

Policy shall be continued in force, unless the Policy has been cancelled in accordance with "Cancellation" clause. However, if loss occurs within the Grace Period, any premium then due and unpaid will be deducted in settlement.

4. This policy shall automatically terminate at the earliest of the following dates: (a) The last day for which premium has been paid except as provided by the "Grace Period" (b) When the insured attains Seventy (70) years of age; or (c) When the Principal Sum of this Policy is Paid
5. Cancellation: the Company may cancel or modify this Policy at any time by written notice delivered to the Applicant/Owner or mailed to the last address as shown by the records of the Company, stating when, not less than fifteen (15) days thereafter, such cancellation or modification shall be effective. In the event of cancellation the Company will return promptly the pro-rata unearned portion of any premium actually paid by the Applicant/Owner. Such cancellation shall be without prejudice to any claim originating prior thereto. In the event the Policy is cancelled by the Applicant/Owner the earned premium shall be computed in accordance with the short rate table used by the Company at the time of cancellation.
6. As soon as practicable after the happening of any event which could give rise to a claim under this Policy and in any case within one calendar month or as soon as thereafter as it is reasonably possible written notice thereof must be given to the Company, but notice of death must be given forthwith.
7. Completed claim forms and written proof of loss must be furnished to the Company within thirty (30) days of the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not possible to give proof within such time. However, no proof will be accepted if furnished later than one (1) year from the time the loss occurred.
8. Subject to the satisfactions of all terms and conditions of this Policy, the Company shall make the payment within a period of ninety days from the date on which the payment becomes due or from the date on which the claimant completes all the requirements as specified by the Company, whichever is later. Any delay in payment by the Company to comply with such obligation shall entitle the claimant to compensation in such amount as determined under the sub-section 118 (2) of Insurance Ordinance 2000, unless the Company proves that such failure was due to circumstances beyond its control.
9. The Benefits under this Policy shall be non-assignable. No assignment of interest under this Policy shall be binding on the Company.
10. The due observance and fulfilment of the Terms, Conditions and Endorsements of the Policy shall be a condition precedent to any liability of the Company hereunder.
11. This Policy becomes effective only if counter-signed by an authorized representative of the Company. No waiver of or alteration in any of the terms of this Policy or any of its conditions nor any endorsement thereon will be held valid unless the same is signed by an officer of the Company.
12. Indemnity, if any, for loss of life of the Insured is payable to the Beneficiary(ies) named in the Application provided such Beneficiary survives the Insured by thirty (30) days, otherwise to the estate of the Insured. All other indemnities of this Policy are payable to the Insured whose Injury is the basis of claim resulting in such Loss. Any payment made by the Company in good faith pursuant to this condition shall fully discharge the Company to the extent of the payment.
13. No change of Beneficiary under this Policy shall bind the Company, unless consent thereto is formally endorsed by the Company.
14. The Company, at its own expense, shall have the right and opportunity to examine the Insured when and as often as the Company may reasonably require during the pendency of a claim hereunder, and also the right and opportunity to make an autopsy in case of death where it is not forbidden by law.
15. No action at law or in equity shall be brought to recover on this Policy after the expiration of three (3) years after the time written proof of loss is required to be furnished.
16. This policy is referable to the Individual Accident & Health Statutory Fund and shall not participate in the profits of the fund.
17. This policy shall not be called in question by the Company after expiry of two years from the date of commencement of the policy on the ground that a statement made in the proposal for insurance or in any report of a medical officer or referee, or a friend of the policyholder, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.
In the event of increase in the sum assured or reinstatement, this policy shall not be called in question by the Company after expiry of two years from the effective date of the increase in sum assured or reinstatement of the policy on the ground that a statement made in the proposal for the increase in sum assured or reinstatement or in any report of a medical officer or referee, or a friend of the policyholder, or in any other document leading to the increase in sum assured or reinstatement of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

In witness hereof IGI Life Insurance Limited has caused this Policy to be executed as of the Policy Effective Date.

HEAD OF BUSINESS & OPERATIONS

About IGI Life

IGI Life Insurance Limited, part of the Packages Group, marked its entry into the Life Insurance business through acquisition of controlling shares in American Life Insurance Company (Pakistan) Limited in April 2014. Acquisition by Packages Group makes IGI Life a one-of-a-kind life insurance provider in Pakistan, as IGI Life's multinational heritage is now coupled with the local experience of the Packages Group, one of the most reputed business conglomerates in the country, having several joint ventures with leading global brands in the FMCG, Pharmaceutical and Packaging sectors. IGI Life's current product suite includes Life Insurance plans, Accident & Health Insurance and Employee Benefit Solutions. IGI Life is also amongst the first few companies to commence the Family Takaful business in 2015 under Window Takaful Operations, thus offering Shari'ah-compliant solutions to our clients.

About Vitality Group

Guided by the core purpose of making people healthier, Vitality is the leader in improving health to unlock outcomes that matter. By blending smart tech, data, incentives, and behavioural science, we inspire healthy changes in individuals and organisations. Vitality brings a global perspective through successful partnerships with the smartest insurers and most forward-thinking employers around the world. More than 10 million people in 22 countries engage in the Vitality programme.

 A Packages Group Company

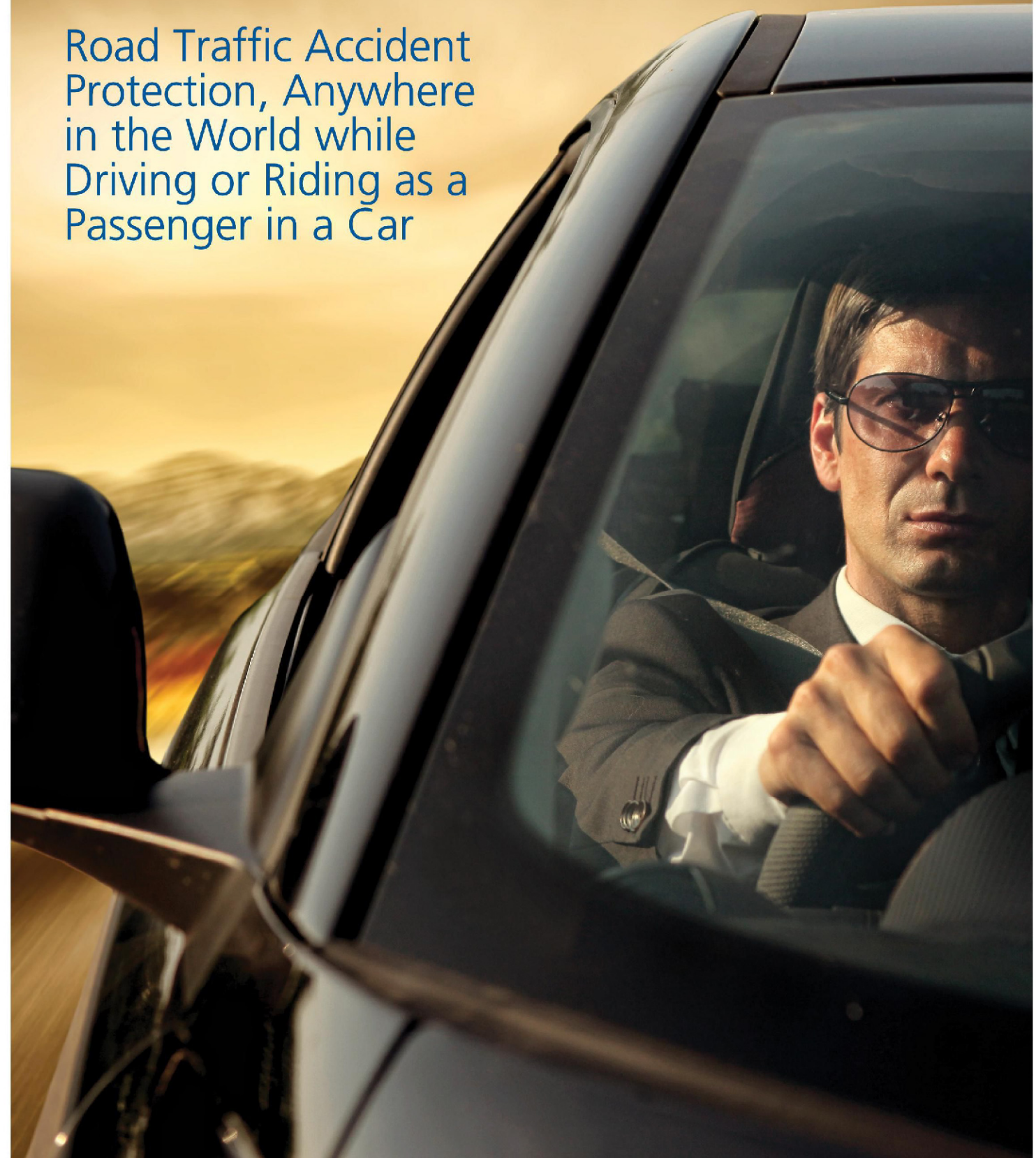
IGI Vitality®
Life

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SAFE ROAD - Car ...drive SAFELY!

IGI Vitality®
Life

Road Traffic Accident
Protection, Anywhere
in the World while
Driving or Riding as a
Passenger in a Car



SAFE ROAD - Car Road Traffic Accident Protection, Anywhere in the world

Eligibility

Any employed individual between the age of eighteen (18) years and sixty four (64) years and in good health is eligible to apply for the SAFE ROAD Policy.

Free Look Period

The Insured is entitled to a full refund of premium if this Policy is cancelled within fourteen (14) days from the Policy Effective Date upon the Insured's written request to the Company.

POLICY SCHEDULE OF BENEFITS PER UNIT OF COVERAGE Payable subject to the Provisions of the Policy

BENEFIT A	Amount of Cover (in Pak Rupees)
ACCIDENTAL LOSS OF LIFE When death of the Insured results from Injury, the Beneficiaries will receive an amount of	Rs. 400,000
BENEFIT B	
DISMEMBERMENT, LOSS OF SIGHT, HEARING, SPEECH INDEMNITY The Insured shall receive cash payment in accordance with the table below when Injury results in any of the following losses:	
Loss of Both Hands or Feet	Rs. 800,000
Loss of Both Eyes	Rs. 800,000
Loss of One Hand and One Foot	Rs. 800,000
Loss of One Hand and Sight of One Eye	Rs. 800,000
Loss of One Foot and Sight of One Eye	Rs. 800,000
Loss of Hearing in Both Ears	Rs. 800,000
Loss of Speech	Rs. 800,000
Loss of Either Hand or Foot	Rs. 400,000
Loss of Sight of One Eye	Rs. 400,000
Loss of Thumb and Index Fingers	Rs. 200,000
Maximum Total Benefit is <i>(Losses include permanent total and irrecoverable Loss of Use)</i>	Rs. 800,000
BENEFIT C	
MEDICAL EXPENSE REIMBURSEMENT Pays the Medical Expenses of treatment for Injury. This includes: Hospital Room & Board, Nursing & Surgical charges, Physician's Office/Clinic visits, Prescription Medicines, Physical Therapy and Medical Equipment.	
Maximum Amount	Rs. 50,000 per accident
BENEFIT D	
ADDITIONAL MEDICAL EXPENSE REIMBURSEMENT FOR PLASTIC OR COSMETIC SURGERY When Injury necessitates plastic or cosmetic Surgery, the Company shall reimburse the actual expenses incurred for such surgery upto a maximum amount of	Rs. 50,000 per accident
Total Premium per unit of coverage	Rs. 1,250

EXCLUSIONS

This Policy does not cover any loss or expense caused by or resulting from:

- 1) Intentionally self-inflicted injury, suicide or any attempt thereof while sane or insane;
- 2) War, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), mutiny, riot, civil commotion, strike, civil war, rebellion, revolution, insurrection; terrorism act; assault, murder, shelling, sniping, ambushes, and all acts of similar nature; or any period the Named Insured is serving in the Armed Forces of any country, whether in peace or war;
- 3) Congenital anomalies and conditions arising out of or resulting therefrom;
- 4) Any claim caused by an opportunistic infection or malignant neoplasm, or any other sickness condition, if, at the time of the claim, the Insured had been diagnosed as having AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) or having an antibody positive blood test to HIV (Human Immune Virus);
- 5) Pre-existing conditions;
- 6) Bacterial infections (except polygenic infections which shall occur through an accidental cut or wound) or any other kind of disease;
- 7) Any bodily injury which shall result in hernia;
- 8) Violation or attempted violation by law or resistance to arrest;
- 9) Participating in competitions, races or contests; driving or riding as a passenger in or on (a) any vehicle engaged in any race, speed test or endurance test; or (b) any vehicle being used for acrobatic or stunt driving;

IGI Life Insurance Limited (hereinafter called "the Company"), is registered and supervised by the Securities and Exchange Commission of Pakistan; The Company HEREBY INSURES the Owner and the Insured(s) against loss covered by this Policy, subject to the Provisions herein contained.

TERMS & CONDITIONS

This Policy is made in consideration of the application for the Policy (the "Application") and the payment in advance of the applicable Total Premium Due stated in the Application.

This Policy, the Schedule of Benefits and the Application constitute the entire contract. The Policy is issued on the basis of the declarations made by the Applicant/Owner in the Application.

Concealment of facts or false statements made by the insured which were in the knowledge of the insured at the time of making declarations and which affect the acceptance of risk by the Company, shall invalidate the Policy from its inception.

DEFINITIONS

"Policy Effective Date" wherever used in this Policy shall mean 12:01 AM on the fifteenth (15th) day following the Policy Application Date.

"Insured" wherever used in this Policy means the Insured who is not less than one (1) month and not more than seventy (70) years of age at the time of applying for this Policy.

"Applicant/Owner" wherever used in this Policy means the person who completes and signs the Application.

"Injury" wherever used in this policy means accidental bodily injury occurring while this Policy is in force and caused by a road traffic accident to the Insured whose injury is the basis of the claim, while driving a Private Car or riding as a passenger in a Private Car, and resulting directly and independently of all other causes in a loss covered by this policy.

"Private Car" wherever used in this Policy means any licensed passenger vehicle other than taxi, bus, or any passenger vehicle used for commercial / business purpose and any passenger vehicle that is in excess of 2 tons.

"Permanent" wherever used in this Policy means the total and irremediable loss which has continued uninterruptedly for a period of at least twelve (12) calendar months and at the expiry of this period is beyond hope of improvement. However loss by severance shall be recognized as Permanent upon occurrence.

"Loss" wherever used in this Policy means the total loss of functional use or complete and permanent severance.

with reference to the hand and foot: at or above the wrist or ankle joint.

with reference to thumb and index: at or above the metacarpo phalangeal joint.

with reference to the sight, hearing or speech: the entire and irrecoverable loss of sight, hearing or speech as certified by a licensed physician specializing in Ophthalmology or Otolaryngology.

"Beneficiary" wherever used in this Policy means the person(s) designated as beneficiary (ies) in the Application or in any other amendment endorsed by the Company.

"Hospital" means a hospital (other than an institution for aged, chronically ill on convalescent rest or nursing home or a facility operated as a drug and / or alcohol treatment centre) operated pursuant to law for the care and treatment of sick or injured persons providing organized facilities for diagnosis and surgery and having a 24-hour nursing services and medical supervision.

"Physician" wherever used in this policy means a person legally licensed to practice medicine and/or surgery other than the Insured or a member of the Insured's immediate family member.

"Reasonable and Customary" wherever used in this Policy means any medical charge which is charged for treatment, supplies or medical services medically necessary to treat the Insured's condition and does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expenses are incurred; and does not include charges that would not have been made if no insurance existed.

"Medical Expenses" wherever used in this Policy means expenses incurred as a result of Injury, within thirty (30) days from the date of accident, and paid by the Insured to a physician, surgeon, nurse, hospital and / or ambulance service for medical, surgical, X-ray, hospital or nursing treatment, including the cost of medical supplies and ambulance hire and treatment of dental care or surgery only to sound natural teeth. Provided that in the event of the insured becoming entitled to a refund of all or part of such expenses from any other source, the Company will only be liable for the excess of the amount recoverable from such other source and within the limits provided by this Policy.

"Pre-existing Conditions" wherever used in this Policy means any physical condition that was diagnosed, treated, or for which a physician was consulted, at any time prior to the Effective Date of this Policy; whether declared or not declared on application.

BENEFITS

The Company agrees to pay the following benefits for losses occurring on or after the Policy Effective Date and during the period the Policy is in effect as stated in the Application subject to the Terms, Conditions and Exclusions contained in this Policy.

BENEFIT "A": LOSS OF LIFE ACCIDENT INDEMNITY

When Injury results in loss of life of the Insured within three hundred and sixty five (365) days after the date of the accident, the Company will pay to the Beneficiary(ies) the cash amount stated under Benefit "A" of the Schedule of Benefits multiplied by the number of units selected by the Applicant/Owner in the Application.

BENEFIT "B": DISMEMBERMENT, LOSS OF SIGHT, HEARING, SPEECH INDEMNITY

When, as a result of Injury, and commencing within three hundred sixty five (365) days after the date of the accident, the Insured suffers any of the losses stated under Benefit "B" of the Policy Schedule of Benefits, the Company will pay the amount stated under Benefit "B" of the Policy Schedule of Benefits multiplied by the number of units selected by the Applicant/Owner in the Application, as applicable to the loss incurred.

In case of occurrence of more than one of the losses specified under Benefit "B", the total indemnity payable hereunder is established by adding the indemnity corresponding to each single loss up to a maximum limit of 100% of the Maximum Total benefit specified under Benefit "B". No Payment shall be made by the Company under any circumstance for more than one of losses the greatest for which provision is made under Benefit "A" or Benefit "B".

BENEFIT "C": ACCIDENT MEDICAL EXPENSE REIMBURSEMENT

When, as a result of Injury occurring to the Insured while this Policy is in force, the Insured shall incur Medical Expenses the Company shall reimburse the reasonable, customary and necessary medical expenses incurred up to the Amount stated under Benefit "C" of the Policy Schedule of Benefits, multiplied by the number of units selected by the Applicant/Owner in the Application, as the result of any one accident.

BENEFIT "D" ADDITIONAL ACCIDENT MEDICAL EXPENSE REIMBURSEMENT FOR COSMETIC OR PLASTIC SURGERY

When as a result of Injury a cosmetic or plastic surgery is required the Company shall reimburse the reasonable, customary and necessary expenses incurred for such surgery, up to the Amount stated under Benefit "D" of the Policy Schedule of Benefits, multiplied by the number of units selected by the Applicant/Owner in the Application, as the result of any one accident.

EXCLUSIONS

This Policy does not cover any loss or expense caused by or resulting from:

- 1) Intentionally self-inflicted injury, suicide or any attempt thereof while sane or insane;
- 2) War, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), mutiny, riot, civil commotion, strike, civil war, rebellion, revolution, insurrection; terrorism act; murder, assault, shelling, sniping, ambushes, and all acts of similar nature; or any period a Insured is serving in the Armed Forces of any country, whether in peace or war;
- 3) Congenital anomalies and conditions arising out of or resulting therefrom;
- 4) Any claim caused by an opportunistic infection or malignant neoplasm, or any other sickness condition, if, at the time of the claim, the Insured had been diagnosed as having AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) or having an antibody positive blood test to HIV (Human Immune Virus);
- 5) Pre-existing conditions;
- 6) Bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease;
- 7) Any bodily injury which shall result in hernia;
- 8) Violation or attempted violation by law or resistance to arrest;
- 9) Participating in competitions, races or contests; driving or riding as a passenger in or on (a) any vehicle engaged in any race, speed test or endurance test; or (b) any vehicle being used for acrobatic or stunt driving.

CONDITIONS

1. This Policy takes effect on the Policy Effective Date. After taking effect, this Policy shall remain in effect for one (1) year from said date and shall continue in effect thereafter subject to the "Grace Period" and "Renewal Conditions".
2. Renewal Conditions: The Policy may be renewed with the consent of the Company from term to term by the payment in advance of the total premium specified by the Company, which premium shall be at the Company's premium rate in force at the time of renewal, subject to the "Grace Period" and all other terms and conditions of this Policy. Unless renewed as herein provided, this Policy shall terminate at the expiration of the period for which premium has been paid, subject to the "Grace Period".
3. Grace Period: A grace period of thirty (30) days will be granted for the payment of each premium falling due after the first premium, during which time the