

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, World Select and Signature variant for 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 (Classic /Standard/ Corporate) Credit Cards including Add-on	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 50,000 – Per Card	Rs 50,000 – Per Card
2	Canara Visa / MasterCard/ Rupay (Gold / World / Platinum / Select) Credit Cards including Add-on	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 50,000 – Per Card	Rs 50,000 – Per Card
3	Canara Visa / MasterCard / RuPay Platinum / Business / Select/World/Signature Debit card	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 50,000 – Per Card	Rs 50,000 – 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

Policy covers Death due to accident for Debit Card Variants Platinum, World, Business, Select, Signature and all credit card Variants.

(Eligible cards for insurance coverage are as below)

Cards type	Card Variants covered under Policy	Accidental 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. Rs. 4,00,000 – Self 2. Rs. 2,00,000 - Spouse

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 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. 50,000/- 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 up to Rs 50,000/- 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:

- 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 as per table on page 1 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



युनाइटेड इंडिया इंश्यूरेन्स कंपनी लिमिटेड
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

Claim intimation & submission form

PERSONAL ACCIDENT INSURANCE CLAIMANT'S STATEMENT

(The issue of this form does not constitute admission of liability. Please return this form duly completed together with Death Certificate from the Hospital or the Medical Attendant, Post Mortem Certificate and Police Panchnama, if any. Should there be delay in obtaining any forms, kindly return this claim form first to the office which Issued the policy).

Policy No. 5004002624P107941108	
Policy period: <u>08.08.2024(00:00) to 07.08.2025 (Midnight)</u>	
Claim No:	
1. A) Name of Claimant (in full) If more than one state names of all	a)
B) Full Postal Address:	b)
C) Relationship of Claimant with the deceased	c)
A. Aadhar number of claimant.	a)
B. PAN number of claimant	b)
C. Bank details of claimant	c)
2. State nature of title under which Claimant is claiming the amount	

PARTICULARS OF THE INSURED PERSON WHO DIED IN THE ACCIDENT

3. A) Name (in full)	a)
B) Last full postal address	b)
C) Last occupation	c)
D) Age at the time of the accident	d)

<p>4. A) When did the accident happen? (Give date and exact time)</p> <p>B) Where did the accident happen?</p> <p>C) Give full description of the accident, its cause and injuries sustained</p> <p>D) State date, time and place of death</p>	<p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p>
<p>5. On what date did the claimant receive Information in regard to the accident and from whom ?</p>	
<p>6. a) Insured Card type</p> <p>b) Card number</p> <p>c) Nominee details as declared in Bank account</p>	<p>a)</p> <p>b)</p> <p>c)</p>
<p>7. Give the names and addresses of two Persons who witnessed the accident.</p>	
<p>8. a) Was the deceased free from infirmity at the time of accident? If not, give particulars.</p> <p>b) Was the deceased under the influence of drugs or drink at the time of accident?</p> <p>c) Is the Claimant satisfied that the death was directly due to the accident?</p>	
<p>d) Give the names and address</p> <p>i) The Hospital. Clinic or Nursing Home where the deceased was treated after the accident</p> <p>ii) The Physician/Surgeon who attended on the deceased after the accident.</p> <p>iii) His regular Physician if any</p>	
<p>9. Did the deceased have any other Accident Insurance on his life? If so, state the name of the Insurer's and amounts claimed.</p>	

I/we hereby affirm and declare that the answers to all the above questions are full and true in every respect.

Place: - _____

Date: - _____

Signature of Claimant

Witnesses

1. Signature:

Name:

Address:

2. Signature:

Name:

Address:

Documents to be Submitted (tick applicable one)

Annexures Claim Form.

Attested Copy of Death Certificate.

Screen shot of subject card variant.

Attested Copy of Post-Mortem Report.

Attested Copy of FIR Report.

Viscera Report/Chemical Analysis Report in case where post-mortem report shows the cause of death due to poisoning or alcohol or confirm after Viscera/Chemical Analysis Report.

Aadhar Card of Nominee/Joint Account holder /Claimant.

PAN card copy of the Nominee/Joint Account holder/ Claimant in the salary package account. if not available, then form 60

Central KYC Registry (CKYC) Form template for Aadhar card and Pan card copy of Nominee/claimant.

Attested copy by bank of the first page of the Bank Passbook or cancelled Cheque containing the Name of Account Holder (claimant), IFSC Code of the Bank, Bank Account Number of Nominee/Joint Account holder/ Claimant.

Nominee declaration by bank in Deceased account.

Other suitable document to prove legal heirship in case claimant is not a nominee / joint account holder as per Bank's record.

Consent Form on Rs.100 Stamp Paper with signature of All legal heirs and witness.

Annexure II



युनाइटेड इंडिया इंश्यूरेन्स कंपनी लिमिटेड
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

“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. 5004002624P107941108

POLICY PERIOD:08.08.2024(00:00) to 07.08.2025 (Midnight)

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

Documents to be Submitted (tick applicable one)

Annexures Claim Form.

KYC documents for legal heirs /nominee's for payment made to them.

Card copy/declaration from the bank if the card is missing.

Ticket documents.

Customer declaration for details of loss.

Evidence for totally lost Baggage (in transit) that has been checked by an International/ Domestic Airline.

Annexure III



युनाइटेड इंडिया इंश्यूरन्स कंपनी लिमिटेड
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

CANARA BANK CANCARE POLICY
PURCHASE PROTECTION CLAIM FORM
POLICY NO. 5004002624P107941108

SECTION 1: ACCOUNT INFORMATION

Mr Mrs Ms Miss

Case# (if applicable): Name:
(MM/DD/YY): Street:

Date of Birth

City:
Code:

State:

Postal

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 _____

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

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 3: 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 Yes No _____

Other Insurance Yes No _____

Have you submitted a claim to any of the above? Yes 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

Documents to be Submitted (tick applicable one)

- Annexures Claim Form
- Copy of Purchase bill.
- Card copy/declaration from the bank if the card is missing.
- FIR/police intimation copy
- Customer declaration for details of loss.
- Confirmation from bank about transaction and card number from bank records.