Princes and people of whatever nation, condition or quality so ever.
7. Payment of compensation in respect of Death of, or bodily injury or any disease or illness of the insured persons
  - a) directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radio activity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self sustaining process of nuclear fission.
  - b) directly or indirectly caused by or contributed to by or arising from nuclear weapon/ materials.

Provided also that the due observance and fulfillment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this policy) shall so far as they relate to anything to be done or not to be done by the insured be a condition precedent to any liability of the company under this Policy.

8. **Pregnancy Exclusion Clause :** The Insurance under this Policy shall not extend to cover death disablement resulting directly or indirectly caused, contributed to or aggravated or prolonged by childbirth or pregnancy or in consequence thereof.

## CONDITION

1. Upon the happening of any event, which may give rise to claim under this Policy, written notice with full particulars must be given to the company immediately. In case of death, written notice also of the death must, unless reasonable cause is shown, be so given before interment, cremation and in any case, within one calendar month after the death, and in the event of loss of sight or amputation of limbs, written notice thereof must also be given within one calendar month after such loss of a sight or amputation.
2. Satisfactory Proof to the Company shall be furnished of all matter upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the Persons insured on the occasion of any alleged injury or disablement when and so often as the same may reasonably be required on behalf of the company and in the event of death to make a post-mortem examination of the body of the insured persons. Such evidence as the company may from time to time require shall be furnished and a post-mortem examination report if necessary be furnished within the space of fourteen days after demand in writing and in the event of a claim in respect of loss of sight of the insured person(s) shall undergo at the insured's expense such operation or treatment as the company may reasonably deem desirable .

No sum payable under this policy shall carry interest.

3. The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent statement or device, whether by the insured or by any person on behalf of the insured persons.
4.
  - a) The Insured shall give immediate notice to the Company on any change of the insured persons, business or occupation.
  - b) The insured shall on tendering any premium for the renewal of this policy give notice in writing to the Company of any disease physical defect or infirmity with which any of the insured person(s) have become affected since the Payment of the last preceding premium.
5. This policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to the Company on or before the date of expiry of the policy or of the subsequent renewal thereof. The Company shall not, however be bound to

give notice that such Renewal Premium is due.

6. The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by the insured by sending fifteen days notice in writing by Registered A/D to the insured at his last known address in which case the Company shall return to the insured a proportion of the last premium corresponding to the unexpired period of insurance if no claim has been paid under the policy. The insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's short period rates provided no claim has occurred upto the date of cancellation.
7. If any dispute or difference shall arise as to the quantum to be paid under this 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 to or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitrators, comprising of 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.

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

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

8. The insured shall throughout the period of insurance keep and maintain a proper record of register containing the names of all the insured persons and other relevant details as are normally kept in any institution/ organisation. The insured shall declare to the company any additions in the number of insured persons as and when arising during the period of insurance and shall pay the additional premium as agreed. Unless otherwise expressly declared and agreed to be covered by the company all the insured persons covered within under this policy are free from any disability /defect which shall be the subject matter of liability under the policy.

## **DEFINITIONS:**

### **1 ACCIDENT**

- Accident - An accident is a sudden, unforeseen and involuntary event caused by external and visible and violent means
- "Acute condition" - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- B. "Chronic condition" - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics -
- i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests -
  - ii. it needs ongoing or long-term control or relief of symptoms
  - iii. it requires your rehabilitation or for you to be specially trained to cope with it
  - iv. it continues indefinitely
  - v. it comes back or is likely to come back.

### **2 CONGENITAL ANOMALY**

- Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- a. Internal Congenital Anomaly  
Which is not in the visible and accessible parts of the body.
  - b. External Congenital Anomaly  
Which is in the visible and accessible parts of the body.

### **3 CONDITION PRECEDENT**

Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

### **4 CONTRIBUTION**

Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion.

### **5 DAY CARE CENTRE**

- Day Care centre means any institution established for day care treatment of illness and/or injuries or a medical set-up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under :
- a. Has qualified nursing staff under its employment
  - b. Has qualified Medical Practitioner(s) in charge
  - c. Has a fully equipped operation theatre of its own where surgical procedures are carried out-
  - d. Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

6. **DAY CARE TREATMENT** - Day Care treatment means the medical treatment and/or surgical procedure which is -(i). Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological and (ii) which would have otherwise required a hospitalisation of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

### **7 DEDUCTIBLE**

Deductible is a cost sharing requirement under a Personal Accident Insurance Policy that provides that the Insurer will not be liable for a specified rupee amount in case of Indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.

### **8 HOSPITAL/NURSING HOME**

A Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the Clinical establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under

- Has qualified nursing staff under its employment round the clock.
- Has at least 10 in-patient beds in towns having a population of less than 10 lacs and at least 15 in-patient beds in all other places;
- Has qualified medical practitioner(s) in charge round the clock;
- Has a fully equipped Operation Theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

The term 'Hospital / Nursing Home ' shall not include an establishment which is a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel or a similar place.

**9 HOSPITALISATION**

Means admission in a Hospital/Nursing Home for a minimum period of 24 In-patient care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

**10 INJURY**

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

**11 IN-PATIENT CARE**

In-patient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

**12 INTENSIVE CARE UNIT**

The term "Intensive Care" unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

**13 MEDICAL ADVISE**

Medical Advise - Any consultation or advice from a Medical Practitioner including the issue of a any prescription or repeat prescription.

**14 MEDICAL EXPENSES**

Medical expenses - Medical Expenses means those expenses that an Insured person has necessarily and actually incurred for medical treatment on account of illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

**15 MEDICALLY NECESSARY**

Medically Necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- a. Is required for the medical management of the illness or injury suffered by the insured;
- b. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
- c. Must have been prescribed by a Medical Practitioner;
- d. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

**16 MEDICAL PRACTITIONER**

A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State of India or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

The term Medical Practitioner would include Physician, Specialist and Surgeon. (The Registered Practitioner should not be the insured or close family members such as parents, in-laws, spouse and children).

**17 NOTIFICATION OF CLAIM**

Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address/telephone number to which it should be notified.

**18 ROOM RENT**

Room rent shall mean the amount charged by a hospital for the Occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

**19 SUBROGATION**

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

**20 SURGERY OR SURGICAL PROCEDURE**

Surgery or Surgical Procedure means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a Medical Practitioner.

**Communicable Disease Exclusion Clause:**

1. Notwithstanding any provision, clause or term of this insurance contract to the contrary, this insurance Contract excludes any loss, cost, damage, liability, claim, fines, penalty or expense or any other amount of whatsoever nature, whether directly or indirectly and/or in whole or in part, related to, caused by, contributed to by, resulting from, as a result of, as a consequence of, attributable to, arising out of, arising under, in connection with, or in any way involving (this includes all other terms commonly used and/or understood to reflect or describe nexus and/or connection from one thing to another whether direct or indirect):

- 1.1 a Communicable Disease and/or the fear or threat (whether actual or perceived) of a Communicable Disease and/or the actual or alleged transmission of a Communicable Disease regardless of any other cause or event contributing and/ or occurring concurrently or in any sequence thereto, and
  - 1.2 a pandemic or epidemic, as declared by the World Health Organisation or any governmental authority.
2. As used herein, Communicable Disease means: any infectious, contagious or communicable substance or agent and/or any infectious,

contagious or communicable disease which can be caused and/or transmitted by means of substance or agent where:

2.1 the disease includes, but is not limited an illness, sickness, condition or an interruption or disorder of body functions, systems or organs, and

2.2 the substance or agent includes, but is not limited to, a virus, bacterium, parasite, other organism or other micro-organism (whether asymptomatic or not); including any variation or mutation thereof, whether deemed living or not, and

2.3 the method of transmission, whether direct or indirect, includes but not limited to, airborne transmission, bodily fluid transmission, transmission through contact with human fluids, waste or the like, transmission from or to any surface or object, solid, liquid or gas or between organisms including between humans, animals, or from any animal to any human or from any human to any animal, and

2.4 the disease, substance or agent is such:

2.4.1 that causes or threatens damage or can cause or threaten damage to human health or human welfare, or

2.4.2 that causes or threatens damage to or can cause or threaten damage to, deterioration to, contamination of, loss of value of, loss of marketability of or loss of use or usefulness of, tangible or intangible property. For avoidance of doubt, Communicable Disease includes but is not limited to Coronavirus Disease 2019 (Covid -19) and any variation or mutation thereof.

3. For further avoidance of doubt, any contingent or other business interruption loss, cost, damage, loss of income, loss of use, increased cost of working and/or extra expense arising out of or attributable to:

3.1 any partial or complete closure of and/or slowdown in, including but not limited to any closure by or under the advisories of public, military, government or civil authorities, or any denial of access to insured premises, or customer and or supplier premises (including service / utility providers), or

3.2 change in consumer behaviour, or

3.3 an absence of infected employees or employees suspected of being infected shall not be covered by this insurance Contract. .

4. For still further avoidance of doubt, loss, cost, damage, liability, claim, fines, penalty or expense or any other amount excluded hereby, includes but is not limited to any cost to identify, clean-up, detoxify, disinfect, decontaminate, mitigate, remove, evacuate, repair, replace, monitor, sanitize or test: (1) for a Communicable Disease or (2) any tangible or intangible property covered by this [insurance Contract] that is affected by such Communicable Disease.

5. It is clarified that (1) no other prior, concurrent or subsequent provision, clause, term or exception of this insurance Contract (including (but not limited to) any prior, concurrent or subsequent endorsement and/or any provision, clause, term, buy back or exception that operates, or is intended to operate, to extend the coverage of, or protections provided by, this insurance Contract] by whatever name called like any coverage extension, additional coverage, global extension, exception to any exclusion); (2) any change in the law, clause or similar provision; (3) any follow the fortunes clause or similar provision; and/or (4) no change in the law or any regulation (to the extent permitted by applicable law), shall operate to provide any insurance, coverage or protection under this insurance Contract that would otherwise be excluded through the exclusion set forth in this [Endorsement][Clause].

6. If the insurer alleges that by reason of this [Endorsement][Clause] any amount is not covered by this insurance Contract the burden of proving the contrary shall rest in the insured.

**Pandemic /Epidemic Specific Exclusion Clause:**

Notwithstanding any provision, clause or term of this Contract, this insurance Contract excludes any first party and/or third party actual or alleged loss, injury, sickness, disease, death, medical payment, defence cost, cost, damage, liability, claim, fines, penalty, compensation, expenses or any amount of whatsoever nature, whether directly or indirectly and/or in whole or in part, arising out of (this includes all other terms commonly used and/or understood to reflect or describe, direct or indirect nexus and/or connection between one thing and another), intentional or unintentional violation of

a. The provisions of Disaster Management Act, 2005 as amended from time to time

b. The provisions of The Epidemic Diseases Act 1897 as amended from time to time

c. The provisions of any act dealing with public health and/or public safety

d. The rules, regulations, orders, guidelines, policies, notification etc issued from time to time under any of the above acts.

**Disclosure to Information Norm**

The policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of mis-representation, mis-description, or non-disclosure of any material fact.

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