

CANCARE POLICY FOR CANARA BANK CARDS

Canara Cancare policy provides insurance with respect to Personal Accidental Death claims, Baggage Claim and Purchase Protection claim reported by the Cardholders and incident reporting was enumerated.

Cancare Policy comprises of: (1) Insurance cover for Death due to accident
 (2) Baggage Insurance cover and
 (3) Purchase Protection cover.

Salient features of the Policy:

1. This policy covers Death due to accident, loss of Baggage and Purchase Protection to Platinum, Business, Select and Signature variant Debit Card Holders and all credit card holders.
2. The maximum amount of loss covered is as below:

Sl. No.	Cards to be covered	Death due to Accident cover	Baggage Insurance cover	Purchase Protection Cover
1	Canara Visa /Mastercard /RuPay Credit Cards including Add-on (Classic/Standard/Corporate) and any other new variants to be launched with any of the card network associates	A) Air Accident Sum Insured: 1. Rs.4,00,000 - For Self 2. Rs.2,00,000 - Spouse B) Accidental Death Sum Insured: 1. Rs. 2,00,000 – Self 2. Rs. 1,00,000 - Spouse	Rs.25,000 – Per Card	Rs.25,000 – Per Card
2	Canara Visa / Mastercard/ Rupay (Gold / World / Platinum / Select) Credit Cards including Add-on and any other new variants to be launched with any of the card network associates	A) Air Accident Sum Insured: 1. Rs.8,00,000 – For Self 2. Rs.4,00,000 – Spouse B) Accidental Death Sum Insured: 1. Rs. 4,00,000 – Self 2. Rs. 2,00,000 - Spouse	Rs.25,000 – Per Card	Rs.25,000 – Per Card
3	Canara Visa / Mastercard / RuPay Platinum / Business / Select / Signature Debit card and any other new variants to be launched with any of the card network associates	A) Air Accident Sum Insured: 1. Rs.8,00,000 – For Self 2. Rs.4,00,000 – Spouse B) Accidental Death Sum Insured: 1. Rs. 4,00,000 – Self 2. Rs. 2,00,000 - Spouse	Rs.25,000 – Per Card	Rs.25,000 – Per Card

3. Any new card variant introduced where accidental death insurance cover under CANCARE Policy is enabled as one of the features.
4. The claim under this policy will be settled by the Insurance Company only if the time norms stipulated for intimation of claim and claim submission are adhered in respect of Personal Accident death cover/ Baggage insurance cover/ Purchase protection cover.

THE DETAILS OF COVERAGES ARE AS :

1. PERSONAL ACCIDENT COVER

The personal accident cover Policy will cover Canara Bank Debit/ Credit cards issued in association with Card networks viz Visa /Mastercard/RuPay. The cards are either Domestic/ Global usage covering variants such as Classic/ Standard/ Platinum/ Select/ World/ Gold/ Corporate or any other new variants to be launched during the year with any of the card network associates. **(Eligible cards for insurance coverage are as below)**

Cards type	Card Variants covered under Policy	Accidental Coverage amount	Death Coverage amount
Credit Cards	Classic/Standard/Corporate	A) Air Accident Sum Insured: 1. Rs.4,00,000 - For Self 2. Rs.2,00,000 - Spouse B) Accidental Death Sum Insured: 1. Rs. 2,00,000 – Self 2. Rs. 1,00,000 - Spouse	
	Gold/ World/Platinum/Select	A) Air Accident Sum Insured: 1. Rs.8,00,000 –For Self 2. Rs.4,00,000 – Spouse B) Accidental Death Sum Insured: 1. Rs. 4,00,000 – Self 2. Rs. 2,00,000 - Spouse	
Debit Cards	Platinum/Business/Select/Signature/World only		

1.1 As per this Policy Cover, if at any time during the Policy period, any of such valid card holders and/or his/ her spouse shall sustain bodily injury resulting solely and Directly from accident caused by external violent and visible means, and if such injury be the sole and direct cause of death of the insured person it shall be covered as per table on page 1.

Exclusion:

A. Loss caused directly or indirectly, wholly or partly by:

- i) Infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
- ii) medical or surgical treatment except as may be necessary solely as a result of Injury;

B. Any Injury which shall result in hernia.

1.2 The legal heirs/Nominee of the cardholder should intimate within 90 days from the date of the death.

1.3 Under this Policy Cover, Insurance Co. will pay to the Legal heirs, nominee/s of the valid cardholder/ his/ her spouse.

1.4 The proceeds in respect of the Personal Accident death settlement of Credit

cardholder/spouse shall be remitted to Cardholder's Canara Bank Credit Card account in case of Credit card and CASA account in case of Debit Card.

Documents to be submitted by branches for Personal Accident Cover:

Sl. No.	List of Documents
1.	Claim form as per policy
2.	KYC documents of legal heirs/ Nominees.
3.	Photo copy of the Card/ Declaration from the bank if the card is missing.
4.	Post Mortem Certificate.
5.	Legal Heirs/ Nominee Declaration.
6.	Certified copy of FIR.
7.	Certified copy of Death Certificate.

The above documents should be submitted duly signed to the Branch.

2. **Baggage Insurance Cover**

- 2.1 Baggage Insurance Covers only if the travel ticket is booked through these eligible card variant as per table on page 1.
- 2.2 The Insurance Company shall indemnify the eligible Canara Credit/ Debit card holders as covered under Cancare Policy with respect to Personal baggage accompanying him/ her belonging to him/ her or for which he/ she is responsible while travelling anywhere in the world or while on tour or on holidays in such geographical area when such personal baggage is lost, destroyed or damaged by fire, riot and strike, terrorist activity, Theft or accident to personal effects, Money, Cheques and additional travel and accommodation expenses incurred that are necessary to obtain a replacement of lost/ Stolen passport while in abroad provided that the liability of the Company in respect of each Cardholders which does not exceed Rs. 25,000/-, the sum specified in the Policy.

The Cardholder should report the incident to Bank within 15 days from the knowledge of incident.

In case if the customer is abroad, he may intimate the loss within 7 working days post reaching the country.

Compensation upto the sum Insured viz. Rs. 25,000/- shall be payable in the event of the Insured suffering a total loss of Baggage while on a journey that has been checked by an International/ Domestic Airline for Domestic/ International destination.

Travel between or within International location shall be covered as per table on page 1.

Exclusion:

Damages or losses that:-

- i) occurred during a travel time that is longer than 31 days;
- ii) are for any type of commercial and administrative documents, transportation tickets, transport vouchers;

- iii) occur to pails, buggies, wheelchair, pedal cycles, motor vehicles, or diving equipment and craft, surfboard or related equipment or fittings of any kind;
- iv) occur to stamps, spectacles and contact lenses, sunglasses, antiques, furs, tape recorders, cassettes and players, radios, compact discs and players or other personal listening and recording devices, computer and telecommunication equipment of any kind, cellular telephones;
- v) occur to firearms, jewellery, precious stones and articles made of or containing gold (or other precious metals and/or precious stones);
- vi) are for breakage of sports equipment's whilst in use
- vii) are for household goods or anything shipped as freight
- viii) are for dentures or bridgework, artificial limbs or hearing aid of any kind
- ix) are for items carried on a bus roof rack
- x) are for items that are left unattended in a place to which the general public has access;
- xi) are for money and/or cheque(s) left in checked-in luggage;
- xii) are from normal wear and tear, decay and manufacturing defects;
- xiii) are caused by vermin, insects, termites, moth, wet or dry rot, bacteria or rust;
- xiv) are caused by cleaning, repairs or restoration;
- xv) are caused by mechanical failure, electrical failure, software failure, or data failure including, but not limited to any electrical power interruption, surge, brownout or blackout, or telecommunications or satellite systems failure;
- xvi) are caused by leakage of powder or liquid carried within personal effects or luggage;
- xvii) are due to or related to a nuclear, biological or chemical event.

Documents to be submitted by branches for Baggage Insurance Cover:

Sl. No	List of Documents
1.	Claim form as per policy
2.	KYC documents
3.	Photo copy of the Card/ Declaration from the Bank, if the card is missing.
4.	Ticket Documents.
5.	Declaration for details of loss.

The above documents should be submitted duly signed to the Branch.

3. Purchase Protection Cover:

This policy covers Canara Bank Debit/ Credit cards issued in association with Card networks viz Visa /MasterCard/RuPay. The cards are either Domestic/ Global usage covering variants such as Classic/ Standard/ Platinum/ Select/ World/ Gold/ Corporate as per table on page 1.

- 3.1 This cover indemnify the valid cardholders for any item purchased using the Canara Credit/ Platinum/Business Debit cards anywhere in the Geographical Area specified when such items is in transit from the place of purchase to the residence of the card holders and when the item is contained in the residence of the cardholder when such item is lost or destroyed due to fire, burglary, theft, riot and strike, malicious damage, and by accidental external means for a period of 60 days from the date of purchase of such item.

- 1) Cover is valid for 60 days from the date of purchase.
- 2) Jewellery, perishable items are not covered.
- 3) STFI, RSMD, SRCC are covered.
- 4) Cover for residential address of the card holder as per the Bank records of the cardholder only.

Conditions

- a. Benefits will be applicable only if the item is purchased through above mentioned Canara Bank cards.
- b. Customer shall report the loss within 15 days from the date of loss. In case if the customer is abroad, he may intimate the loss within 7 working days post reaching the country.

Exclusion

Insurer shall not cover losses: -

- i) items you carried with you during a trip;
- ii) items that were lost or stolen from a vehicle;
- iii) any motor vehicle including automobiles, boats and airplanes, and any equipment and/or parts necessary for their operation and/or maintenance;
- iv) permanent household and/or business fixtures
- v) traveler's cheque(s), cash, tickets of any kind, negotiable instruments, bullion, rare or precious coins or stamps, plants, animals, consumables, perishables and services;
- vi) art, antiques, firearms, and collectable items;
- vii) furs, jewellery, gems, precious stones and articles made of or containing gold (or other precious metals and/or precious stones);
- viii) items you have rented or leased;
- ix) Used, rebuilt, refurbished, or remanufactured items at the time of purchase;
- x) shipping and handling expenses or installation, assembly related costs;
- xi) items purchased for resale, professional, or commercial use;
- xii) losses that are caused by vermin, insects, termites, moth, wet or dry rot, bacteria or rust;
- xiii) losses due to mechanical failure, electrical failure, software failure, or data failure including, but not limited to any electrical power interruption, surge, brownout or blackout, or telecommunications or satellite systems failure;
- xiv) items damaged due to normal wear and tear, inherent product defect or normal course of play (such as, but not limited to sporting or recreational equipment);
- xv) items that you damaged through alteration (including cutting, sawing, and shaping);
- xvi) items left unattended in a place to which the general public has access;
- xvii) losses due to or related to nuclear, biological or chemical event.
- xviii) items lost, damaged or stolen from a place other than the residence mentioned in the policy schedule.

Documents to be submitted by branches for Purchase Protection Cover:

Sl. No	List of Documents
1.	Claim form as per policy.
2.	Copy of Purchase Bill.
3.	KYC documents.

4.	Photo copy of the Card / Declaration from the bank, if the card is missing.
5.	FIR/ Police Intimation copy.
6.	Customer Declaration for details of loss.
7.	Confirmation from Bank about transactions and card number from Bank records.

The above documents should be submitted duly signed to the Branch.

Kindly find the claim forms in annexures:

1. Annexure I - Personal Accidental Death Policy- Claim Form
2. Annexure II - Baggage Insurance Policy- Claim Form
3. Annexure III- Purchase Protection Cover- Claim Form

Annexure-I



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UNITED INDIA INSURANCE COMPANY LTD.

(A Government of India Undertaking)

At United India, it's always U before I



Large Corporate and Brokers Cell

3rd Floor, IML Building, N R Square, Bangalore – 560 002

Tel: 080-22210885 / 22210316

PERSONAL ACCIDENT POLICY(INDIVIDUAL)

CLAIM FORM

This form is issued without admission of liability and must be completed and returned within 7 days after its receipt. No claim can be admitted unless a medical overleaf be furnished at the expense of the claimant.

Claim No.	Policy No.
1. Name of Card Holder _____ (In Full) Card Number: _____	Age _____ (In Years) Height _____ ft. _____ Inc _____ Wt. _____ st _____ lbs
2. a) When did the accident occur? State day, date and hour b) Where did it occur? c) Give full particulars of the cause and the injuries sustained. d) Specify Injured parts of the body:	

3. Give name and address of the witness of the accident:	
4. a) Give name and address of the Doctors who attended the deceased: b) Name and address of deceased's Medical Attendant, if any:	
5. Amount of Claim for Death:	
6. Details of Nominee/Legal Heirs as per Bank Records:	

Declaration

I hereby agree, affirm and declare that:

- a) The statements/ information given/ stated by me/ us in this claim form are true, correct and complete.
- b) No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- c) If I have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I shall not be entitled to all/any rights to recover there under in respect of any or all claims, past, present or future.
- d) The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/ additional information in respect of the claim.

Dated _____

Signature _____

Name of the Official Handling Claim	
Contact No. of the Official	

Signature with seal of the Branch-in-charge

Annexure II



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UNITED INDIA INSURANCE COMPANY LTD.

(A Government of India Undertaking)
At **U**nited India, it's always **U** before **I**



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Tel: 080-22210885 / 22210316

“BAGGAGE INSURANCE POLICY” CLAIM FORM”

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
QUESTIONS TO BE ANSWERED BY THE CLAIMANT

“THIS FORM SHOULD BE COMPLETED AND RETURNED TO THE COMPANY IMMEDIATELY”

POLICY NO. **5004002623P105264628**

ISSUING

OFFICE-CLAIM NO.

1. Name & Address:
2. Policy No:
3. Date of Loss/Accident:
4. Description of Loss or damage:
5. Cause Of Loss or Damage:
6. If by theft
 - (a) Time & Day
 - (b) How committed
 - (c) By whom discovered and when
 - (d) Have Police been notified, if so, when
 - (e) State result of Police Investigation, if any

7. Are you Insured against the present loss Under any other Policy?

I _____ declare that fore going statement are true to the best of my knowledge and belief; that the articles and property described on the other side hereof were lost/stolen or damaged under the circumstance above described, and that such articles and property belong to the persons named, no other person having any interest there in whether as owner, Mortgage, Trustee or otherwise.

Place:

Date:

Insured's/Claimant Signature

Signature with seal of the Branch-in-charge

Annexure III



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At United India, it's always U before I



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CANARA BANK CANCARE POLICY
PURCHASE PROTECTION CLAIM FORM

SECTION 1: ACCOUNT INFORMATION

Mr Mrs Ms Miss

Case# (if applicable): Name:

Date of Birth (MM/DD/YY):

Street:

City:

State:

Postal Code:

Home Phone:

Business Phone:() _____

E-mail:

Card # (last four digits) _____ Issuing Bank _____

Name as it appears on this card _____ Date of Birth of this cardholder
(MM/DD/YY) _____

Which card was the purchase made on _____

Have you made a prior Purchase Protection claim? Yes No If yes, when? (MM/DD/YY) _

SECTION 2: DESCRIPTION OF PURCHASE

Type of

Item _____ Manufacturer _____

_____ Purchase Date(MM/DD/YY) _____ Purchase

Price _____ INR

Was the total purchase price of the item charged to your card? Yes No

PLEASE NOTE: Your maximum recovery under Purchase Assurance is the original purchase price of the item, not to exceed the coverage limit set by your issuing bank.

SECTION : DESCRIPTION OF THE INCIDENT

Description of the incident: _____

Date of incident(MM/DD/YY) _____ Where did the incident occur? _____

Police/Incident report number: _____

- If the item was stolen, please include a copy of the police report.

If the item was damaged, can it be repaired? Yes No Don't know

- If yes, and the repair has been done, please attach a copy of the repair bill. If the damage to the item is visible, a photo of the damaged item maybe sufficient proof of loss.

SECTION 4: OTHER INSURANCE COVERAGE

Do you have:	Insurance Company Name	Policy Number
Homeowner /Tenant/ Condominium Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Other Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Have you submitted a claim to any of the above? <input type="checkbox"/> Yes	<input type="checkbox"/> No	

SECTION 5: IMPORTANT, PLEASE READ AND SIGN

CERTIFICATION: The undersigned hereby certifies that the information provided by him or her on this form and otherwise in support of this claim is complete and accurate to the best of each of his or her knowledge and belief. In the event of a false or misleading statement in the making of this claim, coverage can be void, payment of this claim denied and any claim payments made in error recovered. The undersigned agrees to refund the amount of any payments that should not have been made.

PERSONAL INFORMATION NOTICE: The information provided with respect to this claim is required by the insurer and its authorized administrator, Oriental Insurance Company, and any insurance adjuster appointed to investigate any losses on its behalf (collectively "we" "us" "our") for insurance purposes, such as to assess any entitlement to benefits and to administer this claim. We will investigate and administer this claim by consulting the insurer's existing files and by exchanging additional information with the undersigned and third parties, such as law enforcement, fire and emergency services departments, parties involved with any subrogation action, and other independent sources. **ALL REQUIRED INSURANCE, POLICE, CLAIM FORMS AND REPORTS MUST BE PROVIDED TO US BEFORE YOUR CLAIM CAN BE PROCESSED.**

Card Holder/Claimant:

Date signed:

(MM/DD/YY)

Signature with seal of the Branch-in-charge