

Customer Information Sheet

Easy Travel – Annual Multi Trip

**CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY**

This document provides key information about your policy. You are also advised to go through your policy document.

Sr. No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	<b>Easy Travel – Annual Multi Trip</b>	NA
2	Policy number	Policy number shall be as on Policy Schedule issued post policy issuance	NA
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit	NA
4	Sum Insured	<ul style="list-style-type: none"> <li>Individual Sum Insured -Where each member has a separate sum insured under the policy), or Sum Insured shall be as opted and the same will be mentioned in your Policy Schedule</li> </ul> Note: For complete details of Sum Insured applicability, please refer to your Policy Schedule	NA
5	Policy Coverage (What the policy covers?)	<p><b>Base Covers:</b> Coverages in force for the Insured Persons shall be as per the plan opted.</p> <p>Expenses in respect of:</p> <ol style="list-style-type: none"> <li>Medical Treatment (Expenses incurred on medical treatment of an Insured Person).</li> <li>Dental Treatment (Expenses incurred on emergency dental work)</li> <li>Medical Evacuation: Expenses incurred in transportation from a Hospital to the nearest advanced medical facility, if medically necessary</li> <li>Repatriation of mortal remains: Payment for transporting mortal remains back home.</li> <li>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</li> <li>Hospital Daily Allowance: A fixed amount payable for every day the Insured Person is hospitalised.</li> <li>Total Loss of Checked-in Baggage- Payment for purchasing new items if Insured Person's accompanying checked-in baggage for an overseas journey is permanently lost by a Carrier.</li> <li>Delay of Checked in baggage- Payment for purchasing essential personal items of medication, clothing etc in case checked-in baggage's delivery is delayed by a Carrier</li> </ol>	<p>B.1.1</p> <p>B.1.2</p> <p>B.1.3</p> <p>B.1.4</p> <p>B.1.5</p> <p>B.1.6</p> <p>B.2</p> <p>B.3</p>

Sr. No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p>9. Loss of Passport- Reimbursement of expenses for obtaining duplicate or fresh passport</p> <p>10. Financial Emergency Cash- Lumpsum amount as stated in schedule of benefits incase travel funds are lost due to the theft, pilferage, robbery or dacoity.</p> <p>11. Personal Liability- Payment towards third party death, bodily injury or property damage.</p> <p>12. Personal Accident –Lumpsum amount in the event of death or Permanent Total disablement due to an accident</p> <p>13. Personal Accident (Common Carrier) –Lumpsum amount in the event of Accident in a Carrier</p> <p>14. Trip Delay- Lump sum amount incase of delay of scheduled departure or arrival time of a carrier beyond a 24 hour period</p> <p>15. Trip Cancellation &amp; Curtailment- Payment of travel and accommodation expenses if outward journey is unavoidably cancelled or curtailed due to listed conditions.</p> <p>16. Hijack Daily Allowance-Daily fixed amount payable if the aircraft is hijacked for a period of more than 12 hours</p>	<p>B.4</p> <p>B.5</p> <p>B.6</p> <p>B.7.a</p> <p>B.7.b</p> <p>B.8</p> <p>B.9</p> <p>B.11</p>
6	Exclusions (what the policy does not cover?)	<p>Special Exclusions to Section.1. Medical Treatment, Assistance &amp; Evacuation</p> <p>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:</p> <p>a) Any absence from India which is for the purpose of obtaining medical treatment.</p> <p>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.</p> <p>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 practitioner in reaching a decision and You agree to be bound by Our TPA's decision in this regard.</p> <p>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.</p> <p>e) Any treatment relating to the removal of physical flaws or anomalies or any form of cosmetic treatment or surgery.</p> <p>f) Any costs or periods of residence incurred in connection with rest cures or recuperation at spas or health resorts, sanatorium, convalescence homes or any similar institution.</p>	B 1. 1

Sr. No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p>g) Any costs relating to the Insured Person's pregnancy, childbirth or the consequences of either provided that:</p> <p>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.</p> <p>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.</p> <p>Special Exclusions to Section 2 Total Loss of Checked-in Baggage</p> <p>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:</p> <p>a) Valuables, Money, any kinds of securities or tickets.</p> <p>b) Any loss of checked-in baggage amounting to a partial loss or not amounting to a permanent loss.</p> <p>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.</p> <p>d) Any actual or alleged loss arising from any delay, detention, confiscation or distribution of baggage by customs, police or other public authorities.</p> <p>e) Any item that the Carrier's policy or rule specifies should not have been carried.</p> <p>Special Exclusion to Section 3 Delay of Checked-in Baggage</p> <p>We will not make any payment for any delay directly or indirectly caused by, arising from or in any way attributable to:</p> <p>a) Any actual or alleged delay arising from detention, confiscation or distribution by customs, police or other public authorities.</p> <p>b) Any delay of checked-in baggage on the return to India.</p> <p>Special Exclusions to Section 4 Loss of Passport. 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:</p> <p>a) Loss, delay or confiscation or detention by customs, police or public authorities.</p> <p>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.</p>	<p>B-2</p> <p>B-3</p> <p>B-4</p>



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		<p>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</p> <p>Special Exclusions to Section 9 Trip Cancellation &amp; Curtailment</p> <p>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:</p> <ol style="list-style-type: none"> <li>Childbirth, pregnancy or any medical complications resulting within 2 months of the expected date of delivery.</li> <li>Negligence or fault of the travel agent.</li> <li>Any charges that could have been avoided but were incurred because of any delay in cancelling travel or accommodation.</li> <li>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.</li> <li>Suspension of services by the Carrier whether voluntarily or pursuant to any order from any authority</li> </ol>	B- 9
		<p>Special Exclusions to Section 10 Missed Connection</p> <p>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:</p> <ol style="list-style-type: none"> <li>A strike or industrial action of which the Insured Person should reasonably have been aware before the Risk Period.</li> <li>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.</li> <li>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.</li> </ol> <p>Special Exclusions to Section 11 Hijack Daily Allowance</p>	B- 10
		<p>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:</p> <ol style="list-style-type: none"> <li>The first 12 hours of Hijacking.</li> </ol>	B- 11

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		<p>b) Any claim where the Insured person is considered as the principal or accessory or is in anyway involved with the Hijacking.</p> <p>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.</p> <p>Specific Exclusions</p> <p>a) 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:</p> <p>b) 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.</p> <p>c) Any Insured Person's participation or involvement in naval, military or air force operation or professional or semi-professional sporting, racing, aviation, scuba diving, parachuting, hanggliding, rock or mountain climbing.</p> <p>d) Any Insured Person committing or attempting to commit a criminal or unlawful act, or intentional self injury or attempted suicide while sane or insane.</p> <p>e) 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.</p> <p>f) 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:</p> <p>i. Ionising radiation or contamination by radioactivity from any nuclear waste from combustion of nuclear fuel; or</p> <p>ii. The radioactive, toxic, explosive or other hazardous properties of any explosion nuclear assembly or nuclear component, thereof</p> <p>iii. Asbestosis or other related sickness or disease resulting from the existence, production, handling, processing, manufacture, sale, distribution of asbestos or other products thereof.</p> <p>g. Obesity or morbid obesity or any weight control program, where obesity means a condition in which the Body Mass Index (BMI) is above 29 &amp; morbid obesity means a condition where BMI is above 37.</p>	<p>C 1 a</p> <p>C 1 b</p> <p>C 1 c</p> <p>C 1 d</p> <p>C 1 e</p> <p>C 1 f</p> <p>C 1 g</p>

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		h. 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.	C 1 h
		i. Any non allopathic treatment except for inpatient care AYUSH treatment	C 1 i C 1 j
		j. 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.	C 1 k
		k. 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.	C 1 l
		l. Treatment rendered by a Doctor which is outside his discipline or the discipline for which he is licensed; referral-fees or outstation 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.	C 1 m
		m. The costs of any procedure or treatment by any person or institution that We have said in writing is not to be used.	C 1 n
		n. 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.	C 1 o
		o. Non-prescription drugs or treatments.	C 1 p
		p. If the Insured Person is travelling against the advice of a Doctor or is receiving or on a waiting list for specified medical treatment.	C 1 q
		q. Lymphomas in brain, Kaposi's sarcoma, tuberculosis.	C 1 r
		r. 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.	C 1 s
		s. 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.	

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7	<p>Waiting period</p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases/ treatments are not covered.</li> <li>• It is counted from the beginning of the policy coverage.</li> </ul>	NA	NA
8	<p>Financial limits coverage of</p> <p>i. Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Deductible (It is a specified amount: - up to which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount)</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/ procedures:  Note : All amounts are in USD.  Base Cover:</p> <ol style="list-style-type: none"> <li>1. Medical Treatment: Upto 25K and 1/ 2.5/5L</li> <li>2. Dental Treatment: Upto 250/500</li> <li>3. Repatriation of Mortal Remains: 7.5/10K</li> <li>4. Loss of Passport: 200/300</li> <li>5. Personal Accident: 10/20/25K</li> <li>6. Personal Accident-Common Carrier : 5/10/20K</li> <li>7. Personal Liability: 10/50K and 1L</li> <li>8. Hijack Daily Allowance : 50/250 per day; max upto 100/500</li> <li>9. Financial Emergency Cash: 200/300</li> <li>10. Total Loss of Checked-in Baggage: 500 and 1K</li> <li>11. Delay of Checked-in Baggage: 200/300</li> <li>12. Trip Delay: 25/100 per day; max upto 50/200</li> <li>13. Hospital Daily Allowance: 25/150 per day; max upto 20/120</li> <li>14. Trip Cancellation: 1/2K</li> <li>15. Trip Curtailment: 2K</li> </ol> <p>Deductibles :</p> <ol style="list-style-type: none"> <li>1. Medical Treatment: 100</li> <li>2. Dental Treatment: 100</li> <li>3. Loss of Passport: 30</li> <li>4. Hijack Daily Allowance : 12hrs</li> <li>5. Delay of Checked-in Baggage :12hrs</li> <li>6. Trip Delay : 12hrs</li> <li>7. Hospital Daily Allowance:48 hrs</li> </ol>	



Sr. No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
9	Claims/Claims Procedure	<p>A. Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization in India.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p><u>For Cashless Process :</u></p> <ol style="list-style-type: none"> <li>i. TAT for preauthorization of cashless facility: 2 hours from the time the last necessary document is received.</li> <li>ii. TAT for cashless final bill authorization: 2 hours from the time the last necessary document is received.</li> </ol> <p><b>(Note:</b> In case of internal verification, the final stand will be confirmed within 24 hours from the time the last necessary document is received by us)</p> <p>B. Procedure for Cashless Claims Outside India:</p> <p>You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website.</p> <p>USA (Toll Free): 18773878317</p> <p>Canada (Toll Free): 18776956492</p> <p>Rest of World (Call Back Facility): + 91 2267347845</p> <p>National (Toll Free): 18002094440</p> <ul style="list-style-type: none"> <li>• Land Line: +912267347846</li> </ul> <p>(Monday to Friday 9AM TO 6 PM )</p> <p>World Wide Fax No: +91 2267347888</p> <p>Email: <a href="mailto:hdfcergohealth@europ-assistance.com">hdfcergohealth@europ-assistance.com</a></p> <p><u>For Reimbursement Process :</u></p> <ol style="list-style-type: none"> <li>i. TAT for Claim settlement: 30 days from the time the last necessary document is received.</li> </ol> <p><b>(Note:</b> In case of internal verification, the final stand will be confirmed within 45 days from the time the last necessary document is received by us)</p> <p>Provide the details /web link for following:</p> <ol style="list-style-type: none"> <li>i. Network Hospital details : <a href="https://www.hdfcergo.com/locators/cashless-hospitals-networks">https://www.hdfcergo.com/locators/cashless-hospitals-networks</a></li> <li>ii. Helpline number : <a href="https://www.hdfcergo.com/customer-care/grievances">https://www.hdfcergo.com/customer-care/grievances</a> Call - : 022 6234 6234 / 0120 6234 6234</li> <li>iii. Hospitals which are excluded or from where no claims will be accepted by insurer <a href="http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf">http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf</a></li> <li>iv. Downloading/getting claim form <a href="https://www.hdfcergo.com/download/claim-form">https://www.hdfcergo.com/download/claim-form</a></li> </ol>	D

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10	Policy Servicing	<p>Call center number : 022 6234 6234 / 0120 6234 6234 Or visit help section on <a href="http://www.hdfcergo.com">www.hdfcergo.com</a></p> <p>Details of Company officials: Claims Department, HDFC ERGO General Insurance Company Limited, 5th floor, Tower 1, Stellar IT Park, C-25, Sector-62, Noida, UP, India - 201301.</p>	D
11	Grievances/ Complaints	<p>In case of any grievance the insured person may contact the Company through:</p> <ul style="list-style-type: none"> <li>- Website: <a href="http://www.hdfcergo.com">www.hdfcergo.com</a></li> <li>- Contact us: 022 6234 6234 / 0120 6234 6234</li> <li>- E-mail: <a href="mailto:grievance@hdfcergo.com">grievance@hdfcergo.com</a></li> <li>- Contact Details for Senior Citizen: 022 6242 6226</li> <li>- E-mail specific for Senior citizens: <a href="mailto:seniorcitizen@hdfcergo.com">seniorcitizen@hdfcergo.com</a></li> </ul> <p>Insured Person may contact the Grievance officer at: <a href="mailto:cgo@hdfcergo.com">cgo@hdfcergo.com</a></p> <p>For updated details of grievance officer, kindly refer the link: <a href="https://www.hdfcergo.com/customer-voice/grievances">https://www.hdfcergo.com/customer-voice/grievances</a></p> <p>Ombudsman: <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a>.</p>	D.iv
12	Things to remember	<p><b>Free Look cancellation:</b> You may cancel the insurance policy if you do not want it, within 15 days from the beginning of the policy.</p> <p>Process for free look cancellation:</p> <ol style="list-style-type: none"> <li>1. The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.</li> <li>2. The insured person shall be allowed free look period of fifteen days 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.</li> </ol> <p><b>Policy renewal:</b> Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p><b>Migration and Portability:</b> When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p><u>Process for migration:</u> The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration.</p> <p><u>Process for portability:</u> The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability.</p>	D.I.iii

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		<p><b>Change in Sum Insured:</b> Sum Insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p><b>Moratorium Period:</b> After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p> <p>After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p>	
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s and fill in the complete details in the proposal form before buying a policy. Non-disclosure may affect the claim settlement.	

**Note:**

1. Web-link of the product documents: << <https://www.hdfcergo.com/download> >>
2. In case of any conflict, the terms and conditions mention in the policy document shall prevail.

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

(Signature of the Policyholder)