

Building a healthy and protected nation
with **Aviva Smart Vitals** that gives



on **10K STEPS**

#LetsChaloIndia

Introducing Aviva Smart Vitals - a health insurance plan that goes beyond traditional coverage. It protects you against 49 Critical Illnesses and procedures while rewarding you for every step you take towards a healthier lifestyle. With a fixed benefit Lump Sum payout on first diagnosis, freedom to use the money with or without hospitalisation and features like wellness additions towards Sum Insured through step tracking, uniform Premiums and a 15 days survival period for faster claims, Aviva Smart Vitals helps you stay motivated, stay protected and stay ahead in life.

Key Features



Fixed Benefit Health Insurance Plan: Get a Lump Sum payout upon the first occurrence of one of the 49 covered illnesses, so you can focus on recovery, not expenses.



Double your Sum Insured: With Aviva Smart Vitals, your daily steps add wellness additions to your Sum Insured, giving you the opportunity to increase your cover up to 2X.



Complimentary Benefits: A **Smart Tracking Device**[^] that seamlessly tracks your daily steps. Use the Aviva Wellness360 App, your all-in-one fitness companion that helps you monitor your activity.



Comprehensive Coverage: Coverage against 49 Critical Illnesses and procedures such as cancer, kidney failure, heart ailments, brain surgery, stroke, etc.



Protection Beyond Hospitalisation: Unlike regular Mediclaim insurance plans that cover up to the extent of hospitalisation expenses only, simply get a Lump Sum amount that can be used to pay for healthcare expenses with or without hospitalisation.

[^]Smart Tracking Device is provided under this plan at the sole discretion of Aviva Life Insurance Company India Limited and subject to change or withdrawal without notice. Aviva is not responsible for the device's accuracy or performance. Smart Tracking Device[^] is available exclusively for the Policyholders who have opted for ₹15 Lakh and ₹20 Lakh Base Sum Insured in this Product.



Premium Remains Constant: The Premium amount remains fixed for the entire Policy Term, ensuring that your payments are not affected by inflation.



Short Survival Period: With just 15-days survival period, the Policy ensures faster benefit eligibility. Get timely financial support when you need it most.

What's Covered?

This plan offers fixed benefits on the first occurrence of one of the 49 Covered Illnesses or conditions or where the Life Insured is proved to have undergone the type of surgery indicated, subject to definitions and exclusions provided the policy is in force and all due premiums have been paid.

List of 49 Critical Illnesses.

Sr. No.	Critical Illness	Sr. No.	Critical Illness
1	Cancer of Specified Severity	10	Motor Neuron Disease with Permanent Symptoms
2	Myocardial Infarction (First Heart Attack of Specific Severity)	11	Multiple Sclerosis with Persisting Symptoms
3	Open Chest Coronary Artery Bypass Grafting (CABG)	12	Benign Brain Tumour
4	Open Heart Replacement or Repair of Heart Valves	13	Blindness
5	Coma of Specified Severity	14	Deafness
6	Kidney Failure Requiring Regular Dialysis	15	End - Stage Lung Failure
7	Stroke Resulting in Permanent Symptoms	16	End - Stage Liver Failure
8	Major Organ / Bone Marrow Transplant	17	Loss of Limbs
9	Permanent Paralysis of Limbs	18	Major Head Trauma
		19	Primary (Idiopathic) Pulmonary Hypertension
		20	Third - Degree Burns

Sr. No.	Critical Illness	Sr. No.	Critical Illness
21	Aplastic Anaemia	36	Acute Viral Encephalitis - resulting in persistent symptoms
22	Medullary Cystic Disease	37	Necrotising Fasciitis
23	Parkinson's Disease	38	Severe Rheumatoid Arthritis
24	Apallic Syndrome	39	Systemic Lupus Erythematosus - with involvement of heart, kidneys or brain
25	Major Surgery of the Aorta	40	Systemic Sclerosis (Scleroderma) – with organ involvement
26	Fulminant Viral Hepatitis - resulting in acute Liver failure	41	Amputation of Feet Due to complication from Diabetes
27	Cardiomyopathy	42	Myasthenia Gravis
28	Muscular Dystrophy	43	Infective Endocarditis
29	Poliomyelitis - resulting in paralysis	44	Pheochromocytoma
30	Chronic Recurring Pancreatitis	45	Eisenmenger's Syndrome
31	Bacterial Meningitis - resulting in persistent symptoms	46	Severe Ulcerative Colitis
32	Loss of Independent Existence	47	Crohn's Disease
33	Alzheimer's Disease [before age 65] - requiring constant supervision	48	Loss of Speech
34	Chronic Adrenocortical Insufficiency (Addison's Disease)	49	Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
35	Sporadic Creutzfeldt - Jakob Disease (sCJD)		

Benefits Payable

In case the Life Insured suffers from any of the 49 Critical Illnesses covered under this plan, then on survival of the Life Insured for 15 days from the date of diagnosis of the Critical Illness(es), the Base Sum Insured or Enhanced Sum Insured (applicable at the time of the happening of the insured event) shall be payable upon the first occurrence of one of the covered illnesses or conditions or where the Life Insured is proved to have undergone the type of surgery indicated, subject to definitions and exclusions.

Wellness Benefits

This plan provides Wellness Benefits in terms of simple additions to the Base Sum Insured on regular walking by the Life Insured. These simple additions will be called **Wellness Additions**.

These additions shall be added to the Base Sum Insured on quarterly basis the average number of daily steps walked by the Life Insured during the preceding Policy Quarter. Wellness Additions, once added shall remained attached to the Base Sum Insured for the remaining Policy Term. The sum of Base Sum Insured and the allotted Wellness Additions shall be called the Enhanced Sum Insured. The Enhanced Sum Insured after allotting the Wellness Additions can reach maximum up to twice of the Base Sum Insured (i.e., ₹20/ ₹30/ ₹40 Lakh for Base Sum Insured of ₹10/ ₹15/ ₹20 Lakh respectively) during the Policy Term.

The Wellness Additions shall be allocated as per the following table:

Tier	Average Steps per day in a Quarter	Wellness Additions per Quarter as % of the Base Sum Insured
Pacer	5,000 to 8,000 steps	2.50%
Achiever	8,001 to 12,000 steps	5.00%
Champion	More than 12,000 steps	7.50%

The Wellness Additions, if any, shall be added to the Base Sum Insured subject to certain conditions:

- The Life Insured walks for at least 60 days during the preceding Policy Quarter.
- The number of steps will be capped at maximum of 15,000 steps per day for calculating the average steps in a quarter to grant the Wellness Additions, if any.
- All regular Premiums are paid by the Life Insured on the due date and the Policy is not lapsed.
- On revival of the policy, Wellness Additions shall be applicable only from the Policy Quarter subsequent to the date of revival. In this case, Wellness Additions shall be added to the Base or Enhanced Sum Insured (as applicable) at the time of last due Premium.
- No additions shall be given for the steps performed during the revival period and grace period (if the Policy is revived thereafter).
- Any steps performed during the waiting period, free-look period and grace period (if policy continues) are eligible for Wellness Additions.

Aviva may, at its sole discretion, provide a Smart Tracking Device[^] at no additional cost to the Life Insured to promote a healthier lifestyle and facilitate step tracking for the Life Insured. This is subject to the Terms and Conditions mentioned in the Policy Document.

However, for the purpose of tracking the daily step count of the Life Insured, he / she will have to register on the Aviva Wellness360 App using their registered mobile number. Only steps tracked through the Aviva Wellness360 App shall be considered for the Wellness Additions in this product. Please refer to the Policy Document for more details regarding the Aviva Wellness360 App.

Eligibility Criteria

Parameters	Minimum	Maximum
Entry Age	20 Years of age as of last birthday	50 years of age as of last birthday
Maturity Age	30 Years	60 Years
Policy Term	10 / 15 / 20 Years	
Premium Payment Term	Regular Pay, equal to the Policy Term	
Base Sum Insured	₹10 Lakh / ₹15 Lakh / ₹20 Lakh per life	
Premium Payment Mode	Annual	
Annualised Premium*	Male: ₹5,569/- Female: ₹5,977/-	Male: ₹59,845/- Female: ₹57,886/-

*Taxes, if any, shall be payable as per the applicable tax laws, as amended from time to time.

Sample Premiums

(Below are the Sample Premium amounts for a healthy Male. The Annual Premium excludes any discount or extra u/w for the ₹10 Lakh Base Sum Insured)

Age	Policy Term (10 Years)	Policy Term (15 Years)	Policy Term (20 Years)
25	₹6,252	₹6,479	₹7,135
30	₹7,287	₹8,089	₹9,467
35	₹9,384	₹11,277	₹13,617

How it Works



Step 1

Buy your Policy and get it issued after a quick risk check.



Step 2

Your complimentary Smart Tracking Device[^] arrives at your doorstep in 30 working days.



Step 3

Activate the Aviva Wellness360 App and connect it with your health app.



Step 4

Walk daily, sync your steps and watch your cover grow every quarter.

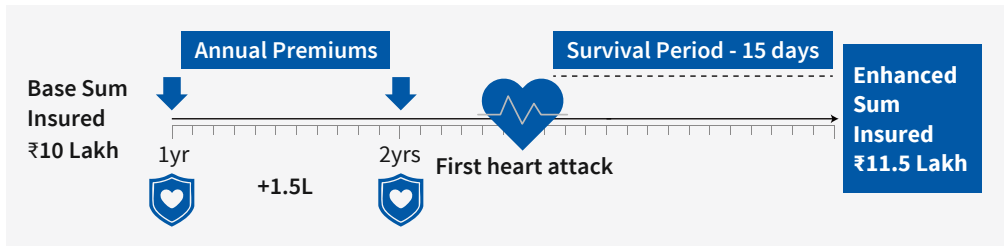
This is how Aviva Smart Vitals will incentivise Rohit's habit

Rohit, 26 years old, a working professional with an active lifestyle, chooses Aviva Smart Vitals with a ₹10 Lakh cover for 10 years, balancing fitness with protection against Critical Illnesses. This is how Aviva Smart Vitals will incentivise Rohit's habit

	Base Sum Insured (in ₹)	Average Steps Performed during the Last Quarter	Wellness Additions, if any (in ₹)	Enhanced Sum Insured (in ₹)
Inception of the Policy	10 Lakh	-	-	10,00,000
Policy Year 1 (Q1)	10 Lakh	10,000	50,000 (5%)	10,50,000
Policy Year 1 (Q2)	10 Lakh	20,000	75,000 (7.5%)	11,25,000
Policy Year 1 (Q3)	10 Lakh	4,000	Nil	11,25,000
Policy Year 1 (Q4)	10 Lakh	5,000	25,000 (2.5%)	11,50,000

And so on....

On occurrence of the covered event (First Heart attack) in 2nd year, subject to Terms & Conditions of the Policy, Rohit will be paid a lump sum benefit equivalent to Enhanced Sum Insured - ₹11.5 Lakh (applicable at the time of occurrence of Heart attack) and policy shall be terminated.



About The Aviva Wellness360 App: Moving the Needle from Protection to Prevention

Aviva Wellness360 is a health and wellness engagement app designed to motivate and reward healthy lifestyle choices by encouraging proactive care, not just financial cover.

Key Features:

- Face Scan for vital body insights (24 instant health parameters).
- Diet planner for smarter nutrition choices.
- Step Tracking linked to Aviva Smart Vitals for increased Sum Insured.

Waiting Period

There will be a waiting period of 90 days from the date of commencement of risk or revival of the Policy, whichever is later. The Company will not entertain any claim arising due to any illness / disease, where the Life Insured had or is aware of objective evidence, had consultations / investigations for it, or was diagnosed with the disease which first became apparent or commenced within the waiting period under this Policy.

Survival Period

It is the period of time after the date of first diagnosis of the covered Critical Illness, that the Life Insured must survive to become eligible for the benefit payment under the Policy.

This means that the Life Insured must survive for at least 15 days from the date of diagnosis of covered Critical Illness(es) as covered under this plan. There will be no claim admissible during the survival period.

Surrender Value

No surrender value is applicable under this plan.

Maturity Benefit

Maturity Benefit is not applicable under this plan.

Lapse / Revival

If the due regular Premium is not paid before the expiry of the grace period, then the Policy will lapse and risk cover will cease immediately. The Policy shall neither acquire any paid-up value nor be eligible for any Wellness Additions during the time when the Policy is in lapse condition.

The Policyholder will have 5 years from the date of the First Unpaid due Premium (FUP) to revive a Lapsed Policy by paying all due Premiums along with interest on delayed Premiums at 9% per annum compounded monthly plus taxes, if any. The revival of a Lapsed Policy is also subject to payment of a revival fee, which is ₹250/- plus taxes, if any.

On revival of Policy, all benefits shall be reinstated to original levels and the Policy shall be eligible for the Wellness Additions from the subsequent Policy Quarter. However, if a Lapsed Policy is not revived within the revival period, then the Policy will be terminated without any benefit.

Free-look Cancellation

This is an option to review the Policy following receipt of the Policy Document. The Policyholder has the right to review the Policy terms and conditions during the free-look period, which is 30 days from the date of receipt of the Policy Document. If the Policyholder disagrees to any of those terms or conditions, he has the option to return the Policy stating the reasons for his objections, on which he will be entitled to a refund of Premium paid, subject to deduction of expenses incurred on medical examination along with the proportionate risk premium, if any, for the period of cover and stamp duty charges.

Further, in case Aviva has given any electronic gadget to track the number of steps of the Policyholder, the same item shall be returned by the Policyholder to the company on cancellation of the Policy during the free look period.

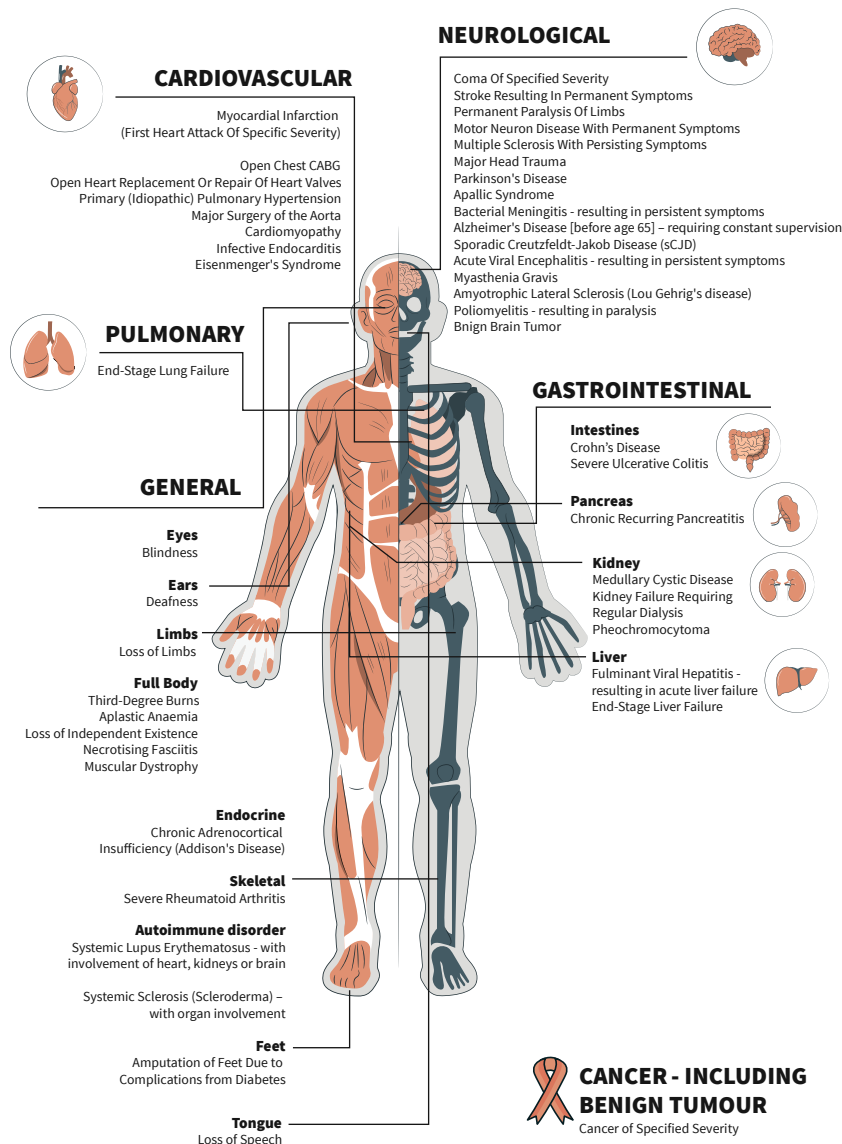
Grace Period

Grace period means the time granted by the insurer from the due date for the payment of Premium, without any penalty or late fee, during which time the Policy is considered to be in-force with the risk cover without any interruption, as per the terms and conditions of the Policy. The grace period for the payment of Premium shall be 30 days under this plan.

Applicable Definition of Critical Illness(es) Covered

This is an illustrative representation of covered Critical Illness(es). Please refer to each Critical Illness in detail which are subject to definitions and exclusions listed below.

49 CRITICAL ILLNESSES



01. Cancer of Specified Severity

A malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term Cancer includes Leukemia, Lymphoma and Sarcoma.

The following are excluded:

1. All tumours which are histologically described as Carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical Dysplasia CIN-1, CIN - 2 and CIN-3.
2. Any Non-Melanoma Skin Carcinoma unless there is evidence of metastases to lymph nodes or beyond.
3. Malignant Melanoma that has not caused invasion beyond the epidermis.
4. All tumours of the prostate unless histologically classified as having a Gleason Score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
5. All Thyroid Cancers histologically classified as T1N0M0 (TNM Classification) or below.
6. Chronic Lymphocytic Leukaemia less than Rai stage 3.
7. Non-Invasive Papillary Cancer of the bladder histologically described as TaN0M0 or of a lesser classification.
8. All Gastro-Intestinal Stromal tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5 / 50 HPFs.

02. Myocardial Infarction (First Heart Attack of Specific Severity)

The first occurrence of a heart attack or Myocardial Infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

1. A history of typical clinical symptoms consistent with the diagnosis of acute Myocardial Infarction (For e.g. typical chest pain).
2. New characteristic electrocardiogram changes.
3. Elevation of infarction specific enzymes, troponins or other specific biochemical markers.

The following are excluded:

1. Other Acute Coronary Syndromes.
2. Any type of Angina Pectoris.
3. A rise in Cardiac biomarkers or troponin T or I in the absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

03. Open Chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(ies), by coronary artery bypass grafting done via a sternotomy (cutting through the breastbone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a Coronary angiography and the realisation of surgery has to be confirmed by a Cardiologist.

The following are excluded:

1. Angioplasty and / or any other intra-arterial procedures.

04. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realisation of surgery has to be confirmed by a Specialist Medical Practitioner. Catheter-based techniques including but not limited to balloon valvotomy/valvuloplasty are excluded.

05. Coma of Specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

1. No response to external stimuli continuously for at least 96 hours.
2. Life support measures are necessary to sustain life.
3. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
4. The condition has to be confirmed by a Specialist Medical Practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

06. Kidney Failure Requiring Regular Dialysis

End-stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a Specialist Medical Practitioner.

07. Stroke Resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a Specialist Medical Practitioner and evidenced by typical clinical symptoms as well as typical findings in CT scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

1. Transient Ischemic Attacks (TIA).
2. Traumatic injury of the brain.
3. Vascular disease affecting only the eye or optic nerve or vestibular functions.

08. Major Organ / Bone Marrow Transplant

The actual undergoing of a transplant of:

1. One of the following human organs: heart, lung, liver, kidney and pancreas, that resulted from irreversible end-stage failure of the relevant organ.
2. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a Specialist Medical Practitioner.

The following are excluded:

1. Other stem cell transplants.
2. Where only Islets of Langerhans are transplanted.

09. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

10. Motor Neuron Disease with Permanent Symptoms

Motor Neuron Disease diagnosed by a Specialist Medical Practitioner as Spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

11. Multiple Sclerosis with Persisting Symptoms

The unequivocal diagnosis of definite Multiple Sclerosis confirmed and evidenced by all of the following:

1. Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
2. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
3. Neurological damage due to SLE is excluded.

12. Benign Brain Tumour

Benign brain tumour is defined as a life-threatening, non-cancerous tumour in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumour must be confirmed imaging studies such as CT scan or MRI. This brain tumour must result in at least one of the following and must be confirmed by the relevant medical specialist.

1. Permanent neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or;
2. Undergone surgical resection or radiation therapy to treat the brain tumour.

The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumours, tumours of skull bones and tumours of the spinal cord.

13. Blindness

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

The blindness is evidenced by:

1. Corrected visual acuity being 3/60 or less in both eyes or;
2. The field of vision being less than 10 degrees in both eyes.

The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

14. Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by a pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing” in both ears.

15. EndStage Lung Failure

End stage lung disease, causing Chronic Respiratory Failure, as confirmed and evidenced by all of the following:

1. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
2. Requiring continuous permanent supplementary oxygen therapy for Hypoxemia; and
3. Arterial blood gas analysis with partial oxygen pressure of 55 mmHg or less ($\text{PaO}_2 < 55 \text{ mmHg}$); and
4. Dyspnea at rest.

16. End Stage Liver Failure

Permanent and irreversible failure of liver function that has resulted in all three of the following:

1. Permanent Jaundice; and
2. Ascites; and
3. Hepatic Encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

17. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

18. Major Head Trauma

Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, computerised tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

The accidental head injury must result in an inability to perform at least three (3) of the following activities of daily living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

The activities of daily living are:

1. Washing: The ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
2. Dressing: The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
3. Transferring: The ability to move from a bed to an upright chair or wheelchair and vice versa.
4. Mobility: The ability to move indoors from room to room on level surfaces.
5. Toileting: The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
6. Feeding: The ability to feed oneself once food has been prepared and made available.

The following are excluded: Spinal cord injury.

19. Primary (Idiopathic) Pulmonary Hypertension

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or Specialist in Respiratory Medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on cardiac catheterisation. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of cardiac impairment are as follows:

1. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
2. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Pulmonary Hypertension associated with lung disease, Chronic Hypoventilation, Pulmonary Thromboembolic disease, drugs and toxins, diseases of the left side of the heart, Congenital Heart Disease and any secondary cause are specifically excluded.

20. Third-Degree Burns

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardised, clinically accepted, body surface area charts covering 20% of the body surface area.

21. Aplastic Anaemia

A definite diagnosis of Aplastic Anaemia resulting in severe bone marrow failure with Anaemia, Neutropenia and Thrombocytopenia. The condition must be treated with blood transfusions and, in addition, with at least one of the following:

1. Bone marrow stimulating agents.
2. Immunosuppressants.
3. Bone marrow transplantation.
4. The diagnosis must be confirmed by a Consultant Haematologist and evidenced by bone marrow histology.

22. Medullary Cystic Disease

A definite diagnosis of Medullary Cystic Disease evidenced by all of the following:

1. Ultrasound, MRI or CT scan showing multiple cysts in the medulla and corticomedullary region of both kidneys.
2. Typical histological findings with Tubular Atrophy, basement membrane thickening and cyst formation in the corticomedullary junction.
3. Glomerular Filtration Rate (GFR) of less than 40 ml/min (MDRD formula).

The diagnosis must be confirmed by a Consultant Nephrologist.

For the above definition, the following are not covered:

1. Polycystic Kidney Disease.
2. Multicystic Renal Dysplasia and Medullary Sponge Kidney.
3. Any other Cystic Kidney Disease.

23. Parkinson's Disease

A definite diagnosis of Primary Idiopathic Parkinson's Disease, which is evidenced by at least two out of the following clinical manifestations:

1. Muscle rigidity.
2. Tremor.
3. Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses).

Idiopathic Parkinson's Disease must result [before age 65] in a total inability to perform, by oneself, at least 3 out of 6 activities of daily living for a continuous period of at least 3 months despite adequate drug treatment.

Activities of daily living are:

1. Washing: The ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
2. Getting dressed and undressed: The ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
3. Feeding oneself: The ability to feed oneself when food has been prepared and made available.
4. Maintaining personal hygiene: The ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.

5. Getting between rooms: The ability to get from room to room on a level floor.
6. Getting in and out of bed: The ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist.

The implantation of a neurostimulator to control symptoms by deep brain stimulation is, independent of the activities of daily living, covered under this definition. The implantation must be determined to be medically necessary by a Consultant Neurologist or Neurosurgeon.

For the above definition, the following are not covered:

1. Secondary Parkinsonism (including drug- or toxin-induced parkinsonism).
2. Essential tremor.
3. Parkinsonism related to other Neurodegenerative disorders.

24. Apallic Syndrome

A vegetative state is absence of responsiveness and awareness due to dysfunction of the cerebral hemispheres, with the brain stem controlling respiration and cardiac functions, remaining intact.

The definite diagnosis must be evidenced by all of the following:

1. Complete unawareness of the self and the environment.
2. Inability to communicate with others.
3. No evidence of sustained or reproducible behavioural responses to external stimuli.
4. Preserved brain stem functions.
5. Exclusion of other treatable neurological or psychiatric disorders with appropriate neurophysiological or neuropsychological tests or imaging procedures.
6. The diagnosis must be confirmed by a Consultant Neurologist and the condition must be medically documented for at least one month without any clinical improvement.

25. Major surgery of the Aorta

The undergoing of surgery to treat narrowing, obstruction, aneurysm or dissection of the aorta. Minimally invasive procedures like endovascular repair are covered under this definition. The surgery must be determined to be medically necessary by a Consultant Surgeon and supported by imaging findings.

For the above definition, the following are not covered:

1. Surgery to any branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts).
2. Surgery of the aorta related to hereditary connective tissue disorders (e.g. Marfan Syndrome, Ehlers–Danlos Syndrome).
3. Surgery following traumatic injury to the aorta.

26. Fulminant Viral Hepatitis - resulting in acute Liver failure

A definite diagnosis of Fulminant Viral Hepatitis evidenced by all of the following:

1. Typical serological course of acute viral hepatitis.
2. Development of hepatic encephalopathy.
3. Decrease in liver size.
4. Increase in bilirubin levels.
5. Coagulopathy with an International Normalized Ratio (INR) greater than 1.5.
6. Development of liver failure within 7 days of onset of symptoms.
7. No known history of liver disease.

The diagnosis must be confirmed by a Consultant Gastroenterologist.

For the above definition, the following are not covered:

1. All other non-viral causes of acute liver failure (including paracetamol or aflatoxin intoxication).
2. Fulminant Viral Hepatitis associated with intravenous drug use.

27. Cardiomyopathy

A definite diagnosis of one of the following Primary Cardiomyopathies:

1. Dilated Cardiomyopathy.
2. Hypertrophic Cardiomyopathy (obstructive or non-obstructive).
3. Restrictive Cardiomyopathy.
4. Arrhythmogenic Right Ventricular Cardiomyopathy.

The disease must result in at least one of the following:

1. Left Ventricular Ejection Fraction (LVEF) is less than 40% measured twice at an interval of at least 3 months.
2. Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain (Class III or IV of the

New York Heart Association classification) over a period of at least 6 months.

3. Implantation of an Implantable Cardioverter Defibrillator (ICD) for the prevention of sudden cardiac death.

The diagnosis must be confirmed by a Consultant Cardiologist and supported by echocardiogram, cardiac MRI or cardiac CT scan findings.

The implantation of an Implantable Cardioverter Defibrillator (ICD) must be determined to be medically necessary by a Consultant Cardiologist.

For the above definition, the following are not covered:

1. Secondary (Ischaemic, Valvular, Metabolic, Toxic or Hypertensive) Cardiomyopathy.
2. Transient reduction of left ventricular function due to Myocarditis.
3. Cardiomyopathy due to systemic diseases.
4. Implantation of an Implantable Cardioverter Defibrillator (ICD) due to primary arrhythmias (e.g. Brugada or Long-QT-Syndrome).

28. Muscular Dystrophy

A definite diagnosis of one of the following muscular dystrophies:

1. Duchenne Muscular Dystrophy (DMD).
2. Becker Muscular Dystrophy (BMD).
3. Emery-Dreifuss Muscular Dystrophy (EDMD).
4. Limb-Girdle Muscular Dystrophy (LGMD).
5. Facioscapulohumeral Muscular Dystrophy (FSHD).
6. Myotonic Dystrophy Type 1 (MMD or Steinert's Disease).
7. Oculopharyngeal Muscular Dystrophy (OPMD).

The disease must result in a total inability to perform, by oneself, at least 3 out of 6 activities of daily living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of daily living are:

1. Washing: The ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
2. Getting dressed and undressed: The ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
3. Feeding oneself: The ability to feed oneself when food has been prepared and made available.

4. Maintaining personal hygiene: The ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
5. Getting between rooms: The ability to get from room to room on a level floor.
6. Getting in and out of bed: The ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist and supported by electromyography (EMG) and muscle biopsy findings.

For the above definition, the following are not covered:

Myotonic Dystrophy Type 2 (PROMM) and all forms of Myotonia.

29. Poliomyelitis - resulting in Paralysis

A definite diagnosis of Acute Poliovirus Infection resulting in paralysis of the limb muscles or respiratory muscles. The paralysis must be medically documented for at least 3 months from the date of diagnosis.

The diagnosis must be confirmed by a Consultant Neurologist and supported by laboratory tests proving the presence of the poliovirus.

For the above definition, the following are not covered:

1. Poliovirus Infections without paralysis.
2. Other Enterovirus Infections.
3. Guillain-Barré Syndrome or Transverse Myelitis.

30. Chronic Recurring Pancreatitis

A definite diagnosis of severe Chronic Pancreatitis evidenced by all of the following:

1. Exocrine pancreatic insufficiency with weight loss and Steatorrhea.
2. Endocrine pancreatic insufficiency with Pancreatic Diabetes.
3. Need for oral pancreatic enzyme substitution.

These conditions have to be present for at least 3 months. The diagnosis must be confirmed by a Consultant Gastroenterologist and supported by imaging and laboratory findings (e.g. faecal elastase).

For the above definition, the following are not covered:

1. Chronic Pancreatitis due to alcohol or drug use.
2. Acute Pancreatitis.

31. Bacterial Meningitis - resulting in persistent symptoms

A definite diagnosis of Bacterial Meningitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by growth of pathogenic bacteria from cerebrospinal fluid culture.

For the above definition, the following are not covered:

Aseptic, Viral, Parasitic or Non-infectious Meningitis.

32. Loss of Independent Existence

A definite diagnosis [before age 65] of a total inability to perform, by oneself, at least 3 out of 6 activities of daily living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of daily living are:

1. Washing: The ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
2. Getting dressed and undressed: The ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
3. Feeding oneself: The ability to feed oneself when food has been prepared and made available.
4. Maintaining personal hygiene: The ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
5. Getting between rooms: The ability to get from room to room on a level floor.
6. Getting in and out of bed: The ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis has to be confirmed by a Specialist.

33. Alzheimer's Disease [before age 65] – requiring constant supervision

A definite diagnosis of Alzheimer's disease evidenced by all of the following:

1. Loss of intellectual capacity involving impairment of memory and executive functions (sequencing, organising, abstracting and planning), which results in a significant reduction in mental and social functioning.
2. Personality change.
3. Gradual onset and continuing decline of cognitive functions.

4. No disturbance of consciousness.

5. Typical neuropsychological and neuroimaging findings (e.g. CT scan).

The disease must require constant supervision (24 hours daily) [before age 65].

The diagnosis and the need for supervision must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered: Other forms of Dementia due to brain or systemic disorders or conditions.

34. Chronic Adrenocortical Adrenal Insufficiency (Addison's Disease)

Chronic Autoimmune Adrenal Insufficiency is an autoimmune disorder causing gradual destruction of the adrenal gland resulting in inadequate secretion of steroid hormones. A definite diagnosis of chronic autoimmune adrenal insufficiency which must be confirmed by a Consultant Endocrinologist and supported by all of the following diagnostic tests:

1. ACTH stimulation test.

2. ACTH, cortisol, TSH, aldosterone, renin, sodium and potassium blood levels.

For the above definition, the following are not covered:

1. Secondary, tertiary and congenital adrenal insufficiency.

2. Adrenal insufficiency due to non-autoimmune causes (such as bleeding, infections, tumours, Granulomatous Disease or surgical removal).

35. Sporadic Creutzfeldt-Jakob Disease (sCJD)

A diagnosis of Sporadic Creutzfeldt-Jakob Disease, which has to be classified as “probable” by all of the following criteria:

1. Progressive Dementia.

2. At least two out of the following four clinical features: myoclonus, visual or cerebellar signs, pyramidal / extrapyramidal signs, akinetic mutism.

3. Electroencephalogram (EEG) showing sharp wave complexes and / or the presence of 14-3-3 protein in the cerebrospinal fluid.

4. No routine investigations indicate an alternative diagnosis.

The diagnosis must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

1. Latrogenic or Familial Creutzfeldt-Jakob Disease.

2. Variant Creutzfeldt-Jakob Disease (vCJD).

36. Acute Viral Encephalitis - resulting in persistent symptoms

A definite diagnosis of Acute Viral Encephalitis resulting in a persistent neurological deficit documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by typical clinical symptoms and cerebrospinal fluid or brain biopsy findings.

For the above definition, the following are not covered:

1. Encephalitis caused by bacterial or protozoal infections.
2. Myalgia or Paraneoplastic Encephalomyelitis.

37. Necrotising Fasciitis

A definite diagnosis of Necrotising Fasciitis evidenced by all of the following:

1. Progressive, rapidly spreading bacterial infection located in the deep fascia, with Secondary Necrosis of the subcutaneous tissues of the limbs or trunk.
2. Fever and rapid increase in C-Reactive Protein (CRP) levels.
3. Surgical resection of all necrotic tissue.

Fournier's Gangrene is covered under this definition. The diagnosis must be confirmed by a Consultant Surgeon and evidenced by microbiological or histological findings.

For the above definition, the following are not covered:

1. Gas Gangrene.
2. Gangrene caused by Diabetes, Neuropathy or Vascular Diseases.

38. Severe Rheumatoid Arthritis

A definite diagnosis of Rheumatoid Arthritis evidenced by all of the following:

1. Typical symptoms of inflammation (Arthralgia, swelling, tenderness) in at least 20 joints over a period of 6 weeks at the time of diagnosis.
2. Rheumatoid factor positivity (at least twice the upper normal value) and / or presence of anti-citrulline antibodies.
3. Continuous treatment with corticosteroids.
4. Treatment with a combination of "Disease Modifying Anti-Rheumatic Drugs" (e.g. methotrexate plus sulfasalazine / leflunomide) or a TNF inhibitor over a period of at least 6 months.

The diagnosis must be confirmed by a Consultant Rheumatologist.

For the above definition, the following are not covered:

1. Reactive Arthritis, Psoriatic Arthritis and Activated Osteoarthritis.

39. Systemic Lupus Erythematosus - with involvement of heart, kidneys or brain

A definite diagnosis of Systemic Lupus Erythematosus evidenced by all of the following:

1. Typical laboratory findings, such as presence of Anti-Nuclear Antibodies (ANA) or anti-dsDNA Antibodies.
2. Symptoms associated with Lupus Erythematosus (butterfly rash, photosensitivity, serositis).
3. Continuous treatment with corticosteroids or other immunosuppressants.

Additionally, one of the following organ involvements must be diagnosed:

1. Lupus Nephritis with proteinuria of at least 0.5 g / day and a glomerular filtration rate of less than 60 ml / min(MDRD formula).
2. Libman-sacks Endocarditis or Myocarditis.
3. Neurological deficits or seizures over a period of at least 3 months and supported by cerebrospinal fluid or EEG findings. Headaches, cognitive and psychiatric abnormalities are specifically excluded.

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

For the above definition, the following are not covered:

Discoid Lupus Erythematosus or Subacute Cutaneous Lupus Erythematosus.

40. Systemic Sclerosis (Scleroderma) – with organ involvement

A definite diagnosis of Systemic Sclerosis evidenced by all of the following:

1. Typical laboratory findings (e.g. anti-Scl-70 antibodies).
2. Typical clinical signs (e.g. Raynaud's phenomenon, skin sclerosis, erosions).
3. Continuous treatment with corticosteroids or other immunosuppressants.

Additionally, one of the following organ involvements must be diagnosed:

1. Lung Fibrosis with a diffusing capacity (DCO) of less than 70% of predicted.
2. Pulmonary Hypertension with a mean pulmonary artery pressure of more than 25 mmHg at rest measured by right heart catheterisation.

3. Chronic Kidney Disease with a Glomerular Filtration Rate of less than 60 ml / min (MDRD-formula).
 4. Echocardiographic signs of significant left ventricular diastolic dysfunction.
- The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

For the above definition, the following are not covered:

1. Localised Scleroderma without organ involvement.
2. Eosinophilic Fasciitis.
3. CREST Syndrome.

41. Amputation of Feet Due to Complications from Diabetes

Diabetic Neuropathy and Vasculitis resulting in the amputation of both feet at or above ankle as advised by a Registered Doctor who is a specialist, as the only means to maintain life.

Amputation of toe or toes, or any other causes for amputation shall not be covered.

42. Myasthenia Gravis

An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:

1. Presence of permanent muscle weakness categorised as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and
2. The diagnosis of Myasthenia Gravis and categorisation are confirmed by a Registered Medical Practitioner who is a Neurologist.

Myasthenia Gravis Foundation of America Clinical Classification:

Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere.

Class II: Eye muscle weakness of any severity, mild weakness of other muscles.

Class III: Eye muscle weakness of any severity, moderate weakness of other muscles.

Class IV: Eye muscle weakness of any severity, severe weakness of other muscles.

Class V: Intubation needed to maintain airway.

43. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

1. Positive result of the blood culture proving presence of the infectious organism(s).
2. Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
3. The diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Medical Practitioner who is a Cardiologist.

44. Pheochromocytoma

Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour. The diagnosis of Pheochromocytoma must be supported by plasma metanephrine levels and / or urine catecholamines and metanephrines and confirmed by a Registered Doctor who is an Endocrinologist.

45. Eisenmenger's Syndrome

Eisenmenger's Syndrome shall mean the occurrence of a reversed or bidirectional shunt as a result of Pulmonary Hypertension, caused by a heart disorder.

All of the following criteria must be met:

1. Presence of permanent physical impairment classified as NYHA IV; and
2. The diagnosis of Eisenmenger Syndrome and the level of physical impairment must be confirmed by a Registered Medical Practitioner who is a Cardiologist.

46. Severe Ulcerative Colitis

Severe Ulcerative Colitis is a definite diagnosis of Ulcerative Colitis made by a Specialist Gastroenterologist based on histopathological findings and / or the results of endoscopic findings with the below features:

1. The entire colon is affected, with severe bloody Diarrhea; and
2. Surgical treatment with total colectomy is done.

47. Crohn's Disease

Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:

1. Stricture formation causing intestinal obstruction requiring admission to hospital; and
2. Fistula formation between loops of bowel; and
3. At least one bowel segment resection.

The diagnosis must be made by a Consultant Gastroenterologist and be proven histologically on a pathology report and / or the results of sigmoidoscopy or colonoscopy.

48. Loss of Speech

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

49. Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)

A definite diagnosis of Amyotrophic Lateral Sclerosis. The disease must result in a total inability to perform, by oneself, at least 3 out of 6 activities of daily living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of daily living are:

1. Washing: The ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
2. Getting dressed and undressed: The ability to put on, take off, secure and unfasten all garments and, if needed, any braces, artificial limbs or other surgical appliances.
3. Feeding oneself: The ability to feed oneself when food has been prepared and made available.
4. Maintaining personal hygiene: The ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
5. Getting between rooms: The ability to get from room to room on a level floor.
6. Getting in and out of bed: The ability to get out of bed into an upright chair or wheelchair and back again.

The diagnosis must be confirmed by a Consultant Neurologist and supported by Nerve Conduction Studies (NCS) and Electromyography (EMG).

For the above definition, the following are not covered:

1. Other forms of motor neurone disease.
2. Multifocal Motor Neuropathy (MMN) and inclusion body myositis.
3. Post-Polio Syndrome.
4. Spinal Muscular Atrophy.
5. Polymyositis and Dermatomyositis.

Please refer the Policy Document for detailed Terms & Conditions.

General Exclusions

The Life Insured shall not be entitled to any Critical Illness benefits if the covered Critical Illness results either directly or indirectly from any of the following causes:

- Any pre-existing disease. “Pre-existing disease” means any condition, ailment, injury or disease:
 - That is / are diagnosed by a physician within 36 months prior to the effective date of the Policy issued by the insurer or its latest revival date, whichever is later; or
 - For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the Policy or its latest revival / reinstatement date, whichever is later.

This exclusion shall not be applicable to conditions, ailments or injuries or related condition(s) which are underwritten and accepted by Insurer at inception;

- Any sickness-related condition manifesting itself within 90 days from the Policy commencement date or its latest revival / reinstatement date, whichever is later.
- If the Insured dies within 15 days of the diagnosis of the covered Critical Illness.
- Intentional self-inflicted injury, suicide or attempted suicide.
- For any medical conditions suffered by the life assured or any medical procedure undergone by the Life Insured, if that medical condition or that medical procedure was caused directly or indirectly by influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescriptions of a Registered Medical Practitioner.
- Engaging in or taking part in hazardous activities, including but not limited to diving or riding or any kind of race; martial arts; hunting; mountaineering;

parachuting; bungee-jumping; underwater activities involving the use of breathing apparatus or not.

- Hazardous activities mean any sport or pursuit or hobby, which is potentially dangerous to the insured member whether he is trained or not.
- Participation by the Insured person in a criminal or unlawful act with criminal intent.
- For any medical condition or any medical procedure arising from 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.
- For any medical condition or any medical procedure arising either as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, terrorism, military or usurped power, riot or civil commotion, strikes or participation in any naval, military or air force operation during peace time
- For any medical condition or any medical procedure arising from participation by the Insured person in any flying activity, except as a bona fide, fare-paying passenger and aviation industry employee like pilot or cabin crew of a recognised airline on regular routes and on a scheduled timetable.
- Any external congenital anomaly which is not as a consequence of genetic disorder.

Nomination & Assignment

Nomination, in accordance with Section 39 of the Insurance Act, 1938, as amended from time to time is permitted under this Policy.

Assignment, in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time, is permitted under this Policy.

Tax Benefits

Tax benefits are as per the prevailing tax laws and are subject to change from time to time. Please consult your tax advisor for details.

Acceptance

Aviva will not be liable to any claim until acceptance of risk and receipt of Premium in full.

To know more scan the QR code



— or —

give us a missed call on



76775 76775



**Take control of your health and financial security with Aviva Smart Vitals.
Stay active, stay protected and secure peace of mind for yourself and your
loved ones.**

T&C Apply | *Steps tracked only via Aviva Wellness360 App. | Tier levels based on average daily steps per quarter: Pacer (5K–8K): 2.5% wellness addition | Achiever (8,001–12K): 5% | Champion (>12K): 7.5% | 10K steps/day = 2X cover in 5 years, subject to Achiever tier qualification every quarter.

BEWARE OF SPURIOUS / FRAUD PHONE CALLS!

IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

Aviva Smart Vitals (UIN:122N159V01) An Individual Non-Linked, Non- Participating, Pure Risk Health Insurance Fixed Benefit Plan. Trade logo displayed above belongs to Aviva Brands Limited and is used by Aviva Life Insurance Company India Limited under License. Aviva Life Insurance Company India Limited. IRDAI Regn. No. 122. Please read the sales brochure carefully before concluding a sale. This product one pager is indicative of the terms, warranties, conditions and exclusions contained in the insurance policy. Please refer to the Policy Document for more details. Tax benefits are as per existing tax laws which are subject to change. Insurance is the subject matter of the solicitation. Registered Office Address: 2nd floor, Prakashdeep Building, 7, Tolstoy Marg, New Delhi - 110 001. Telephone Number: 0124-2709000, E-mail: customerservices@avivaindia.com, Helpline Number: 1800-180-22-66 / 1800-103-77-66, Website: www.avivaindia.com, CIN: U66010DL2000PLC107880. **AN Nov 23/25**