

## MANIPALCIGNA GROUP OVERSEAS TRAVEL INSURANCE POLICY

### Policy Contract

#### B. Preamble:

This Policy is a contract of insurance between the Policyholder and the Company which is subject to (a) the terms, conditions and exclusions of this Policy and (b) the receipt of premium against each Benefit of the applicable in full and (c) the Disclosure to Information Norm (including by way of the Proposal or Information Summary Sheet) in respect of all Insured Persons and (d) the Schedule of Benefits.

#### C. Definitions:

Any word or expression to which a specific meaning has been assigned in any part of this Policy or the Schedule/ Certificate shall bear the same meaning wherever it appears in the Policy, including any subsequent endorsements to this Policy and the Policy Schedule/ Policy Certificate. Where the context permits, references to the singular shall also include references to the plural, similarly references to the male gender shall also include references to the female gender, and vice versa in both cases.

For purposes of this Policy, the terms specified below shall have the meaning set forth:

##### C.1. Standard Definitions

1. **“Accident”** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Break in policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.
3. **“Cashless facility”** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.
4. **“Condition Precedent”** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
5. **“Congenital Anomaly”** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
  - a. “Internal Congenital Anomaly” refers to the Congenital anomaly which is not in the visible and accessible parts of the body.
  - b. “External Congenital Anomaly” refers to the Congenital anomaly which is in the visible and accessible parts of the body.
6. **“Day care centre”** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under -
  - i. has qualified nursing staff under its employment;
  - ii. has qualified medical practitioner/s in charge;
  - iii. has fully equipped operation theatre of its own where surgical procedures are carried out;
  - iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
7. **“Day care treatment”** means medical treatment, and/or surgical procedure which is:
  - i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
  - ii. which would have otherwise required hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.
8. **“Deductible”** means a cost-sharing requirement under a health insurance policy, that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
9. **“Disclosure to information norm”** means the Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
10. **“Emergency Care”** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the Insured Person's health.
11. **“Grace Period”** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
12. **Group - “Group”** consists of persons who join with a commonality of purpose or engaging in a common economic activity and includes employer- employee group and non-employer- employee group:
  - a. Employer - employee group is a group where an employer-employee relationship exists between the master policyholder and the member in accordance with the applicable laws.
  - b. Non-Employer- employee group is a group other than employer-employee where a clearly evident relationship between the member and the group policyholder exists for services/activities other than insurance.
13. **“Hospital”** means an establishment constituted and registered as a facility for the care and treatment of sick and injured persons as paying bed patients and which:
  - a. has full facilities for diagnosis and surgical procedures;
  - b. provides 24-hour a day nursing services by registered graduate nurses;
  - c. is supervised by a staff of Medical Practitioners;
  - d. is not primarily a clinic, nursing, rest or convalescent home, a home for the aged, a place for the treatment of alcoholism or drug addiction or an institution for mental or behavioral disorder; and
  - e. Maintains daily records of patients and makes these accessible to the insurer's authorized personnel.
14. **“Hospitalization”** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
15. **“Illness”** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
  - a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
  - b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
    - i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
    - ii. it needs ongoing or long-term control or relief of symptoms
    - iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
    - iv. it continues indefinitely

- v. it recurs or is likely to recur
16. **“Injury”** means accidental physical bodily harm excluding illness or disease, solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
  17. **“Medical Advice”** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
  18. **“Medical Expenses”** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
  19. **“Medical Practitioner”** means a person who holds a valid registration from the Medical Council or appropriate authority of the country where Insured Person is availing emergency treatment outside India/ Country of origin and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. The term Medical Practitioner includes any qualified physician, specialist, or surgeon, and should not be an Immediate Family Member of the Insured Person or related to the Insured Person by way of blood, marriage, adoption, employment, or any pre-existing business relationship.
  20. **“Medically Necessary Treatment”** means any treatment, tests, medication, stay in Hospital or part of a stay in Hospital in relation to the Insured Person which:
    - a. is required for the medical management of the Illness or Injury suffered by the Insured Person;
    - b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
    - c. must have been prescribed by a Medical Practitioner;
    - d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
  21. **“Notification of Claim”** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
  22. **“OPD Treatment”** means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
  23. **“Reasonable and Customary Charges”** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
  24. **“Renewal”** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
  25. **“Subrogation”** means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
  26. **“Surgery”** or **“Surgical Procedure”** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
- rafting or canoeing involving white water rapids, yachting or boating, and any sporting activity based on bodily contact or which is hazardous or potentially dangerous.
2. **“Aggregate Limit”** means the Company's maximum, total and cumulative liability under the Benefit or the set of Benefits, if opted, the same shall be as specified in the Policy Schedule or Policy Certificate in respect of all claims by or on behalf of all Insured Persons under the Policy Certificate. If at any time the total value of unpaid claims, if paid, would result in this Aggregate Limit being exceeded, the pay outs under the individual Benefits attributable to those outstanding claims shall be reduced pro rata as necessary to ensure that this Aggregate Limit is not exceeded.
  3. **“Ambulance”** means a vehicle equipped for paramedical treatment and emergency air or surface transportation of a person requiring medical attention, provided by licenced/authorised medical service providers.
  4. **“Appliances”** shall mean and include electrical, mechanical and electronic appliances such as refrigerator, television, DVD player, videocassette recorder/player, washing machine, microwave oven, music system, personal computer, laptops and air-conditioner contained or fixed in the Insured Person's home for domestic use.
  5. **“AYUSH Treatment”** refers to the medical and / or Hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
  6. **“Burglary”** means theft involving entry into or exit from the Insured Person's usual place of residence by forcible and violent means or following assault or violence or threat thereof, to the Insured Person or to any Immediate Family Member or any person residing lawfully in the Insured Person's residence, with intent to commit a felony therein and includes housebreaking.
  7. **“Catastrophe”** means an unexpected natural or man-made event, such as an earthquake, tsunami, flood, civil unrest, mass bandh or riot which causes widespread loss, damage, or disruption in travel schedules.
  8. **“Checked-in Baggage”** means each suitcase or baggage handed over by the Insured Person and accepted by a Common Carrier for transportation in the same Common Carrier in which the Insured Person is or would be travelling, and for which the Common Carrier has issued a baggage receipt to the Insured Person. Checked-in Baggage excludes all items that are carried/ transported under any contract of affreightment.
  9. **“City of Origin”** means any city in India/ Country of Origin from which the Trip commences, and which is specified in the Policy Certificate.
  10. **“Common Carrier”** means any civilian land or water conveyance, or scheduled aircraft operating under a valid license in the respective jurisdiction for the transportation of fare paying passengers.
  11. **“Company/Insurer”** means ManipalCigna Health Insurance Company Limited.
  12. **“Contents”** mean and include Appliances, furniture, fixture, fittings, linen, clothing, kitchen items, cutlery /crockery contained in the Insured Person's home belonging to the Insured Person or to any Immediate Family Members permanently residing with the Insured Person including items for which the Insured Person is responsible, and used for domestic use. However, Contents does not include any deeds, bonds, bills of exchange, promissory notes, cheques, traveller's cheques, and securities for money, documents of any kind, cash and currency notes.
  13. **“Contribution”** is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a ratable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.
  14. **“Country of Visit”** means any country other than India/ Country of Origin which an Insured Person visits whilst on a Trip.

### C.II. Specific Definitions

1. **“Adventure Sports”** means and includes skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity,

15. **“Coverage Commencement Date”** means the date specified in the Policy Certificate on which the Company's coverage under the Policy in respect of the Insured Person named in the Policy Certificate commences.
16. **“Cruise”** means a Trip involving a sea voyage of at least 2 hours of total duration, where transportation and accommodation is primarily on an ocean going Common Carrier.
17. **“Defence Costs”** are reasonable costs necessarily incurred in defending the Insured Person against any civil proceeding initiated against him/her, during the Trip Duration.
18. **“Dependent Child”** means a child of the Insured Person whether natural or legally adopted, who is (i) less than age 30 years as of the commencement of the Trip, and (ii) does not have his/her independent source of income and is financially dependent on the Insured Person.
19. **“Emergency Assistance Service Provider” or “EASP”** means a Third Party Administrator or any organization or institution appointed by the Company, as an independent contractor, for providing services to the Insured Person for an Insured Event covered under this Policy. EASP shall also include any Medical Practitioners empanelled by the EASP for seeking Medical Advice or opinion.
20. **“Emergency Hospitalization”** means admission of the Insured Person in a Hospital as an in-patient for a minimum period of 24 consecutive hours for an Illness contracted or Injury sustained by an Insured Person in an Accident, which occurs suddenly and unexpectedly, and requires immediate medical care to prevent death or serious long term impairment of the Insured Person's health, as prescribed by a Medical Practitioner.
21. **“Felony Assault”** means an act of violence against the Insured Person or a Travelling Companion requiring medical treatment.
22. **“Financial Emergency”** means a situation wherein the Insured Person loses all or a part of the amount of his/her travel funds due to theft, robbery, mugging or dacoity, which has detrimental effects on his/her travel plans.
23. **“Foreign Enemy”** means any group of individuals, entity or country, who intend to cause Injury, or commission an act dangerous to human life or property in the location where the Insured Person is travelling to, by the use of hostile force or violence.
24. **“Hijack”** means any unlawful seizure or exercise of control, by force or violence or threat of force or violence and with wrongful intent, of the Common Carrier in which the Insured Person is travelling.
25. **“Immediate Family Member”** means an Insured Person's spouse; son, daughter; son-in-law; daughter in law, siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian, ward; step or adopted children; step-parents; who reside in the same country as the Insured Person.
26. **“Inclement Weather”** means any severe catastrophic weather conditions which delay the scheduled arrival or departure of a Common Carrier but not including normal, seasonal/climatic weather changes.
27. **“Inpatient Treatment”** shall mean any Emergency care treatment rendered to the Insured at a Hospital in connection with any Injury or Illness resulting in Hospitalization.
28. **“Insured Event”** means an event, loss or damage specifically described as covered and for which the Insured Person is entitled to benefit/s under this Policy.
29. **“Insured Person”** means the person named in the Policy Certificate, who is an employee or member of the Policyholder and is covered under this Policy upon appropriate premium being paid to the Company.
30. **“Intended Destination (s)”** means area (s) which are in any country outside India/ country of origin, appear on the scheduled travel itinerary of the Insured Person for stay during the Trip, is/are specified in his/her main travel booking.
31. **“Life Threatening Condition”** means a medical condition suffered by the Insured Person which has the following characteristics:
  - i. Markedly unstable vital parameters (blood pressure, pulse, temperature and respiratory rate).
  - ii. Acute impairment of one or more vital organ systems (involving brain, heart, lungs, Liver, Kidneys and pancreas) including ectopic pregnancy.
  - iii. Critical care being provided, which involves high complexity decision making to assess, manipulate and support vital system function (s) to treat single or multiple vital organ failure (s) and requires interpretation of multiple physiological parameters and application of advanced technology.
  - iv. Critical care being provided in critical care area such as coronary care unit, intensive care unit, respiratory care unit, or the emergency department.
32. **“Money”** means cash, bank drafts, current coins, bank and currency notes, treasury notes, cheques, traveller's cheques, postal orders and current postage stamps not forming part of a collection.
33. **“Multi Trip”** means two or more Trips to Intended Destinations outside India/ Country of Origin during the Period of Insurance.
34. **“Multi Trip Cover”** means a cover under which the Insured Person can undertake one or more Trips during the Period of Insurance but not exceeding the maximum number of travel days specified in the Policy Certificate.
35. **“Period of Insurance”** means the period specified in the Policy Certificate/ Certificate of Insurance that the insurance is effective for the Insured Person's Trip.
  - a. In respect of a Single Trip cover, the Period of Insurance is the period from the Coverage Commencement Date specified in the Policy Certificate, to the coverage expiry date specified in the Policy Certificate or end of the actual Trip Duration, whichever is earlier. A Single Trip cover shall not exceed 365 consecutive days, including departure from and return to the Insured Person's place of residence, except where such Policy is covering individual students pursuing an educational course as a full time student in an educational institution.
 

In respect of a Single Trip cover involving travel to Dubai, Sharjah & Abu Dhabi (MDV) where the Policy Certificate is issued prior to the Trip for the purpose of obtaining Visa, the Period of Insurance is the period from the Coverage Commencement Date specified in the Policy Certificate or a later date (but within a stipulated time limit of 60 days from such Coverage Commencement Date) on which the Insured Person's Trip actually commences, till the coverage expiry date specified in the Policy Certificate or end of the actual Trip Duration, whichever is earlier, but not exceeding 30 consecutive days including departure from and return to the Insured Person's place of residence.
  - b. In respect of a Multi Trip cover, the Period of Insurance is the period from the Coverage Commencement Date specified in the Policy Certificate, to the coverage expiry date specified in the Policy Certificate or the end of actual Trip Duration or full utilization of the maximum number of travel days specified in the Policy Certificate, whichever is earlier.
36. **“Permanent Partial Disablement”** means disablement of the Insured Person as a result of injury, which;
  - i. continues for a period of at least 180 days,
  - ii. it is confirmed as total or partial, continuous and permanent by a physician after the 180 days of continuous period
  - iii. there is no reasonable medical hope of improvement
  - iv. prevents an Insured Person from engaging in or giving attention to gainful occupation of any and every kind at full physical capacity for his/ her lifetime.
37. **“Permanent Total Disablement”** means disablement of the Insured Person as a result of injury, which;
  - i. continues for a period of at least 180 days except for physical



- separation of limb,
- ii. it is confirmed as total, continuous and permanent by a physician after the 180 days of continuous period,
  - iii. there is no reasonable medical hope of improvement
  - iv. entirely prevents an Insured Person from engaging in or giving attention to gainful occupation of any and every kind for his/ her lifetime.
38. **“Physician”** means a Medical Practitioner legally qualified to practice in medicine or Surgery and duly licensed in his/her respective jurisdiction.
  39. **“Policy”** means the documents containing the terms, exclusions and conditions of this insurance contract, the statements in the Proposal Form and/or Information Summary Sheet, any subsequent endorsements, and details of the Benefits, limit of Sum Insured and extent of cover available to the Insured Person as per the Policy Certificate.
  40. **“Policy Certificate”** means the certificate issued to the Insured Person evidencing the Insured Person’s cover under the Policy.
  41. **“Policy Period”** means the period between the Commencement Date and the Expiry Date of the Policy as specified in the Policy Schedule/ Policy Certificate.
  42. **“Policyholder”** means and includes an individual, organization, firm, society or body corporate who has concluded the Policy with the Company.
  43. **“Port”** means a scheduled point of departure or arrival of a Common Carrier in which an Insured Person is booked to travel.
  44. **“Pre-existing Condition”** means any condition, ailment or injury or related condition (s) for which the Insured Person had signs or symptoms, and/or was diagnosed, and/or received medical advice / treatment within 36 months prior to the Coverage Commencement Date.
  45. **“Professional Sports person”** means those sports persons who are in to full time sports and maintain their livelihood through earnings derived from their involvement in sports.
  46. **“Reasonable Additional Expenses”** means any expenses for meals, temporary accommodation, emergency communication and purchases of toiletries, medication and clothing necessarily incurred by the Insured Person and not provided by the Common Carrier, or any other individual/entity, free of charge.
  47. **“Revival Period”** means the specified period of time immediately following the installment due date during which a payment can be made to revive or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
  48. **“Schengen Countries”** are a group of countries that includes Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland. The list of these countries is subject to update from time to time as and when necessitated.
  49. **“Semi-Professional sportsperson”** shall mean those sports persons who participate in sports and get remuneration for participating, but whose primary source of income is not from sports.
  50. **“Single Trip Cover”** means a cover under which the Insured Person can undertake only one Trip during the Period of Insurance.
  51. **“Senior citizen”** means any person being a citizen of India, who has attained the age of sixty years or above. (Reference: Maintenance and Welfare of Parents and Senior Citizens Act, 2007.)
  52. **“Strike”** means stoppage of work announced, organized and sanctioned by a labour union, inclusive of work slowdowns, lockouts and sickouts, which interferes with the normal departure and arrival of a Common Carrier.
  53. **“Sub-limit”** means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit.
  54. **“Sum Insured”** means the amount specified in the Policy Certificate against a Benefit or set of Benefits, which represents the Company’s maximum, total and cumulative liability for any and all claims made in respect of the Insured Person during the Period of Insurance, under that Benefit/set of Benefits.
  55. **“Theft”** means an act of illegally, permanently and directly or indirectly depriving the Insured Person of his or her personal belongings or any property by violent or forceful means.
  56. **“Travelling Companion”** means an individual or individuals travelling with the Insured Person, provided that the Insured Person and such individual (s) are travelling to the same Intended Destination and on the same date and such individual (s) is/are also insured with the Company. For the purpose of this definition, any individual (s) forming part of a group travelling on a tour arranged by a travel agent or a tour operator shall not be considered as Travelling Companion, unless the individual (s) is/are Immediate Family Members of the Insured Person.
  57. **“Trip”** means a planned journey for which the Insured Person is covered under this Policy, and which commences when the Insured Person reaches a Port in the City of Origin to board a Common Carrier for the purpose of travelling to an Intended Destination outside India/ Country of origin on or after the Coverage Commencement Date, and terminates upon the return of the Insured Person back to the City of Origin, or any other Port in India/ Country of Origin before the coverage expiry date specified in the Policy Certificate.
  58. **“Trip Duration”** means the period of time within the Period of Insurance that the Insured Person is undertaking a Trip, for which insurance is effective under the Policy.
  59. **“Valuables”** mean and include photographic, audio, video, computer and any other electronic and electrical equipment, cellular phones, data, business goods, telecommunications and electrical equipment, motor vehicles, documents and any accessories, sculptures, manuscripts, rare books, plan, medals, moulds, designs, telescopes, binoculars, antiques, watches, jewellery, furs and articles made of precious stones and metals.
- D. Benefits under the Policy:**
- The Policy Certificate will specify which Benefits are in force for the Insured Person during the Period of Insurance. Claims made under any applicable Benefit for the Period of Insurance will be subject to the terms, conditions and exclusions of this Policy, the availability of the Sum Insured for that Benefit, any applicable sub-limits and subject always to the availability of the Aggregate Limit. Claims will be payable in excess of the applicable Deductible specified in the Policy Certificate, if any. Where an event qualifies for indemnity claim under more than one cover with respect to the same risk the insured will be eligible for claim against any one of the covers.
- D.I. BASE BENEFITS**
- Benefit I (Medical Expenses), Benefit II (Travel Inconvenience cover due to Trip Cancellation and Interruption) and Benefit III Travel Personal Accident (Accidental Death, Permanent Total Disablement, Permanent Partial Disablement) are base Benefits under the Policy, and a minimum of one of these Benefits needs to be in-force and opted by the Insured Person to be eligible for any other Benefits provided in the Policy.
- Benefit I**
- Medical Expenses**
- On the occurrence of any Illness contracted or Injury sustained by an Insured Person due to an Accident in a Country of Visit whilst on a Trip which requires Emergency Care, the Company shall pay or reimburse the following Medical Expenses incurred, up to the limit of Sum Insured as specified against this Benefit in the Policy Certificate:
1. In-patient treatment and/or Day Care treatment in a local Hospital at

the place the Insured Person is staying at the time of occurrence of an Insured Event.

2. Medically Necessary charges towards Hospital Room and Boarding, Intensive Care Unit, Surgery (Includes Operation room charges, Surgical Appliance, Surgeon fee and Implant charges), Anesthetist services, Medical Practitioner's visit fees, Specialist fees, Miscellaneous expenses towards In-patient treatment.
3. Diagnostic tests and all Reasonable and Customary Charges towards diagnostic methods necessary for the treatment of the Insured Person, provided these pertain to the Illness/Injury due to which the In-patient Treatment was deemed medically necessary.
4. Reasonable costs incurred on transportation by a surface Ambulance, immediately following the Accident, including costs incurred for medically necessary care carried out in the course of such transportation, to the nearest Hospital, or to the nearest Medical Practitioner, or to any special clinic if prescribed as such by a Medical Practitioner.

Miscellaneous expenses: Includes cost of medicines/ Pharmacy/ Drugs/ Supplies, nursing charges, External medical appliances as prescribed by a registered Medical Practitioner as necessary and essential as part of the treatment on actual, Blood storage & processing charges.

A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

**Specific Conditions applicable to Benefit I (Medical Expenses) & Benefit 3 (Emergency Medical Evacuation):**

**Extension of insured Trip:** If any Illness / Injury contracted or sustained in a Country of Visit during the Trip necessitates Medically Necessary Treatment beyond the Period of Insurance, the Company's liability to pay benefits within the scope of this Policy shall extend automatically for a further period of 45 days provided that:

1. It is certified in writing by the attending Medical Practitioner that transportation of the Insured Person to India/ Country of Origin for such treatment is not possible.
2. The EASP is notified immediately as soon as it is first known by the Insured Person, claimant, Immediate Family Member or any person accompanying the Insured Person that the Insured Person is unfit to return to India/ Country of Origin during the Period of Insurance.
3. If any distinct and unrelated Illness/Injury is contracted or suffered after the coverage expiry date of the Period of Insurance, any costs incurred in relation to treatment for the same will not be covered under the Policy.
4. In case the Insured Person is transported to India/ Country of Origin on the advice of the EASP, applicable treatment in India/ Country of Origin for the same Illness/ Injury will be covered upto a maximum of 45 days beyond the Period of Insurance automatically. The transportation of the Insured Person back to India/ Country of Origin shall be facilitated only upon receiving agreement and confirmation from the attending Medical Practitioner/ empanelled Medical Practitioner of the Company/EASP that the Insured Person is capable of being transported to India/ Country of Origin.
5. In case the EASP recommends that continued treatment in Hospital in India/ Country of Origin is appropriate, such Medical Expenses as specified in Benefit I (Medical Expenses) incurred in such Hospital shall be covered, at the usual and customary levels, upto a maximum of 45 days from the date that the Injury or Illness was sustained or first contracted.

Notwithstanding anything to the contrary contained in this condition, if transportation of the Insured Person to India/ Country of Origin is not possible during the Period of Insurance due to a delay of the Common Carrier beyond the control of the Insured Person, the Company's liability shall extend automatically for a period not exceeding 7 days, without any extra charge.

**Benefit II**

**Travel Inconvenience cover due to Trip Cancellation and Interruption**

In the event of a Trip Cancellation/Interruption, the Company shall reimburse the Insured Person, up to the limit of Sum Insured specified against this Benefit in the Policy Certificate, for any of the following expenses:

1. Expenses incurred towards any travel bookings for travel in a Common Carrier, accommodation bookings, any sightseeing bookings, and Cruise bookings made in advance by the Insured Person in the

Country of Visit, which are not recoverable from any other source.

2. Any reasonable and necessary expenses incurred by the Insured Person for any alternate travel booking and accommodation expenses for
  - a. Returning to India/ Country of Origin within 3 days of the Trip Cancellation/Interruption, or
  - b. Continuing the Trip within 3 days after the events causing the Trip Cancellation/Interruption have ceased to be operative.

For the purpose of this Benefit, "Trip Cancellation/Interruption" means any cancellation or delay of the Insured Person's journey on a Common Carrier due to any of the following reasons or perils:

1. The Insured Person's place of residence, or place of business or intended accommodation in the Country of Visit being rendered uninhabitable due to fire, Catastrophe or any act of vandalism.
2. Inclement Weather in the City of Origin and/ or at Intended Destination.
3. The Insured Person and/or his Immediate Family Member falling victim to a Felonious Assault within 10 days of the commencement of Trip, provided that he/she or any Immediate Family Member is not an accomplice or an accessory in such Felonious Assault.
4. If an Insured Person and/or his Immediate Family Member suffers an Illness or Injury, not more than 3 days prior to the commencement of the trip and that Illness or Injury solely and directly results in Hospitalization of the Insured Person and/or death or Hospitalization of his Immediate Family Member in India/ Country of Origin for more than 24 Hours or is declared as 'Not fit to Travel', by a Medical Practitioner. However We shall not be liable to make any payment under this Benefit, if such illness or injury occur or are first diagnosed prior to the travel bookings.
5. Any Strike, civil unrest or Catastrophe in the City of Origin or Intended Destination of the Insured Person where
  - a) The respective government authority issues a travel advisory or imposes curfew.
  - b) The Port of travel is shut down forcing the Common Carrier to be cancelled or delayed by more than 24 hours
6. Any terrorist attack in the City of Origin or Intended Destination of the Insured Person within 3 days of the commencement of Trip due to which the Insured Person's free movement is impaired.
7. Any termination of employment or layoff of the Insured Person from his/her place of employment provided that the Insured Person has been employed with the said employer for at least five continuous and completed years without any break.

This Benefit shall be payable subject to the following:

1. Only the portion of the travel bookings which is cancelled, is non-refundable and which is not recoverable from any source shall be reimbursable under this Benefit.
2. Any reimbursement payable for expenses incurred on accommodation, either booked in advance or booked as part of an alternate arrange, shall be limited to a maximum amount per night, as specified in the Policy Certificate.
3. Any reimbursement payable for expenses incurred on travel bookings, shall not exceed the cost of an economy tier airfare by the most direct route per booking, and shall be reduced by any refunds paid or payable.
4. It is a Condition Precedent to the Company's liability under this Benefit that in the event of any occurrence likely to cause the Trip Cancellation/Interruption, the Insured Person must notify the same to the Company as soon as practicable, with complete details of the occurrence, as are available, Policy number, Member ID/Policy Certificate no, and date of issuance.
5. We shall not be obliged to make any payment that is brought about as a consequence intentional delay to circumvent the policy term and condition.
6. In any event, the Company's total, maximum and aggregate liability under this Benefit shall be restricted to the Sum Insured specified against this Benefit in the Policy Certificate or the sum of total non-refundable expenses incurred by the Insured Person, whichever is less.
7. In case of any partial Trip Cancellation/Interruption, i.e. if only one or two Insured Persons' journey is cancelled or delayed, the Company's shall not be liable for expenses incurred on accommodation bookings, unless exclusive booking was made for each Insured Person. No partial charges of expenses incurred on accommodation bookings will be payable.
8. If the situation in the City of Origin and / or at the Intended Destination becomes normal against the travel advisory or curfew imposed earlier

by the respective government authority, or if the same is withdrawn by government authority before the commencement of the Trip, and this information is available on a public domain through any form of communication, the Company shall not be liable for any claim in respect of such Trip Cancellation/Interruption.

- A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

**Specific Exclusion:**

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

- Any event which happened or advisory for which was notified by the relevant government authorities prior to the time of booking the Trip.
- Any Trip Cancellation/Interruption due to any event which was predictable basis information available on a public domain at the time of booking the Trip
- Any Trip Cancellation/Interruption at the travel provider or Port operator's instance due to any reasons or perils not covered under the Trip Cancellation/Interruption definition.
- Any voluntary change in travel plans by the Insured Person
- Any business or contractual obligations of the Insured Person and/or any Immediate Family Member except for termination or lay off of employment as defined above provided insured is not the Owner, proprietor, Majority Shareholder and Director of the said company.
- Termination of employment due to any unlawful act of the insured.
- Default / insolvency by and of the person, agency or tour operator from whom the Insured had bought his Travel arrangements.
- Any governmental regulations or prohibition imposed by any Administrative Authority at the time or before booking of Insured Person's travel arrangement.
- Booking of the trip is undertaken ignoring the adverse situation as published by the Mass Media, Union Government, State Government and/or any Administrative Authority for travel to particular country or part of the country which may give rise to a claim.
- Any charges incurred for loss of visa.
- Any exclusion mentioned in the 'General Exclusions' Section of this Policy.

**Benefit III**

**Travel Personal Accident**

**1. Accidental Death**

If an Insured Person suffers an Injury due to an Accident whilst on a Trip, and that Injury solely and directly results in the Insured Person's death within 365 days from the date of the Accident, the Company shall pay 100% of the Sum Insured specified against this Benefit in the Policy Certificate.

This Benefit shall be payable subject to the following:

- The Sum Insured shall be payable to the Insured Person's nominee or the legal representative, as the case may be.
- On the acceptance of a claim and payment being made under this Benefit, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person.

**2. Permanent Total Disablement (PTD):**

If an Insured Person suffers an Injury due to an Accident whilst on a Trip, and that Injury solely and directly results in Permanent Total Disablement of the Insured Person which is of the nature specified in the table of benefits below within 365 days from the date of the Accident, the Company shall pay the percentage of the Sum Insured as is specified in the table of benefits.

Nature of Permanent Total Disablement	Percentage of the Sum Insured payable
Total and irrecoverable loss of sight in both eyes	100
Loss by physical separation or total and permanent loss of use of both hands or both feet	100
Loss by physical separation or total and permanent loss of use of one hand and one foot	100
Total and irrecoverable loss of sight in one eye and loss of a Limb	100
Total and irrecoverable loss of hearing in both ears and loss of one Limb/ loss of sight in one eye	100
Total and irrecoverable loss of hearing in both ears and loss of speech	100

Total and irrecoverable loss of speech and loss of one Limb/ loss of sight in one eye	100
Permanent, total and absolute disablement (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever	100

For the purpose of this Benefit:

- "Limb" means a hand at or above the wrist or a foot above the ankle;
- "Physical separation" of one "hand" or "foot" means separation at or above wrist and/or at or above ankle, respectively.

This Benefit shall be payable subject to the following:

- If more than one Injury of the nature specified in the table above results from any one Accident, only the amount for any one Injury will be payable.
- The Sum Insured shall be payable to the Insured Person or his/her nominee or legal representative, as the case may be.
- For disablement other than physical separation of limb/s, the Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement and the Company is satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement;
- Cover under this Benefit is only available if Benefit III.1 (Accidental Death) is in-force and opted for by the Insured Person.
- Once a claim has been accepted and paid under this Benefit then the Insured Person's insurance cover under this section will lapse.

**3. Permanent Partial Disablement (PPD):**

If an Insured Person suffers an Injury due to an Accident whilst on a Trip, and that Injury solely and directly results in Permanent Partial Disablement of the Insured Person which is of the nature specified in the table of benefits below within 365 days from the date of the Accident, the Company shall pay the percentage of the Sum Insured as is specified in the table of benefits.

Nature of Permanent Total Disablement	Percentage of Sum Insured
Loss of sight in one eye or loss by physical separation of one hand or one foot	50%
Loss of use of one hand or one foot without physical separation	50%
Loss of speech	50%
Loss of toes - all	20%
Loss of toes great - both phalanges	5%
Loss of toes great - one phalanx	2%
Loss of toes other than great, if more than one toe lost: each	2%
Loss of hearing - both ears	75%
Loss of hearing - one ear	30%
Loss of four fingers and thumb of one hand	50%
Loss of four fingers of one hand	40%
Loss of thumb - both phalanges	25%
Loss of thumb - one phalanx	10%
Loss of index finger - three phalanges	15%
Loss of index finger - two phalanges	10%
Loss of index finger - one phalanx	5%
Loss of middle finger or ring finger or little finger - three phalanges	10%
Loss of middle finger or ring finger or little finger - two phalanges	7%
Loss of middle finger or ring finger or little finger - one phalanx	3%
Loss of metacarpals - first or second (additional) or third, fourth or fifth (additional)	3%
Any other Permanent Partial Disablement	Percentage as assessed by a Physician and / or empanelled Medical Practitioner of the Company/ EASP

This Benefit shall be payable subject to the following:

- If more than one Injury of the same nature specified in the table above



- results from any one Accident, only the amount for any one Injury, whichever is the largest, will be payable.
- The Sum Insured shall be payable to the Insured Person or his/her nominee or legal representative, as the case may be.
  - For disablement other than physical separation of limb/s, the Permanent Partial Disablement continues for a period of at least 180 days from the commencement of the Permanent Partial Disablement and the Company is satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement.
  - Cover under this Benefit is only available if Benefit III.1 (Accidental Death) is in-force and opted for by the Insured Person.

**Specific Conditions: (Applicable to Benefit III.1, III.2, III.3)**

- Capital Sum Insured means the maximum amount of Basic Personal Accident Benefit to which an Insured Person is eligible under Benefit III.1, III.2, III.3 (AD, PTD, PPD)

If Capital Sum Insured is opted for above set of benefit/s the maximum liability for any one or all claims in a Policy Period will be limited to the Capital Sum Insured/ Aggregate limit as specified in the Policy Certificate for that Insured Person.

- If the Insured Person suffers a partial loss or partial impairment of the function of any one of the parts of the body or senses, the appropriate proportion of the percentage stated in the corresponding table of benefits will be considered for payment.
- If the Insured Person suffers a loss that is not of the nature specified in the corresponding table of benefits, the governing factor in determining the degree of disability and the amount payable, if any, will be the degree to which the normal physical or mental capabilities are impaired, as ascertained by an independent Medical Practitioners.
- In the event of PPD and PTD, the Insured Person will be under the following obligations:
  - To have himself/herself examined by the empanelled Medical Practitioners appointed by the Company/EASP. Any costs incurred thereof shall be borne by the Company.
  - To authorize the attending Medical Practitioners providing treatment or giving expert opinion, and any other concerned Medical Practitioner, organization or entity to supply the Company any information that may be deemed necessary by the Company to assess the condition of the Insured Person.
  - If the above obligations are not met with by the Insured Person due to whatsoever reason, the Company shall be relieved of its liability to compensate under this benefit.

**Specific Exclusions: (Applicable to Benefit Benefits III.1, III.2, III.3)**

The Company shall not be liable to make any payment for any claim under Benefits III.1, III.2, III.3 in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

- Any damage to health caused by curative measures, radiation, infection, poisoning except insofar as the same arise from an Accident.
- Any claim subsequent to a claim made under Benefit III.1 (Accidental Death) has been admitted by the Company and becomes payable.
- Any breach of law by the Insured Person with criminal intent or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.
- Any claim which arises out of an accident connected with the operation of an aircraft or which occurs during parachuting except when the Insured/Insured Person is flying as a Fare Paying passenger in a multi-engine, commercial aircraft.
- Any consequential loss or damage cost or expense of whatsoever nature.
- Any claim resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by childbirth, maternity or pregnancy or any complication thereof, venereal disease.
- Any exclusion mentioned in the 'General Exclusions' Section of this Policy.

**D.II. OPTIONAL BENEFITS**

The following optional Benefits are only available if either Benefit I (Medical Expenses), Benefit II (Travel Inconvenience cover due to Trip Cancellation

and Interruption) or Benefit III Travel Personal Accident (Accidental Death, Permanent Total Disablement, Permanent Partial Disablement) are in-force and opted by the Insured Person.

**D.II.1. Life Threatening Pre-Existing Condition Cover**

The Company shall pay or reimburse the Medical Expenses incurred due to any complication arising out of a Pre-Existing Disease or Condition, incurred by an insured person in a country of visit whilst on a Trip, which requires Emergency Care, up to the Sub-limit as specified against this Benefit in the Policy Certificate:

This Benefit shall be payable subject to the following:

- The treatment for these emergency measures would be paid till the Insured Person becomes medically stable, as ascertained by the empanelled Medical Practitioner of the Company/EASP. All further medical costs to maintain such medically stable state would have to be borne by the Insured Person.
- A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

Cover under this Benefit is only available if base Benefit I (Medical Expenses) is in-force and opted for by the Insured Person. Any costs or expenses payable under this Benefit shall be subject to the Aggregate limit of Sum Insured specified against Benefit I (Medical Expenses) in the Policy Certificate.

**D.II.2. OPD Expenses**

On the occurrence of any Illness contracted or Injury sustained by an Insured Person due to an Accident in a Country of Visit whilst on a Trip which requires medically necessary treatment, the Company shall pay or reimburse the Medical Expenses incurred by the Insured Person, as prescribed by a Medical Practitioner, up to the Sub option and Sub-limit as specified against this Benefit in the Policy Certificate for below:

Claims under OPD expenses shall be limited to any one of the below (as opted):

- Out Patient Expenses
- Emergency Care

Any one or combination of the following shall be opted up to the limit specified for each:

- OPD Treatment,
- Cost of medicines/ Pharmacy/ Drugs/ Supplies
- Diagnostic Tests
- Medical aid prescribed by a Medical Practitioner as part of a Medically Necessary Treatment
- Heat therapy, phototherapy, physiotherapy and other such health therapies prescribed by a Medical Practitioner.

Cover under this Benefit is only available if base Benefit I (Medical Expenses) is in-force and opted for by the Insured Person. Any costs or expenses payable under this Benefit shall be subject to the Aggregate limit of Sum Insured specified against Benefit I (Medical Expenses) in the Policy Certificate.

A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

**D.II.3. Emergency Medical Evacuation:**

On the occurrence of any Illness contracted or Injury sustained by an Insured Person due to an Accident in a Country of Visit whilst on a Trip, the Company shall pay or reimburse reasonable costs necessarily incurred on the prescribed transportation of the Insured Person, by air or surface, for Medically Necessary Treatment to a place of treatment in the country of visit/ Country of Origin or return to his/her place of residence, up to the Sub-limit as specified against this Benefit in the Policy Certificate.

This Benefit shall be payable subject to the following:

- The transportation is provided by either a Common Carrier or an Ambulance.
- The Insured Person is certified in writing to be capable of being transported.
- Any additional costs incurred in the course of such transportation

directly arise as a consequence of the Insured Event.

4. Costs incurred towards any attending Medical Practitioner, nurse, or/ and any one of relative, friend, Immediate Family Member or colleague accompanying the Insured Person would be payable, if it is certified in writing as being medically necessary by an empanelled Medical Practitioner of the Company/EASP.
5. A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

Cover under this Benefit is only available if base Benefit I (Medical Expenses) is in-force and opted for by the Insured Person. Any costs or expenses payable under this Benefit shall be subject to the Aggregate limit of Sum Insured specified against Benefit I (Medical Expenses) in the Policy Certificate.

#### D.II.4. Repatriation of Mortal Remains:

In the event of death of the Insured Person due to any Insured Event under this Policy in a Country of Visit whilst on a Trip, the Company shall pay or reimburse the costs of transporting the mortal remains of the Insured Person back to India/ Country of Origin or the costs incurred towards a local burial or cremation in the country where the death occurred, up to the Sub-limit as specified against this Benefit in the Policy Certificate.

Cover under this Benefit is only available if base Benefit I (Medical Expenses) is in-force and opted for by the Insured Person. Any costs or expenses payable under this Benefit shall be subject to the Aggregate limit of Sum Insured specified against Benefit I (Medical Expenses) in the Policy Certificate.

A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

#### D.II.5. Dental Treatment Expenses:

On the occurrence of any Illness contracted or Injury sustained by an Insured Person in a Country of Visit whilst on a Trip, the Company shall pay or reimburse to the Insured Person expenses incurred in respect of any anesthetic treatment of a natural tooth or teeth necessitated due to such Injury/Illness undergone during the Trip Duration, up to the limit of Sum Insured as specified against this Benefit in the Policy Certificate.

This Benefit shall be payable subject to the following:

1. Cover under this Benefit is only available if base Benefit I (Medical Expenses) is in-force and opted for by the Insured Person.
2. A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

#### Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any Pre-existing Condition and /or any complications arising from it.
2. Cementing or fixation of tooth or teeth bridge/ s.
3. Root Canal Treatment, Crowning and Dental Filling.
4. Treatment of orthopedic, degenerative or oncological diseases.
5. Rest or recuperation at a spa or health resort, sanatorium, convalescence home or institution.
6. Treatment which could be reasonably delayed until the Insured Person's return to India/ Country of Origin. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Medical Practitioner, the EASP and the Company, and shall be in accordance with accepted standards of medical care.
7. Any charges in excess of Reasonable and Customary Charges incurred on account of any dental treatment as determined by the EASP.
8. Treatment relating to the removal of physical flaws or anomalies (cosmetic treatment or plastic surgery in any form or manner unless medically necessary as a part of any covered treatment).
9. Any exclusion mentioned in the 'General Exclusions' Section of this Policy.

#### D.II.6. Accidental Death - Common Carrier Coverage

If an Insured Person suffers an Injury due to an Accident whilst on a Trip while the Insured Person is travelling as a passenger on a Common Carrier, and that Injury solely and directly results in the Insured Person's death

within 365 days from the date of the Accident, the Company shall pay 100% of the Sum Insured specified against this Benefit in the Policy Certificate.

This Benefit shall be payable subject to the following:

1. The Sum Insured shall be payable to the Insured Person's nominee or the legal representative, as the case may be.
2. On the acceptance of a claim and payment being made under this Benefit, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person.
3. The benefit payable under this Benefit shall be in addition to the benefits payable under Benefit III.1 (Accidental Death) of this Policy.

#### D.II.7. Permanent Total Disablement - Common Carrier Coverage

If an Insured Person suffers an Injury due to an Accident while the Insured Person is travelling as a passenger on a Common Carrier, and that Injury solely and directly results in Permanent Total Disablement of the Insured Person which is of the nature specified in the table under Benefit III.2 (Permanent Total Disablement) within 365 days from the date of the Accident, the Company shall pay the percentage of the Sum Insured as is specified in such table of benefits.

This Benefit shall be payable subject to the following:

1. If more than one Injury of the nature specified in the table above results from any one Accident, only the amount for any one Injury will be payable.
2. The Sum Insured shall be payable to the Insured Person or his/her nominee or legal representative, as the case may be.

For disablement other than physical separation of limb/s, the Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement and the Company is satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement;

3. The benefit payable under this Benefit shall be in addition to the benefits payable under Benefit III.2 (Permanent Total Disablement) of this Policy.
4. Cover under this Benefit is only available if Benefit 6 (Accidental Death - Common Carrier Coverage) is in-force and opted for by the Insured Person.
5. Once a claim has been accepted and paid under this Benefit then the Insured Person's insurance cover under this section will lapse.

#### D.II.8. Permanent Partial Disablement - Common Carrier Coverage

If an Insured Person suffers an Injury due to an Accident whilst on a Trip while the Insured Person is travelling as a passenger on a Common Carrier, and that Injury solely and directly results in Permanent Partial Disablement of the Insured Person which is of the nature specified in the table of benefits under Benefit III.3 (Permanent Partial Disablement) within 365 days from the date of the Accident, the Company shall pay the percentage of the Sum Insured as is specified in such table of benefits.

This Benefit shall be payable subject to the following:

1. If more than one Injury of the same nature specified in the table above results from any one Accident, only the amount for any one Injury, whichever is the largest, will be payable.
2. The Sum Insured shall be payable to the Insured Person or his/her nominee or legal representative, as the case may be.
3. For disablement other than physical separation of limb/s, the Permanent Partial Disablement continues for a period of at least 180 days from the commencement of the Permanent Partial Disablement and the Company is satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement.

The benefit payable under this Benefit shall be in addition to the benefits payable under Benefit III.3 (Permanent Partial Disablement) of this Policy.

4. Cover under this Benefit is only available if Benefit 6 (Accidental Death - Common Carrier Coverage) is in-force and opted for by the Insured Person.

#### Specific Conditions: (Applicable to Benefit 6, 7, 8)

- 1) Capital Sum Insured means the maximum amount of Basic Personal Accident Benefit to which an Insured Person is eligible under Benefit 6, 7 & 8 (AD Common Carrier, PTD Common Carrier, PPD Common Carrier)
  - a. If Capital Sum Insured is opted for above set of benefit/s the



maximum liability for any one or all claims in a Policy Period will be limited to the Capital Sum Insured/ Aggregate limit as specified in the Policy Certificate for that Insured Person.

- 2) If the Insured Person suffers a partial loss or partial impairment of the function of any one of the parts of the body or senses, the appropriate proportion of the percentage stated in the corresponding table of benefits will be considered for payment.
- 3) If the Insured Person suffers a loss that is not of the nature specified in the corresponding table of benefits, the governing factor in determining the degree of disability and the amount payable, if any, will be the degree to which the normal physical or mental capabilities are impaired, as ascertained by an independent Medical Practitioners.
- 4) In the event of PPD and PTD, the Insured Person will be under the following obligations:
  - a) To have himself/herself examined by the empanelled Medical Practitioners appointed by the Company/EASP. Any costs incurred thereof shall be borne by the Company.
  - b) To authorize the attending Medical Practitioners providing treatment or giving expert opinion, and any other concerned Medical Practitioner, organization or entity to supply the Company any information that may be deemed necessary by the Company to assess the condition of the Insured Person.
  - c) If the above obligations are not met with by the Insured Person due to whatsoever reason, the Company shall be relieved of its liability to compensate under this benefit.

**Specific Exclusions: (Applicable to Benefit Benefits 6, 7, 8)**

The Company shall not be liable to make any payment for any claim under Benefit 6, 7, 8 in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any damage to health caused by curative measures, radiation, infection, poisoning except insofar as the same arise from an Accident.
2. Any claim subsequent to a claim made under Benefit 9 (Accidental Death - Common Carrier Coverage), has been admitted by the Company and becomes payable.
3. Any breach of law by the Insured Person with criminal intent or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.
4. Any claim which arises out of an accident connected with the operation of an aircraft or which occurs during parachuting except when the Insured/Insured Person is flying as a Fare Paying passenger in a multi-engine, commercial aircraft.
5. Any consequential loss or damage cost or expense of whatsoever nature.
6. Any claim resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by childbirth, maternity or pregnancy or any complication thereof, venereal disease.
7. Any exclusion mentioned in the 'General Exclusions' Section of this Policy.

**D.II.9. Daily Allowance in case of Hospitalization**

If an Insured Person suffers an Illness or Injury due to an Accident whilst on a Trip, and that Illness/ Injury solely and directly requires the Insured Person to be Hospitalized, then the Company shall pay the daily allowance amount specified in the Policy Certificate, for each continuous and completed period of 24 hours of Hospitalization. A Deductible of the number of hours specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

This Benefit is payable subject to the following:

1. The Company has accepted a claim under Benefit I (Medical Expenses) in respect of the Insured Person for the same period of Hospitalization.
2. All the exclusions and Special Conditions applicable to Benefits I (Medical Expenses), shall also be applicable to this Benefit.

**D.II.10. Compassionate Visit**

- A. If the Insured Person is Hospitalized for more than seven (7) consecutive days in a Country of Visit whilst on a Trip, and no adult Immediate Family Member is present, the Company shall pay or reimburse the amounts incurred by any one Immediate Family Member for obtaining return tickets in economy class on a Common Carrier to visit the Insured Person, and expenses for the duration of the

stay in the Hospital up to the limit of Sum Insured as specified against this Benefit in the Policy Certificate, provided that the attending Medical Practitioner certifies in writing that it is not advisable that the Insured Person travel back to India/ Country of Origin based on the medical condition, and that he/she would benefit from the visit of an Immediate Family Member.

- B. If an Immediate Family Member of the Insured Person is Hospitalized in India/ Country of Origin for more than seven (7) consecutive days or in the event of their death, whilst the Insured Person is in a Country of Visit on a Trip, the Company shall pay or reimburse the amounts incurred by the Insured Person for obtaining return tickets in economy class on a Common Carrier to his usual place of residence to visit the Immediate Family Member up to the limit of Sum Insured as specified against this Benefit in the Policy Certificate, provided that the attending Medical Practitioner certifies in writing that such Immediate Family Member would benefit from the Insured Person's visit.

For Section A above, this Benefit is payable subject to the following:

1. The Company has accepted a claim under Benefit I (Medical Expenses) in respect of the Insured Person for the same period of Hospitalization.
2. All the exclusions and Special Conditions applicable to Benefits I (Medical Expenses) shall also be applicable to this Benefit.

**D.II.11. Pre-existing Condition Cover for Emergency Care**

On the occurrence of any Illness contracted or Injury sustained by an Insured Person due to an Accident, whilst on a Trip, which requires Emergency Care in the Country of Visit, the Company shall pay or reimburse the Medical Expenses incurred up to the Sub-limit as specified against this Benefit in the Policy Certificate, provided that:

- Such Emergency Care is related, directly or indirectly, to any Pre-Existing Diseases or Condition, or any complications thereof.
- Such Emergency Care cannot be postponed till the Insured Person's return to India/ Country of Origin.

This Benefit is payable subject to the following:

1. The Claim is admissible under Benefit I (Medical Expenses) in respect of the Insured Person for the same period of Hospitalization.
2. All the exclusions and Specific Conditions applicable to Benefits I (Medical Expenses) shall also be applicable to this Benefit.
3. A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

Cover under this Benefit is only available if base Benefit I (Medical Expenses) is in-force and opted for by the Insured Person. Any costs or expenses payable under this Benefit shall be subject to the Aggregate limit of Sum Insured specified against Benefit I (Medical Expenses) in the Policy Certificate.

**Specific Exclusions:**

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

- a) Any Pre-Existing Disease or condition for which the Insured Person has taken any medical treatment preceding the Coverage Commencement Date.
- b) Any complication arising out of any Surgery, treatment for any Injury or any similar treatment taken prior to the Coverage Commencement Date.
- c) Expenses incurred towards any Illness or Surgical Procedure which was diagnosed prior to the Trip and for which any Medical Practitioner has recommended due treatment / Surgery prior to the Trip.
- d) Expenses incurred towards removal or upgradation of any prosthetics / implants already placed inside/outside of the Insured Person's body.
- e) Dental problem of any kind.
- f) Stone removal from any site.
- g) Hernia, Piles, Cataract, Hydrocele, Fistula in Anus, Tonsillitis
- h) Expenses incurred towards any treatment initiated in the Country of Visit which is to be continued on the Insured Person's return to India/ Country of Origin.

**D.II.12. Home to Home Cover**

If the Insured suffers an Injury due to an Accident during the Period of Insurance, whilst on the way from his/her place of residence to the Port in India to board a Common Carrier for the purpose of commencement of a Trip, or whilst on the way back to his/her place of residence from the Port in India upon arrival from the Country of Visit, and that Injury solely and directly results in death or disablement of the Insured Person which is of the nature specified in the table of benefits below within 90 days from the date of such Accident, the Company shall pay the percentage of the Sum Insured as is specified in the table of benefits.

Condition/Nature of Disablement	Percentage of Sum Insured
Death	100%
Total and irrecoverable loss of sight in both eyes	100%
Loss by physical separation or total and permanent loss of use of both hands or both feet	100%
Loss by physical separation or total and permanent loss of use of one hand and one foot	100%
Total and irrecoverable loss of sight in one eye and loss of a Limb	100%
Total and irrecoverable loss of hearing in both ears and loss of speech	100%
Total and irrecoverable loss of hearing only - both ears	60%
Total and irrecoverable loss of speech only	60%
Loss of thumb - both phalanges	25%
Loss of index finger -three phalanges or two phalanges or one phalanx	10%
Loss of sight of one eye	50%
Loss of one hand	50%
Loss of one foot	50%

This Benefit shall be payable subject to the following:

- In case of any disablement not listed in the table above, the Company shall pay a proportion of the Sum Insured according to the degree to which the Insured Person's normal functional physical capacity, as it existed previously, has been impaired, as determined by the empanelled Medical Practitioner of the Company/EASP.
- In the event of death of a minor Insured Person who is less than age 18 as of the commencement of the Trip, the maximum liability of the Company shall be 50% of the Sum Insured specified against this Benefit in the Policy Certificate.
- If more than one Injury of the same nature specified in the table above results from any one Accident, only the amount for any one Injury, whichever is the largest, will be payable.
- The maximum period of the cover under this Benefit shall be the actual period of such one-way local journey, but in no event exceeding 48 hours each for onward/return journey and in any case not exceeding four days in total. The Insured Person shall be required to furnish adequate proof evidencing the duration of such local journey.
- The Sum Insured shall be payable only in Indian Currency in India to the Insured Person or his/her nominee or legal representative, as the case may be.
- The disablement continues for a period of at least 180 days from the commencement of the disablement and the Company is satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement.

**Specific Exclusions:**

The Company shall not be liable to make any payment for any claim under this Benefit in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

- Any damage to health caused by curative measures, radiation, infection, poisoning except insofar as the same arise from an Accident.
- Any breach of law by the Insured Person with criminal intent or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.
- Any consequential loss or damage cost or expense of whatsoever nature.
- Any claim resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by childbirth, maternity or pregnancy or any complication thereof, venereal disease.
- Any exclusion mentioned in the 'General Exclusions' Section of this Policy.

**D.II.13. Adventure Sports**

If an Insured Person suffers an Injury due to an Accident in a Country of Visit whilst on a Trip arising out of the Insured Person engaging in any Adventure Sport which is carried out in accordance with the guidelines, codes of good practice and any recommendations for safe practices as laid down by the applicable governing body or sports authority and requires Emergency Care, then the Company shall pay or reimburse the Medical Expenses incurred, on the recommendation of a Medical Practitioner, up to Sub-limit as specified against this Benefit in the Policy Certificate.

Cover under this Benefit is only available if base Benefit I (Medical Expenses) is in-force and opted for by the Insured Person. Any costs or expenses payable under this Benefit shall be subject to the Aggregate limit of Sum Insured specified against Benefit I (Medical Expenses) in the Policy Certificate.

**D.II.14. STD Cover**

If the Insured Person suffers an Illness or Injury, in a Country of Visit whilst on a Trip, which is directly or indirectly attributable to any sexually transmitted disease, including HIV (Human Immunodeficiency Virus) and/or any HIV related illness, AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivative or variation thereof however caused, and requires Emergency Care, on the recommendation of the EASP and the Medical Practitioner, the Company shall pay or reimburse the Medical Expenses incurred, up to the Sub-limit as specified against this Benefit in the Policy Certificate.

Cover under this Benefit is only available if base Benefit I (Medical Expenses) is in-force and opted for by the Insured Person. Any costs or expenses payable under this Benefit shall be subject to the Aggregate limit of Sum Insured specified against Benefit I (Medical Expenses) in the Policy Certificate.

**D.II.15. Mental Disorder Cover**

If the Insured Person suffers from an Injury due to an Accident or an Illness, arising from or any mental or nervous disorders or disturbances of consciousness, strokes, fits or convulsions, in a Country of Visit whilst on a Trip and requires Emergency Care, the Company shall pay or reimburse the Medical Expenses incurred, on the recommendation of a Medical Practitioner, up to the Sub-limit as specified against this Benefit in the Policy Certificate.

Cover under this Benefit is only available if base Benefit I (Medical Expenses) is in-force and opted for by the Insured Person. Any costs or expenses payable under this Benefit shall be subject to the Aggregate limit of Sum Insured specified against Benefit I (Medical Expenses) in the Policy Certificate.

**D.II.16. Substance & Alcohol Abuse**

If the Insured Person suffers from any mental or nervous disorders or disturbances of consciousness, strokes, fits or convulsions due to alcoholism and/or drug dependency, in a Country of Visit whilst on a Trip and requires Emergency Care, the Company shall pay or reimburse the Medical Expenses incurred on the recommendation of a Medical Practitioner, up to the Sub-limit as specified against this Benefit in the Policy Certificate.

Cover under this Benefit is only available if base Benefit I (Medical Expenses) is in-force and opted for by the Insured Person. Any costs or expenses payable under this Benefit shall be subject to the Aggregate limit of Sum Insured specified against Benefit I (Medical Expenses) in the Policy Certificate.

**D.II.17. Pregnancy Cover**

If a female Insured Person suffers from acute medical complications during pregnancy, child birth and any consequences thereof in a Country of Visit whilst on a Trip, and the same requires Emergency Care for the Insured Person or her baby, the Company shall pay or reimburse the expenses incurred towards such treatment, up to the Sub-limit as specified against this Benefit in the Policy Certificate.

This Benefit shall be payable subject to the following:

- As of the commencement of the Trip, the Insured Person is less than age 38, and the 30th week of the pregnancy is not yet completed.
- We shall not be liable to make any payment under this Benefit, if such medical complications occur or are first diagnosed prior to the

commencement of the Period of Insurance or within a waiting period as specified under the Policy Certificate from the Coverage Commencement Date, or after the completion of 30 days following the delivery. The waiting period shall cease to apply from the first Renewal of the Insured Person's cover under the Policy.

Cover under this Benefit is only available if base Benefit I (Medical Expenses) is in-force and opted for by the Insured Person. Any costs or expenses payable under this Benefit shall be subject to the Aggregate limit of Sum Insured specified against Benefit I (Medical Expenses) in the Policy Certificate.

**Specific Exclusions:**

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any pregnancy arising out of in vitro fertilization, surrogacy or any other type of assisted reproduction.
2. Medical termination of pregnancy
3. Any complication that has occurred prior to the Coverage Commencement whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought.
4. Any tests or treatment relating to contraception, sterilization, birth defects or Congenital Anomalies;
5. Any depressive, psychological or psychiatric illness, including post-natal depression.

**D.II.18. Study Interruption**

In the event of any prolonged interruption/discontinuance of studies at an educational institution for an Insured Person, who is a student pursuing an educational course as a full time student in an educational institution in the Country of Visit during the Period of Insurance, directly as a result of his/her Hospitalization for two or more consecutive months due to any Injury or Illness covered under this Policy, or in case of any (i) Life Threatening Condition or (ii) any emergency medical evacuation or (iii) death of any of the Immediate Family Members, the Company shall reimburse any tuition fees paid by or on behalf of the Insured Person to any competent educational institution, up to the limit of Sum Insured as specified against this Benefit in the Policy Certificate, if the Insured Person cannot attend the remaining part of his/her current semester at the education institution, and the situation warrants that the Insured Person has to take tuition to complete the educational course.

This Benefit shall be payable subject to the following:

1. Any refund of tuition fees made or due to Insured Person from his/her existing educational institution shall be adjusted from any amounts payable under this Benefit.
2. In the event of a claim, the Insured Person shall be required to make a written request to the educational institution in which he is studying and obtain a written response in respect of the refund of tuition fees due to the Insured Person. Copies of both the above letters shall be required to be furnished to the Company for processing of a claim under this Benefit.

Only the tuition fee amounts mentioned on the official invoice(s) issued by said educational institution and any corresponding statement of refund of fee shall be the basis of settlement of a claim under this Benefit.

**D.II.19. Sponsor Protection**

In the event of death, due to an Injury arising from an Accident, of the education sponsor of an Insured Person, who is a student pursuing an educational course as a full time student in an educational institution in the Country of Visit during the Period of Insurance, the Company shall reimburse the remaining unpaid tuition fee of such Insured Person, up to the limit of Sum Insured as specified against this Benefit in the Policy Certificate

This Benefit shall be payable subject to the following:

1. Such education sponsor's name should be specified in the Insured Person's school/university enrolment form.
2. Only the tuition fee amounts mentioned on the official invoice (s) issued by said educational institution and any corresponding statement of refund of fee shall be the basis of settlement of a claim under this Benefit.
3. The reimbursement shall be made by the Company only upon

submission of an official Death Certificate and statement of the treating Medical Practitioner of such education sponsor evidencing the cause of death, and a valid proof of death. Any statement or certification provided by an Immediate Family Member as a treating Medical Practitioner is not permitted.

**D.II.20. Medical Sub-limit Cover**

The Company's liability under Benefit I (Medical Expenses), during a Trip shall be Sub-limited basis one or combination of following parameter/s as opted under the Policy:

- i. Sum Insured for Medical Expenses
- ii. Age of the Insured Member
- iii. Illness/ Injury or both
- iv. With/ Without medical reports
- v. Area of Cover
- vi. Disease Category
- vii. Per Claim/ Per Insured/ Per Policy

Sub limit amount chosen (Minimum limit USD 100, Maximum up to Sum Insured)

In case multiple parameters opted for sub-limits are applicable to a single claim then the lower value of the sublimit shall apply.

**The Sub-limits under this cover shall not be applicable in Schengen Countries/ Plan.**

Cover under this Benefit is only available if base Benefit I (Medical Expenses) is in-force and opted for by the Insured Person. Any costs or expenses payable under this Benefit shall be subject to the Aggregate limit of Sum Insured specified against Benefit I (Medical Expenses) in the Policy Certificate.

**D.II.21. Loss of passport**

If the Insured Person's passport is lost or stolen in a Country of Visit whilst on a Trip, the Company shall reimburse the actual expenses necessarily and reasonably incurred in connection with obtaining a duplicate or fresh passport and replacing the lost travel documents, including the issuance of an Emergency Certificate from the concerned consulate, up to the limit of Sum Insured as specified against this Benefit in the Policy Certificate.

This Benefit is payable subject to the following:

1. In case of theft of passport, the incident is to be reported to the police within 24 hours of the Insured Person becoming aware of the theft, and a written police report is to be furnished to the Company.
2. A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

**Specific Exclusions:**

The Company shall not be liable to make any payment for any claim for loss or theft of a passport in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any delay or confiscation or detention by the customs, police or public authorities.
2. Any loss of the passport in a public place or in a public transport, due to the Insured Person's failure to take reasonable precautions to avoid such loss.
3. Loss or theft of the passport from an unlocked private hotel room / apartment/vehicle, unless forcible and violent entry was used to gain access to it.
4. Any exclusion mentioned in the "General Exclusions" Section of this Policy.

**D.II.22. Total Loss of Checked-in Baggage**

In the event of total and complete loss of Checked-in Baggage whilst on a Trip and whilst it is in the custody of the Common Carrier, the Company shall reimburse the Insured Person for the Market Value of such Checked-in Baggage upto the limit of Sum Insured specified against this Benefit in the Policy Certificate.

For the purpose of this Benefit, "Market Value" refers to the sum required to purchase new items of the same kind and quality as those contained in the Checked-in Baggage, less an amount representing wear and tear, depreciation and usage at the time of the loss.



The cover is applicable only at the Intended Destinations, and is limited to the period commencing from the time the Checked-in Baggage is entrusted to the Common Carrier and return of the Insured Person back to the City of Origin, or any other Port in India/ Country of Origin along with all halts and via destinations included in the travel booking.

This Benefit shall be payable subject to the following:

1. In the event of such a total and complete loss of Checked-in Baggage whilst in the custody of the Common Carrier, a Property Irregularity Report (PIR) must be obtained from the Common Carrier immediately upon discovery of the loss which must be submitted along with the claim.
2. A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.
3. Our maximum liability under this Benefit in respect of any one Checked-in Baggage, in case more than one bag has been checked-in, is 50% of the applicable Sum Insured. In case of only one bag being checked-in, the maximum liability is upto 100% of the applicable Sum Insured.
4. The Company has been provided with all the documents, reports and other details from the Common Carrier confirming the loss of Checked-in Baggage in its custody.
5. If the Company makes any payment under this benefit, it is agreed that any recovery from any Common Carrier by the Insured Person, under the terms of the Convention for the Unification of Certain Rules Relating to International Carriage by Air, 1929 ("Warsaw Convention") shall become the property of the Company.
6. Any partial loss of the items contained within the Checked-in Baggage, not amounting to a total and complete loss of such Checked-in Baggage, shall not be payable.
7. In the event of simultaneous claims under this Benefit as well as under Benefit 23 (Delay of Checked-in Baggage), the higher of the claims shall be payable by the Company in respect of the same item (s) of Checked-in Baggage during any one Period Of Insurance.

**Specific Exclusions:**

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Valuables, Money, any kind of securities and tickets/passes or any other item not declared and/or agreed by the Company.
2. Loss of any Checked-in Baggage unless a Property Irregularity Report or other report usually issued by the Common Carrier in the event of loss of Checked-in Baggage has been procured and submitted to the Company.
3. Any partial loss of the items contained within the Checked-in Baggage.
4. Losses arising from any delay, detention, confiscation by the customs officials or other public authorities.
5. Any Checked-in Baggage loss while the Insured Person is in India/ Country of Origin.
6. Any exclusion mentioned in the "General Exclusions" Section of this Policy

**D.II.23. Delay of Checked-in Baggage**

In the event of delay in scheduled arrival of the Checked-in Baggage whilst on a Trip and whilst it is in the custody of the Common Carrier, the Company shall pay or reimburse either the reasonable costs necessarily incurred towards emergency purchases of toiletries, medication and clothing up to the limit of Sum Insured specified against this Benefit in the Policy Certificate OR the expenses incurred by the Insured Person towards transportation for recovering the Checked-in Baggage from the Common Carrier.

The cover is applicable only at the Intended Destinations, and is limited to the period commencing from the time the Checked-in Baggage is entrusted to the Common Carrier and return of the Insured Person back to the City of Origin, or any other Port in India/ Country of Origin along with all halts and via destinations included in the travel booking.

This Benefit shall be payable subject to the following:

1. For each and every claim made under this Benefit, a Deductible of the number of hours specified in the Policy Certificate shall be separately applicable in terms of delay in arrival of the Checked-in Baggage from the actual arrival time of the Common Carrier at the Insured Person's

Intended Destination.

2. The Company is provided with a proof of such delay in writing from the Common Carrier.
3. The Company is provided with the receipts of the purchase of toiletries, medication and clothing that the Insured Person needed to buy in the duration of such delay.
4. If the Company makes any payment under this benefit, it is agreed that any recovery from any Common Carrier by the Insured Person, under the terms of the Convention for the Unification of Certain Rules Relating to International Carriage by Air, 1929 ("Warsaw Convention") shall become the property of the Company.
5. In the event of simultaneous claims under this Benefit as well as under Benefit 22 (Total Loss of Checked-in Baggage), the higher of the claims shall be payable by the Company in respect of the same item (s) of Checked-in Baggage during any one Period Of Insurance.

**Specific Exclusions:**

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Valuables, Money, any kind of securities and tickets/passes or any other item not declared and/or agreed by the Company.
2. Loss of any Checked-in Baggage unless a Property Irregularity Report or other report usually issued by the Common Carrier in the event of loss of Checked-in Baggage has been procured and submitted to the Company.
3. Any partial loss of the items contained within the Checked-in Baggage.
4. Losses arising from any delay, detention, confiscation by the customs officials or other public authorities.
5. Any delay while the Insured Person is in India/ Country of Origin.
6. Loss due to complete/partial damage of the Checked-in Baggage.
7. Any exclusion mentioned in the "General Exclusions" Section of this Policy.

**D.II.24. Trip Delay**

In the event of any delay of the Common Carrier, whilst on a Trip, at any Port specified in the Insured Person's main travel booking, the Company shall reimburse the Insured Person for any Reasonable Additional Expenses such as expenses incurred on temporary accommodation and emergency purchases of toiletries, medication and clothing, upto the limit of Sum Insured specified against this Benefit in the Policy Certificate, if such delay is caused due to any of the following reasons:

1. Inclement Weather
2. Air traffic congestion.
3. Any Strike, riots, industrial action at the Port or relating to the Common Carrier
4. Accidental or mechanical failure, or any technical problem in the Common Carrier

This Benefit shall be payable subject to the following:

1. The Insured Person shall submit to the Company sufficient proof to substantiate the reason for such delay of the Common Carrier, unless this proof is available to the Company directly from a reliable source in the public domain;
2. The delay of the Common Carrier is in excess of 3 hours or the number of hours specified in the Policy Certificate from the scheduled time of the Common Carrier at the Port.
3. The Company shall be liable under this Benefit for only one / multiple delay/s, as specified in the Policy Certificate, encountered by the Insured Person during the Period of Insurance, irrespective of whether the Policy is Single Trip or Multi Trip Policy.
4. A Deductible of the number of hours and an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

**Specific Exclusions:**

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Delayed arrival of the Insured Person or Travelling Companion
2. Any delayed departure caused by a Strike or industrial action known to exist or capable of being anticipated basis information available on a public domain at the time the Trip was booked.

3. If the Common Carrier is taken out of service on the instruction of the Civil Aviation Authority, or any other governmental authority.
4. Any exclusion mentioned in the "General Exclusions" Section of this Policy.

#### D.II.25. Flight Delay

In the event of any delay of the Common Carrier, whilst on a Trip, at any Port specified in the Insured Person's main travel booking except in India/ Country of Origin, the Company shall reimburse the Insured Person for any reasonable and necessary expenses incurred on any alternate travel booking under any mode of transport, for travelling to the next Intended Destination as per his/her main travel booking, upto the limit of Sum Insured specified against this Benefit in the Policy Certificate, if such delay is caused due to any of the following reasons:

1. Inclement Weather
2. Any Strike, riots, industrial action at the Port or relating to the Common Carrier

This Benefit shall be payable subject to the following:

1. The Insured Person shall submit to the Company sufficient proof to substantiate the reason for such delay of the Common Carrier, unless this proof is available to the Company directly from a reliable source in the public domain;
2. The delay of the Common Carrier is in excess of 3 hours or the number of hours specified in the Policy Certificate from the scheduled time of the Common Carrier at the Port.
3. The Company shall be liable under this Benefit for only one/ multiple delay/s, as specified in the Policy Certificate, encountered by the Insured Person during the Period of Insurance, irrespective of whether the Policy is Single Trip or Multi Trip Policy.
4. A Deductible of the number of hours and an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

#### Specific Exclusions

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Delayed arrival of the Insured Person or Travelling Companion
2. Any delayed departure caused by a Strike or industrial action known to exist or capable of being anticipated basis information available on a public domain at the time the Trip was booked.
3. If the Common Carrier is taken out of service on the instruction of the Civil Aviation Authority, or any other governmental authority.
4. Any exclusion mentioned in the "General Exclusions" Section of this Policy.

#### D.II.26. Missed Connection

In the event of an Insured Person failing to board any Common Carrier onwards to an Intended Destination due to a delay or cancellation of a prior connecting Common Carrier, including any change of route, non-landing / docking, or offloading of passengers due to overbooking, and provided that any such delay or cancellation is not caused due to, arising out of or in consequence of any acts or omissions of the Insured Person, the Company shall reimburse up to the opted percentage and limit of the following expenses and subject to the limit of Sum Insured specified against this Benefit in the Policy Certificate:

- a. Reasonable expenses towards alternate travel bookings made up to such Intended Destination as may be absolutely necessary by any other Common Carrier.
- b. Reasonable and necessary costs of upgradation of travel booking to a superior class in the same form of Common Carrier.
- c. Necessary expenses incurred towards Reasonable Additional Expenses.
- d. Reasonable and necessary costs of upgradation of accommodation arrangements provided in cases where only partial services are provided by the concerned travel provider.
- e. Any expenses incurred towards bookings made for any missed Event, including any sightseeing or entertainment programmes, sports matches and any organized games. For the purpose of this Benefit, "Event" means any official sporting occasion, music concert, exhibition, educational /cultural tour, cinema, theatre, theme park or military display, or a visit to any other tourist attraction where admission is only by way of tickets sold in advance.
- f. A Deductible of an amount specified in the Policy Certificate shall be

separately applicable for each and every claim made under this Benefit.

#### D.II.27. Personal Liability

In the event of any third party's death, Injury or property being damaged whilst on a Trip in the Country of Visit, the Company shall reimburse any actual legal liability including Defence Costs, incurred by the Insured Person in his/her private capacity to pay Damages to such third party up to the limit of Sum Insured specified against this Benefit in the Policy Certificate.

For the purpose of this Benefit, Damages mean any sums payable following a judgments or award in the Country of Visit, but shall not include fines, penalties, punitive or exemplary damages, any amount towards bail, surety or guarantee or of similar nature, any non-pecuniary relief, or any other amount for which an Insured Person is not financially liable, or which is without legal recourse to the Insured, or any matter that may be deemed to be uninsurable under Indian law.

This Benefit shall be payable subject to the following:

1. The Company is given immediate written notice of any event that may give rise to a claim under this Benefit.
2. The Insured Person does not incur any Defence Costs or expenses, admit liability or settle or attempt to settle, make any admission or offer any payment or otherwise assume any contractual obligation with respect to such claim without Our prior written consent.
3. The Insured Person shall be liable to pay any Damages falling due under this Benefit, and the Company shall only be liable for reimbursement of such Damages incurred with the Company's prior written consent. Such Damages must be payable under an acceptance of liability given or approved by the Company or under a judicial decision rendered by a court of law with applicable jurisdiction.
4. The Insured Person is obligated to defend himself/herself in any ensuing civil proceedings.
5. The Company shall be entitled, but not obligated to, at any time to take over and conduct the defence and/or settlement of any action or claim in the name of the Insured Person and shall be entitled at all times to relinquish such control. In the event the Company, in its sole discretion, chooses to exercise its right in pursuance of this condition, no action taken by the Company in the exercise of such right will serve to modify or expand in any manner, what the Company's liability or obligations under this Policy would have otherwise been had it not exercised its rights under this condition.
6. The Company shall be entitled to receive any cooperation and assistance it may require from the Insured Person during the defence of settlement of such action or claim under this Benefit.
7. The Company shall not settle any claim without the express consent of the Insured Person, but if the Insured Person refuses an available settlement recommended by the Company, then the Company's liability shall be restricted to the amount by which such claim could have been settled;
8. A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

#### Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any claim arising from the Insured Person's personal contractual liability or through promises made by the Insured Person.
2. Any actual or alleged liability of the Insured Person towards any Immediate Family Members, relatives and Travelling Companions, or colleagues, whether personal or official.
3. Any claim resulting from transmission of an Illness by the Insured Person.
4. Any claim for damage resulting from participation of the Insured Person in any professional sports or Adventure Sports.
5. Any claim for liability, arising directly or indirectly, from or due to:
  - a) Possession of animals, birds, reptiles, insects etc. and their by-products like skin, hair, feathers, horns, fur, ivory, bones, eggs, etc.
  - b) ownership or possession of vehicles, aircrafts, water crafts, or activities of the Insured Person involving parachuting, hand-gliding, hot air ballooning or use of fire arms.
  - c) Any willful, negligent, malicious or unlawful act, error or omission.

- d) Any supply of goods or services on the part of the Insured Person.
- e) The Insured Person's involvement in any activities of commerce or occupation.
- 6. Any ownership or occupation of land or buildings other than the occupation of any booked accommodation in the Country of Visit.
- 7. Any exclusion mentioned in the 'General Exclusions' Section of this Policy.

**D.II.28. Legal Expenses**

In the event of death, Injury or property being damaged, of insured person, whilst on a Trip in the Country of Visit, the Company shall reimburse the legal costs and expenses incurred by the Insured/ Insured Person or the legal representative of the Insured Person, as the case may be, towards claims from third parties for compensation for accidental death or disablement arising due to an injury whilst on a trip abroad up to the limit of Sum Insured specified against this Benefit in the Policy Certificate.

**Specific Exclusions:**

1. Any damage to health caused by curative measures, radiation, infection, poisoning except insofar as the same arise from an Accident.
2. Any payment whereby the Company's liability would exceed the maximum Sum Insured payable under this benefit.
3. Any breach of law by the Insured Person with criminal intent or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.
4. Any consequential loss or damage cost or expense of whatsoever nature.
5. Any claim resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by childbirth, maternity or pregnancy or any complication thereof, venereal disease or infirmity.
6. Any claim arising from the Insured Person's personal contractual liability or through promises made by the Insured Person.
7. Any actual or alleged liability of the Insured Person towards any Immediate Family Members, relatives and Travelling Companions, or colleagues, whether personal or official.
8. Any claim resulting from transmission of an Illness.
9. Any claim for damage resulting from participation of the Insured Person in any professional sports or Adventure Sports.
10. Any claim for liability, arising directly or indirectly, from or due to:
  - Possession of animals, birds, reptiles, insects etc. and their by-products like skin, hair, feathers, horns, fur, ivory, bones, eggs, etc.
  - ownership or possession of vehicles, aircrafts, water crafts, or activities of the Insured Person involving parachuting, hand-gliding, hot air ballooning or use of fire arms.
  - Any willful, negligent, malicious or unlawful act, error or omission.
  - Any supply of goods or services on the part of the Insured Person.
  - The Insured Person's involvement in any activities of commerce or occupation.
11. Any ownership or occupation of land or buildings other than the occupation of any booked accommodation in the Country of Visit.
12. All exclusions mentioned in the 'General Exclusions' section of this Policy shall also apply to this Section

**D.II.29. Financial Emergency Assistance**

In the event of a financial emergency arising in relation to the permanent and total loss of the Insured Person's Money whilst on a Trip, due to any Theft, mugging, robbery, dacoity, or pilferage of Money of the Insured Person in the Country of Visit, the Company shall co-ordinate with Insured Person's relative/s in India/ Country of Origin to provide emergency cash assistance to the Insured as per his/her requirement, up to the limit of Sum Insured specified against this Benefit in the Policy Certificate

This Benefit shall be payable subject to the following:

1. Such loss of Money is required to be reported to the Police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident, and a written report being obtained for the same.
2. In case of loss of traveller's cheques, such loss needs to be immediately reported to the local branches or agents of the applicable issuing authority.
3. It is a Condition Precedent to the Company's liability under this Benefit that in the event of any such loss of Money, the Insured Person must notify the same to the Company as soon as practicable, with complete details of the occurrence, as are available, Policy number, Member ID/Policy Certificate no, date of issuance, in addition to applicable Police Report/Issuing Authority's notification by the Insured Person.

**Specific Exclusions:**

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. A shortage in or loss of Money due to currency fluctuation, errors, omissions, exchange loss or depreciation in value.
2. Any loss not reported to the police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident and a written report being obtained for the same.
3. Any claim in respect of a loss of traveler's cheques not immediately reported to the local branches or agents of the issuing authority.
4. Loss of Money not kept in the personal custody of the Insured Person.
5. Any claim made on or after return of the Insured Person back to India/ Country of Origin.
6. Any loss of Valuables, any kinds of securities or tickets;
7. Any loss of Money contained in Checked-in Baggage.
8. Any exclusion mentioned in the 'General Exclusions' Section of the Policy.

**D.II.30. Hijack Distress Allowance**

In the event that a Common Carrier in which the Insured Person is traveling whilst on a Trip is hijacked for more than the number of hours specified as deductible in the Policy Certificate, the Company shall pay the amount specified in the Policy Certificate for each continuous period specified in the Policy Certificate that the Insured Person is detained by hijackers, upto the maximum amount specified in the Policy Certificate.

A Deductible of the number of hours the Common Carrier has been under hijack, as specified in the Policy Certificate, shall be separately applicable for each and every claim made under this Benefit.

**Specific Exclusions:**

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. The Insured Person and/or his Immediate Family Member being suspected to be an accomplice or an accessory in such hijack.
2. Any claim as a consequence of a change in the regular routes of travel/journey of the Common Carrier due to traffic, weather, fuel shortage and technical snag or security reasons.
3. Any exclusion mentioned in the 'General Exclusions' Section of this Policy.

**D.II.31. Home Burglary Insurance (Contents)**

In the event of an actual or attempted Burglary and/or Theft in the Insured Person's usual place of residence, situated at the address specified in the Policy Certificate, whilst on a Trip, which deprives the Insured Person of his/her personal possessions or property stored within such place of residence, the Company shall indemnify the Insured Person for the actual total loss incurred up to the limit of Sum Insured specified against this Benefit in the Policy Certificate.

For the purpose of this Benefit, "Market Value" refers to the sum required to purchase new items of the same kind and quality as those lost in the Burglary or Theft covered under this Benefit, less an amount representing wear and tear, depreciation and usage at the time of such loss.

This Benefit shall be payable subject to the following:

1. A proper F.I.R. is lodged with the nearest Police Station as per the applicable jurisdiction and a copy thereof is provided to the Company followed by a Final Police Report confirming the loss.
2. The Company will be provided with a proof of ownership of each personal possession or property that the Insured Person claims to be deprived of under this Benefit.
3. All claims shall be settled only on Market Value of the personal possessions or property lost or damaged, as at the date of such Burglary or Theft.
4. The cover granted under this Benefit is on first loss basis, i.e. up to a reduced value of the total loss incurred in a case of under-insurance of the personal possessions or property stored within the Insured Person's place of residence.
5. In case of damage or any partial loss to any covered personal possessions or property, the Company will at its sole discretion either



deem such loss to be total loss on Market Value, or reimburse the costs of repair for such personal possessions or property. In both the cases, reasonable salvage value shall be adjusted from the loss amount payable.

**Specific Exclusions:**

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any Valuables which are not stored in a locked and secured cupboard, which is evidenced by a proper list made available to the Company.
2. Any Money, securities, stamp, collection of stamps, business books or papers.
3. The Insured Person and/or his Immediate Family Member being suspected to be an accomplice or an accessory in such Burglary or Theft or any damage caused to the personal belongings and property, or where such loss or damage has been expedited or assisted or brought about by Insured Person and/or his Immediate Family Member.
4. Loss or damage which is recoverable under any Fire and allied Perils Policy or Plate Glass Policy or any other valid and applicable insurance.
5. Loss or damage, proximately or remotely occasioned by or arising out of or in connection with Strike, Catastrophe, or any Act of God.
6. Any loss or damage of a consequential nature.
7. Legal Liability of any kind.
8. Any loss or damage, directly or indirectly caused following the use of the key of said residence or its premises or any duplicate thereof belonging to the Insured Person, unless such key has been obtained by any incident of assault or violence or any threat thereof.

**D.II.32. Overbooked Flight**

If the Insured Person is denied boarding of commercial scheduled Common Carrier for which he/she had confirmed travel booking, at the sole instance of the Common Carrier or travel provider due to over-booking, and no alternative mode of travel is made available within 12 hours of the scheduled departure time of such Common Carrier, the Company shall reimburse the Insured Person for: (i) expenses incurred, as evidenced by way of bills/receipts in respect of alternate accommodation booking, if the same is not provided by the Common Carrier or any other third party, and (ii) purchase of an alternate travel booking, less refund, if any, obtained from the Common Carrier, up to the limit of Sum Insured specified against this Benefit in the Policy Certificate.

The details and confirmation of such denied boarding must be obtained and verified in writing by the Common Carrier or travel provider, or concerned agents.

**D.II.33. Bail Bond**

If the Insured/ Insured Person is arrested or detained by Police or Judicial authorities, for any bailable offence whilst on a trip abroad covered by this Policy, the Company shall provide the payment of bail amount to the appropriate authority/court on behalf of the Insured/ Insured Person up to the limit of Sum Insured specified against this Benefit in the Policy Certificate.

A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

**Specific Exclusions:**

The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured/ Insured Person for:

1. All non-bailable offences as per the local law of the country in which the incident has taken place whilst the Insured is on a trip abroad
2. Any exclusion mentioned in the "General Exclusions" section of this Policy

This Benefit shall be payable subject to the following:

- i. The Company shall pay or arrange to pay through Emergency Assistance Service Provider to the Judicial Authority / Court directly on behalf of the Insured/Insured Person, the bail amount.
- ii. This benefit would be for bailable offences only.
- iii. The Insured shall appear in the Court on the date specified by the Court

for trial and judgment.

If the bail bond is forfeited due to the misconduct or negligence or any wrongful act of the Insured/Insured Person or otherwise for breach of the terms of such bail bond, then the amount of the bail bond will require to be repaid by the Insured to the Company within 1 month after the bail bond is forfeited and if the Company so deems necessary (whether on expiry of such 1 month or otherwise), the Insured will be liable to repay the bail amount together with interest thereon at 10% p.a. from the date of payment by the Company to the Court until receipt thereof from the Insured/ Insured Person, and all costs reasonably incurred by the Company in such behalf.

- iv. In case of death of the Insured Person, at the first instance, the Immediate Family Member, and in case, where there is no Immediate Family Member, the Insured Sponsor, if any, will be liable to produce the death certificate or the necessary documents, as per the local law, in the Court within 1 month (of such death) for the release of the bail amount to Emergency Service Provider. In case the Insured fails to do so, it is hereby agreed that the Company would have full right and authority to recover the bail amount from the Insured.
- v. The amount will be refunded to the Company or Emergency Assistance Service Provider by the Court with which it was deposited as soon as the Court releases the bail amount with which the deposit was made. In no case the amount will be paid out to the Insured/Insured Person.
- vi. In the event the Court releases the bail amount to the Company / Emergency Assistance Service Provider and the bail amount has already been recovered from the estate of the Insured, it shall be paid back to the Insured's legal heir.
- vii. The judgment shall have no bearing on the refund of the deposit to the Company or Emergency Assistance Service Provider. If the Court imposes any penalty or fine on the Insured/Insured Person at the time of interim order or final judgment, then in that case the Insured Person will not be at the liberty to get the fine deducted or adjusted from the bail amount which was deposited by the Company or Emergency Assistance Service Provider.

**D.II.34. Emergency Accommodation**

In the event of the Insured Person's intended place of accommodation in the Country of Visit being rendered uninhabitable due to fire, flood, earthquake, storm, hurricane, explosion, or outbreak of major infectious illnesses, the Company shall reimburse the difference in costs towards any alternate accommodation booking made by the Insured Person in the Country of Visit, up to the limit of Sum Insured limited to a maximum amount per night, specified against this Benefit in the Policy Certificate.

The alternate accommodation booked by the Insured Person under this Benefit should be of a similar and comparable class or costs.

**D.II.35. Alternate Employee/Substitute Employee Expenses**

If the Company has accepted a claim in respect of the Injury, Illness of an Insured Person where that Illness or Injury (if applicable) has resulted in the Insured Person's return to India/ Country of Origin or death before the completion of work assignment as per the travel itinerary stated in his/her main travel booking, then the Company shall reimburse the reasonable costs of Emergency Medical Evacuation or Repatriation of Mortal Remains, in case of death, of the Insured Person and economy tier airfare necessarily incurred by the Policyholder for sending an employee with similar qualifications and experience to complete the business assignment that would otherwise have been completed by the Insured Person on the Trip.

This Benefit shall be payable subject to the following:

- i. In the event of PPD and PTD, the Insured Person will be under the following obligations:
  - a. To have himself/herself examined by the empanelled Medical Practitioners appointed by the Company/EASP. Any costs incurred thereof shall be borne by the Company.
  - b. To authorize the attending Medical Practitioners providing treatment or giving expert opinion, and any other concerned Medical Practitioner, organization or entity to supply the Company any information that may be deemed necessary by the Company to assess the condition of the Insured Person.
  - c. If the above obligations are not met with by the Insured Person due to whatsoever reason, the Company shall be relieved of its liability to compensate under this benefit.

**Specific Exclusions:**

The Company shall not be liable to make any payment for any claim under this Section in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any damage to health caused by curative measures, radiation, infection, poisoning except insofar as the same arise from an Accident.
2. Any breach of law by the Insured Person with criminal intent or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.
3. Any claim resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by childbirth, maternity or pregnancy or any complication thereof, venereal disease or infirmity.
4. Any exclusion mentioned in the 'General Exclusions' Section of this Policy.

**D.II.36. Loss of Laptop**

In the event of Theft of the Insured Person's Laptop in the Country of Visit whilst on a Trip, the Company shall reimburse the Market Value of such Laptop, up to the limit of Sum Insured specified against this Benefit in the Policy Certificate:

For the purpose of this Benefit, "Laptop" shall mean a laptop computer, or any handheld tablet computers excluding any accessories or attachments that come as standard equipment with such devices.

For the purpose of this Benefit, "Market Value" refers to the amount required to purchase a new Laptop of the same kind and quality as the Laptop in relation to which a claim is made under this Benefit, less applicable depreciation @15% per annum from the date of purchase of such Laptop, calculated as at the time of the loss. Maximum depreciation applicable under this Benefit shall not exceed 70% in any event.

This Benefit shall be payable subject to the following:

1. Such Theft is required to be reported to the Police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident, and a written report being obtained for the same.
2. The Company is provided with the original invoice/receipt evidencing the proof of purchase and ownership of such Laptop, or document evidencing the authorized custody of the same, if such Laptop is provided by his/her employer/business organization.
3. The Company is satisfied that the Insured Person took reasonable care to protect his/her Laptop and did not in any way expose the Laptop to the Theft due to negligence on his/her account, or on account of any Immediate Family Member or Travelling Companion.
4. A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

**Specific Exclusions:**

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any Theft of Laptop after 5 years from the date of its original purchase from a retailer/wholesaler/original equipment manufacturer.
2. Laptop being left unattended by the Insured Person.
3. Laptop packed in any Checked-In Baggage
4. Any Lost accessories or attachments
5. Any internal or external damage caused to the Laptop, either due to mishandling of such Laptop or otherwise on account of either the Insured Person or any other party involved in any Theft

**D.II.37. Travel Loan Secure (applicable only to loan/credit linked policies)**

If the Insured Person has procured a Loan Amount from any Financial Institution for the purpose of the Trip, and the same is declared to the Company and specified in the Policy Certificate, the Company shall pay the Outstanding Loan Amount of the Loan Amount specified against this Benefit in the Policy Certificate, upon acceptance of a claim under Benefit III.1 (Accidental Death) or Benefit III.2 (Permanent Total Disablement) or Benefit 6 (Accidental Death – Common Carrier Coverage) or Benefit 7 PTD (Common Carrier Coverage) in respect of the Insured Person.

Notwithstanding anything to the contrary contained under this Policy, in case of loan/ credit linked policies where this Benefit is opted, the Company will make any amounts payable under this Benefit to the Financial

Institution specified in the Policy Certificate, to the extent of the Outstanding Loan Amount, as the case may be or as agreed per the applicable loan agreement, provided that a valid deed of assignment under Section 38 of the Insurance Act 1938 is provided to the Company in favour of such Financial Institution.

For the purpose of this Benefit, "Financial Institution" shall have the meaning assigned to the term under Section 45-I of the Reserve Bank of India Act, 1934, and shall include a Non-Banking Financial Company as defined under Section 45-I of the Reserve Bank of India Act, 1934.

For the purpose of this Benefit, "Loan Amount" means the sum of money lent at interest or otherwise to the Insured Person by any Financial Institution, which is identified by the Loan Account Number referred to in the Policy Certificate.

For the purpose of this Benefit, "Outstanding Loan Amount" means the principal amount of the Loan Amount which is outstanding as on the date of any occurrence or event which gives rise to a claim under the Policy, less the component of such principal amount which was already payable at the date of such occurrence or event, but not paid by the Insured Person, and less any other amount failing due as a penalty or by way of a default in repayment.

**Specific Exclusions:**

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any component of the amounts that is overdue and unpaid to the Financial Institution prior to such occurrence or event.
2. Any additional amounts imposed by a Financial Institution, or otherwise falling due as a penalty or by way of a default in repayment will not be considered for the purpose of this Policy and shall be payable by the Insured Person.
3. Any Loan Amount due to any individual or entity which is not a Financial Institution.
4. Any exclusion mentioned in the 'General Exclusions' Section of this Policy.

**D.II.38. Loss of Personal Effects**

If an Insured Person suffers any act of Mugging whilst on a Trip in the Country of Visit and any valuable or item (other than valuable) belonging to the Insured Person, is stolen by way of mugging, then the Company shall pay or reimburse the Insured Person up to the limit of Sum Insured specified against this Benefit in the Policy Certificate, provided that the Mugging is reported to the police in the applicable jurisdiction within 24 hours of Mugging, and a written police report is furnished to the Company.

A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

For the purpose of this Benefit, "Mugging" means a violent, unprovoked attack by a third party individual who is not an Immediate Family Member, relative, Travelling Companion or colleague of the Insured Person and is evidenced as such in a police report.

**Specific Exclusions:**

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any loss not reported to the police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident and a written report being obtained for the same.
2. Any claim made on or after return of the Insured Person back to India/ Country of Origin.
3. Any exclusion mentioned in the 'General Exclusions' Section of the Policy.

**D.II.39. Return of minor children**

If an Insured Person contracts an Illness or suffers an Injury due to an Accident in a Country of Visit whilst on a Trip, and that Injury solely and directly results in death of the Insured Person whilst on a Trip, the Company shall pay or reimburse either of the following expenses in relation to a Minor Dependent Child covered under this Policy, provided they are not

accompanied by any other adult Immediate Family Member, up to the Sum Insured specified against this Benefit in the Policy Certificate, based on the option of his/her legally appointed guardian, as specified in the Policy Certificate:

1. Expenses incurred on travel bookings for return of the Minor Dependent Child to any Port in India/ Country of Origin,
2. Expenses incurred on travel bookings for transportation of an Immediate Family Member, relative or any other attendant reasonably deemed to be required for the safety and welfare of the Minor Dependent Child, to the Country of Visit, and return to India/ Country of Origin.

“**Minor Dependent Child**” means a child of the Insured Person whether natural or legally adopted, who is (i) less than age 18 years (or as specified in Policy Certificate) as of the commencement of the Trip, and (ii) does not have his/her independent source of income and is financially dependent on the Insured Person.

This Benefit shall be payable subject to the following:

1. Any amount payable for expenses incurred on travel bookings, shall not exceed the cost of an economy tier airfare by the most direct route per booking.
2. The Company's liability under this Benefit, in respect of any one claim or all claims made under this Benefit during the Period Of Insurance, shall be restricted only for two Minor Dependent Child(ren), and shall always be subject to the Sum Insured specified against this Benefit in the Policy Certificate.

#### D.II.40. Overseas Travel Service Supplier Insolvency

In the event of insolvency of an Event Organizer where the Trip is booked through an Event Organizer and such Event is consequently cancelled or does not take place, the Company shall pay or reimburse the below stated expenses incurred by the Insured Person, up to the limit of Sum Insured specified against this Benefit in the Policy Certificate:

1. Reasonable expenses towards alternate travel and accommodation bookings made up to such Intended Destination as may be absolutely necessary, but not exceeding the cost of the Insured Person's original travel and accommodation bookings and such bookings should be for the same tier or class of travel and accommodation as was originally booked by the Insured Person before such event or occurrence.
2. In case of cancellation of the Insured Person's Trip due to non-availability of alternate travel and accommodation bookings, the Company shall reimburse the non-refundable portion of the original travel and accommodation bookings for which the Insured Person has paid in advance, including any travel provider or agent's fee for such cancellation.
3. Any Reasonable Additional Expenses and additional expenses necessarily incurred towards alternate travel and accommodation bookings for returning to Insured Person's City of Origin.

For the purpose of this Benefit, “Event Organizer” is an individual or entity who organizes or is in charge of the organization of an Event in a Country of Visit, and has booked such Event in lieu of fees and necessary costs charged in advance.

For the purpose of this Benefit, “Event” means any official sporting occasion, music concert, exhibition, educational /cultural tour, cinema, theatre, theme park or military display, or a visit to any other tourist attraction where admission is only by way of tickets sold in advance.

#### Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any insolvency of Event Organizer organizing an Event in India/ Country of Origin.
2. Any Insolvency of Event Organizer if at the time of the travel and accommodation bookings, the Event Organizer was insolvent, or a reasonable person would have a reason to expect that basis information available on a public domain that such Event Organizer might become insolvent.
3. Any expenses incurred towards any alternate accommodation scheduled after the pre-decided date of return of the Insured Person to India/ Country of Origin or coverage expiry date of the Period of Insurance, whichever is earlier.

4. Any other loss falling under the 'General Exclusions' Section of the Policy.

#### D.II.41. Loss of International driving License

In the event of loss of Insured Person's International Driving License (IDL) whilst on a Trip in the Country of Visit, the Company shall pay or reimburse the costs incurred by the Insured Person for obtaining a duplicate or new International Driving License either in such Country of Visit or within 30 days upon the return to India/ Country of Origin.

This Benefit shall be payable subject to the following:

- a. Any Theft is required to be reported to the Police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident, and a written report being obtained for the same.
- b. A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.
- c. As a condition precedent to the Company's liability under this Benefit, the Insured Person shall immediately, or as soon as practicable, following the below procedure in the event of any occurrence or event giving rise to a claim under this Policy:
  - Provide immediate notice of such loss to the applicable Indian/Country of Origin authority as also expeditiously give or arrange for the applicable Indian/ Country of Origin authority to be provided with any and all information and documentation in respect of the claim and/or the Company's liability for it that may be requested by the Company or by the applicable Indian/ Country of Origin authority.
  - Provide the written police report to the applicable Indian/ Country of Origin authority.
  - Furnish all documents specified in Section 9 (Claim Documentation) of the Policy.

#### Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

- a) Any loss not reported to the police having jurisdiction at the place of loss within 24 hours of the incident or a written report not being obtained from the police.
- b) Any loss arising from any delay, detention or confiscation by customs officials, police or other public authorities.
- c) Any loss arising from due to International Driving License being left unattended or forgotten by the Insured Person in the public place or public transport, hotel or apartment.
- d) Any loss falling under the 'General Exclusions' Section of the Policy.

#### D.II.42. Bounced Hotel booking

If the Insured Person is denied a confirmed accommodation booking at the Intended Destination, whilst on a Trip, at the sole instance of the accommodation provider due to over-booking, the Company shall pay or reimburse the below stated expenses, up to the limit of Sum Insured specified against this Benefit in the Policy Certificate:

- a) Reasonable expenses incurred towards transportation of the Insured Person to an alternative place of accommodation.
- b) Reasonable and necessary costs of upgradation of accommodation booking to a superior class of accommodation, wherever an alternate accommodation booking is not available on the price of the original accommodation booking, provided the Company is provided with proof that the alternate accommodation was not available at the price of the original accommodation booking in the form of a certificate issued by the provider of such alternate accommodation.

A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

#### D.II.43. Cruise cover

##### 1. Missed Port Departure

In the event of the Insured Person's failure to arrive at the first Port of departure in time to board the Common Carrier on which he/she has booked to travel on a Cruise, caused as a result of any of the below events occurring whilst the Insured Person is travelling to the Common Carrier's first Port of departure, the Company shall pay or reimburse the reasonable costs necessarily incurred towards any alternate accommodation booking and travel bookings in reaching the next Port at which the Common Carrier shall dock for the same Cruise, up to the limit of Sum Insured specified



against this Benefit in the Policy Certificate:

- a) The breakdown of a scheduled Common Carrier on which the Insured Person is travelling;
- b) An Accident to or breakdown of the vehicle in which the Insured Person is travelling;
- c) An Accident or breakdown on a motorway or thoroughfare, occurring ahead of the Common Carrier or any vehicle on which the Insured Person is travelling, which causes an unexpected delay in arriving at the first Port of departure of the Common Carrier on which he/she has booked to travel on a Cruise;
- d) Any strike, industrial action or Inclement Weather conditions affecting the scheduled Common Carrier or any vehicle on which the Insured Person is travelling, which causes an unexpected delay in arriving at the first Port of departure of the Common Carrier on which he/she has booked to travel on a Cruise.

## 2. Unused Excursions

On the occurrence of any Illness or Injury to an Insured Person, whilst on a Cruise, which causes the Insured Person to be confined/quarantined by a Medical Practitioner to his/her own cabin/medical ward onboard the Common Carrier, the Company shall pay the cost of any on-shore excursions booked in advance forming a part of the Trip, which such Insured Person was unable to utilize and which are not recoverable from any other source, up to the limit of Sum Insured as specified against this Benefit in the Policy Certificate.

## 3. Cruise Interruption

In the event of the Insured person requiring Hospitalization on dry land due to any unexpected Injury or Illness of a temporary nature, the Company shall pay or reimburse the reasonable costs necessarily incurred towards any alternate travel bookings in reaching the next Port at which the Common Carrier shall dock for the same Cruise, up to the limit of Sum Insured specified against this Benefit in the Policy Certificate, provided that the Company is provided with a certificate from the attending Medical Practitioner confirming the Insured Person's Injury or Illness.

### Conditions applicable to all Covers under this Benefit:

This Benefit, and all applicable Covers, shall be payable subject to the following:

1. In the event of a claim arising from a delay due to an Accident or breakdown on the motorway or thoroughfare, a written confirmation from the police or any applicable emergency breakdown services of the reasons for such congestion, duration of delay and the affected location.
2. The Insured Person having allowed sufficient time for the scheduled Common Carrier or any vehicle in which the Insured Person was travelling, to arrive at the first Port of departure of the Cruise in time.
3. A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

### Specific Exclusions applicable to all Covers under this Benefit:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy, and all applicable covers, in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

- a) Any claims arising with less than 25% of the Trip's duration remaining.
- b) Any claim arising, directly or indirectly, from an Illness or Injury known prior to the scheduled departure of the Common Carrier (on which the Insured Person is booked to travel on a Cruise)
- c) Any loss falling under the 'General Exclusions' Section of the Policy.

### Specific Exclusions applicable for Cover 1 of this Benefit:

In addition to the exclusion applicable to all Covers this Benefit, the Company shall not be liable to make any payment for any claim under this Cover in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

- a) Any Strike or industrial action or Inclement Weather conditions existing, or publicly declared/ forewarned prior to the date of travel booking or prior to the Coverage Commencement Date, whichever is the later;
- b) An Accident to or breakdown of the vehicle in which Insured Person is travelling, for which a professional garage/mechanic's report is not provided to the Company;
- c) Breakdown of any vehicle in which Insured Person is travelling, if the vehicle is owned by Insured Person and has not been serviced

- d) properly or maintained in accordance with the manufacturer's instructions, due to any reason;
- d) Withdrawal from service (temporary or otherwise) of any Common Carrier on the recommendation of the relevant governmental regulatory body in India/ Country of Origin or in the Country of Visit.
- e) Any expenses where the scheduled Common Carrier or travel provider has offered reasonable alternative travel arrangements.
- f) Any expenses where the Insured Person's scheduled arrival time at the first Port of departure is less than 3 hours in advance of or prior to the scheduled departure time of the Cruise, where the Insured Person is travelling independently and not part of any integrated/composite Cruise package.

### D.II.44. Debit / Credit / Forex Card Fraud

In the event of loss or Theft of the Insured Person's bank issued debit/credit/forex card in a Country of Visit whilst on a Trip, the Company shall pay or reimburse the financial loss incurred by the Insured Person, arising out of any fraudulent utilization of such card from the time of such loss or Theft being reported to the local Government authority/ the Company until the time of such card being blocked by issuing bank, up to the limit of Sum Insured as specified against this Benefit in the Policy Certificate.

This Benefit shall be payable subject to the following:

1. All claims made under this Benefit shall be payable in India and in Indian Rupees only.
2. The Insured Person must have taken all reasonable steps to avoid any loss, damage or expense.
3. The loss or Theft is to be reported to the issuing bank as soon as practicable, and a written police report is to be furnished to the Company.
4. A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

### Specific Exclusions:

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any claims where the loss can or could have been recovered from any other source.
2. Any claims where the reporting procedures of the issuing bank have not been followed as soon as practicable from the time of the Insured Person becoming aware of the loss or Theft.
3. Any claim where loss or Theft is not notified to the local police as soon as practicable from the time of the Insured Person becoming aware of the loss or Theft.
4. Any claim arising out of a loss where Insured Person has left the card unattended.
5. Any costs incurred in procurement of a new card.
6. Any claims arising out of, or in connection with any contractual liability.
7. Any claim arising out of a loss where the Insured Person, his/her Immediate Family Member, relative, colleague, Travelling Companion or business staff is involved as an accomplice or accessory.
8. Any loss or damage of a consequential nature.
9. Any financial loss or liability due to misuse of card occurring after the time of reporting the loss or Theft to the issuing bank.
10. Any claim, which is in any manner fraudulent or supported by any fraudulent statement or device, whether by the Insured Person or by any person acting on behalf of the Insured Person.
11. Any loss falling under the 'General Exclusions' Section of the Policy.

### D.II.45. Golf Equipment Cover

In the event of Theft of or damage to the Insured Person's own or hired Golf Equipment in a Country of Visit whilst on a Trip, the Company shall reimburse the Market Value of such Golf Equipment, up to the limit of Sum Insured as specified against this Benefit in the Policy Certificate.

For the purpose of this Benefit, "Market Value" refers to the sum required to purchase new Golf Equipment of the same kind and quality as those damaged or stolen due to Theft, less an amount representing wear and tear and depreciation as per the age of such Golf Equipment, and usage at the time of the loss.

For the purpose of this Benefit, "Golf Equipment" means any golf clubs or golf bags, including any accessories or attachments.

This Benefit shall be payable subject to the following:

- a. Any loss due to Theft or damage to the Insured Person's Golf Equipment by a Common Carrier shall be reported to the Common Carrier or travel provider immediately on the occurrence of the incident.
- b. Any Theft is required to be reported to the Police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident, and a written report being obtained for the same.
- c. The Insured Person must keep the damaged Golf Equipment for the Company's inspection (or its authorized representative) at any time after the loss is reported.
- d. The Insured Person shall be required to surrender the said damaged Golf Equipment to the Company on demand by them at the time of final settlement of a claim under this Benefit, or an appropriate salvage value shall be deducted from the claim amount payable.
- e. If the claim involves a part of a set of such Golf Equipment, the Company's liability shall be limited to the value of that part which has been damaged or lost during the Trip.
- f. Receipts for items lost, stolen or damaged or proof of ownership should be preserved properly by the Insured Person so as to substantiate his/her claim.
- g. The Insured Person shall preserve all his/her recovery rights against any third party involved, and shall subrogate the same to the Company at the time of settlement of claim.

**Specific Exclusions:**

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

- a. Any loss due to Theft or damage to the Insured Person's Golf Equipment by a Common Carrier, if no written PIR (Property Irregularity Report) is issued by the airline or obtained by the Insured Person.
- b. Theft of Golf Equipment which is not reported to the Police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident, or for which no written police report is obtained.
- c. Loss or damage caused by wear and tear, moths, vermin, weather and atmospheric conditions or mechanical failure.
- d. Loss or damage to Golf Equipment left unattended at any place.
- e. Any loss or damage to the Golf Equipment due to confiscation or detention by any authority other than airline.
- f. Any amount of loss which is refundable from any other source whatsoever it may be.
- g. Any loss falling under the 'General Exclusions' Section of the Policy

**D.II.46. Golf Hole in One**

In the event of an Insured Person being declared winner for a "hole-in-one" at any internationally recognized 18-hole golf course in a Country of Visit whilst on a Trip, the Company shall reimburse the expenses incurred in celebration of achieving the "hole-in-one" by the Insured Person, up to the limit of Sum Insured as specified against this Benefit in the Policy Certificate.

This Benefit shall be payable subject to the following:

- a. Insured Person must provide the Company with a written confirmation from the golf course supervisor that the hole-in-one was achieved along with the receipts for the cost of such celebrations on the date of accomplishment at the golf course.

**D.II.47. Trip Curtailment**

In the event of any unavoidable curtailment of the Insured Person's booked and confirmed Trip, the Company shall reimburse the loss of any bookings made in advance towards travel, accommodation, visa charges, sightseeing, and Cruise, which is either paid by the Insured Person or contracted to be paid by the Insured Person, which are not recoverable from any other source, up to the limit of Sum Insured as specified against this Benefit in the Policy Certificate, due to one of the circumstances specified below:

- a. Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of the Insured Person or his/her Immediate Family Member, leading to Emergency Hospitalization for minimum period of 48 hours, whilst the

Insured Person is on a Trip;

- b. The hijack of a Common Carrier in which the Insured Person is traveling whilst on a Trip, for more than 12 hours.

**D.II.48. Loss of Mobile Phone**

In the event of Theft of the Insured Person's Mobile Phone in the Country of Visit whilst on a Trip, the Company shall reimburse the Market Value of such Mobile Phone, up to the limit of Sum Insured specified against this Benefit in the Policy Certificate:

For the purpose of this Benefit, "Mobile Phone" shall mean any handheld mobile phone excluding any accessories or attachments that come as standard equipment with such devices.

For the purpose of this Benefit, "Market Value" refers to the amount required to purchase a new Mobile Phone of the same kind and quality as the Mobile Phone in relation to which a claim is made under this Benefit, less applicable depreciation @15% per annum from the date of purchase of such Mobile Phone, calculated as at the time of the loss. Maximum depreciation applicable under this Benefit shall not exceed 70% in any event.

This Benefit shall be payable subject to the following:

- Such Theft is required to be reported to the Police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident, and a written report being obtained for the same.
- The Company is provided with the original invoice/receipt evidencing the proof of purchase and ownership of such Mobile Phone, or document evidencing the authorized custody of the same, if such Mobile Phone is provided by his/her employer/business organization.
- The Company is satisfied that the Insured Person took reasonable care to protect his/her Mobile Phone and did not in any way expose the Mobile Phone to the Theft due to negligence on his/her account, or on account of any Immediate Family Member or Travelling Companion.
- A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

**Specific Exclusions:**

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

- Any Theft of Mobile Phone after 5 years from the date of its original purchase from a retailer/wholesaler/original equipment manufacturer.
- Mobile Phone being left unattended by the Insured Person.
- Mobile Phone packed in any Checked-In Baggage
- Any Lost accessories or attachments
- Any internal or external damage caused to the Mobile Phone, either due to mishandling of such Mobile Phone or otherwise on account of either the Insured Person or any other party involved in any Theft

**D.II.49. Visa Refusal**

In the event of Refusal of Visa application by the Visa Facilitation Services (VFS), the Company shall reimburse the Insured Person up to the limit of Sum Insured and limit as specified against this Benefit in the Policy Certificate for expenses incurred towards processing of visa application, which are not recoverable from any other source.

A Deductible of an amount specified in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

**Specific Exclusion:**

The Company shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

- Visa application was submitted prior to issuance of Policy
- Missed pre-scheduled Appointment
- Past or current criminal Actions
- Insufficient/ False Travel Document or income document
- Insufficient explanation for the purpose and circumstances of the planned stay
- Damaged Passport

- Passport Invalidity
- Lack to prove the travel itinerary
- Invalid letter of reference
- Insufficient means of subsistence
- Unacceptable birth or marriage certificate
- Lacking to present a proof of accommodation

#### D.II.50. University Excess Medical Cover

In the event of a claim payable during the Period of Insurance under any insurance policy issued by a foreign insurance company to an Insured Person, who is a student pursuing an educational course as a full time student in an educational institution in the Country of Visit during the Period of Insurance, whilst such Insured Person is on a Trip, and where such claim is covered under Benefit I (Medical Expenses), then the Company shall reimburse the excess amount above the deductible that the Insured Person is liable to bear. Cover under this Benefit is only available if base Benefit I (Medical Expenses) is in-force and opted for by the Insured Person. Any costs or expenses payable under this Benefit shall be subject to the Aggregate limit of Sum Insured specified against Benefit I (Medical Expenses) in the Policy Certificate.

A Deductible of an amount specified as Sum Insured against this cover in the Policy Certificate shall be separately applicable for each and every claim made under this Benefit.

#### D.II.51. Emergency Accommodation (Corporate)

In the event of a Trip Interruption, the Company shall reimburse the Insured Person, up to the limit of Sum Insured specified against this Benefit in the Policy Certificate, for any of the following expenses:

1. Expenses incurred towards any travel bookings for travel in a Common Carrier and accommodation bookings made in advance by the Insured Person in the Country of Visit, which are not recoverable from any other source.
2. Any reasonable and necessary expenses incurred by the Insured Person for any alternate travel booking and accommodation expenses for
  - a. Returning to India/ Country of Origin, or
  - b. Continuing the Trip immediately after the events causing the Trip Interruption have ceased to be operative.

For the purpose of this Benefit, “**Trip Interruption**” means any cancellation or delay of the Insured Person's journey on a Common Carrier after commencement of the Trip, if his/her Close Business Associate, Immediate Family Member or Travelling companion with whom the insured person is travelling suffers an Illness or Injury that results in death or requires Emergency care.

Any exclusion mentioned in the 'General Exclusions' Section of this Policy shall apply to this cover.

#### E. Exclusions

(In addition to the exclusions that are applicable under the specific Benefits of the Policy as specified in this Policy, the following exclusions apply to all Benefits under the Policy except to the extent it is expressly specified to be covered under any opted Benefits to this Policy.)

Without prejudice to anything contained in this Policy, the Company shall not be liable to make any payment for any claim under this Policy, directly or indirectly for, caused by, arising from or in any way attributable to any of the following, unless specifically stated otherwise in the Schedule or Policy Certificate to the Policy:

##### E.I. Specific Exclusions

1. Any claim relating to events occurring before the Coverage Commencement Date or otherwise outside of the Period of Insurance.
2. Any Pre-Existing Disease or condition and/or any complications arising from it. This Policy is not designed to provide an indemnity with respect to any medical services, the need for which arises out of a Pre-Existing Disease or condition as defined herein, in normal course of treatment.
3. Any treatment undergone abroad, if that is the sole reason or one of the reasons for the Insured Person's Trip or any temporary stay abroad.
4. Any claim if the Insured Person –
  - a. Is travelling against the advice of a Medical Practitioner;

- b. Is receiving, or is on any waiting list to receive, specified medical treatment declared in a Medical Practitioner's report or certificate;
- c. Has received terminal prognosis for a medical condition;
5. Stem cell implantation/Surgery, harvesting, storage or any kind of Treatment using stem cells.
6. Dental Treatment, dentures or Surgery of any kind unless necessitated due to an Accident and requiring minimum 24 hours Hospitalization. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw which cannot be treated in any other way.
7. Circumcision unless necessary for Treatment of an Illness or Injury not excluded hereunder or due to an Accident.
8. Birth control procedures, contraceptive supplies or services including complications arising due to supplying services, hormone replacement therapy and voluntary termination of pregnancy, surrogate or vicarious pregnancy.
9. Routine medical, eye examinations, cost of spectacles, laser Surgery for cosmetic purposes or corrective Surgeries or contact lenses.
10. Ear examinations, cost of hearing aids or cochlear implants.
11. Vaccinations except post-bite Treatment.
12. Any physical, psychiatric or psychological examinations or testing, any Treatment and associated expenses for alopecia, baldness, wigs, or toupees and hair fall Treatment and products, issue of medical certificates and examinations as to suitability for employment or travel.
13. Laser Surgery for Treatment of focal error correction other than for focal error of +/- 7 or more and is a Medically Necessary Treatment.
14. All expenses arising out of any condition directly or indirectly caused due to or associated with human T-cell Lymph tropic virus type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) and its variants or mutants, Acquired Immune Deficiency Syndrome (AIDS) whether or not arising out of HIV, AIDS related complex syndrome (ARCS) and all Illness / Injury caused by and/or related to HIV. Any loss arising directly or indirectly from any Injury, Illness, death, loss, expenses, or other liability attributable to HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivative or variation thereof however caused, except to the extent it is expressly specified to be covered under any opted Benefits to this Policy.
15. All sexually transmitted diseases including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis and any condition directly or indirectly caused by or associated with them.
16. Vitamins and tonics unless forming part of Treatment for Illness or Injury and prescribed by a Medical Practitioner.
17. Instrument used in Treatment of Sleep Apnea Syndrome (C.P.A.P.) and Continuous Peritoneal Ambulatory Dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump or any external devices used during or after Treatment.
18. Artificial life maintenance, including life support machine use, where such Treatment will not result in recovery or restoration of the previous state of health.
19. Treatment for developmental problems including learning difficulties eg. Dyslexia, behavioural problems including attention deficit hyperactivity disorder (ADHD).
20. Any expenses incurred in connection to Treatment for general debility, ageing, convalescence, sanatorium Treatment, rehabilitation measures, private duty nursing, respite care, health resort, run down condition or rest cure.
21. Sterility, fertility, infertility including IVF and other assisted conception procedures and its complications, subfertility, impotency, venereal disease.
22. Certification / diagnosis / Treatment by a family member, or a person who stays with the Insured Person, or from persons not registered as Medical Practitioners under the respective Medical Councils, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for, or any diagnosis or Treatment that is not scientifically recognised or Unproven/Experimental treatment, or any form of clinical trials or any kind of self-medication and its complications.
23. Ailment requiring Treatment due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen and Treatment for de-addiction, or rehabilitation.
24. Any Illness or Hospitalization arising or resulting from the Insured Person or any of his family members committing any breach of law with criminal intent.
25. Any Treatment received in convalescent homes, convalescent Hospitals, health hydros or nature cure clinics.



26. Prostheses, corrective devices and and/or Medical Appliances, which are not required intra-operatively for the Illness/ Injury for which the Insured Person was Hospitalised.
27. Any stay in Hospital without undertaking any Treatment or any other purpose other than for receiving eligible Treatment of a type that normally requires a stay in the Hospital.
28. Any Cosmetic Surgery, aesthetic Treatment unless forming part of Treatment for cancer or burns, any elective Surgery or cosmetic procedure that improve physical appearance, Surgery for sex change or Treatment of obesity/morbid obesity (unless certified to be life threatening) and weight control programs, or Treatment/Surgery / complications/Illness arising as a consequence thereof.
29. Any robotic, remote Surgery or Treatment using cyber knife.
30. Charges incurred primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and Treatment even if the same requires confinement at a Hospital.
31. Costs of donor screening or costs incurred in an organ transplant Surgery involving organs not harvested from a human body.
32. Any form of Non-Allopathic treatment (except AYUSH Treatment (In-patient Treatment)), Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or any other form of indigenous system of medicine.
33. Injury caused whilst flying or taking part in aerial activities (including cabin) except as a fare-paying passenger in a regular scheduled airline or air charter company.
34. All Illness/expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel nuclear, chemical or biological attack.
35. All non-medical expenses including convenience items for personal comfort not consistent with or incidental to the diagnosis and Treatment of the Illness/Injury for which the Insured Person was Hospitalised, ambulatory devices, walker, crutches, belts, collars, splints, slings, braces, stockings of any kind, diabetic footwear, glucometer /thermometer and any medical equipment that is subsequently used at home except when they form part of room expenses.
36. For complete list of non-medical expenses, please refer to the Annexure I "Non-Medical Expenses" and also on Our website.
37. Any opted Deductible amount or percentage of admissible claim under Sub Limit if applicable and as specified in the Policy Schedule/ Policy Certificate to this Policy.
38. No claim will be paid arising from suicide, attempted suicide or willfully or self-inflicted Injury or Illness, anxiety, stress or depression.
39. Any External Congenital Anomalies or any consequence thereof.
40. Any Illness and Accidents as a result of war and warlike occurrence or invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, active participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority, and and participation of the Insured Person in any naval, military or air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
41. Any claim arising out of sporting activities in so far as they involve in Adventure Sports, the training or participation in competitions of Professional or Semi-Professional Sportspersons.
42. Any claim which arises out of an Accident connected with the operation of an aircraft or which occurs during parachuting except when the Insured Person is flying as a passenger in a scheduled aircraft duly licensed to carry passengers.
43. Any claim arising due to the Insured Person when he/she is under the influence of intoxication, liquor or drugs.
44. Any losses arising from Accidents on motorized two wheeled vehicles, unless at the time of such Accident, (i) the person driving the vehicle is duly qualified and in possession of a current full International Driving License, (ii) the Insured Person is wearing a safety crash helmet, and (iii) such losses arise from Accidents on motorized two wheeled vehicles over 50 cc in engine capacity.
45. No claims will be paid for losses arising directly or indirectly from engaging in any manual work or hazardous occupation, unnecessary self-exposure to perils (except in an attempt to save another human's life).
46. Treatment which could be reasonably delayed until the Insured Person's return to India/ Country of Origin. The question of what can or what cannot be reasonably delayed will be decided jointly by the

treating Medical Practitioner, EASP and the Company, and shall be in accordance with accepted standards of medical care.

47. Any charges in excess of any Reasonable and Customary Charges incurred for an emergency treatment on account of an Insured Event.
48. Any expenses incurred in connection with rest or recuperation taken by an Insured Person at a spa or health resort, rehabilitation clinic, or related to the treatment of alcoholism or drug dependency.
49. We shall not be obliged to make any payment that is brought about as a consequence of deliberate failure to seek or follow medical advice, or to intentional delay to circumvent the policy term and condition.
50. Maternity, child birth and any related complications, including any changes affecting other chronic conditions of the Insured Person as a result of the pregnancy. This exclusion shall however not apply in following cases:
  - i. Ectopic Pregnancy, which is proved by diagnostic means and certified as being a Life Threatening Condition by the attending Medical Practitioner.
  - ii. Any unforeseen emergency measures to save the Insured Person or the child's life in the event of any acute complications, provided that such Insured Person has not completed the age of 38 years and the 30th week of the pregnancy is not completed at the time of such emergency treatment.

## F. General Terms and Clauses

### F.I. Specific terms and clauses

The due observance and fulfilment of the terms and conditions of this Policy (including the realization of premium by their respective due dates and compliance with the specified procedure on all claims) in so far as they relate to anything to be done or complied with by the Policyholder or any Insured Person, shall be Condition Precedent to the Company's liability under the Policy.

1. Single Trip Cover can be issued for a single Trip not exceeding 365 consecutive days including departure from and return to the Insured Person's place of residence. This limit shall not apply for Policies covering individual students pursuing an educational course as a full time student in an educational institution and the course duration is above the limit specified.
2. Multi Trip Cover can be issued for a period of one year or less covering multiple single Trips within the specified Period of Insurance, with the total duration of each and every single Trip, including departure from and return to the Insured Person's place of residence, not exceeding the number of travel days as specified in the Policy Certificate.
3. The Insured Person's cover under the Policy shall not attach to any Trip that has already commenced prior to the Policy Period Commencement Date, or has commenced prior to the Coverage Commencement Date specified in the Policy Certificate.
4. Extension of the Period of Insurance of the Policy during the duration of the Trip can be done only at the sole discretion of the Company, depending upon the risk factors.
  - a) If the Insured Person does not declare the full current facts or declare wrong facts or misrepresents any material fact while requesting for extension of the Period of Insurance, any extension of such a Policy if granted shall be deemed to be invalid, from the time of such extension. No refund of premium will be given in case of any extensions so invalidated. The Company will also not be liable to pay any claim filed under the extended Period of Insurance.
  - b) The premium payable for the extension of the Policy during the Trip Duration shall be the premium payable for the overall Period of Insurance (including the extension) less the initial premium already paid.
5. This Policy shall be available for a one-way travel also, including travel for the purposes of immigration to a Country of Visit, with a condition for maximum Period of Insurance limited to the number of days specified in the Policy Certificate. In such cases, the definition of Trip in Section 2 of the Policy (Definitions) shall stand amended in accordance.
6. The Insured Person shall provide the Company with the details of the Trip and other information as may be required by the Company from time to time.
7. Deductible will be charged for each separate incident reported for claims payment, even though the claim may be registered under the

same Benefit more than once.

**8. Claim Procedure –**

- a) The procedure to be followed by the Insured person in case of any event that may give rise to a claim under this Policy, the claim documentation required to be submitted by the Insured Person at the time lodging claims as well as the claim settlement process are enumerated in the enclosed Claim Procedure attached to this Policy.
- b) Any failure on the part of the Insured Person in complying with the procedure or submission of required documents in support of his/her claim may prejudice the claim of the Insured Person.

**9. Obligations of the Insured Person:**

- a. Insured Person shall provide to the Company or the EASP appointed by the Company, on demand any information that is required to determine the occurrence of the Insured Event or the Company's liability to pay the benefits.
- b. If requested to do so by the Company or the EASP appointed by the Company, the Insured Person is obliged to undergo a medical examination by a Medical Practitioner designated by the EASP, as often as the Company considers necessary, for the purpose of settlement of claims only. The cost towards the medical examination shall be borne by the Company.
- c. The Company or the EASP appointed by the Company is authorized to take all measures that are suitable for loss prevention and claim minimization which includes the Insured Person's transportation back to India/ Country of Origin. The transportation of the Insured person back to India/ Country of Origin shall be done only on agreement and confirmation from the attending Medical Practitioner/ the Company's empanelled Medical Practitioner that the Insured Person is capable of being transported to India/ Country of Origin.
- d. The Company shall be released from any obligation to pay benefits under this Policy, if any, of the aforementioned obligations are breached by the Insured Person.

**10. Transfer and Set-off of Claims:**

- a) If the Insured Person has any outstanding claims against any third parties in relation to which reimbursement of costs is made by the Company in accordance with the terms hereunder, such claims shall be transferred in writing to the Company up to the amount for which the reimbursement of costs is made by it.
- b) Insofar as an Insured Person receives compensation for any costs, expenses or losses he/she has incurred either from third parties liable for damages, or as a result of other legal circumstances, the Company shall be entitled to set-off such compensation against any amounts payable under any opted Benefit under this Policy.
- c) Claims to the amounts payable under any opted Benefit under this Policy may neither be pledged nor transferred by the Insured Person.

**11. The premium charged for the base medical expenses shall be based on the number of travel days insured under each Section at the commencement of the Period of Insurance, as declared by the Insured Person.**

**Multiple Claims:** In the event of a claim being payable under multiple Benefits under this Policy, the Company's liability will be restricted to the highest amount/ limit/sub-limit/ Aggregate limit payable under each Benefit and as specified under the Policy Certificate. Where an event qualifies for indemnity claim under more than one cover with respect to the same risk the insured will be eligible for claim against any one of the covers.

**12. In case an Insured Event covered under any opted Benefit, occurs prior to the date of purchase of this Policy or an advance warning is publicly issued by the relevant authorities of the likelihood of such an event or occurrence taking place prior to the date of purchase of this Policy, the Company shall not be liable to pay any claims arising from such Insured Event or Benefits.**

**13. Duty of Disclosure - Disclosure to Information Norm**

The Policy shall be null and void and the Company shall have no liability to make payment of any claims under any Benefits under this Policy in the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been

withheld, or a claim being fraudulent or any fraudulent means or device being used by the Insured Person or any one acting on his/their behalf to obtain any benefit under this Policy. The premium paid shall be forfeited to the Company on such cancellation of the Policy.

**14. Maintenance of Records:**

The Insured Person shall maintain all records and books of accounts reasonably required in an accurate manner.

**15. Parties to the Contract**

The only parties to this contract are the Policyholder and Us.

**16. Observance of terms and conditions**

The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

**17. Geography**

The geographical scope of this policy applies to events limited to the Geographical Area of Cover opted and which are specified in the Policy Schedule/ Policy Certificate.

**18. Eligibility**

- Policy shall be offered on Single Trip/ Multi Trip (Annual) Basis.
- Number of days per Trip for Multi Trip Option can be opted as 30/45/60/90 Days
- Premium Payment Frequency available under the policy is: Monthly/Quarterly/Half yearly/ Yearly
- Insured Age at Entry: Minimum: 0 and Maximum: 95 Years.
- To be eligible for coverage under the Policy, the Insured Person must be-
  - A group member/ Employee of the Policyholder or non-employer group enrolled member.
  - The relationships which may be covered under the Policy are -
    - The Employee's/member's legal Spouse, Dependent parents , son, daughter, brother and sister of the Employee/member who are children of the same parents, grandparents, grandchildren, parent in laws, son in law, daughter in law, uncle, aunt, niece and nephew, etc.
- Area/s of Cover:
  - Worldwide
  - Worldwide excluding US & Canada
  - Asia Pacific
  - Schengen excluding US & Canada
  - Schengen including US & Canada
  - MDV (Marhaba Dubai Visa)

For a specific group, the area of cover may be limited to any particular country or region from above list of Area of Cover.

**19. Insured Person**

Only those persons named as an Insured Person in the Policy Certificate shall be covered under this Policy. Any person may be added as an Insured Person during the Policy Period after his application has been accepted by the Company, additional premium to be paid and the Company has issued an endorsement confirming the addition of such person as an Insured Person under this Policy.

**20. Endorsements to the Policy**

The Policy will allow the following endorsements during the Policy Period. Any request for endorsement must be made only in writing by the Policyholder. Any endorsement would be effective from the date of the request received from You, or the date of receipt of premium, whichever is later other than for change in date of birth or gender which will be with effect from the Inception Date.

The following endorsement requests can be accepted by the Company:

a) Non-Financial Endorsements which do not affect the premium.	Before Commencement of Trip	After Commencement of Trip
Rectification in name of the proposer/ policyholder / Insured Person.	Allowed	Allowed
Rectification in gender of the proposer/ policyholder /Insured Person.	Allowed	Allowed
Rectification in relationship of the Insured Person with the proposer/policyholder.	Allowed	Allowed
Rectification of date of birth of the Insured Person (if this does not impact the premium).	Allowed	Allowed
Change in the correspondence address of the proposer/ policyholder / Insured Person.	Allowed	Allowed
Change/updation in the contact details viz., phone number, E-mail ID, etc.	Allowed	Allowed
Updation of alternate contact address of the proposer/policyholder/Insured Person.	Allowed	Allowed
Change in Nominee details.	Allowed	Allowed
Change of Trip Start	Allowed	Not Allowed
End Date	Allowed	Allowed
Change of Passport Details	Allowed	Not Allowed
b) Financial Endorsements - which result in alteration in premium	Before Commencement of Trip	After Commencement of Trip
Deletion of Insured Person on death if no claims are paid / outstanding.	Allowed	Allowed
Deletion of Insured Person	Allowed	Not Allowed
Rectification of date of birth of the Insured Person.	Allowed	Allowed
Addition of member (new Born Baby/ Newly wedded spouse)	Allowed	Allowed
Addition of member	Allowed	Not Allowed
Change in the correspondence address of the proposer/ policyholder / Insured Person.	Allowed	Allowed
Rectification in gender of the proposer/ policyholder / Insured Person.	Allowed	Allowed
Change of Trip Start	Allowed	Not Allowed
End Date	Allowed	Allowed
Trip Extension	Allowed	Allowed
Policy/Cover Cancellation	Allowed	Allowed
Plan Change	Allowed	Not Allowed
Area of Cover/ Geography Change	Allowed	Not Allowed

**21. Premium**

The premium payable under this policy shall be paid in accordance with the schedule of payments agreed between the Policyholder and Us. No receipt for premium shall be valid except on the official form of Insurer signed by a duly authorized official of Insurer. The due payment of premium and the observance and fulfilment of the terms, provisions, conditions and endorsements of this policy by the Policyholder in so far as they relate to anything to be done or complied with by the Policyholder shall be a condition precedent to any liability of Insurer to make any payment under this policy. Premium payments under this Policy will be allowed monthly/quarterly/half yearly or in the form of annual payments.

**22. Currency**

The monetary limits applicable to this policy will be expressed as the currency specified in the Policy Certificate. Claims paid on a local currency will be converted to INR at the spot exchange rate on the date of payment of expenses.

**23. Addition and Deletion of a Member**

We shall include/exclude a group member/ Employee of the Policyholder or non-employer group enrolled member or Dependent as an Insured Person under the Policy in accordance with the following procedure:

**(a) Additions**

Any person may be added to the Policy as an Insured Person during the Policy Period provided that the application for cover has been accepted by Us, additional premium on pro-rata basis applied on the risk coverage duration for the Insured Person has been received by Us and We have issued an endorsement confirming the addition of such person as an Insured Person.

**(b) Deletions**

Any Insured Person who is covered under the Policy may be deleted upon Your request during the Policy Period. Refund of premium can be made on pro-rata basis, provided that no claim is paid/ outstanding in respect of that Insured Person or his/her Dependents.

In case of refund of premium being generated on the Policy due to deletion of an Insured Person, the same will be refunded or adjusted against future premium instalments due on the Policy.

Throughout the Policy Period, the Policyholder will notify Us of all and any changes in the membership of the Policy in the same month in which the change occurs.

**24. Loadings and / or exclusion**

On change of the Insured Person's risk profile or the parameters on which premium is derived the coverage under this Policy may cease, unless specifically agreed by the Company. However, in such cases, the Company may underwrite the case in line with the underwriting policy of the product.

**25. Waiting Period**

All claims payable with respect to a Pre-Existing Illness or any conditions declared and/or accepted at the time of proposal / application will be subject to a Waiting Period as specified in the Policy Certificate.

**26. Material change**

The Insured Person shall immediately notify the Company in writing of any material change in the risk such as change in occupation, Trip Duration, Country of Visit and Intended Destinations, correction in age, etc., at his own expense, and take such additional precautions as are required to be taken as circumstances may require to ensure safety and containing the circumstances that may give rise to a claim under this Policy. The Company may adjust the scope of cover and / or premium if necessary, accordingly. The liability of Company shall continue only if there is a written acceptance on the part of the Company through a valid endorsement.

**27. Fraudulent Claims**

If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits and the premium paid under this Policy shall be forfeited by the Insured Person.

The Company will have the right to reclaim all amounts and benefits paid in respect of a claim which is fraudulent as mentioned above under this Condition as well as under the Condition for "Disclosure to Information Norm" under this Policy.

**28. No constructive Notice**

Any knowledge or information of any circumstance or condition in connection with the Insured Person in possession of the Company or any official of the Company shall not be held to be a notice, or to bind or prejudicially affect the Company, notwithstanding subsequent acceptance of any premium.

**29. Notice of charge**

The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by the Company to the Insured Person or his/her nominees or the legal representative, as the case may be, of any compensation or benefit under the Policy shall in all cases be an effectual discharge to the Company.

In the cases of delay in payment of any claim that has been admitted as payable by the Company under this Policy, beyond the time period as prescribed under IRDAI (Protection of Policyholders Interests) Regulations, 2017, the Company shall pay interest at a rate which is 2% above the bank rate where "bank rate" shall mean the bank rate fixed by the Reserve Bank of India at the beginning of the financial year in which claim has fallen due.



**30. Special Provisions**

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

The special Provision shall be within the purview of Policy Terms and Conditions.

**31. Changes to the terms and conditions of the policy**

We can end the policy or change any of the terms and conditions relating to the policy subject to IRDAI approval. If the policy changes because of new laws, We will write and tell the Policyholder. In all circumstances, We will give the following notice:

- for changes to the list of benefits, at least 90 days' notice in writing;
- for changes to the policy terms and conditions, or ending the plan, at least 90 days' notice in writing. The change will take place, failing which the plan will end on the next renewal.

**32. Electronic Transaction:**

The Insured Person agrees to adhere to the terms and conditions and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, Electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of the Company for and in respect of the Policy or its terms, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

These terms and conditions shall be within the approved Policy Terms and Conditions.

However, the terms of this condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDAI (Protection of Policyholders Interests) Regulations 2017, as may be amended from time to time. All conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form, all necessary disclosures on terms, conditions and major exclusions shall be made known to the Insured Person.

**33. Duties of the Insured Person on occurrence of loss**

On the occurrence of any loss, within the scope of this Policy the Insured Person shall:

- a) Forthwith inform the Company and file/submit a Claim Form in accordance with the attached 'Claim Procedure'.
- b) Allow the Company/EASP appointed Medical Practitioner, or any surveyor or agent of the Company to inspect the lost/damaged properties/premises /goods as well as examine the Insured Person, as deemed reasonably necessary by the Company/EASP.
- c) Assist and not hinder or prevent the Company or any of its agents in pursuance of their duties.
- d) Not to abandon the insured property/items in the premises, nor take any steps to rectify/remedy the damage (unless reasonably necessary to directly avoid or minimize the quantum of such damage or loss) before the same has been approved by the Company or any of its agents or appointed surveyor.

If the Insured Person does not comply with this provision of this Clause, all benefits under this Policy are liable to be forfeited, at the sole option of the Company.

**34. Our Rights on occurrence of any loss or damage:**

On the occurrence of any loss or damage have given rise to a claim under this Policy, or circumstances that may give rise to a claim, the Company or its authorized representatives or surveyors may:

- a. enter and/or take possession of the building or premises where the loss or damage has happened;
- b. take possession of or require to be delivered to it any property of the Insured Person in the premises or building at the time of the loss or damage;
- c. keep possession of any such property and examine, sort, arrange, remove or otherwise deal with the same; and,
- d. sell any such Property or dispose of the same for account of whom it may concern.

Further, the Insured Person shall on being required so to do by the Company produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his/her possession and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist Us to ascertain in the correctness thereof or the Company's liability under the Policy.

The powers conferred by this condition shall be exercisable by the Company at any time until notice in writing is given by the Insured Person that he/she makes no claim under the Policy, or if any claim is made, until such claim is finally determined or withdrawn. The Company shall not by any act done in the exercise or purported exercise of its powers hereunder incur any liability to the Insured Person or diminish its rights to rely upon any of the conditions of this Policy in answer to any claim. If the Insured Person or any person on his/her behalf shall not comply with the Company's requirement, or shall hinder or obstruct the Company or its representatives or surveyors in the exercise of the powers hereunder, all Benefits and any amounts payable under the Policy shall be forfeited at the Company's sole option.

**35. Right to inspect**

If required by the Company, an agent/representative of the Company including a loss assessor or a surveyor appointed in that behalf shall in case of any loss or any circumstances that have given rise to a claim to the Insured Person be permitted at all reasonable times to examine into the circumstances of such loss. The Insured Person shall on being required so to do by the Company produce all relevant documents relating to or containing reference relating to the loss or such circumstance in his possession including presenting himself for examination and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain the correctness thereof or the liability of the Company under this Policy.

**36. Position after a claim**

The Insured Person shall not be entitled to abandon any insured property, irrespective of whether the Company has taken possession of the same or not. As from the day of receipt of any claim amount by the Insured Person, the available Sum Insured under the Policy for the remainder of the Period of Insurance shall stand reduced by the amount of such compensation.

In case of claims under the Home Burglary Section, the Sum Insured can be reinstated by payment of pro-rata premium for the unexpired period of the Period of Insurance, from the date of such loss to the expiry of the Period of Insurance, up to the amount of such claim amount paid under the Policy.

**37. Complete Discharge**

We will not be bound to take notice or be affected by any Notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy. The payment made by Us to Insured Person or to their Nominee/Legal Representative or to the Hospital, as the case may be, of any Medical Expenses or compensation or benefit under the Policy shall in all cases be complete, valid and construed as an effectual discharge in favour of Us.

**38. Limitation of Liability**

If a claim is rejected or partially settled and is not the subject of any pending suit or other proceeding or arbitration, as the case may be, within twelve months from the date of such rejection or settlement, the claim shall be deemed to have been abandoned and Our liability shall be extinguished and shall not be recoverable thereafter.

**39. Limitation period**

In no case whatsoever shall the Company be liable, for any expenses after the expiry of 30 days from the date of completion of trip unless the claim is subject to pending action or arbitration; it being expressly agreed and declared that if the Company shall disclaim liability for any claim hereunder and such claim shall not within 12 calendar months from the date of disclaimer have been made the subject matter of a suit in court of law then the claim for all such purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder. However, a period of up to 6 months would be provided after the Policy end date, for the purpose of intimation of claims related to Personal Accident.

#### 40. Sanctions

Notwithstanding any provision in this Policy or otherwise, it is agreed that We shall have no liability or obligation where We reasonably believe such would violate any applicable law, regulation or order, including but not limited to, anti-corruption laws and programs imposing financial sanctions on targeted individuals, entities, or nations. The Company shall have no liability or obligation and this Policy shall, at Our election, be deemed void where any actions in furtherance of the Policy is prohibited. Furthermore, We are under no obligation to obtain licenses from any government to enable the extension of coverage in compliance with sanctions laws.

#### 41. Condition of Average

If any property insured under this Policy shall at the time of loss, or at the commencement of any destruction of or damage to such property by any other peril hereby insured against, be collectively of greater value than the Sum Insured available under the applicable Benefit/Section, then the Insured Person shall be considered as being his/her own insurer for the difference and shall bear a ratable proportion of the loss accordingly. Every Benefit applicable, if more than one, of the Policy shall be separately subject to this condition.

#### 42. Indemnity

The Company may at its option, if applicable reinstate, replace or repair the property or premises lost or damaged or any part thereof instead of paying the amount of loss or damage or may join with any other insurer in so doing. The Company shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner. In no case shall the Company be bound to expend more in reinstatement than it would have cost to reinstate such property as it was at the time of the occurrence of such loss or damage and in any event not more than the Sum Insured available under the applicable Benefit/Section.

If in any case the Company shall be unable to reinstate or repair the insured property/item, because of any law or other regulations in force affecting the insured property or otherwise, the Company shall, in every such case, only be liable to pay such sum as would be falling due under this Policy. However, this condition shall not be applicable to Personal Accident Section of the Policy.

#### 43. Subrogation

In the event of payment under this Policy, the Company shall be subrogated to all the Insured Person's rights or recovery thereof against any person or Organization, and the Insured Person shall execute and deliver instruments and papers necessary to secure such rights, and assist and cooperate in any such action of the Company. The Insured Person and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done, all such acts and things as may be necessary or required by the Company, before or after Insured Person's indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated. However, this condition shall not be applicable to Personal Accident Section.

#### 44. Contribution

If at the time of the happening of any loss or damage covered by this Policy, there shall be existing any other insurance of any nature whatsoever covering the same, whether effected by the Insured Person or not, then the Company shall not be liable to pay or contribute more than its ratable proportion of any loss or damage. However, this Section shall not be applicable to Personal Accident Section, and any other Benefits offered on a fixed benefit basis.

#### 45. Multiple Policies

In case of multiple policies which provide fixed benefits, on the occurrence of the insured event in accordance with the terms and conditions of the policies, We shall make the claim payments independent of payments received under other similar policies.

If two or more policies are taken by an insured during a period from one or more insurers to indemnify treatment costs, the policyholder shall have the right to require a settlement of his/her claim in terms of any of his/her policies.

- o In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and

according to the terms of the chosen policy.

- o Claims under other policy/ies may be made after exhaustion of Sum Insured in the earlier chosen policy / policies
- o If the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co-pay, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.

Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

#### 46. Nominee

The Insured Person can, on the Effective Date or at any time before the expiry of the Policy make a nomination for the purpose of payment of claims.

Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement to the Policy is made by Us.

In case of death of any Dependent of an Insured Person where such Dependent is covered under this Policy, for the purpose of payment of claims, the Nominee would be the Insured Person.

#### 47. Free Look Period

30 Days (except for those policies with tenure of less than a year)

The insured person shall be allowed a free look period of 30 Days (except for those policies with tenure of less than a year) from date of receipt of the policy document to review the terms and conditions of the policy and to return the same if not acceptable.

If during this Free Look period, Insured Persons have any objections to any of the terms and conditions and provided that no claims have been made hereunder, they have the option of canceling the Policy stating the reasons for cancellation and the premium paid will be refunded, after adjusting the amounts spent on medical check-ups, if any, stamp duty charges and proportionate risk premium.

1. Insured Person(s) can cancel the Policy before the commencement of the Trip, or
2. Insured Person(s) may also cancel the policy after the commencement of the Period of Insurance (in case of Multi Trip Covers only) subject to no claim being made under the Policy, in which case the premium will be returned on pro-rata basis.

All the rights under this Policy shall immediately stand extinguished on the Free Look cancellation of the Policy.

The Free Look provision is not applicable and available at the time of Renewal, and/or at the time of subsequent Trips for Multi Trip Cover.

#### 48. Termination / Cancellation

The Company may at any time, cancel this Policy by giving 15 days' notice in writing by Registered Post Acknowledgment Due to the Insured Person at his/her last known address in the event of misrepresentation, fraud or non-disclosure of any material fact by the Insured Person. In such cases, the Policy shall be void and all premium paid thereon shall be forfeited to the Company as per the Disclosure to Information Norm.

##### In case of Multi Trip:

The Insured Person may at any time, prior to the coverage expiry date, give notice in writing to the Company for the cancellation of this Policy, in which case the Company shall, from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in-force at the Company's short period scales, as per the table given below. No refund of premium shall be made if any claim has been made under this Policy by or on behalf of the Insured Person. The Company shall also retain a sum Rs. 300/- from the premium refundable to the Insured towards cancellation charges of the Policy.

##### In case of Single Trip Covers:

Before Commencement of Trip:

If the Insured Person, prior to the Coverage Commencement Date, gives notice in writing to the Company for the cancellation of this Policy, in which

case the Company shall, from the date of receipt of notice, cancel the Policy and retain a sum of Rs. 300/- towards cancellation charges.

**After Commencement of Trip:**

The Insured Person may at any time, after the Coverage Commencement Date, give notice in writing to the Company for the cancellation of this Policy, in which case the Company shall, from the date of receipt of notice cancel the Policy and retain the premium for the period between Coverage Commencement Date and date of return of the insured person from Trip or date of notice of cancellation as applicable, at the Company's short period scales, as per the table given below. In case of early return of the Insured Person, from the Trip, refund of premium shall only be given if the same is at least a minimum of 10 days prior to the coverage expiry date.

Policy Period	Rate Of Premium to be retained
Up to 15% of Policy Period	25% of premium paid
Up to 25% of Policy Period	50% of premium paid
Upto 50% of Policy Period	75% of premium paid
Exceeding 50% of Policy Period	100% of premium paid

**49. Cause of Action**

The cover under this Policy applies to all countries stated in the Policy Certificate, except India/ Country of Origin where the Insured Person has a permanent place of residence, unless expressly provided otherwise. However, in respect of Benefit 12- Home to Home Cover, Benefit 31 - Home Burglary Insurance (Contents), Benefit 37 – Travel Loan Secure the cover shall apply in India only.

**50. Policy Disputes**

The parties to this Policy expressly agree that the laws of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to by both the insured and the Company to be subject to Indian law and the jurisdiction of Indian Courts.

**51. Renewability**

The Company shall give notice for Renewal of the Multi Trip Covers and accept Renewal premium in all cases except in case of fraud, misrepresentation or non-disclosure of the Insured Person of any material facts, or non-cooperation in implementing the terms and conditions of this Policy, or if the Renewal of Policy poses a moral hazard. Every Renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured Person that may result to enhance the risk of the Company. No Renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorized official of the Company.

This Policy provides a 30 days Grace Period for Renewal of the Policy. However, there is no coverage for any claims arising during the Grace Period under this Policy.

Instalment premium policies may be revived by mutual consent and in such event the Revival premium should be paid to Us within 15 days of the instalment due date. Wherever premiums are not received within the revival period the policy will be terminated and all claims that fall beyond such instalment due date shall not be covered as part of the policy. However, We will be liable to pay in respect of all claims where the treatment/admission/accident/ Covered event has commenced / occurred before instalment due date of such policies. Continuity benefits will be provided for the revival period of 15 day if the instalment is paid within the revival period.

During currency of the Policy, no change of plan or Sum Insured is allowed

**52. Operation of Policy & Policy Certificate/ Certificate of Insurance**

The Policy shall be issued for the duration as specified in the Policy Schedule/ Policy Certificate. The Policy takes effect on the Inception Date stated in the Policy Schedule and/or the Policy Certificate and ends on the date of expiry of the Policy. For specific groups, upon request, all additions thereto by way of Certificate/s of Insurance shall be valid up to the Policy Period commencing from the actual date of

addition to the Policy, it being agreed and understood that We shall continue to extend the benefit of coverage of insurance to the Insured Person(s) in the same manner on Renewal of the Policy or until expiry of the Policy Certificate/ Certificate of Insurance, whichever is later.

**53. Extension**

The Company may in its sole and absolute discretion extend the Period of Insurance of the Policy once during the Trip Duration, provided that:

- 1) The Company has received the request for extension of the Policy and the applicable premium before the coverage expiry date of the Period of Insurance.
- 2) The Company has received a good health and no claim declaration during the Trip Duration.
- 3) The Insured Person does not make a claim before the request for extension of the Policy.

The Company is under no obligation to extend the Policy or to extend the Policy on the same terms and conditions, whether as to premium or otherwise.

**54. Notices**

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to -

- a) In case of the Insured Person, at the address specified in the Policy Certificate.
- b) In case of the Company, to the Policy issuing office of the Company.

**55. Customer Service**

If at any time the Insured Person requires any clarification or assistance, the Insured Person may contact either the EASP or the Policy issuing office of the Company at its address during normal office hours.

Contact details of EASP: [As per requirement of group]

Contact details of Company: [www.manipalcigna.com](http://www.manipalcigna.com)

**56. Additional Terms and Conditions**

The master policyholder shall adhere to the extant applicable laws including but not limited to IRDAI rules, circulars and regulations as amended from time to time. We shall have provision to cancel the group policy arrangement if the master policyholder does not adhere to the norms specified under 'Circular on Travel Insurance Products and operational matters' issued by the IRDAI, Ref: IRDAI/HLT/CIR/MISC/174/09/2019, dated 27 September, 2019.

**55. Grievances Redressal Procedure**

The Company is committed to extend the best possible services to its customers. However, If Insured Person have a grievance that Insured Person wish the Company to redress, Insured Person may contact the Company with the details of his/her grievance through:

Our website: [www.manipalcigna.com](http://www.manipalcigna.com)

Email: [servicesupport@manipalcigna.com](mailto:servicesupport@manipalcigna.com)

Senior Citizens may write to us at:

[Seniorcitizensupport@ManipalCigna.com](mailto:Seniorcitizensupport@ManipalCigna.com)

Toll free: 1800-102-4462

Address: ManipalCigna Health Insurance Company Limited, 401/402, Raheja Titanium, Western Express Highway, Goregaon East, Mumbai-400063, India

Contact No.: 022 61703600

Courier: Any of the Company's Branch office or corporate office

The Insured Person may also approach the grievance cell at any of the Company's branches with the details of the grievance during the Company's working hours from Monday to Friday.

**Escalation Level 1**

For lack of a response or if the resolution still does not meet the expectations through one of the above methods, Insured Person may contact the Company's Head of Customer Service at [headcustomercare@manipalcigna.com](mailto:headcustomercare@manipalcigna.com)

**Escalation Level 2**

If the Insured Person/Policyholder is not satisfied with the Company's



redressal, he/she may use the Integrated Grievance Management Services (IGMS). For registration on IGMS, please visit the IRDAI website: [www.irda.gov.in](http://www.irda.gov.in).

### Escalation Level 3

In case the Insured Person has not got his/her grievances resolved by the Company Or, If Insured Person is not satisfied with the Company's redressal of the grievance, he/she may also approach the Insurance Ombudsman if his/her complaint is open for more than 30 days from the date of filing the complaint. The contact details of Ombudsman offices are mentioned below:

## G. Other terms and conditions

### G.I. Claims Procedure

In the event of any event, Injury or Illness which may give rise to a claim under this Policy, then as a Condition Precedent to the Company's liability under the Policy, the Insured Person (or the nominee or legal heir, if the Insured Person is deceased) shall undertake all the following in addition to any specific requirements specified within the Benefit under which the claim is made:

1. Immediately contact the EASP giving details of the Policy issued to him/her and the Policy Certificate. The details of phone numbers and help line are provided in the Policy Schedule / Policy Certificate attached to this Policy.
2. The Insured Person or his representative shall provide to the EASP all information about the Illness, Injury or occurrence for which the claim is being made, as is available, as well as other information such as the claimant's details, name and address of the attending Medical Practitioner and Hospital, if applicable, and any other information, documentation or details requested by the Company or the EASP. The EASP shall assist the Insured Person in getting admitted in to a Hospital / getting treatment from a Medical Practitioner as an outpatient.
3. Where it is an emergency and not possible to make a call before Hospitalization or consulting a Medical Practitioner, the Insured Person shall contact the EASP as soon as possible, but within 48 hours of Hospitalization or before discharge (whichever is earlier). However, the Company shall examine and relax the timeframe specified for Claim intimation depending upon whether the reasons for delay are beyond the control of the claimant. In either case, when being admitted as a patient, the Insured Person shall inform the Medical Practitioner or personnel at the Hospital, the details of his/her policy coverage and shall state the details of the EASP and request them to contact them.
4. The Company shall process the request for pre-authorization after having obtained accurate and complete information in respect of the Illness or Injury for which Cashless Facility is sought to be availed. The Company or the EASP shall confirm in writing authorization or rejection of authorization to avail Cashless Facility for the Insured Person's treatment.
5. Failure to comply with the claims procedure stated above may prejudice the claim of the Insured Person as the liability of the Company will attach, in the case of Medical Expenses, only if the same are incurred with the concurrence of EASP. Any delay on the part of Insured Person in submitting the claim documents may be condoned, subject to justifiable reasons for delay such that the same is beyond the control of the Insured Person/claimant.
6. If proper intimation is given and the pre-authorization request is accepted by the Company/EASP, the EASP shall give a claims guarantee (Cashless Facility for in-patient Hospitalization as well as outpatient treatment) to the Hospital / other providers for the costs of Hospitalization, transportation by emergency services, Emergency Medical Evacuation, Repatriation of Mortal Remains and burial listed under Scope of Coverage under the Policy. The Insured Person shall duly and completely release Medical Practitioners/Hospital contacted by EASP from their duty not to disclose information about his/her case.
7. In such cases, the Insured Person before his discharge from the Hospital, shall fill up and sign the Company's claim form and hand over the same to the Hospital authorities to be handed over to EASP. The duly signed claim form along with all the documents are to be sent to the EASP within 14 days of the occurrence of the Insured Event. We may accept the documents upto 30 days from the date of discharge, if Insured Person is able to provide sufficient cause for the delay in submission of the documents.
8. Where no information is given to EASP and the payment for Hospital treatment / outpatient treatment has been made by the Insured Person, the reasons therefore shall have to be given by the Insured Person along with the claim form giving details of treatment and bills for expenditure to the Company / EASP. After examining the facts and establishing the liability, in consultation and with the approval of the Company/ EASP will reimburse to the Insured Person for the costs incurred and payable under the applicable coverage within the Policy on behalf of and for the account of the Company.
9. Besides where the Insured Person and EASP agree that even though Cashless Facility is available, and the procedure under this Claims Procedure is complied with, the claim should be settled on a reimbursement basis (in consultation and with the approval of the Company), then it will be done so accordingly.
10. With respect to Emergency Medical Evacuation or Repatriation of Mortal Remains, the following services shall be arranged by the Company through the EASP:
  - a) Transferring the Insured by air ambulance, regular airline or any other method of transport that is ascertained as being appropriate by the EASP and/or the Company. The method of transport and the date and time shall be decided by the EASP and/or Company.
  - b) If the Insured Person is admitted to a Hospital then and if in the opinion of the appointed Medical Practitioner, the medical facilities in the Hospital are not suitable or adequate, the Insured Person will be evacuated to the nearest place where appropriate services are available or to his/her permanent place of residence in India/ Country of Origin.
  - c) Arrangement of reasonable and necessary transport and additional accommodation costs for another person to accompany the Insured Person if it is Medically Necessary that the Insured Person be accompanied in this way; this might be a Medical Practitioner, nurse, relative, Immediate Family Member, friend or work colleague.
  - d) In the event of death of the Insured Person due to an Insured Event in terms of this Policy, arrangements for transporting the mortal remains of the deceased back to India/ Country of Origin or reimbursement of cost of local burial or cremation in the Country of Visit where the death occurred. An official death certificate and a Medical Practitioner's statement giving the cause of death needs to be submitted.
11. Quick turnaround time shall be ensured in case the EASP arranges the emergency evacuation, on a best efforts basis. The Company shall review and monitor the promptness and quality of the service, turnaround time and accessibility provided by the EASP in the interest of the Insured Person and shall take due course of action based on the results of the review. The Company will not be liable in respect of the emergency evacuation or repatriation service provided under the Policy by the Company/EASP for:
  - a) Any failure to provide the emergency evacuation or repatriation service or for any delays in providing it, unless the failure or delay is caused by the negligence of the Company and/or the EASP.
  - b) Failure or delay in providing the emergency evacuation or repatriation service if:
    - a. By law the overseas evacuation or repatriation service cannot be provided in the Country of Visit; or
    - b. The failure or delay is caused by any reason beyond the Company's control including, but not limited to, strikes and flight conditions.
  - c) Injury or death caused while the Insured Person is being moved unless it is caused by the negligence of the Company/EASP or the negligence of anyone acting on the behalf of the Company/EASP.
12. The Company shall only be liable to indemnify if, besides proof of insurance cover, the necessary claim documents required as per the Claims Procedure stated in the Policy, are submitted in full.
13. Claims for reimbursement shall be submitted to the Company OR EASP within one month after completion of the treatment, or transportation of the Insured Person back to India/ Country of Origin. In the event of death due to an Accident, the same shall be submitted within one month after transportation of mortal remains/burial.
14. The Insured Person shall provide EASP / the Company on demand with any information that is required to determine the occurrence of the insured event or the scope of the Company's liability. In particular, at the request of EASP / the Company proof shall be furnished of the actual commencement of the Trip.
15. If requested to do so by EASP / the Company, the Insured Person shall authorise EASP / the Company to obtain all the information considered necessary from third parties (Medical Practitioners, dentists, alternative practitioners, health care providers of any kind, insurance carriers, health or pension offices) and release these parties from their obligation not to disclose information.
16. If requested to do so by EASP / the Company, the Insured Person is obliged to undergo a medical examination by a Medical Practitioner designated by EASP / the Company.
17. In case of any claim under Personal Liability, Legal Expenses or Bail Bond proof of judicial decision rendered by a Court of Law may be

required.

18. In case of any Accident giving rise to a claim under the Accidental Death Benefit III of the Policy, the Insured Person, his/her nominee or legal representatives, as the case may be, shall provide complete information and details about the Insured Person in the claim form along with the following documents to the Company OR EASP.
19. Upon receipt of all required documents, We shall settle the claim within 30 days from the date of receipt of last necessary document in accordance with the provisions of Regulation 27 of IRDAI (Health Insurance) Regulations, 2016.

In the case of delay in the payment of a claim We shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

However, where the circumstances of a claim warrant an investigation in Our opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, We shall settle the claim within 45 days from the date of receipt of last necessary document.

In case of delay beyond stipulated 45 days We shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

**G.II. List of documents required for Claims processing:**

Cover	List of Documents
Medical Expenses	<ul style="list-style-type: none"> <li>✓ Claim form duly signed along with attending Medical Practitioner's stamp and signature</li> <li>✓ Government issued Identity proof, AADHAR and PAN card (recent photograph of the proposer in case of claimed amount is above INR 100,000)</li> <li>✓ Original Discharge summary</li> <li>✓ Original Hospital final bill</li> <li>✓ Attending Surgeon's/Medical Practitioner's Prescription advising Hospitalization</li> <li>✓ Original Surgery/consultation bills and receipts</li> <li>✓ Original X-ray reports/ Pathological/ Investigative reports</li> <li>✓ Copy of passport, visa with entry and exit stamp. Copy of tickets and boarding pass.</li> <li>✓ Cancelled cheque with proposer's name or NEFT mandate form signed and stamped from bank.</li> </ul>
Travel Inconvenience cover due to Trip Cancellation and Interruption	<ul style="list-style-type: none"> <li>✓ Medical reports and doctors statement if trip is cancelled or interrupted due to medical reasons.</li> <li>✓ Termination letter from the company if trip is cancelled due to employments.</li> <li>✓ If due to other events, police report confirming the incident shall be submitted.</li> <li>✓ All original bills / receipts of Reasonable Additional Expenses incurred and/or proof of cancellation charges levied by the carriers shall be submitted.</li> </ul>
University Excess Medical Cover	<ul style="list-style-type: none"> <li>✓ Claim form duly signed along with attending Medical Practitioner's stamp and signature</li> <li>✓ Government issued Identity proof, AADHAR and PAN card (recent photograph of the proposer in case of claimed amount is above INR 100,000)</li> <li>✓ Original Discharge summary</li> <li>✓ Original Hospital final bill</li> <li>✓ Attending Surgeon's/Medical Practitioner's Prescription advising Hospitalization</li> <li>✓ Original Surgery/consultation bills and receipts</li> <li>✓ Original X-ray reports/ Pathological/ Investigative reports</li> <li>✓ Copy of passport, visa with entry and exit stamp. Copy of tickets and boarding pass.</li> <li>✓ Cancelled cheque with proposer's name or NEFT mandate form signed and stamped from bank.</li> <li>✓ Settlement letter for the university medical cover.</li> </ul>
Life Threatening Pre-Existing Condition Cover	<ul style="list-style-type: none"> <li>✓ Claim form duly signed along with attending Medical Practitioner's stamp and signature</li> <li>✓ Government issued Identity proof, AADHAR and PAN card (recent photograph of the proposer in case of claimed amount is above 1 Lakh.)</li> <li>✓ Original Admission/Discharge summary</li> <li>✓ Original detailed Hospital final bill</li> <li>✓ Attending Surgeon's/Medical Practitioner's Prescription advising Hospitalization</li> <li>✓ Original Surgery/consultation bills and receipts</li> <li>✓ Original X-ray reports/ Pathological/ Investigative reports</li> <li>✓ Copy of passport, visa with entry and exit stamp. Copy of tickets and boarding pass.</li> <li>✓ Certificate from the attending doctor for nature of life threatening condition.</li> <li>✓ Cancelled cheque with proposer's name or NEFT mandate form signed and stamped from bank.</li> </ul>
OPD Expenses	<ul style="list-style-type: none"> <li>✓ Claim form duly signed along with attending Medical Practitioner statement</li> <li>✓ Original Doctor Consultation and prescriptions.</li> <li>✓ Original Medical bills</li> <li>✓ Cancelled cheque with proposer's name or NEFT mandate form signed and stamped from bank.</li> <li>✓ Certificate stating the emergency nature of the consultation.</li> <li>✓ Copy of passport, visa with entry and exit stamp. Copy of tickets and boarding pass.</li> </ul>
Emergency Medical Evacuation	<ul style="list-style-type: none"> <li>✓ Medical In the event of an Insured Person requiring Emergency medical evacuation and repatriation, Insured Person, must notify Us immediately either at Our call centre or in writing.</li> <li>✓ Emergency medical evacuations shall be pre-authorized by us</li> <li>✓ Our team of Medical specialists in association with the Emergency Assistance Service Provider shall determine the Medical Necessity of such Emergency Evacuation or Repatriation post which the same will be approved.</li> <li>✓ Copy of passport, visa with entry and exit stamp</li> </ul>
Repatriation of Mortal Remains	<p>In Case of cashless service:</p> <ul style="list-style-type: none"> <li>✓ In the event of an Insured Person requiring repatriation of mortal remains, relatives must notify Us immediately either at Our call centre or in writing.</li> <li>✓ Repatriation of mortal remains shall be pre-authorized by us</li> <li>✓ Our team of Medical specialists in association with the Emergency Assistance Service Provider shall determine the admissibility of such Repatriation post which the same will be approved.</li> </ul> <p>In Case of reimbursement:</p> <ul style="list-style-type: none"> <li>✓ Duly signed claim form</li> <li>✓ Policy Copy</li> <li>✓ Official death certificate and a physician's statement for cause of death.</li> <li>✓ Medical records in case of hospitalization before death.</li> <li>✓ The original bills/receipts of the expenses incurred including name of airlines, burial details, expenses incurred, other incidental costs with bifurcation of expenses</li> <li>✓ Copy of cancelled passport.</li> <li>✓ Cancelled cheque with proposer's name or NEFT mandate form signed and stamped from bank.</li> </ul>



Dental Treatment Expenses	<ul style="list-style-type: none"> <li>✓ Claim form duly signed along with attending Dentist.</li> <li>✓ Original documents of Doctor's medical report, admission and discharge cards, and prescriptions</li> <li>✓ Original bills, vouchers, reports and payment receipts stating the details of the dental treatment.</li> <li>✓ Copy of X-ray, pathological and investigative reports</li> <li>✓ Copy of passport, visa with entry and exit stamp</li> <li>✓ Cancelled cheque with proposer's name or NEFT mandate form signed and stamped from bank.</li> </ul>
Accidental Death	<ul style="list-style-type: none"> <li>✓ Claim form duly signed along with attending Medical Practitioner statement</li> <li>✓ Death summary issued by a Hospital;</li> <li>✓ Voter ID, Passport, PAN Card, Driving License, Ration Card, AADHAR, or any other proof accepted by the KYC norms as approved by Us and which is admissible in court of law</li> <li>✓ Copy of Police Inquest Report (if conducted) duly attested by the concerned Police Station;</li> <li>✓ Identity proof of Nominee or Original Succession certificate/Original Legal Heir Certificate or any other proof to Our satisfaction for the purpose of a valid discharge in case nomination is not filed by deceased.</li> <li>✓ Copy of Death Certificate and Post Mortem report.</li> <li>✓ Copy of passport, visa with entry and exit stamp. Copy of tickets and boarding pass.</li> <li>✓ Cancelled cheque with beneficiary name or NEFT mandate form signed and stamped from bank.</li> </ul>
Permanent Total Disablement (PTD)	<ul style="list-style-type: none"> <li>✓ Certificate from the Hospital and attending doctor for the disability.</li> <li>✓ Discharge summary from the Hospital.</li> <li>✓ Photograph of the Insured Person reflecting the disablement</li> <li>✓ Disability certificate issued by civil surgeon or equivalent appointed by the District/State or Government Board.</li> <li>✓ Police report on the accident with medico-legal certificate from the hospital.</li> <li>✓ Copy of passport, visa with entry and exit stamp. Copy of tickets and boarding pass.</li> <li>✓ Cancelled cheque with proposer's name or NEFT mandate form signed and stamped from bank.</li> </ul>
Permanent Partial Disablement (PPD)	<ul style="list-style-type: none"> <li>✓ Certificate from the Hospital and attending doctor for the disability.</li> <li>✓ Discharge summary from the Hospital</li> <li>✓ Photograph of the Insured Person reflecting the disablement</li> <li>✓ Disability certificate issued by civil surgeon or equivalent appointed by the District/State or Government</li> <li>✓ Police report on the accident with medico-legal certificate from the hospital.</li> <li>✓ Copy of passport, visa with entry and exit stamp. Copy of tickets and boarding pass.</li> <li>✓ Cancelled cheque with proposer's name or NEFT mandate form signed and stamped from bank.</li> </ul>
Accidental Death - Common carrier Coverage	<ul style="list-style-type: none"> <li>✓ Claim form duly signed along with attending Medical Practitioner statement</li> <li>✓ Death summary issued by a Hospital;</li> <li>✓ Voter ID, Passport, PAN Card, Driving License, Ration Card, AADHAR, or any other proof accepted by the KYC norms as approved by Us and which is admissible in court of law</li> <li>✓ Copy of Police Inquest Report (if conducted) duly attested by the concerned Police Station;</li> <li>✓ Identity proof of Nominee or Original Succession certificate/Original Legal Heir Certificate or any other proof to Our satisfaction for the purpose of a valid discharge in case nomination is not filed by deceased.</li> <li>✓ Copy of Death Certificate and Post Mortem report.</li> <li>✓ Copy of passport, visa with entry and exit stamp. Copy of tickets and boarding pass.</li> <li>✓ Cancelled cheque with beneficiary name or NEFT mandate form signed and stamped from bank.</li> <li>✓ Original Passenger Ticket / Boarding Pass issued in the name of the Insured Person from the Common Carrier (in case of death in a common carrier).Wherever a named ticket is not available, onus of proof of travel will be upon the Insured Person.</li> </ul>
Permanent Total Disablement - Common carrier Coverage	<ul style="list-style-type: none"> <li>✓ Certificate from the Hospital and attending doctor for the disability.</li> <li>✓ Discharge summary from the Hospital.</li> <li>✓ Photograph of the Insured Person reflecting the disablement</li> <li>✓ Disability certificate issued by civil surgeon or equivalent appointed by the District/State or Government Board.</li> <li>✓ Police report on the accident with medico-legal certificate from the hospital.</li> <li>✓ Copy of passport, visa with entry and exit stamp. Copy of tickets and boarding pass.</li> <li>✓ Cancelled cheque with proposer's name or NEFT mandate form signed and stamped from bank.</li> <li>✓ Original Passenger Ticket / Boarding Pass issued in the name of the Insured Person from the Common Carrier (in case of an accident in a common carrier). Wherever a named ticket is not available, onus of proof of travel will be upon the Insured Person.</li> </ul>
Permanent Partial Disablement - Common carrier Coverage	<ul style="list-style-type: none"> <li>✓ Certificate from the Hospital and attending doctor for the disability.</li> <li>✓ Discharge summary from the Hospital</li> <li>✓ Photograph of the Insured Person reflecting the disablement</li> <li>✓ Disability certificate issued by civil surgeon or equivalent appointed by the District/State or Government</li> <li>✓ Police report on the accident with medico-legal certificate from the hospital.</li> <li>✓ Copy of passport, visa with entry and exit stamp. Copy of tickets and boarding pass.</li> <li>✓ Cancelled cheque with proposer's name or NEFT mandate form signed and stamped from bank.</li> <li>✓ Original Passenger Ticket / Boarding Pass issued in the name of the Insured Person from the Common Carrier (in case of an accident in a common carrier). Wherever a named ticket is not available, onus of proof of travel will be upon the Insured Person.</li> </ul>

Daily Allowance in case of Hospitalization	<ul style="list-style-type: none"> <li>✓ Claim form duly signed along with attending Medical Practitioner's stamp and signature</li> <li>✓ Government issued Identity proof, AADHAR and PAN card (recent photograph of the proposer in case of claimed amount is above 1 Lakh.)</li> <li>✓ Copy of Discharge summary</li> <li>✓ Copy of Hospital final bill</li> <li>✓ Attending Surgeon's/Medical Practitioner's Prescription advising Hospitalization</li> <li>✓ Copy of Surgery/consultation bills and receipts</li> <li>✓ Medicine and medical aid bills with doctor's prescription</li> <li>✓ Copy of X-ray reports/ Pathological/ Investigative reports</li> <li>✓ Copy of passport, visa with entry and exit stamp. Copy of tickets and boarding pass.</li> <li>✓ Cancelled cheque with proposer's name or NEFT mandate form signed and stamped from bank.</li> </ul>
Compassionate Visit	<ul style="list-style-type: none"> <li>✓ A certificate from the Medical Practitioner recommending the presence in the form of special assistance to be rendered by an Immediate Family Member during the entire period of Hospitalization. Certificate to also specify the minimum period of Hospitalization.</li> <li>✓ Discharge summary of the Hospital furnishing details - date of admission, date of discharge, and the presence of the member of the Family or near relative on all days of Hospitalization.</li> <li>✓ Original ticket used for the travel to and fro by the member of the Family or near relative.</li> <li>✓ And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.</li> </ul>
Pre-existing Condition Cover for Emergency Care	<ul style="list-style-type: none"> <li>✓ Claim form duly signed along with attending Medical Practitioner's stamp and signature</li> <li>✓ Government issued Identity proof, AADHAR and PAN card (recent photograph of the proposer in case of claimed amount is above INR 100,000)</li> <li>✓ Certificate from the attending doctor for nature of life threatening condition.</li> <li>✓ Original Admission/Discharge summary</li> <li>✓ Original detailed Hospital final bill</li> <li>✓ Attending Surgeon's/Medical Practitioner's Prescription advising Hospitalization</li> <li>✓ Original Surgery/consultation bills and receipts</li> <li>✓ Medicine and medical aid bills with doctor's prescription</li> <li>✓ Original X-ray reports/ Pathological/ Investigative reports</li> <li>✓ Copy of passport, visa with entry and exit stamp. Copy of tickets and boarding pass.</li> <li>✓ Cancelled cheque with proposer's name or NEFT mandate form signed and stamped from bank.</li> </ul>
Home to Home cover	<ul style="list-style-type: none"> <li>✓ In case of death:</li> <li>✓ Claim form duly signed along with attending Medical Practitioner statement</li> <li>✓ Death summary issued by a Hospital;</li> <li>✓ Voter ID, Passport, PAN Card, Driving License, Ration Card, AADHAR, or any other proof accepted by the KYC norms as approved by Us and which is admissible in court of law</li> <li>✓ Copy of Police Inquest Report (if conducted) duly attested by the concerned Police Station</li> <li>✓ Identity proof of Nominee or Original Succession Certificate/Original Legal Heir Certificate or any other proof to Our satisfaction for the purpose of a valid discharge in case nomination is not filed by deceased.</li> <li>✓ Copy of Death Certificate and Post Mortem report.</li> <li>✓ Original Passenger Ticket / Boarding Pass issued in the name of the Insured Person from the transport used. Wherever a named ticket is not available, onus of proof of travel will be upon the Insured Person.</li> <li>✓ Cancelled cheque with proposer's name or NEFT mandate form signed and stamped from bank.</li> <li>✓ In Case of disability:</li> <li>✓ Certificate from the Hospital and attending doctor for the disability.</li> <li>✓ Discharge summary from the Hospital.</li> <li>✓ Photograph of the Insured Person reflecting the disablement</li> <li>✓ Disability certificate issued by civil surgeon or equivalent appointed by the District/State or Government Board.</li> <li>✓ Police report on the accident with medico-legal certificate from the hospital.</li> <li>✓ Cancelled cheque with proposer's name or NEFT mandate form signed and stamped from bank.</li> </ul>
Adventure Sports	<ul style="list-style-type: none"> <li>✓ Claim form duly signed along with attending Medical Practitioner's stamp and signature</li> <li>✓ Government issued Identity proof, AADHAR and PAN card (recent photograph of the proposer in case of claimed amount is above INR 100,000)</li> <li>✓ Original Discharge summary</li> <li>✓ Original Hospital final bill</li> <li>✓ Attending Surgeon's/Medical Practitioner's Prescription advising Hospitalization</li> <li>✓ Original Surgery/consultation bills and receipts</li> <li>✓ Medicine and medical aid bills with doctor's prescription</li> <li>✓ Original X-ray reports/ Pathological/ Investigative reports</li> <li>✓ Copy of passport, visa with entry and exit stamp. Copy of tickets and boarding pass.</li> <li>✓ Cancelled cheque with proposer's name or NEFT mandate form signed and stamped from bank.</li> <li>✓ Certificate for injury or illness due to involvement in adventure sports.</li> </ul>
STD cover	<ul style="list-style-type: none"> <li>✓ Claim form duly signed along with attending Medical Practitioner's stamp and signature</li> <li>✓ Government issued Identity proof, AADHAR and PAN card (recent photograph of the proposer in case of claimed amount is above INR 100,000)</li> <li>✓ Original Discharge summary</li> <li>✓ Original Hospital final bill</li> <li>✓ Attending Surgeon's/Medical Practitioner's Prescription advising Hospitalization</li> <li>✓ Original Surgery/consultation bills and receipts</li> <li>✓ Original X-ray reports/ Pathological/ Investigative reports</li> <li>✓ Copy of passport, visa with entry and exit stamp. Copy of tickets and boarding pass.</li> <li>✓ Cancelled cheque with proposer's name or NEFT mandate form signed and stamped from bank.</li> <li>✓ Certificate for illness due to an STD.</li> </ul>

Mental Disorder Cover	<ul style="list-style-type: none"> <li>✓ Claim form duly signed along with attending Medical Practitioner's stamp and signature</li> <li>✓ Government issued Identity proof, AADHAR and PAN card (recent photograph of the proposer in case of claimed amount is above INR 100,000)</li> <li>✓ Original Discharge summary</li> <li>✓ Original Hospital final bill</li> <li>✓ Attending Surgeon's/Medical Practitioner's Prescription advising Hospitalization</li> <li>✓ Original Surgery/consultation bills and receipts</li> <li>✓ Original X-ray reports/ Pathological/ Investigative reports</li> <li>✓ Copy of passport, visa with entry and exit stamp. Copy of tickets and boarding pass.</li> <li>✓ Cancelled cheque with proposer's name or NEFT mandate form signed and stamped from bank.</li> <li>✓ Certificate for injury or illness due to mental disorder.</li> </ul>
Substance & Alcohol Abuse	<ul style="list-style-type: none"> <li>✓ Claim form duly signed along with attending Medical Practitioner's stamp and signature</li> <li>✓ Government issued Identity proof, AADHAR and PAN card (recent photograph of the proposer in case of claimed amount is above INR 100,000)</li> <li>✓ Original Discharge summary</li> <li>✓ Original Hospital final bill</li> <li>✓ Attending Surgeon's/Medical Practitioner's Prescription advising Hospitalization</li> <li>✓ Original Surgery/consultation bills and receipts</li> <li>✓ Original X-ray reports/ Pathological/ Investigative reports</li> <li>✓ Copy of passport, visa with entry and exit stamp. Copy of tickets and boarding pass.</li> <li>✓ Cancelled cheque with proposer's name or NEFT mandate form signed and stamped from bank.</li> <li>✓ Certificate for injury or illness due to Substance &amp; Alcohol Abuse.</li> </ul>
Pregnancy Cover	<ul style="list-style-type: none"> <li>✓ Claim form duly signed along with attending Medical Practitioner's stamp and signature</li> <li>✓ Government issued Identity proof, AADHAR and PAN card (recent photograph of the proposer in case of claimed amount is above INR 100,000)</li> <li>✓ Original Discharge summary</li> <li>✓ Original Hospital final bill</li> <li>✓ Attending Surgeon's/Medical Practitioner's Prescription advising Hospitalization</li> <li>✓ Original Surgery/consultation bills and receipts</li> <li>✓ Medicine and medical aid bills with doctor's prescription</li> <li>✓ Original X-ray reports/ Pathological/ Investigative reports</li> <li>✓ Copy of passport, visa with entry and exit stamp. Copy of tickets and boarding pass.</li> <li>✓ Cancelled cheque with proposer's name or NEFT mandate form signed and stamped from bank.</li> </ul>
Study Interruption	<ul style="list-style-type: none"> <li>✓ Claim form duly signed along with attending Medical Practitioner's stamp and signature</li> <li>✓ Government issued Identity proof, AADHAR and PAN card (recent photograph of the proposer in case of claimed amount is above INR 100,000)</li> <li>✓ Original Discharge summary</li> <li>✓ Original Hospital final bill</li> <li>✓ Attending Surgeon's/Medical Practitioner's Prescription advising Hospitalization</li> <li>✓ Original Surgery/consultation bills and receipts</li> <li>✓ Original X-ray reports/ Pathological/ Investigative reports</li> <li>✓ Copy of passport, visa with entry and exit stamp. Copy of tickets and boarding pass.</li> <li>✓ Cancelled cheque with proposer's name or NEFT mandate form signed and stamped from bank.</li> <li>✓ Certificate for absence from university due to injury or illness.</li> </ul>
Sponsor Protection	<ul style="list-style-type: none"> <li>✓ Claim form duly signed along with attending Medical Practitioner statement</li> <li>✓ Death summary issued by a Hospital;</li> <li>✓ Voter ID, Passport, PAN Card, Driving License, Ration Card, AADHAR, or any other proof accepted by the KYC norms as approved by Us and which is admissible in court of law</li> <li>✓ Copy of Police Inquest Report, duly attested by the concerned Police Station;</li> <li>✓ Copy of Death Certificate and Post Mortem report.</li> <li>✓ Proof of sponsorship.</li> </ul>
Medical Sublimit-Cover	<ul style="list-style-type: none"> <li>✓ Claim form duly signed along with attending Medical Practitioner's stamp and signature</li> <li>✓ Government issued Identity proof, AADHAR and PAN card (recent photograph of the proposer in case of claimed amount is above INR 100,000)</li> <li>✓ Original Discharge summary</li> <li>✓ Original Hospital final bill</li> <li>✓ Attending Surgeon's/Medical Practitioner's Prescription advising Hospitalization</li> <li>✓ Original Surgery/consultation bills and receipts</li> <li>✓ Medicine and medical aid bills with doctor's prescription</li> <li>✓ Original X-ray reports/ Pathological/ Investigative reports</li> <li>✓ Copy of passport, visa with entry and exit stamp. Copy of tickets and boarding pass.</li> <li>✓ Cancelled cheque with proposer's name or NEFT mandate form signed and stamped from bank.</li> </ul>
Loss of passport	<ul style="list-style-type: none"> <li>✓ Duly completed claim form</li> <li>✓ Receipts for obtaining duplicate passport / travel documents</li> <li>✓ Copy of new passport, return tickets, previous passport (if available).</li> <li>✓ Certificate issued by embassy of India/ Country of Origin; stamps, cost of a professional account or solicitor (Excluding any transportation involved in getting duplicate passport.)</li> </ul>
Total Loss of Checked-in Baggage	<ul style="list-style-type: none"> <li>✓ Duly completed claim form</li> <li>✓ Copy of the complaint filed with airline authorities</li> <li>✓ Property Irregularity Report/ Certificate from airline authorities that baggage has been lost</li> <li>✓ Copy of passport, visa with entry and exit stamp</li> </ul>



Total Loss of Checked-in Baggage	<ul style="list-style-type: none"> <li>✓ Duly completed claim form</li> <li>✓ Copy of the complaint filed with airline authorities</li> <li>✓ Property Irregularity Report/ Certificate from airline authorities that baggage has been lost</li> <li>✓ Copy of passport, visa with entry and exit stamp</li> </ul>
Delay of Checked-in Baggage	<ul style="list-style-type: none"> <li>✓ Duly completed claim form</li> <li>✓ Copy of the complaint filed with airline authorities</li> <li>✓ Property Irregularity Report/Certificate from airline authorities that baggage has been delayed from more than the specified hours</li> <li>✓ Vouchers/Bills for toiletries, medication and clothing</li> <li>✓ Copy of passport, visa with entry and exit stamp</li> </ul>
Trip Delay	<ul style="list-style-type: none"> <li>✓ Duly signed claim form</li> <li>✓ Policy Copy</li> <li>✓ Proof of forfeited &amp; non-refundable payment made prior departure.</li> <li>✓ Copy of passport/visa with entry and exit stamp (if any), copy of The ticket and boarding pass</li> <li>✓ Letter from the Common Carrier clearly stating the period of delay.</li> <li>✓ Proof of cancellation of trip (if any)</li> </ul>
Flight Delay	<ul style="list-style-type: none"> <li>✓ Duly signed claim form</li> <li>✓ Policy Copy</li> <li>✓ Proof of forfeited &amp; non-refundable payment made prior departure.</li> <li>✓ Copy of passport/visa with entry and exit stamp (if any), copy of The ticket and boarding pass</li> <li>✓ Letter from the airline clearly stating the period of delay.</li> <li>✓ Proof of delay of flight (if any)</li> </ul>
Missed Connection	<ul style="list-style-type: none"> <li>✓ Confirmation from the airline, mentioning the scheduled arrival time and the actual arrival time.</li> <li>✓ The reason for delay in the flight also needs to be mentioned.</li> <li>✓ All original bills / receipts of Reasonable Additional Expenses incurred and/or proof of cancellation charges levied by the carriers shall be submitted.</li> <li>✓ The original ticket / boarding pass indicating the travel dates must be submitted with every claim, along with the completed claim form.</li> </ul>
Personal Liability	<ul style="list-style-type: none"> <li>✓ Duly signed claim form</li> <li>✓ Original Policy Copy</li> <li>✓ An application letter/statement detailing the incident of: Personal liability, circumstances, location and liability.</li> <li>✓ Copy of passport and visa with exit and entry stamp</li> <li>✓ Witness statements</li> <li>✓ Proof of judicial decision rendered by a court of law.</li> <li>✓ Copy of Police report (In case of legal case)</li> <li>✓ Apart from the above, any other document as required by the Claims department.</li> </ul>
Legal Expenses	<ul style="list-style-type: none"> <li>✓ Duly signed claim form</li> <li>✓ Original Policy Copy</li> <li>✓ An application letter/statement detailing the incident of: Personal liability, circumstances, location and liability.</li> <li>✓ Copy of passport and visa with exit and entry stamp</li> <li>✓ Witness statements</li> <li>✓ Proof of judicial decision rendered by a court of law.</li> <li>✓ Copy of Police report (In case of legal case)</li> <li>✓ Apart from the above, any other document as required by the Claims department.</li> </ul>
Financial Emergency Assistance	<ul style="list-style-type: none"> <li>✓ Written statement narrating the incident of loss i.e. type of loss, causes, circumstances and the place.</li> <li>✓ Copy of police report filed within 24 hours of the occurrence of the incident.</li> <li>✓ Passport/Visa with exit and entry stamp</li> <li>✓ Copy of air ticket and boarding pass</li> </ul>
Hijack Distress Allowance	<ul style="list-style-type: none"> <li>✓ Duly signed claim form</li> <li>✓ Policy Copy</li> <li>✓ A police report confirming the incident. It should contain the</li> <li>✓ Passport number of the insured and period of hijacking.</li> <li>✓ Letter from the airline clearly stating period of hijack and media Coverage details. (e.g photograph, videos, newspaper cutting Etc)</li> <li>✓ Copy of passport/visa with entry and exit stamp</li> <li>✓ Copy of the air ticket and boarding pass</li> </ul>
Home Burglary Insurance (Contents)	<ul style="list-style-type: none"> <li>✓ Duly completed claim form</li> <li>✓ Copy of first information report/policy report.</li> <li>✓ Copy of final investigator report/non-detectable certificate issued by the police authorities / magisterial order.</li> <li>✓ Letter of undertaking/subrogation form obtained from the insured</li> </ul>
Overbooked Flight	<ul style="list-style-type: none"> <li>✓ Duly signed claim form</li> <li>✓ Policy Copy</li> <li>✓ Proof of forfeited &amp; non-refundable payment made prior departure.</li> <li>✓ Copy of passport/visa with entry and exit stamp (if any), copy of The ticket and boarding pass</li> <li>✓ Letter from the airline clearly stating the reason for denying boarding.</li> <li>✓ Proof of overbooked Flight (if any)</li> </ul>

Bail Bond	<ul style="list-style-type: none"> <li>✓ Duly signed claim form</li> <li>✓ Original Policy Copy</li> <li>✓ An application letter/statement detailing the incident.</li> <li>✓ Copy of passport and visa with exit and entry stamp</li> <li>✓ Witness statements</li> <li>✓ Proof of judicial decision rendered by a court of law.</li> <li>✓ Copy of Police report (In case of legal case)</li> <li>✓ Bail Papers specifying bail amount</li> <li>✓ Apart from the above, any other document as required by the Claims department.</li> </ul>
Emergency Accommodation	<ul style="list-style-type: none"> <li>✓ Signed claim form</li> <li>✓ Policy Copy</li> <li>✓ Proof detailing the incident.</li> <li>✓ Apart from the above, any other document as required by the Claims department.</li> </ul>
Alternate Employee/Substitute Employee Expenses	<ul style="list-style-type: none"> <li>✓ Signed claim form</li> <li>✓ Policy Copy</li> <li>✓ Medical Record.</li> <li>✓ Medical Certificate from the attending physician establishing illness/accident.</li> <li>✓ Original air ticket and boarding pass of the substitute employee</li> <li>✓ Copy of passport/visa with exit and entry stamp.</li> </ul>
Loss of Laptop	<ul style="list-style-type: none"> <li>✓ Duly completed claim form</li> <li>✓ Copy of first information report/policy report.</li> <li>✓ The original invoice/receipt evidencing the proof of purchase and ownership</li> <li>✓ Copy of final investigator report/non-detectable certificate issued by the police authorities / magisterial order.</li> <li>✓ Letter of undertaking/subrogation form obtained from the insured</li> </ul>
Travel Loan Secure	<ul style="list-style-type: none"> <li>✓ Signed claim form</li> <li>✓ Policy Copy</li> <li>✓ Medical Record.</li> <li>✓ Medical Certificate from the attending physician establishing illness/accident.</li> <li>✓ Loan documents</li> <li>✓ Certificate by the financial institution specifying outstanding loan amount.</li> <li>✓ Apart from the above, any other document as required by the Claims department.</li> </ul>
Loss of Personal Effects	<ul style="list-style-type: none"> <li>✓ Duly signed claim form</li> <li>✓ A police report confirming the incident</li> <li>✓ Hospital Bill</li> </ul>
Return of minor children	<ul style="list-style-type: none"> <li>✓ Signed claim form</li> <li>✓ Policy Copy</li> <li>✓ Medical Record.</li> <li>✓ Medical Certificate from the attending physician establishing death of Insured Person</li> <li>✓ All original bills / receipts of reasonable additional expenses incurred</li> </ul>
Overseas Travel Service Supplier Insolvency	<ul style="list-style-type: none"> <li>✓ Signed claim form</li> <li>✓ Policy Copy</li> <li>✓ Proof establishing Insolvency of Travel Service Supplier</li> <li>✓ All original bills / receipts of reasonable additional expenses incurred</li> </ul>
Loss of International driving License	<ul style="list-style-type: none"> <li>✓ Duly completed claim form</li> <li>✓ Copy of first information report/policy report.</li> <li>✓ Receipts for obtaining duplicate international driving license</li> <li>✓ Copy of new DL, previous DL (if available).</li> <li>✓ Apart from the above, any other document as required by the Claims department.</li> </ul>
Bounced Hotel booking	<ul style="list-style-type: none"> <li>✓ Duly signed claim form</li> <li>✓ Policy Copy</li> <li>✓ Proof of forfeited &amp; non-refundable payment made prior departure.</li> <li>✓ Copy of passport/visa with entry and exit stamp (if any), copy of The ticket and boarding pass</li> <li>✓ Letter from the airline clearly stating the reason for denying boarding.</li> <li>✓ Proof of overbooked hotel (if any)</li> <li>✓ Apart from the above, any other document as required by the Claims department.</li> </ul>
Cruise cover	<p><b>Missed Port Departure</b></p> <ul style="list-style-type: none"> <li>✓ Duly signed claim form</li> <li>✓ Policy Copy</li> <li>✓ The reason for missing departure.</li> <li>✓ All original bills / receipts of Reasonable Additional Expenses incurred and/or proof of cancellation charges levied by the carriers shall be submitted.</li> <li>✓ The original ticket / boarding pass indicating the travel dates must be submitted with every claim, along with the completed claim form.</li> <li>✓ Apart from the above, any other document as required by the Claims department.</li> </ul> <p><b>Unused Excursions</b></p> <ul style="list-style-type: none"> <li>✓ Duly signed claim form</li> <li>✓ Policy Copy</li> <li>✓ Medical Records</li> <li>✓ All original bills / receipts of Reasonable Additional Expenses incurred and/or proof of cancellation charges levied by the carriers shall be submitted.</li> <li>✓ The original ticket / boarding pass indicating the travel dates must be submitted with every claim, along with the completed claim form.</li> <li>✓ Apart from the above, any other document as required by the Claims department.</li> </ul>

**G.III. List of Insurance Ombudsman**

Name of the Office of Insurance Ombudsman	State-wise Area of Jurisdiction
<p><b>AHMEDABAD</b> Office of the Insurance Ombudsman, Jeevan Prakash Building, 6<sup>th</sup> floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079-25501201/02/05/06 Email:- <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a></p>	<p>State of Gujarat and Union Territories of Dadra and Nagar Haveli and Daman and Diu.</p>
<p><b>BENGALURU</b> Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24<sup>th</sup> Main Road, JP Nagar, 1<sup>st</sup> Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email:- <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a></p>	<p>State of Karnataka.</p>
<p><b>BHOPAL</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2<sup>nd</sup> Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003 Tel.: 0755-2769201/202 Fax: 0755-2769203 Email:- <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a></p>	<p>States of Madhya Pradesh and Chhattisgarh.</p>
<p><b>BHUBANESWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar - 751 009. Tel.: 0674-2596461/2596455 Fax: 0674-2596429 Email:- <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a></p>	<p>State of Orissa.</p>
<p><b>CHANDIGARH</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 &amp; 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172-2706196/6468 Fax: 0172-2708274 Email:- <a href="mailto:bimalokpal.chandigarh@cioins.co.in">bimalokpal.chandigarh@cioins.co.in</a></p>	<p>States of Punjab, Haryana (excluding 4 districts viz Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu &amp; Kashmir, Ladakh and Chandigarh.</p>
<p><b>CHENNAI</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4<sup>th</sup> Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044-24333668/24335284 Fax: 044-24333664 Email:- <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a></p>	<p>State of Tamil Nadu and Union Territories - Puducherry Town and Karaikal (which are part of Union Territory of Puducherry).</p>
<p><b>DELHI</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011-23232481/23213504 Email:- <a href="mailto:bimalokpal.delhi@cioins.co.in">bimalokpal.delhi@cioins.co.in</a></p>	<p>Delhi, 4 Districts of Haryana viz. Gurugram, Faridabad, Sonapat and Bahadurgarh.</p>
<p><b>GUWAHATI</b> Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5<sup>th</sup> Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361-2132204/2132205 Email:- <a href="mailto:bimalokpal.guwahati@cioins.co.in">bimalokpal.guwahati@cioins.co.in</a></p>	<p>States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p><b>HYDERABAD</b> Office of the Insurance Ombudsman, 6-2-46, 1<sup>st</sup> floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040-65504123/23312122 Fax: 040-23376599 Email:- <a href="mailto:bimalokpal.hyderabad@cioins.co.in">bimalokpal.hyderabad@cioins.co.in</a></p>	<p>State of Andhra Pradesh, Telangana and Yanam - a part of Union Territory of Puducherry.</p>



	<p><b>Cruise Interruption</b></p> <ul style="list-style-type: none"> <li>✓ Duly signed claim form</li> <li>✓ Policy Copy</li> <li>✓ Medical Records</li> <li>✓ All original bills / receipts of Reasonable Additional Expenses incurred and/or proof of cancellation charges levied by the carriers shall be submitted.</li> <li>✓ The original ticket / boarding pass indicating the travel dates must be submitted with every claim, along with the completed claim form.</li> <li>✓ Apart from the above, any other document as required by the Claims department.</li> <li>✓ Duly signed claim form</li> <li>✓ Policy Copy</li> <li>✓ Certificate from the card issuing bank confirming the financial transactions post loss of card</li> <li>✓ Apart from the above, any other document as required by the Claims department.</li> </ul>
Debit / Credit / Forex Card Fraud	<ul style="list-style-type: none"> <li>✓ Duly signed claim form</li> <li>✓ Policy Copy</li> <li>✓ Certificate from the card issuing bank confirming the financial transactions post loss of card</li> <li>✓ Apart from the above, any other document as required by the Claims department.</li> </ul>
Golf Equipment Cover	<ul style="list-style-type: none"> <li>✓ Duly signed claim form</li> <li>✓ Policy Copy</li> <li>✓ Police report confirming the incident shall be submitted.</li> <li>✓ Proof theft of Golf equipment</li> <li>✓ Apart from the above, any other document as required by the Claims department.</li> </ul>
Golf Hole in One	<ul style="list-style-type: none"> <li>✓ Duly signed claim form</li> <li>✓ Policy Copy</li> <li>✓ Proof of being declared winner for a "hole-in-one"</li> <li>✓ Bills of expenses incurred in celebration of achieving the "hole-in-one"</li> <li>✓ Apart from the above, any other document as required by the Claims department.</li> </ul>
Trip Curtailment	<ul style="list-style-type: none"> <li>✓ If the trip is cancelled because of sickness, medical reports, hospital admission and discharge cards, doctor's statement which indicates sickness.</li> <li>✓ If the trip is cancelled because of death, then death certificate of the person is required.</li> <li>✓ If any other reason, then proof of the loss suffered due to such cancellation</li> <li>✓ Bills and receipts of expenses incurred.</li> <li>✓ Unused tickets</li> <li>✓ Proof of payment.</li> </ul>
Loss of Mobile	<ul style="list-style-type: none"> <li>✓ Duly completed claim form</li> <li>✓ Copy of first information report/policy report.</li> <li>✓ The original invoice/receipt evidencing the proof of purchase and ownership</li> <li>✓ Copy of final investigator report/non-detectable certificate issued by the police authorities / magisterial order.</li> <li>✓ Letter of undertaking/subrogation form obtained from the insured</li> <li>✓ Apart from the above, any other document as required by the Claims department.</li> </ul>
Visa Refusal	<ul style="list-style-type: none"> <li>✓ Duly signed claim form</li> <li>✓ Policy Copy</li> <li>✓ Proof of Visa Application submission</li> <li>✓ Proof of Visa Refusal by VFS specifying the reason of refusal.</li> <li>✓ Apart from the above, any other document as required by the Claims department.</li> </ul>
Emergency Accommodation (Corporate)	<ul style="list-style-type: none"> <li>✓ Duly Signed Claim Form</li> <li>✓ Policy Copy</li> <li>✓ In the event of an Insured Person requiring Emergency medical evacuation and repatriation, Insured Person, must notify Us immediately either at Our call centre or in writing.</li> <li>✓ Emergency medical evacuations shall be pre-authorized by us</li> <li>✓ Our team of Medical specialists in association with the Emergency Assistance Service Provider shall determine the Medical Necessity of such Emergency Evacuation or Repatriation post which the same will be approved.</li> <li>✓ Copy of passport, visa with entry and exit stamp</li> <li>✓ Official death certificate and a physician's statement for cause of death.</li> <li>✓ Medical records in case of hospitalization before death.</li> <li>✓ The original bills/receipts of the expenses incurred including name of airlines, burial details, expenses incurred, other incidental costs with bifurcation of expenses</li> <li>✓ Copy of cancelled passport.</li> <li>✓ Cancelled cheque with proposer's name or NEFT mandate form signed and stamped from bank.</li> <li>✓ Copy of passport/visa with entry and exit stamp (if any), copy of The ticket and boarding pass of Alternate Employee</li> </ul>

**We may call for any additional documents/information as required based on the circumstances of the claim wherever the claim is under further investigation or available documents do not provide clarity.**

- We shall scrutinise the claim form and the accompanying documents. Any deficiency in the documents shall be intimated to the Insured Person/ Network Provider as the case may be.
- If the deficiency in the necessary claim documents is not met or are partially met in 10 working days of the first intimation, We shall remind the Insured Person/Network Provider of the same every 10 (ten) days thereafter.
- We will send a maximum of 3 (three) reminders.

The Policyholder has the option to request a change in the EASP 30 days prior to Renewal of the Policy. The Company shall duly evaluate the request and if the EASP is part of the panel selected by the Company for the servicing of the Policy, the Company shall ensure that the EASP is changed as per the request of the Policyholder.

**Annexure I**

**G.IV List of generally excluded items in Health Insurance policies.**

S NO	Generally Excluded ("Non-Medical") Items	Payability
<b>TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS</b>		
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine.
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES ( for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERACOVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable ( However if CD is specifically sought by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXIMASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ADHESIVE BANDAGES	Not Payable

<p><b>JAIPUR</b> Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141-2740363 Email:- <a href="mailto:bimalokpal.jaipur@cioins.co.in">bimalokpal.jaipur@cioins.co.in</a></p>	<p>State of Rajasthan.</p>
<p><b>KOCHI</b> Office of the Insurance Ombudsman, 2<sup>nd</sup> Floor, CC 27 / 2603, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484-2358759/9338 Fax: 0484-2359336 Email:- <a href="mailto:bimalokpal.ernakulam@cioins.co.in">bimalokpal.ernakulam@cioins.co.in</a></p>	<p>States of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Puducherry.</p>
<p><b>KOLKATA</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4, C.R. Avenue, 4<sup>th</sup> Floor, KOLKATA - 700 072. TEL.: 033-22124340/22124339 Fax: 033-22124341 Email:- <a href="mailto:bimalokpal.kolkata@cioins.co.in">bimalokpal.kolkata@cioins.co.in</a></p>	<p>States of West Bengal, Sikkim and Union Territories of Andaman &amp; Nicobar Islands.</p>
<p><b>LUCKNOW</b> Office of the Insurance Ombudsman, 6<sup>th</sup> Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.: 0522-2231330/1 Fax: 0522-2231310 Email:- <a href="mailto:bimalokpal.lucknow@cioins.co.in">bimalokpal.lucknow@cioins.co.in</a></p>	<p><u>Districts of Uttar Pradesh</u> Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorakhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharthnagar.</p>
<p><b>MUMBAI</b> Office of the Insurance Ombudsman, 3<sup>rd</sup> Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022-26106552/6960 Fax: 022-26106052 Email:- <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a></p>	<p>State of Goa and Mumbai Metropolitan Region excluding Areas of Navi Mumbai and Thane.</p>
<p><b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4<sup>th</sup> Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P.-201301. Tel.: 0120-2514252 / 2514253 Email:- <a href="mailto:bimalokpal.noida@cioins.co.in">bimalokpal.noida@cioins.co.in</a></p>	<p>State of Uttaranchal and the districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farukkabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p><b>PATNA</b> Office of the Insurance Ombudsman, 1<sup>st</sup> Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email:- <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a></p>	<p>States of Bihar and Jharkhand.</p>
<p><b>PUNE</b> Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3<sup>rd</sup> Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email:- <a href="mailto:bimalokpal.pune@cioins.co.in">bimalokpal.pune@cioins.co.in</a></p>	<p>State of Maharashtra, Areas of Navi Mumbai and Thane but excluding Mumbai Metropolitan.</p>

Note: The updated details of Insurance Ombudsman are available on the IRDAI website: [www.irda.gov.in](http://www.irda.gov.in), on the website of Executive Council of Insurers (ECOI): <http://www.ecoi.co.in/ombudsman.html>, the Company's website [www.manipalcigna.com](http://www.manipalcigna.com), or can be obtained from any of the Company's offices.



57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures should be considered
<b>ITEMS SPECIFIC ALL Y EXCLUDED IN THE POLICIES</b>		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES /SERVICES	Exclusion in Policy unless otherwise specified
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in Policy unless otherwise specified
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALIZATION	Exclusion in Policy unless otherwise specified
62	HORMONE REPLACEMENT THERAPY	Exclusion in Policy unless otherwise specified
63	HOME VISIT CHARGES	Exclusion in Policy unless otherwise specified
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in Policy unless otherwise specified
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Exclusion in Policy unless otherwise specified
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in Policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in Policy unless otherwise specified
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in Policy unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in Policy unless otherwise specified
70	ADMISSION/REGISTRATION CHARGES	Exclusion in Policy unless otherwise specified
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in Policy unless otherwise specified
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not payable - Exclusion in Policy unless otherwise specified
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
74	STEM CELL IMPLANTATION/ SURGERY and storage	Not Payable except Bone Marrow Transplantation where covered by Policy
<b>ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS</b>		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges, not payable separately
78	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER	Payable under OT Charges, not payable separately
79	SURGICAL DRILL	Payable under OT Charges, not payable separately
80	EYE KIT	Payable under OT Charges, not payable separately
81	EYE DRAPE	Payable under OT Charges, not payable separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	ANTISEPTIC OR DISINFECTANT LOTIONS	Not Payable -Part of Dressing Charges
87	BANDAIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable -Part of Dressing Charges
88	COTTON	Not Payable -Part of Dressing Charges
89	COTTON BANDAGE	Not Payable -Part of Dressing Charges
90	MICROPORE/ SURGICAL TAPE	Not Payable -Payable by the patient when prescribed, otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable (service is charged by Hospitals, consumables cannot be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
<b>ELEMENTS OF ROOM CHARGE</b>		
96	LUXURY TAX	Actual tax levied by government is payable .Part of room charge for sub limits
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of room charge not payable separately

102	ATTENDANT CHARGES	Not Payable - Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by Hospital is payable
106	BLANKET/WARMER BLANKET ADMINISTRATIVE	Not Payable- part of room charges
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTENANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable up to 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
<b>EXTERNAL DURABLE DEVICES</b>		
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMUNE	Not Payable
134	CPAP/ CAPD EQUIPMENTS Device	Not Payable
135	INFUSION PUMP - COST Device	Not Payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES Device	Not Payable
138	SPACER	Not Payable
139	SPIROMETRE Device	Not Payable
140	SP0 2PROB E	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBOSACRAL BELT	Essential and should be paid specifically for cases who have undergone surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadriplegia for any reason and at reasonable cost of approximately Rs. 200/ day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal liver transplant etc.obstruction,
<b>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</b>		
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC	May be payable when prescribed for patient , not payable for Hospital use in OT or ward or for dressings in Hospital

157	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES DIET CHARGES	Patient Diet provided by Hospital is payable
159	SUGAR FREE TABLETS	Payable -Sugar free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed
161	DIGESTION GELS	Payable when prescribed
162	ECG ELECTRODES	Up to 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	GLOVES STERILIZED GLOVES	payable /unsterilized gloves not payable
164	HIV KIT	Payable - payable Pre operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during Hospitalization is payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
<b>PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE</b>		
173	AHD	Not Payable - Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
<b>OTHERS</b>		
176	VACCINE CHARGES FOR BABY	Payable as per Plan
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations w here covered by Policy
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PIVI) requiring traction as this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometry/ Strips)	Not payable pre-hospitalization or post-hospitalization / Reports and Charts required / Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable as per Plan
196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG P	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc. where it should be paid.