

Easy Travel Group Travel Health

HDFC ERGO General Insurance Company Limited will provide the insurance cover detailed in the Policy to the Insured Person up to the Sum Insured subject to the terms and conditions of this Policy, Your payment of premium, and Your statements in the Proposal, which is incorporated into the Policy and is the basis of it.

Section A. Definitions

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same.

I. Standard Definitions

Def. 1. **Accident or Accidental** means a sudden, unforeseen and unexpected event caused by external, violent and visible means (but does not include any Illness) which results in physical bodily injury.

Def. 2. **AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- a. Central or State Government AYUSH Hospital; or
- b. Teaching hospital attached to AYUSH College recognized by the Central Government /Central Council of Indian Medicine/Central Council for Homeopathy; or
- c. AYUSH Hospital, standalone or co-located within-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

Def. 3. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion:

- i. Having qualified registered AYUSH Medical Practitioner (s) in charge;
- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative

Def. 4. **Deductible** means, in respect of each and every claim, the amount stated in the Policy which will first be paid by each Insured Person or apply for the period of time stated in the Policy.

Def. 5. **Hospitalisation or Hospitalised** means the Insured Person's admission into a Hospital for medically necessary treatment as an inpatient for a continuous period of at least 24 hours following an Illness or Accident occurring during the Risk Period.

Def. 6. **Hospital** means an institution established for the treatment of patients which is under constant medical management, has adequate diagnostic and therapeutic facilities, keeps constant medical records, is recognised as a hospital in the country in which it is situated, and which is appropriately licensed, wherever required to be so, to operate as a hospital in that country.

Def. 7. **Illness** means a sickness (a condition or an ailment affecting the general soundness and health of the Insured Person's body) or a disease (an affliction of the bodily organs having a defined and recognized pattern of symptoms) or pathological condition leading to the impairment of normal physiological function which first manifests itself during the Risk Period and requires medical treatment while the Insured Person is abroad.

Def. 8. **Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

Def 9. **Medical Expenses** means those reasonable and customary medical expenses that an Insured Person has necessarily and actually incurred for medical treatment during the Risk Period or Policy Period and on the advice of a Doctor following an Accident or Illness during the Risk Period, 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.

Def 10. **Outpatient Treatment** means consultation, diagnosis or medical treatment taken by any Insured Person at an outpatient department of a Hospital, clinic or associated facility, provided that he is not Hospitalised.

Def 11. **Pre-existing Condition** means any sickness, illness, disease, injury, medical or nervous condition or related condition or symptom:

- i) for which the Insured Person received any medical consultation, treatment, investigation or advice; or,
- ii) of which the Insured Person was aware or ought to have been aware;

within the 36 months period prior to the commencement of the Insured Person first being covered under this Policy.

II. Specific Definitions

Def. 1. **Age** or **Aged** means completed years as at the commencement Date.

Def. 2. **Accumulation Limit** means the amount stated in the Schedule which represents Our maximum liability for all claims under any and all benefits from all Insured Persons arising from the same accident, event or occurrence or series of related accidents, events or occurrences, and if at any time the total value of unpaid claims would, if paid, result in the Accumulation Limit being exceeded (even if the Sum Insured is not) the individual benefits attributable to those outstanding claims shall be reduced pro rata as necessary to ensure that the Accumulation Limit is not exceeded.

Def 3. **AYUSH Treatment** refers to hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

Def 4. **Carrier** means a civilian or commercial land, air or water conveyance operating under a valid licence for the transportation of goods or passengers by air, sea, road or rail for a fee.

Def 5. **Certificate of Insurance** means the certificate We issue to an Insured Person. The Certificate of Insurance can only be issued prior to the

commencement of the Risk Period.

Def 6. **Dependent** means the persons named in the Certificate of Insurance who are the Insured Person's:

- a. Spouse – The Insured Person's legally married spouse as long as she continues to be married to him.
- b. Children – The Insured Person's children Aged between 90 days and 21 years as long as they are unmarried, still financially dependant on him and have not established their own independent households.
- c. Parents – The Insured Person's natural parents or parents that have legally adopted him, provided that:
 - i. The parent is Aged between 18 years and 70 years, and
 - ii. Parents shall not include the Insured Person's parents-in-law.

Def 7. **Doctor** means a medical professional and practitioner who is duly qualified and appropriately licensed to act as a doctor in the country in which treatment is provided.

Def 8. **Hijacked** or **Hijacking** means the unlawful seizure or exercise of control of any aircraft by force or violence or threat of force or violence or an act, including but not limited to the use of force or violence or the threat thereof, committed for any reason (including political, religious or ideological) by any person or group of persons, whether acting alone or on behalf of or in connection with any organisation or government.

Def 9. **Indian Hospital** means any institution in India (including nursing homes) established for medical treatment which:

Either:

has been registered and licensed as a hospital with the appropriate local or other authorities competent to register hospitals in the relevant area and is under the constant supervision of a Doctor and is not, except incidentally, a clinic, rest home, or convalescent home for the addicted, detoxification centre, sanatorium, home for the aged, mentally disturbed, remodelling clinic or similar institution.

Or:

- (i) is under the constant supervision of a Doctor, and
- (ii) has fully qualified nursing staff (that hold a certificate issued by a recognised nursing council) under its employment in constant attendance, and

(iii) maintains daily records of each of its patients, and

(iv) has at least 10 inpatient beds, and

(v) has a fully equipped and functioning operation theatre.

Def 10. **Immediate Family Member** means the Insured Person's legal spouse, parent, parent-in-law, grand parent, grand parent-in-law, child, brother, sister, brother-in-law or sister-in-law, niece or nephew.

Def 11. **Insured Person** means a person to whom We have issued a Certificate of Insurance, who is undertaking the journey while on the business purpose of Policyholder and those of his Dependents to whom We have issued a Certificate of Insurance.

Def 12. **Money** means cash, bank drafts, current coins, bank and currency notes, treasury notes, cheques, travellers cheques, postal orders and current postage stamps (which are not part of a collection).

Def 13. **Policy** means Your statements in the proposal form, Certificate of Insurance, this policy wording (including endorsements, if any) and the Schedule.

Def 14. **Policy Period** means the period between the commencement date and the expiry date specified in the Schedule.

Def 15. **Risk Period** means only the period between:

i) The time when the Insured Person crosses the Indian border to leave India as a fare paying passenger on a Carrier, and

ii) The earlier of:

(a) The time when the Insured Person crosses the Indian border to return to India as a fare paying passenger on a Carrier, and

(b) The expiry date specified in the Certificate of Insurance.

Def 16. **Schedule** means the schedule attached to and forming part of this Policy, and if more than one then latest in time.

Def 17. **Sum Insured** means, in respect of each Section, the sum shown in the Schedule against that Section and such sum represents Our maximum liability for each Insured Person for any and all claims made during the Policy Period under that Section unless expressly stated to the contrary and subject always to the Accumulation Limit.

Def 18. **TPA** means the third party administrator that We appoint from time to time as specified in the Schedule.

Def 19. **Valuables** means photographic, audio, video, computer, telecommunications and electrical

equipment, telescopes, binoculars, spectacles, sunglasses, antiques, watches, art, jewellery, furs and any articles made of precious stones and metals.

Def 20. **We/Our/Us** means the HDFC ERGO General Insurance Company Limited.

Def 21. **You/Your or Policyholder** means the employer or legally constituted group named in the Schedule who has concluded this Policy with Us.

Section B- Benefits

We will provide the Benefits as detailed below and shown in the Schedule to be operative for an event or occurrence described in such Benefits that occurs during the Policy Period. The Sum Insured for each Section represents Our maximum liability for each Insured Person for any and all claims made under that Section during the Policy Period.

Section 1. Medical Treatment, Assistance & Evacuation

If any Insured Person suffers an Illness or Accident during the Risk Period that alters the Insured Person's state of health and requires immediate medical treatment in order to maintain life or relieve immediate pain or distress, then We will pay:

1 Medical Treatment

Medical Expenses for the following only:

i) Out patient Treatment.

ii) In patient treatment in a Hospital at either the place where the Insured Person is situated or the nearest Hospital.

iii) Medical aids that are necessary as part of the medical treatment for broken limbs or injuries (such as plaster casts and bandages) and walking aids prescribed in writing by a Doctor.

iv) Radiotherapy, heat therapy or phototherapy and other such treatment prescribed by a Doctor.

v) Diagnostic procedures (including X-Ray) prescribed in writing by a Doctor.

vi) Transportation by recognised emergency services for immediate medical attention at the nearest Hospital or to the nearest available Doctor.

vii) Transfer to a special clinic provided that the transfer is medically necessary and prescribed by a Doctor.

Note pertaining specifically to AYUSH Treatments only:

Medical expenses pertaining only to Emergency In-patient care AYUSH treatment sustained due to Injury or sudden unexpected sickness are also covered under 'Medical Treatment' sub-cover if undertaken in an AYUSH Hospital. However, any medical expense other than In-patient care AYUSH treatment expenses are not covered under this cover.

2 Dental Treatment

Medical Expenses for pain relieving dental treatment received by the Insured Person:

- a) At the nearest dental facility because of an Accident or
- b) Following sudden acute pain to one or more of the Insured Person's natural teeth but only if received under anaesthesia and subject to the Dental Treatment sub limit of this Section 1 Sum Insured.

3 Medical Evacuation

We will reimburse the reasonable cost of the transportation of the Insured Person (and an attending Doctor if We are satisfied this is necessary) from a Hospital to the nearest facility which is prepared to admit the Insured Person and provide the necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person is situated, provided that:

- a) Transportation has been prescribed by a Doctor and is medically necessary, and
- b) Our TPA has agreed to the reimbursement of the costs of transportation in writing in advance of the transportation, and
- c) If transportation is required, then Our TPA will discuss with the Doctor whether to transport the Insured Person to a more suitable country for medical treatment or to India.

4. Repatriation of mortal remains

If the Insured Person dies during the Risk Period, then We will reimburse the reasonable cost of either transporting his mortal remains from the foreign country to his permanent place of residence or a cremation or burial ceremony in the foreign country.

5. Balance Period of Policy + 30 days

Medical Expenses for inpatient treatment at an Indian Hospital taken within a maximum of 30 days from the end of the Risk Period if:

- a) Our TPA has confirmed that continued medical treatment is required to restore the Insured Person to his former physical condition immediately before the claim, and
- b) This is consequent upon the Accident or Illness that occurred during the Risk Period.

6. Hospital Daily Allowance

If We have accepted a claim under Section 1 1), then We will in addition pay the daily cash amount mentioned in the Schedule for each continuous and completed period of 24 hours that the Insured Person is Hospitalised, provided that Our liability to make payment will only

commence after the Insured Person has been Hospitalised for a continuous period of more than 48 hours.

Special Exclusions to Section 1

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) Any absence from India which is for the purpose of obtaining medical treatment.
- b) A Pre-existing Condition. However, this exclusion shall not apply to the cover provided under Section 1 1) for life saving unforeseen emergency measures or measures solely directed at relieving acute pain, subject to the same being authorised by Our TPA.
- c) Any medical treatment which was not medically necessary or could reasonably have been delayed until the Insured Person's return to India. Our TPA will consult with the attending Doctor and Our medical practitioners in reaching a decision and You agree to be bound by Our TPA's decision in this regard.
- d) Any treatment of cancer, orthopedic, degenerative or oncology diseases, unless immediate medical treatment was required in order to maintain life or relieve acute pain or distress.
- e) Any treatment relating to the removal of physical flaws or anomalies or any form of cosmetic treatment or surgery.
- f) Any costs for periods of residence incurred in connection with rest cures or recuperation at spas or health resorts, sanatorium, convalescence homes or any similar institution.
- g) Any costs relating to the Insured Person's pregnancy, childbirth or the consequences of either provided that:
 - i) This exclusion shall not apply if the Insured Person's pregnancy had not advanced beyond the 30th week and her Age is 38 or less at the commencement of the Risk Period, in which case We will reimburse the reasonable cost of the medically necessary emergency treatment required because of acute complications during the course of her pregnancy to directly avert danger to her life or that of the unborn child.
 - ii) We will not make any payment towards the cost of abortion, childbirth or any postnatal illness or disease or their consequences; rehabilitation or physiotherapy or the costs of artificial limbs or any other external appliance and/or device used for diagnosis or treatment; any congenital external diseases defects or anomalies.

Section. 2 Total Loss of Checked-in Baggage

If an Insured Person's accompanying checked-in baggage for an overseas journey is permanently lost by a Carrier on which the Insured Person is travelling as a fare paying passenger to that overseas destination and to whom it was entrusted against a receipt during the Risk period, then We will pay the amount required to purchase new items of the same kind and quality less the amount representing the condition and reasonable depreciation of the articles lost, provided that:

- a) Our maximum liability for any one item within one piece of baggage will be 10% of the Sum Insured. If the Insured Person has checked in more than one item of baggage, then Our maximum liability for all items within one piece of baggage will be 50% of the Sum Insured.
- b) The Insured Person obtains a property irregularity report from the Carrier confirming the loss.
- c) If We accept a claim under Section 3 and there is a subsequent claim under this Section in respect of the same baggage, We will pay the difference between the amount due or paid under Section 3 and the amount payable in respect of the subsequent claim.
- d) Our liability will be limited to the travel destinations specified in the Insured Person's travel ticket from India and return to India, including all halts and destinations specified therein.
- e) Our payment will be reduced by any sum for which the Carrier is liable to make payment.

Special Exclusions to Section 2

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) Valuables, Money, any kinds of securities or tickets.
- b) Any loss of checked-in baggage amounting to a partial loss or not amounting to a permanent loss.
- c) Any item within the checked-in baggage that is valued at more than US\$100 if the Insured Person cannot provide Us with satisfactory proof of ownership.
- d) Any actual or alleged loss arising from any delay, detention, confiscation or distribution of baggage by customs, police or other public authorities.
- e) Any item that the Carrier's policy or rule specifies should not have been carried.

Section. 3 Delay of Checked-in Baggage

If the delivery of an Insured Person's accompanying checked-in baggage for an overseas journey is delayed by a Carrier on which the Insured Person is travelling as a fare paying passenger to that overseas destination and to whom it was entrusted against a receipt during the Risk Period, then We

will reimburse the actual expenses incurred by the Insured Person in purchasing essential personal items of medication, toiletries or clothing, provided that:

- a) The delay is 12 or more hours from the scheduled arrival time.
- b) You give Us written proof of delay from the Carrier.
- c) Our liability will be limited to the travel destinations specified in the Insured Person's travel ticket from India and return trip back to India, including all halts and destinations specified therein.
- d) Our payment will be reduced by any sum for which the Carrier is liable to make payment.

Special Exclusions to Section 3

We will not make any payment for any delay directly or indirectly caused by, arising from or in any way attributable to:

- a) Any actual or alleged delay arising from detention, confiscation or distribution by customs, police or other public authorities.
- b) Any delay of checked-in baggage on the return to India

Section. 4 Loss of Passport

If an Insured Person loses his passport during the Risk Period, then We will reimburse the actual expenses incurred in obtaining a duplicate or fresh passport either overseas or within 30 days of his return to India.

Special Exclusions to Section 4

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) Loss, delay or confiscation or detention by customs, police or public authorities.
- b) The theft of a passport unless the theft is reported to the police of the foreign country within 24 hours and a written Police Report confirming the theft has been submitted to Us.
- c) Loss or theft of passport from a private vehicle or a private place unless it was kept in a locked hotel room or apartment and forcible or violent entry was used to gain access to it.

Section. 5 Financial Emergency Cash

If an Insured Person has suffered a financial emergency due to the theft, pilferage, robbery or dacoity of his Money comprising his travel funds during the Risk Period and is consequently left without any travel funds, then We will pay up to the amount stated in the Schedule to replace the travel funds lost, provided that the loss is reported to the police of the foreign country within 24 hours of loss and a written police report confirming the loss has been submitted to Us.

Special Exclusions to Section 5

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) Any claim that is reported to Us more than 2 days after the date on which the funds were stolen.
- b) Any currency fluctuation, errors, omission, exchange, loss or depreciation in value.
- c) Any claim in respect of the loss of a traveller's cheque which is not immediately reported to the local branch or agent of the issuing authority.
- d) Any loss of Money that was not in the personal custody of the Insured Person.

Section. 6 Personal Liability

- a) We will indemnify an Insured Person subject to the Limit of Indemnity specified in the Schedule against his actual legal liability (including defence costs) to pay damages for his negligence which results from a third party civil claim first made against the Insured Person during the Policy Period for third party death, bodily injury or property damage.
- b) To the extent that We accept a claim under a then We will also, subject to the Limit of Indemnity, pay all costs, fees and expenses incurred with Our prior written consent in the investigation, defence or settlement of any claim.
- c) Coverage under a) is limited to third party civil claims which are made against an Insured Person during the Policy Period for an event or occurrence which took place during the Risk Period

Special Exclusions to Section 6

- a) The Insured Person shall:
 - i) Immediately and in any event within 10 days give Us written notice of any claim or demand made against him or any circumstance which might reasonably be expected to give rise to a claim or demand.
 - ii) Not admit liability for or settle or compromise or make or promise any payment in respect of any claim or incur any costs or expenses in connection with it without Our prior written consent.
 - iii) Allow Us (in Our sole and absolute discretion) to take over and conduct in the name of the Insured Person the investigation, defence and/or settlement of any claim, for which purpose the Insured Person shall provide all the cooperation and assistance We may require. Having taken over the defence of any claim, We may in Our sole and absolute discretion relinquish the same.
- b) We will not settle any claim without the Insured Person's consent but if the Insured Person refuses to consent

to any settlement We recommend and chooses to contest or continue any legal proceedings, then Our liability will not exceed the amount for which the claim could have been settled plus the defence costs incurred with Our consent up to the date of such refusal.

- c) In respect of any claim, We may in Our sole and absolute discretion make payment of the lesser of the amount available under the Limit of Indemnity or of any lesser amount for which the claim could be settled in full and final settlement of any liability We may have under this Policy in respect of the claim, including the costs of defending it.
- d) Any and all amounts We expend in the payment of any claim or defence costs will reduce the Limit of Indemnity.

Special Exclusions to Section 6

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) A claim by one Insured Person against another or against an Insured Person by a relation, a travelling companion or work colleague.
- b) The transmission of an illness or disease by an Insured Person.
- c) The Insured Person's professional activities or the supply of goods or services.
- d) Being a keeper or owner of animals.
- e) The ownership, possession or use of vehicles, aircraft or watercraft.
- f) The use or misuse of weapons, including firearms.
- g) Any deliberate, wilful, malicious or unlawful act or omission.
- h) Insanity, the use or abuse of solvents, alcohol or drugs (except as medically prescribed but not including for the treatment of drug addiction).
- i) Any ownership or occupation of land or buildings except as a temporary residence by the Insured Person.
- j) Any agreed assumption of risk except to the extent that liability would have attached in the absence of such agreement.

Section 7 Personal Accident & Common Carrier

- a) If during the Risk Period an Insured Person suffers an Accident and this solely and directly results in:
 - i) His death within 90 days of the Accident, then We will pay the Sum Insured to the Insured Persons' nominee.
 - ii) The permanent impairment of the Insured Person's physical capabilities within 90 days of the Accident,

then We will make payment in accordance with the table below if that permanent impairment is claimed for and confirmed by the attending Doctor and Our medical advisor within 180 days of the Accident.

Table of Benefits	% of Sum Insured
Loss or Inability to function of	
An Arm at the shoulder joint	70 %
An arm to a point above elbow joint	70 %
An Arm below elbow joint	60 %
A hand at the wrist	50 %
A thumb	20 %
An Index finger	10 %
Any other finger	5 %
A leg above center of the femur	70 %
A leg up to a point below the femur	70 %
A leg to a point below the knee	50 %
A leg up to the center of tibia	45 %
A foot at the ankle	45 %
A big toe	5 %
Some other toe	2 %
An Eye	50 %
Hearing in one Ear	30 %
Sense of smell	10 %
Sense of Taste	5 %
Hearing of both Ears	60 %

- b) However, if the Accident occurred while the Insured Person was travelling as a fare paying passenger in a Carrier (including boarding and alighting from that Carrier) or was struck by a Carrier, then Our payment will be by reference to the Carrier PA Sum Insured specified in the Schedule.

Special Conditions to Section 7

- a) If the Insured Person suffers a partial loss or impairment of the function of one of the aforementioned body parts or senses, We will determine the appropriate proportion of the percentage stated in the table with Our medical advisor and We will make payment accordingly.
- b) If the injury impairs more than one of the aforementioned body parts or senses, Our payment will not exceed 100% of the Sum Insured.

- c) If the effect of the injury is not mentioned in the table, then We will determine the appropriate payment to be made with Our medical advisor and We will make payment accordingly.
- d) If the injury affects any physical function that was previously impaired, We will make a deduction proportionate to the extent of this prior disablement which We will determine with Our medical advisor and We will make payment accordingly.
- e) If the Insured Person dies as a result of the injury within 90 days of its occurrence, or thereafter for any other covered reason, and a claim for permanent impairment had been made prior to the death, then We will make payment of the Sum Insured less any sum paid for the permanent impairment, and any sum that was due to be paid for the permanent impairment shall not be paid.
- f) If the Insured Person is not found within 365 days of the disappearance, sinking or wrecking of the Carrier in which he was travelling as a fare paying passenger, the Insured Person will be presumed to have died as a result of the Accident.
- g) The Sum Insured or the Carrier PA Sum Insured, as the case may be, represents Our maximum liability to make payment for any claim for death and/or permanent impairment.
- h) If any Insured Person is below Age 16, then Our maximum payment in the event of the Insured Person's death shall be the lower of the Sum Insured or the Carrier PA Sum Insured, as the case may be, or US\$2,000.

Section. 8 Trip Delay

If an Insured Person's outward journey from India directly to an international destination or his return journey from an international destination to the first Indian destination on a Carrier as a fare paying passenger is delayed beyond its scheduled departure or arrival time during the Risk Period, then We will pay:

- a) The amount mentioned in the Schedule for the first continuous and completed 12 hour period of delay and an additional amount as mentioned in the Schedule for each continuous and completed 12 hour period of delay thereafter.
- b) If an Insured Person's outward journey from India directly to an international destination is delayed beyond its scheduled departure for a continuous and completed 24 hour period, and for this reason an Insured Person cancels his journey, then We will reimburse upto the Sum Insured for those other travel and accommodation expenses that he paid and cannot recover and for which no value can be derived or he is liable to pay as long as he paid or committed to such expenses without knowledge of the likelihood of delay.

Provided that:

- i) We will not in any event make payment under both

- a) and b), and
- ii) For a claim under either a) or b):
 - (1) Our maximum liability shall be limited to the amount mentioned in the Schedule, and
 - (2) The Insured Person must provide Us with written confirmation from the Carrier confirming the length and exact nature of delay.
- iii) For a claim under b) We shall not reimburse any charges that could have been avoided but were incurred because of any delay in cancelling the other travel or accommodation.

Special Exclusions for Section 8

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) Delay caused by strike or industrial action if already notified at the time the Insured Person booked his ticket or paid or committed to other travel and accommodation expenses.
- b) The failure to arrive for the Carrier's departure in sufficient time to complete all departure formalities in accordance with the Carrier's published time schedule.
- c) Any delay arising from the order or action of any government, civil authority or official government body.

Section. 9 Trip Cancellation & Curtailment

If an Insured Person's outward journey as a fare paying passenger from India to an international destination on a Carrier is unavoidably cancelled, or is curtailed before completion after it has commenced, because of one of the reasons below, then We will reimburse up to the Trip Cancellation or Trip Curtailment Sum Insured as the case may be for those travel and accommodation expenses that he paid and cannot recover or for which no value can be derived or he is liable to pay as long as he paid or committed to such expenses without knowledge of the likelihood of cancellation or curtailment:

- a) The death of the Insured Person or the travelling Insured Person's parent, spouse or child.
- b) The Hospitalisation of the Insured Person or the travelling Insured Person's parent, spouse or child for at least 3 days due to a sudden Illness or injury.
- c) Material loss or damage to the Insured Person's property due to fire, acts of God, or third party criminal action
- d) Government restrictions following an epidemic.

Special Exclusions to Section 9

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) Childbirth, pregnancy or any medical complications resulting within 2 months of the expected date of delivery.
- b) Negligence or fault of the travel agent.
- c) Any charges that could have been avoided but were incurred because of any delay in cancelling travel or accommodation.
- d) Facts or matters of which the Insured Person was aware or should have been aware might result in the cancellation or curtailment of the trip.
- e) Suspension of services by the Carrier whether voluntarily or pursuant to any order from any authority.

Section. 10 Substitute Employee

If an Insured Person suffers an Illness or Accident during the Risk Period as result of which he is Hospitalised then We will reimburse the cost of an economy class return air fare to send a substitute person to complete the business purpose for which the Insured Person was travelling, provided that:

- a) We are satisfied the Insured Person's Hospitalisation lasts for a period of at least 7 consecutive days from the date of the Accident or Illness and this is established by a Doctor's certificate, and
- b) We are satisfied the Insured Person's travel was for a pre-arranged specific and specified business purpose, and
- c) The substitute employee commences his journey within 30 days from the date of Hospitalisation of the Insured Person, and
- d) We are satisfied that the substitute employee is in fact an employee and a proper substitute for the Hospitalised Insured Person.

Section. 11 Missed Connection

If an Insured Person misses a travel connection overseas during the Risk Period because of the delayed arrival of his inward flight, which causes him to miss a connecting flight, then We will reimburse the reasonable costs actually incurred for necessary accommodation and alternative travel (must be of the same class of original ticket purchased) to reach the Insured Person's intended destination.

Special Conditions to section 11

- a) The Insured Person must do everything reasonably possible to get to the international departure point by the time specified on his ticket.
- b) Our payment will be reduced by any sum paid or payable by either the inward airline or the connecting airline for the missed travel connection.

Special Exclusions to Section 11

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from

or in any way attributable to:

- a) A strike or industrial action of which the Insured Person should reasonably have been aware before the Risk Period.
- b) The Insured Person's failure to arrive for the Carrier's departure in sufficient time to complete all departure formalities in accordance with the Carrier's published time schedule.
- c) Any occasion when the carrier has offered a reasonable alternative transport or connection or the Insured Person's ticket for the connecting flight could have been used for an alternative connection.

Section. 12 Emergency Travel & Hotel

If We have accepted a claim under Section 1 1) and this involves an Insured Person's Hospitalisation for more than 7 consecutive days, We will reimburse the actual cost of an economy airfare for one Immediate Family Member to travel to the Insured Person's place of Hospitalisation subject to the Emergency Travel Sum Insured and We will also pay for the reasonable costs of accommodation (boarding and lodging), of the Immediate Family Member overseas subject to the Emergency Hotel Sum Insured, provided that:

- a) The Immediate Family Member resides in India, and
- b) The Insured Person was travelling alone.

Section. 13 Hijack Daily Allowance

If the aircraft in which an Insured Person is travelling as a fare paying passenger to or from a foreign country during the Risk Period is Hijacked and the journey is interrupted for a continuous and completed period of more than 12 hours, then We will pay the daily allowance specified in the Schedule. General Exclusions a) and q) shall not apply to the extent of this Section only.

Special Exclusions to Section 13

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

- a) The first 12 hours of Hijacking.
- b) Any claim where the Insured person is considered as the principal or accessory or is in anyway involved with the Hijacking.
- c) Any claim as a consequence of change in the direction of the route of the aircraft due to traffic, weather, fuel shortage, technical snag or security reasons.

Section C. Specific GENERAL EXCLUSIONS:

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

- a) War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, riot, insurrection, military or usurped acts, nuclear weapons/materials, radiation of any kind.
- b) Any Insured Person's participation or involvement in naval, military or air force operation or professional or semi-professional sporting, racing, aviation, diving or scuba diving, motorcycling, parachuting, hang-gliding, rock or mountain climbing.
- c) Any Insured Person committing or attempting to commit a criminal or unlawful act, or intentional self injury or attempted suicide while sane or insane.
- d) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
- e) The loss or destruction or damage to any property whatsoever or any loss or expenses whatsoever resulting or arising therefrom or any consequential loss directly or indirectly caused by or contributed to by or arising from:
 - i) Ionising radiation or contamination by radioactivity from any nuclear waste from combustion of nuclear fuel; or
 - ii) The radioactive, toxic, explosive or other hazardous properties of any explosion nuclear assembly or nuclear component, thereof
 - iii) Asbestosis or other related sickness or disease resulting from the existence, production, handling, processing, manufacture, sale, distribution of asbestos or other products thereof.
- f) Obesity or morbid obesity or any weight control program, where obesity means a condition in which the Body Mass Index (BMI) is above 29 & morbid obesity means a condition where BMI is above 37.
- g) Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or illness or disease), maternity or birth (including caesarean section) except in the case of ectopic pregnancy.
- h) Any non-allopathic treatment except to the extent of coverage provided for under 'Medical treatment' sub-cover.
- i) Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
- j) Items of personal comfort and convenience including but not limited to television, telephone, foodstuffs, cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as

well as similar incidental services and supplies, and vitamins and tonics, unless vitamins and tonics are certified to be required by the attending Doctor as a direct consequence of an otherwise covered claim.

- k) Treatment rendered by a Doctor which is outside his discipline or the discipline for which he is licensed; referral-fees or out-station consultations; treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- l) The costs of any procedure or treatment by any person or institution that We have said in writing is not to be used.
- m) The provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
- n) Non-prescription drugs or treatments.
- o) If the Insured Person is travelling against the advice of a Doctor or is receiving or on a waiting list for specified medical treatment.
- p) Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
- q) Any act of Terrorism which means an act, including but not limited to the use of force or violence and/or the threat thereof, by any person or group of persons, whether acting alone or on behalf of or in connection with any organisation or government, committed for political, religious, ideological, or ethnic purposes or other reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
- r) Experimental, investigational or unproven treatment devices and pharmacological regimens, or measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any illness for which confinement is required at a Hospital.

D. GENERAL CONDITIONS

I. Standard General Conditions

a) Conditions Precedent

The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability.

b) Fraud

If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be void and all benefits paid under it shall be forfeited.

c) Termination

- 1) You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy then We will refund premium in accordance with the table below:

Length of time Policy in force	Refund of premium
up to 1 month	75%
up to 3 months	50%
up to 6 months	25%
exceeding 6 months	0%

- 2) We may terminate this Policy without reason upon 30 days notice by sending an endorsement Your address shown in the Schedule, and We shall refund premium a rateable proportion of the premium as long as no claim has been made under the Policy.:

a) Other Insurance

If at the time when any claim arises under this Policy, there is in existence any other Policy effected by any Insured Person or on behalf of any Insured Person which covers any claim in whole or in part made under this Policy (or which would cover any claim made under this Policy if this Policy did not exist) then We shall not be liable to pay or contribute more than Our rateable proportion of the claim.

d) Renewal

- a) This Policy will automatically terminate at the end of the Policy Period. We are under no obligation to give notice that it is due for renewal, or to renew it or to renew it on the same terms whether as to premium or otherwise. We shall be entitled to call for and receive any information or documentation before agreeing to renew the Policy, and in renewing We are not bound to renew for all Insured Persons.
- b) All applications for renewal of the Policy must be received by Us before the end of the Policy Period.

e) Grievance Redressal Procedure

In case of any grievance the insured person may contact the company through:

- Website: www.hdfcergo.com
- Toll free: 022 6234 6234 / 0120 6234 6234
- Contact Details for Senior Citizen: 022 - 6242 - 6226

| seniorcitizen@hdfcergo.com

- E-mail: grievance@hdfcergo.com

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at cgo@hdfcergo.com

For updated details of grievance officer, kindly refer the link: <https://www.hdfcergo.com/customer-voice/grievances>

II. Specific General Terms & Conditions

b. Insured Person

Only those persons to whom a Certificate of Insurance has been issued shall be covered under this Policy. Any person may be accepted as an Insured Person during the Policy Period only after his application has been accepted by Us, additional premium has been paid and We have issued a Certificate of Insurance to such person.

c. Notification of Claim

- 1) If any treatment for which a claim may be made is to be taken requires Hospitalisation, then Our TPA must be informed immediately and no later than the time of the Insured Person's admission to Hospital.
- 2) If any treatment, consultation or procedure for which a claim may be made is required in an emergency, then We or Our TPA must be informed within 7 days of the beginning of such treatment, consultation or procedure.
- 3) In all other cases, We or Our TPA must be informed of any event or occurrence that may give rise to a claim under this Policy within 7 days of occurrence of event.
- 4) If any time period is specifically mentioned in Sections 1-13, then this shall supersede the time periods mentioned at 1) to 3) above.

d. Supporting Documentation & Examination:

- 1) The Insured Person shall provide Us with any documentation and information We or Our TPA may request to establish the circumstances of the claim, its quantum or Our liability for it within 30 days of the earlier of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment or the completion of the event or occurrence giving rise to a claim. Such documentation will include but is not limited to

the following in English:

- i. Our claim form, duly completed and signed for on behalf of the Insured Person.
 - ii. Original Bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.
 - iii. All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
 - iv. A precise diagnosis of the treatment for which a claim is made.
 - v. A detailed list of the individual medical services and treatments provided and a unit price for each.
 - vi. Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Doctor's invoice.
- 2) The Insured Person additionally hereby consents to:
 - i. The disclosure to Us of documentation and information that may be held by medical professionals and other insurers.
 - ii. Being examined by any medical practitioner We authorise for this purpose when and so often as We may reasonably require. We will bear the reasonable costs towards performing such medical examination (at the specified location) of the Insured Person.

e. Claims Payment

- 1) We shall be under no obligation to make any payment under this Policy unless We have been provided with the documentation and information We or Our TPA has requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- 2) All payments made shall be subject to an applicable Deductible (if any) for such payment for each and every claim made.
- 3) We will only make payment to or at Your direction.

If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In the event of the death of You or an Insured Person, We will make payment to the Nominee (as named in the Certificate of Insurance).

- 4) All payments under this Policy will be in Indian Rupees and We will convert the cost incurred into Indian Rupees by reference to the official exchange rate published or specified by the Reserve Bank of India as at the relevant invoice date, unless the Insured Person can establish to Our satisfaction that he purchased the necessary currency at a less advantageous rate in order to pay the invoices.
- 5) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person could reasonably have minimised the costs incurred, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by Us or by Our TPA or by a Doctor.e.

f. Subrogation

You and/or any Insured Persons shall at Your own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are or would become entitled upon Us making reimbursement under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. Neither You nor any Insured Person shall prejudice these subrogation rights in any manner and shall at Your own expense provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and Our costs and expenses of effecting a recovery, whereafter We shall pay any balance remaining to You.

g. Alterations to the Policy

This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by anyone (including an insurance agent or broker)

except Us, and any change We make will be evidenced by a written endorsement signed and stamped by Us.

h. Notices

Any notice, direction or instruction under this Policy shall be in writing and if it is to:

- 2) Any Insured Person, then it shall be sent to You at Your address specified in the Schedule and You shall act for all Insured Persons for these purposes.
- 3) Us, it shall be delivered to Our address specified in the Schedule. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.

i. Dispute Resolution Clause

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

j. Geography

This Policy applies only in the countries stated in the Schedule except for those countries where the Insured Person holds citizenship or has a permanent place of residence.

k. Extension of the Certificate of Insurance:

We may in Our sole and absolute discretion extend the Certificate of Insurance once during the Risk Period, provided that:

- a) We receive a declaration of the health of the Insured Person, specifying any health symptoms or conditions suffered by the Insured Person during the Risk Period.
- b) We receive Your request for extension of the Certificate of Insurance and the applicable premium before the expiry date of the Policy Period.
- c) The Insured Person has not made a claim before We receive Your request for extension of the Policy.

All Certificate of Insurance shall automatically extend for 7 days after the expiry date of the Policy Period if the Insured Person's return to India has been delayed solely due to the delay of the Carrier on which the Insured Person is scheduled to travel for reasons beyond the control of the Insured Person.

Except as provided for hereunder, We are under no obligation to extend the Policy or to extend the Policy on the same terms whether as to premium or otherwise.

E. Other Terms & Conditions

Insurance Ombudsman—The Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-A.

List of Ombudsman

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
Office Details	Jurisdiction of Office Union Territory, District
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	States of Punjab, Haryana (excluding 4 districts viz Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi, 4 Districts of Haryana viz. Gurugram, Faridabad, Sonapat and Bahadurgarh

<p>GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in</p>	<p>State of Andhra Pradesh, Telangana and Yanam - a part of Union Territory of Puduchery.</p>
<p>JAIPUR Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in</p>	<p>Rajasthan.</p>
<p>ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puduchery</p>
<p>KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	<p>States of West Bengal, Sikkim and Union Territories of Andaman & Nicobar Islands.</p>
<p>LUCKNOW - Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Districts of Uttar Pradesh : Laitpur, 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, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar</p>
<p>MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane</p>