

**Rider: Accidental Permanent Partial Disability and / or Total Loss of Use Benefit – Accelerated – Standard Scale of Benefits**  
(This Rider is Part of the Policy if it is referred in the Schedule)

**1.0 Description of Benefit.**

1.1 This Rider provides for a benefit payment on the Permanent Partial Disability and / or Permanent Total Loss of Use of a limb, eye, speech or hearing of the Life Insured as a result of an accident. Disability or Loss of Use must be a result of a traumatic event caused solely by external, violent, unforeseeable and visible means, occurring independently of any other causes and within ninety (90) days of such trauma, proved to the satisfaction of the Company. The permanence of the disability will only be established 12 months following the date of the event causing the disability except in the case of complete severance of the hand at or above the wrist or foot at or above the ankle joint.

1.2 **Benefit** payable as an acceleration of the benefit payable under the base policy as per following scale of benefits and cannot exceed the amount stated in the Schedule.

For Loss of	% of amount stated in Schedule, payable on claim
Both Hands	100%
Both Feet	100%
Sight of both eyes	100%
One hand and one foot	100%
One hand and sight of one eye	100%
One foot and sight of one eye	100%
Speech and hearing in both ears	100%
One hand	50%
One foot	50%
Sight of one eye	50%
Speech	50%
Hearing in both ears	50%

On payment of the accelerator benefit as per the above schedule, the benefit payable under the base policy will be reduced to that extent.

**2.0 Period of Coverage**

The rider will remain effective from the Effective Date of this Rider as shown in the Schedule and shall remain valid unless terminated in accordance with Article 4.0 below.

**3.0 Termination of Coverage**

This Rider shall terminate, individually in respect of each Member under one or more of following circumstances:

- a. Expiration, Lapse, Cancellation or termination of Base policy for any reason.
- b. Death of the Member ; or
- c. On the Date member attains age 65 years or retirement age as stated in the schedule, whichever is earlier.
- d. On cancellation of Rider by either parties (ie the Policy Holder or the Company) by giving written notice to the other party with a notice period of minimum thirty days.
- e. Insured member ceases to continue as a member of the policy holder group.

**4.0 Change of Occupation**

The Policy Holder is required to inform the Company of any change in the occupation, profession, or hobbies of the Member/s, occurring during the term of this RIDER, failing

which the Company may decline the Benefits in case the Accidental Permanent and Total Disability arises out of such changed occupation, profession or hobbies. In the event of such a change the Company, in its absolute and sole discretion, reserves the right to take such action as it may deem appropriate.

## 5.0 Exclusions

Notwithstanding anything to the contrary stated herein, no Benefits under this Rider will be payable if Accidental Death occurs from, or is caused by, either directly or indirectly, voluntarily or involuntarily, due to one of the following:

- 5.1 **Drug Abuse:** Member under the influence of Alcohol or solvent abuse or use of drugs except under the direction of a registered medical practitioner.
- 5.2 **Self-inflicted Injury:** Intentional self- Inflicted injury.
- 5.3 **Criminal acts:** Member involvement in Criminal and/or unlawful acts.
- 5.4 **War and Civil Commotion:** War, invasion, hostilities, (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.
- 5.5 **Nuclear Contamination:** The radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
- 5.6 **Aviation:** Member participation in any flying activity, other than as a passenger in a commercially licensed aircraft.
- 5.7 **Hazardous sports and pastimes:** Taking part or practicing for any hazardous hobby, pursuit or any race not previously declared and accepted by the Company.
- 5.8 **Infection:** Disability caused or contributed to by any infection, except infection caused by an external visible wound accidentally sustained
- 5.9 **Poison:** Taking or absorbing, accidentally or otherwise, any poison.
- 5.10 **Toxic Gases:** Inhaling any gas or fumes, accidentally or otherwise, except accidentally in the course of duty.
- 5.11 **Physical Infirmary:** Body or mental infirmity or any disease.

*These exclusions are in addition to the exclusions listed in the Base Policy.*

## 6.0 Notice of Claim

The Company must be notified in writing within thirty days from the date of Permanent Partial Disability caused due to accident. Admission of any claim will be subject to production of such proof as the Company may reasonably require being given within ninety days from the date of claim.

## 7.0 Payment of Premium

The premium on this Rider are payable periodically on the dates as stated in the Schedule.

## 8.0 Renewal

This Rider is renewable on every Annual Renewal Date along with the Base Policy as stated in the Schedule. The renewal of the rider is subject to consent of the Company and upon payment of premiums at the rate and terms as required by the Company at the time of Renewal.

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