GROUP TRAVEL INSURANCE- POLICY WORDING

PREAMBLE

WHEREAS the ***Policyholder*** named in the Schedule has applied to HDFC ERGO General Insurance Company Limited (hereinafter called "the ***Company***") for the insurance herein contained, the ***Company*** agrees subject to:

1. any proposal or other information supplied by or on behalf of the ***Insured Person***:

   1.1. disclosing all facts and circumstances known to the ***Insured Person*** that are material to the assessment of the risks insured hereby, and

   1.2. forming the basis of this insurance, and

2. the Insured having paid the premium on or before the due date thereof

to grant such insurance to the Insured subject to the terms, conditions, provisions and exclusions set out in this Policy or as contained in any endorsement that may be issued.

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. UIN - IRDA/NL-HLT/HDFC-ERGOGI/P-T/V.I/123/13-14

SECTION A
DEFINITIONS GENERALLY APPLICABLE

As used in this Policy, unless otherwise noted, the singular of any definition includes the plural, and the plural of any definition includes the singular.

I. Standard Definitions

Def 1. ***Accident or Accidental*** means a sudden, unforeseen and involuntary event caused by external and visible means.

Def 2. ***AYUSH HOSPITAL*** means an 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. **Co-Payment** is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible costs. A co-payment does not reduce the sum insured.

Def 5. ***Condition Precedent*** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Def 6. ***Deductible*** means an amount stated in the Schedule as a percentage, or a fixed amount, which will be deducted from the ***Compensation*** for a specific benefit, or a period of time for which the ***Company*** will not pay any benefit. A ***Deductible*** is a cost-sharing requirement under an insurance policy that provides that the Insurer will not be liable for a specified rupee amount or percentage of the covered expenses, which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.

Def 7. ***Hospital*** means any institution established for in- patient care and day care treatment of sickness and / or injuries and which has been registered as a hospital with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:

a) has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;

b) has qualified nursing staff under its employment round the clock;

c) has qualified medical practitioner (s) in charge round the clock;

d) has a fully equipped operation theatre of its own where surgical procedures are carried out

e) maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.is not primarily a day clinic, clinic, rest or convalescent home or similar establishment and is not, other than incidentally, a place for the treatment of alcoholics or drug addicts, and

Def 8. ***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.

Def 9. ***Intensive care unit*** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Def 10. ***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 11. ***Medical advice*** is any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

Def 12. ***Medical Expenses*** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of ***Sickness*** 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. These ***Medical Expenses*** must necessarily be incurred within the territorial limits stated in the Schedule for surgical, anaesthetic and other medical treatment in ***Hospital*** or prescribed by a ***Physician***.

Def 13. ***Medical Treatment*** means a ***Physician's*** medical advice, treatment, consultations, and prescribed or remedial attention.

Def 14. ***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 of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner

Def 15. ***Unproven/Experimental treatment*** is treatment, including drug Experimental therapy, which is based on established medical practice in India, is treatment experimental or unproven.

II. Specific Definitions

Def 1. ***Accumulation Limit*** means the maximum amount payable by the ***Company*** in respect of any one ***Accident***, irrespective of the number of ***Insured Persons*** involved in such ***Accident***. In the event that an ***Accident*** occurs which results in insurable losses under this Policy and which ordinarily would mean that the ***Accumulation Limit*** is exceeded, the ***Accumulation Limit*** amount will be distributed *on a proportional basis to all* ***Insured Persons****, taking into account the maximum* ***Sums Insured*** *per Benefit and per* ***Insured Person****.*

Def 2. ***Assistance Provider*** means the assistance company with whom the ***Company*** contracts, as an independent contractor, to provide travel-related emergency assistance services.

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

Def 4. ***Beneficiary***: In case of death of the ***Insured Person***, the ***Beneficiary*** means, unless stipulated otherwise by the ***Insured Person***, the surviving ***Spouse*** of the ***Insured Person***, mentally capable and not divorced, followed by the children recognised or adopted followed by the ***Insured Person's*** legal heirs. For all other benefits, the ***Beneficiary*** means the ***Insured Person*** himself unless stipulated otherwise.

Def 5. ***Bodily Injury*** means physical, external, ***Accidental*** bodily injury occurring suddenly in time and resulting solely and independently of any other cause or any physical defect or infirmity existing before the ***Period of Insurance.***

Def 6. ***Civil War*** means armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups. Included in the definition: armed rebellion, revolution, sedition, insurrection, Coup d' Etat, the consequences of Martial law.

Def 7. ***Close Business Associate*** means:

a) a business associate not a fellow employee of the ***Insured Person*** where the business relationship with the ***Insured Person*** is continuous and reliant on each other for the ***Insured Person's*** business, or

b) a business companion who travels with the ***Insured Person*** for the same business purpose, and whose presence is necessary for the ***Insured Person's*** business, or

c) a fellow employee of the ***Insured Person.***

Def 8. ***Common Carrier*** means any land, sea or air conveyance operated under a licence issued by a governmental authority having jurisdiction, for the transportation of fare paying passengers and which has fixed, established routes only.

Def 9. ***Company*** means HDFC ERGO General Insurance Company Limited.

Def 10. ***Compensation*** means ***Sum Insured***, Total ***Sum Insured*** or percentage of the ***Sum Insured***, as appropriate.

Def 11. ***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.

Def 12. ***Daily Activities*** means activities such as, but not limited to, cooking and/or taking of food, discharging of urine and/or faeces, getting dressed or undressed, washing and taking a bath, walking and general living activities.

Def 13. ***Daily Benefit*** means the amount payable for every twenty-four (24) continuous hours an ***Insured Person*** is in ***Hospital*** as an in-patient up to the maximum number of days stated in the Schedule.

Def 14. ***Date of Loss***:

a) for Accident means the date of the Accident.

b) for all other benefits means the date the event happened that leads to an alleged claim.

c) for Sickness means the first date of diagnosis or the date the Insured Person first became aware of the Sickness.

Def 15. ***Day*** means a continuous period of twenty-four (24) hours.

Def 16. DEPENDENT CHILD refers to a child (natural or legally adopted or child from a previous marriage) of an INSURED PERSON or the SPOUSE of an INSURED PERSON, who is between the ages of three (3) months and up to and including the age of eighteen (18) years, or up to and including the age of twenty-five (25) years if in full time education at an accredited tertiary institution and does not have his / her independent sources of income***Family Accumulation Limit*** means the maximum amount payable by the ***Company*** in respect of any one ***Accident***, irrespective of the number of ***Insured Persons*** from the same ***Immediate Family*** involved in such ***Accident***. In the event that an ***Accident*** occurs which results in insurable losses under this Policy and which ordinarily would mean that the ***Family Accumulation Limit*** is exceeded, the ***Family Accumulation Limit*** amount will be on a proportional basis to all Insured Persons from the same ***Immediate Family***, taking into account the maximum

Sums Insured per Benefit and per ***Insured Person***. ***Foreign War*** means armed opposition, whether declared or not between two countries.

Def 17. ***Franchise*** means an amount stated in the Schedule as a percentage or a fixed amount for which the ***Company*** will not be responsible if the claim falls below such percentage or fixed amount, or a period of time for which the ***Company*** will not be responsible unless the period of time has expired.

Def 18. ***Immediate Family / Immediate Family Member*** means an ***Insured Person's Spouse***; children; children-in-law; siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian, ward; step or adopted children; step-parents; aunts, uncles; nieces, and nephews, who reside in the same country as the ***Insured Person***.

Def 19. ***Insured Journey*** means a trip commencing during the ***Period of Insurance***. The ***Company*** agrees to continue the insurance for an ***Insured Person*** who commences an ***Insured Journey*** before the Policy Expiration Date, on the proviso that premium has been paid for such ***Insured Journey*** and the return trip is within thirty (30) ***Days*** after the ***Insured Journey*** commences.

Def 20. ***Insured Person*** means anyone over the age of three (3) months and aged seventy (70) years old or younger, except when the ***Company,*** at its sole discretion, accepts anyone over 70 years old, for whom premium has been paid and who is identified in Item 6 of the Schedule as an ***Insured Person.***

Def 21. ***Operative Time*** means the time that the insurance is effective as stated on the Schedule.

Def 22. ***Period of Insurance*** means the ***Operative Time*** stated in the Schedule, commencing on or after the Policy Effective Date and terminating on or before the Policy Expiration Date.

Def 23. ***Permanent Total Disablement*** means disablement, as the result of a ***Bodily Injury***, which:

a) continues for a period of twelve (12) consecutive months, and

b) is confirmed as total, continuous and permanent by a ***Physician*** after the twelve (12) consecutive months, and

entirely prevents an ***Insured Person*** from engaging in or giving attention to gainful occupation of any and every kind for the remainder of his/her life***Medical practitioner or Physician i***s a person who holds a valid registration from a medical council and is thereby entitled to practice medicine within ***its jurisdiction; and is acting*** within the scope and jurisdiction of his license, other than - .

a) an ***Insured Person*** under ***this Pol***icy;

b) an ***Insured Person's*** employer or business partner;

c) an employee of the ***Policyholder***; or

d) an ***Immediate Family*** of the ***Insured Person***. For purposes of this definition only, the term ***Immediate Family Member*** shall not be limited to natural persons resident in the same country as the ***Insured Person.***

Def 24. ***Policyholder*** means the entity or person named as such in the Schedule.

Def 25. ***Salary*** means the total gross basic annual salary excluding payments for overtime, commission or bonus payable by the ***Policyholder*** to the ***Insured Person*** at the time of the ***Date of Loss***. For weekly paid ***Insured Persons***, the ***Salary*** will be calculated by taking the average gross weekly basic salary of the ***Insured Person*** for the thirteen (13) weeks prior to the ***Date of Loss*** and multiplying this amount by fifty-two (52).

Def 26. ***Serious Injury or Serious Sickness*** means ***Bodily Injury*** or ***Sickness*** certified as being dangerous to life by a ***Physician***.

Def 27. ***Sickness*** means any fortuitous somatic illness or disease but excluding any disease or illness which is, arises out of or is caused by a condition or defect for which medical treatment was recognised, advised, sought out, or should have reasonably sought out, or received at any time before the ***Period of Insurance***.

Def 28. ***Spouse*** means an ***Insured Person***'s husband or wife who is recognised as such by the laws of the jurisdiction in which they reside.

Def 29. ***Sum Insured*** means the amount stated in the Table of Benefits in the Schedule as the Total ***Sum Insured***, or limited to the specific insurance details in any Section of this Policy.

The amounts shown in the Item 8 of the Schedule are the Total *Sums Insured* for each *Insured Person* for the particular benefit shown, subject at all times to the terms and conditions of the Policy, including but not limited to the exclusions and any additional limitations noted in the wording of each Section.

The Total ***Sum Insured*** is a sublimit of liability. It is part of, and not in addition to the ***Accumulation Limit*** stated in Item 3 (b) of the Schedule, if any. It further reduces, and does not increase, the ***Accumulation Limit*** stated in Item 3 (b) of the Schedule.

Def 30. ***Terrorism*** means activities against persons, organisations or property of any nature:

1) that involve the following or preparation for the following:
   a) use or threa
   b) t of force or violence; or
   c) commission or threat of a dangerous act; or
   d) commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and
2) when one or both of the following applies:
   a) the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
   b) it appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

Def 31. ***Total Number of Travel Days*** means the maximum number of days insured under the Policy.

SECTION B- Benefits

Section1
ACCIDENTAL DEATH

If during the ***Period of Insurance*** an ***Insured Person*** sustains ***Bodily Injury*** which directly and independently of all other causes results in Death within twelve (12) months of the ***Date of Loss***, then the ***Company*** agrees to pay to the ***Insured Person's Beneficiary*** or legal representative the ***Compensation*** stated in the Schedule.

Specific Extensions

1) Disappearance: In the event of the disappearance of the ***Insured Person***, following a forced landing, stranding, sinking or wrecking of a conveyance in which such ***Insured Person*** was known to have been travelling as an occupant, it shall be deemed after twelve (12) months, subject to all other terms and conditions of this Policy, that such ***Insured Person*** shall have died as the result of an ***Accident***. If at any time, after the payment of the ***Accidental*** death benefit, it is discovered that the ***Insured Person*** is still alive, all payments shall be reimbursed in full to the ***Company***.
2) Exposure: Death as a direct result of exposure to the elements shall be deemed to be ***Bodily Injury***.

Specific Conditions

1) If applicable and if payment has been made under the Permanent Disablement Section, any amounts paid under that Section would be deducted from payment of a claim under this Section of the Policy.

Section 2
PERMANENT DISABLEMENT

If during the ***Period of Insurance*** an ***Insured Person*** sustains ***Bodily Injury*** which directly and independently of all other causes results in disablement within twelve (12) months of the ***Date of Loss***, then the ***Company*** agrees to pay to the ***Insured Person*** the ***Compensation*** stated in the specific Table of Benefits below, which is shown as the Table of Benefits in the Schedule. The ***Deductible*** or ***Franchise***, if applicable, shall be deducted from the ***Compensation*** payable.

Specific Extensions

1) Exposure: Permanent disablement as a direct result of exposure to the elements shall be deemed to be ***Bodily Injury***.

Specific Provisions

1) Ankylosis of the fingers (other than thumb and forefinger) and of the toes (other than the big toe) shall be limited to fifty percent (50%) of the ***Compensation*** payable for the loss of the said members.
2) Any benefit payable under item 23 of Table (C) shall be at the complete discretion of the ***Company*** taking into consideration the nature of the ***Bodily Injury*** in conjunction with the stated ***Compensation*** percentages for more specific injuries shown in the Table of Benefits.

Specific Conditions

1) The insurance shall terminate for an ***Insured Person*** under this Section upon payment of a benefit equal to the Total ***Sum Insured***.
2) The total amount payable in respect of more than one disablement due to the same ***Accident*** is arrived at by adding together the various percentages shown in the Table of Benefits, but shall not exceed the Total ***Sum Insured***.
3) The ***Deductible*** or ***Franchise***, if applicable, shall apply to the total amount payable, irrespective of the number of benefits an ***Insured Person*** is entitled to.
4) If an ***Insured Person*** dies as the result of the ***Bodily Injury*** any amount claimed and paid to an ***Insured Person*** under the Permanent Disablement Section will be deducted from any payment under the ***Accidental*** Death Section.

Specific Definitions for all Tables of Benefits

1) ***Limb*** means the hand above the wrist joint or foot above the ankle joint.
2) ***Loss of Hearing*** means the total and irrecoverable ***Loss of Hearing***.
3) ***Loss of Mastication*** means the total and irrecoverable loss of ability to chew food.
4) ***Loss of Sight*** means the total and irrecoverable ***Loss of Sight***. This is considered to have occurred if the degree of sight remaining after correction is 3 / 60 or less on the Snellen Scale.
5) ***Loss of Speech*** means the total and irrecoverable ***Loss of Speech***.

Specific Definitions for Table (A)

1) ***Loss*** used with reference to ***Limb*** means the loss by physical severance of such ***Limb***.

Specific Definitions for Table (B)

1) ***Loss*** used with reference to ***Limb*** means the loss by physical severance or the total and permanent loss of use of such ***Limb***.

Specific Definitions for Table (C) and (D)

1) ***Loss*** used with reference to ***Limb*** and / or fingers, thumbs or toes, means the loss by physical severance or the total and permanent loss of use of said member.

TABLE OF BENEFITS – TABLE (A)

The Disablement	***Compensation*** **Expressed as a Percentage of Total *Sum Insured***
1) ***Permanent Total Disablement***	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two ***Limbs***	100%
4) Permanent Total ***Loss of Sight*** in both eyes	100%
5) Permanent Total ***Loss of Sight*** of one eye and one ***Limb***	100%
6) Permanent Total ***Loss of Speech***	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total ***Loss of Mastication***	100%
9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out ***Daily Activities*** essential to life without full time assistance	100%
10) Permanent Total ***Loss of Hearing*** in both ears	75%
11) Permanent Total Loss of one ***Limb***	50%
12) Permanent Total ***Loss of Sight*** of one eye	50%

TABLE OF BENEFITS – TABLE (B)

The Disablement	***Compensation*** **Expressed as a Percentage of Total *Sum Insured***
1) ***Permanent Total Disablement***	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two ***Limbs***	100%
4) Permanent Total ***Loss of Sight*** in both eyes	100%
5) Permanent Total ***Loss of Sight*** of one eye and one ***Limb***	100%
6) Permanent Total ***Loss of Speech***	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total ***Loss of Mastication***	100%
9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out ***Daily Activities*** essential to life without full time assistance	100%
10) Permanent Total ***Loss of Hearing*** in both ears	75%
11) Permanent Total Loss of one ***Limb***	50%
12) Permanent Total ***Loss of Sight*** of one eye	50%

TABLE OF BENEFITS – TABLE (C)

The Disablement	*Compensation* Expressed as a Percentage of Total *Sum Insured*
1) ***Permanent Total Disablement***	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two ***Limbs***	100%
4) Permanent Total ***Loss of Sight*** in both eyes	100%
5) Permanent Total ***Loss of Sight*** of one eye and one ***Limb***	100%
6) Permanent Total ***Loss of Speech***	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total ***Loss of Mastication***	100%
9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out ***Daily Activities*** essential to life without full time assistance	100%
10) Permanent Total ***Loss of Hearing*** in both ears	75%
11) Permanent Total Loss of one ***Limb***	50%
12) Permanent Total ***Loss of Sight*** of one eye	50%
13) Permanent Total ***Loss of Hearing*** in one ear	15%
14) Permanent Total Loss of the lens in one eye	25%
15) Permanent Total Loss of use of four fingers and thumb of either hand	40%
16) Permanent Total Loss of use of four fingers of either hand	20%
17) Permanent Total Loss of use of one thumb of either hand: a) Both joints b) One joint	 20% 10%
18) Permanent Total Loss of one finger of either hand: a) Three joints b) Two joints c) One joint	 5% 3.5% 2%
19) Permanent Total Loss of use of toes: a) All – one foot b) Big – both joints c) Big – one joint d) Other than Big – each toe	 15% 5% 2% 2%
20) Established non-union of fractured leg or kneecap	10%
21) Shortening of leg by at least 5 cms.	7.50%
22) Ankylosis of the elbow, hip or knee	20%

23) Permanent disablement not otherwise provided for under Items 2-22 inclusive up to a maximum of	75%

TABLE OF BENEFITS – TABLE (D)

The Disablement	***Compensation* Expressed as a Percentage of Total *Sum Insured***
1) ***Permanent Total Disablement***	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two ***Limbs***	100%
4) Permanent Total ***Loss of Sight*** in both eyes	100%
5) Permanent Total ***Loss of Sight*** of one eye and one ***Limb***	100%
6) Permanent Total ***Loss of Speech***	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total ***Loss of Mastication***	100%
9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out ***Daily Activities*** essential to life without full time assistance	100%
10) Permanent Total ***Loss of Hearing*** in both ears	75%
11) Permanent Total Loss of one ***Limb***	50%
12) Permanent Total ***Loss of Sight*** of one eye	50%
13) Permanent Total ***Loss of Hearing*** in one ear	15%
14) Permanent Total Loss of the lens in one eye	25%
15) Permanent Total Loss of use of four fingers and thumb of either hand	40%
16) Permanent Total Loss of use of four fingers of either hand	20%
17) Permanent Total Loss of use of one thumb of either hand: a) Both joints b) One joint	 20% 10%
18) Permanent Total Loss of one finger of either hand: a) Three joints b) Two joints c) One joint	 5% 3.5% 2%
19) Permanent Total Loss of use of toes: a) All – one foot b) Big – both joints c) Big – one joint d) Other than Big – each toe	 15% 5% 2% 2%
20) Established non-union of fractured leg or kneecap	10%

21) Shortening of leg by at least 5 cms.	7.50%
22) Ankylosis of the elbow, hip or knee	20%

Section 3
EMERGENCY MEDICAL EXPENSES – ACCIDENT ONLY

If, during the ***Period of Insurance***, an ***Insured Person*** sustains ***Bodily Injury***, then the ***Company*** will reimburse the ***Insured Person*** the necessary ***Usual and Reasonable Medical Expenses***, incurred within twelve (12) months from the ***Date of Loss*** up to the ***Sum Insured*** stated in the Schedule, subject to the Terms and Conditions of this Policy. The ***Deductible*** or ***Franchise***, if applicable, shall be deducted from the ***Compensation*** payable.

Specific Conditions

1) ***Medical Expenses*** shall include and be limited to the following services:
   a) charges for semi-private ***Hospital*** room and board, use of the operating room, emergency room, and ***Ambulatory Medical Centre***.
   b) fees of ***Physician***s.
   c) ***Medical Expenses***, in or out of ***Hospital***, including: laboratory tests, ambulance service (to or from the ***Hospital***), prescription medicines or drugs, therapeutics, anaesthetics (including administration of anaesthetics), transfusions, artificial ***Limbs*** or eyes (excluding repair or replacement of these items), x-rays, prosthetic appliances.
   d) charges for a registered nurse (R.N).
2) If a ***Policyholder*** or ***Insured Person*** has other insurance against a loss covered by this Section, then the ***Company*** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Definitions

1) ***Ambulatory Medical Centre*** means a licensed facility providing ambulatory surgical or medical treatment, other than a ***Hospital***, clinic or ***Physician***' s office.
2) ***Usual and Reasonable Medical Expenses*** means fees and prices generally charged in the locality where performed for medically necessary services and supplies required for treatment of cases of comparable severity and nature, but not to include charges that would not have been made if no insurance existed.

Specific Exclusions

The ***Company*** shall not be liable to pay any benefit in respect of any ***Insured Person*** for:
1) any ***Medical Expenses*** incurred where an ***Insured Journey*** is undertaken against the advice of a qualified licensed medical practitioner.
2) any ***Medical Expenses*** incurred when the specific purpose of a journey is to receive medical treatment or advice.
3) any ***Medical Expenses*** incurred within the territorial limits that are not stated in the Schedule.

4) any medical treatment, drugs or medicines, prescribed or applied, before the ***Period of Insurance***.
5) any dental work.
6) any claim caused by or arising from or due to ***Sickness*** of any and every kind.

SECTION 4
EMERGENCY MEDICAL EXPENSES

If, during the ***Period of Insurance***, an ***Insured Person*** sustains ***Bodily Injury*** or sudden unexpected ***Sickness***, then the ***Company*** will reimburse the ***Insured Person*** the necessary ***Usual and Reasonable Medical Expenses***, incurred within twelve (12) months from the ***Date of Loss*** up to the ***Sum Insured*** stated in the Schedule. The ***Deductible*** or ***Franchise***, if applicable, shall be deducted from the ***Compensation*** payable.

Note pertaining specifically to AYUSH Treatments only:
Medical expenses pertaining only to In-patient care AYUSH treatment sustained due to a Bodily Injury or sudden unexpected Sickness are also covered under 'Emergency Medical Expenses' 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.

Specific Conditions

1) ***Medical Expenses*** shall include and be limited to the following services:
   a) charges for semi-private ***Hospital*** room and board, use of the operating room, emergency room, and ***Ambulatory Medical Centre***.
   b) fees of ***Physician***s.
   c) ***Medical Expenses***, in or out of ***Hospital***, including: laboratory tests, ambulance service (to or from the ***Hospital***), prescription medicines or drugs, therapeutics, anaesthetics (including administration of anaesthetics), transfusions, artificial ***Limbs*** or eyes (excluding repair or replacement of these items), x-rays, prosthetic appliances.
   d) charges for a registered nurse (R.N).
2) If a ***Policyholder*** or ***Insured Person*** has other insurance against a loss covered by this Section, then the ***Company*** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Definitions

1) ***Ambulatory Medical Centre*** means a licensed facility providing ambulatory surgical or medical treatment, other than a ***Hospital***, clinic or ***Physician***' s office.
2) ***Usual and Reasonable Medical Expenses*** means fees and prices generally charged in the locality where performed for medically necessary services and supplies required for treatment of cases of comparable severity and nature, but not to include charges that would not have been made if no insurance existed.

Specific Exclusions

The ***Company*** shall not be liable to pay any benefit in respect of any ***Insured Person*** for:

1) any ***Medical Expenses*** incurred where an ***Insured Journey*** is undertaken against the advice of a qualified licensed medical practitioner.
2) any ***Medical Expenses*** incurred when the specific purpose of a journey is to receive medical treatment or advice.
3) any ***Medical Expenses*** incurred within the territorial limits that are not stated in the Schedule.
4) any medical treatment, drugs or medicines, prescribed or applied, before the ***Period of Insurance***.
5) any dental work.

SECTION 5
EMERGENCY DENTAL TREATMENT

If during the ***Period of Insurance*** an ***Insured Person*** sustains ***Bodily Injury*** or ***Acute Pain*** which directly and independently of all other causes results in necessary emergency dental work, then the ***Company*** agrees to pay for such costs up to the Total ***Sum Insured*** stated in the Schedule. The ***Deductible*** or ***Franchise***, if applicable, shall be deducted from the ***Compensation*** payable.

Specific Conditions

1) If a ***Policyholder*** or ***Insured Person*** has other insurance against a loss covered by this Section, then the ***Company*** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Definitions

1) ***Acute Pain*** means unexpected and sudden pain that requires immediate treatment.

Specific Exclusions

The ***Company*** shall not be liable to pay any benefit in respect of any ***Insured Person*** for:

1) Permanent crowns or artificial teeth.

SECTION 6
EMERGENCY TRAVEL BENEFITS

The benefits below will only be insured as part of the Policy if the ***Assistance Provider*** Services Section has been purchased and contact has been made with the ***Assistance Provider***. Contact must be made prior to any arrangements being made for such benefits.

1) ***Emergency Medical Transport***: If during the ***Period of Insurance*** an ***Insured Person*** sustains ***Bodily Injury*** or ***Sickness***, then the ***Company*** agrees to pay

the actual costs or the Total ***Sum Insured*** stated in the Schedule, whichever is the lesser, for the emergency medical transportation of the ***Insured Person*** to the nearest medical facility that is adequately equipped to treat the ***Insured Person***.

2) ***Medical Repatriation***: If the ***Insured Person*** is unable to continue his/her journey after a ***Hospital*** stay or medical treatment due to ***Bodily Injury*** or ***Sickness***, then the ***Company*** agrees to pay the actual costs or the Total ***Sum Insured*** stated in the Schedule, whichever is the lesser, for the repatriation of the ***Insured Person*** back to the ***Insured Person's*** Country of Residence or Country of Citizenship (for ***Operative Times*** within the country of residence, the ***Insured Person*** will be returned to his / her home town). If the gravity of the situation so dictates, then the ***Company*** will pay for appropriate medical authorities to accompany the ***Insured Person*** during the return journey.
3) ***Body Repatriation***: If during the ***Period of Insurance***, an ***Insured Person*** dies as the result of ***Bodily Injury*** or ***Sickness*** then the ***Company*** agrees to pay the actual costs or the Total ***Sum Insured*** stated in the Schedule, whichever is the lesser, for the repatriation of the corpse of the ***Insured Person*** to his / her Country of Residence or Country of Citizenship (for ***Operative Times*** within the country of residence, the corpse will be returned to his / her home town).
4) ***Location and Transfer of Medication and/or Medical By-Products***: If during the ***Period of Insurance*** an ***Insured Person*** suddenly requires essential medicines and/or medical by-products that are not available locally, then the ***Company*** agrees to pay for the location and freighting costs up to the Total ***Sum Insured*** stated in the Schedule.
   a) This benefit is subject to the laws and regulations governing the transfer of scheduled drugs and medical by-products.
   b) The costs of the medicines and/or medical by-products are the responsibility of the ***Insured Person*** unless it forms part of an admissible Emergency ***Medical Expenses*** claim.
5) ***Emergency Travel Expenses for Family Member***: If during the ***Period of Insurance*** an ***Insured Person*** sustains ***Bodily Injury*** or ***Sickness*** preventing his/her repatriation and he/she will be hospitalised for more than ten (10) ***Days***, then the ***Company*** agrees to pay for a round trip economy class air ticket or a first class train ticket up to the Total ***Sum Insured*** stated in the Schedule, for an ***Immediate Family Member*** to visit the ***Insured Person***.
6) ***Emergency Travel Expenses for an Insured Person's Child***: If during the ***Period of Insurance*** an ***Insured Person*** sustains ***Bodily Injury*** or ***Sickness*** preventing his/her repatriation and he/she will be hospitalised for more than five (5) ***Days***, then the ***Company*** agrees to pay for a one way economy class air ticket or a first class train ticket up to the Total ***Sum Insured*** stated in the Schedule for the ***Insured Person's Dependent Child*** to return to their country of residence.
7) ***Emergency Travel Expenses for a Replacement Colleague***: If during the ***Period of Insurance*** an ***Insured Person*** sustains ***Bodily Injury*** or ***Sickness*** resulting in the ***Insured Person*** being hospitalised for more than ten (10) ***Days*** or having to be repatriated, then the ***Company*** agrees to pay for a round trip economy class air ticket or a first class train ticket up to the Total ***Sum Insured*** stated in the Schedule for a replacement business colleague designated by the ***Policyholder*** to continue the ***Insured Person's*** mission, on the proviso that the ***Insured Journey*** was for business purposes only.

Specific Conditions

1) The decision on the most appropriate means, timing and course of action belongs to the ***Assistance Provider*** only.
2) If a ***Policyholder*** or ***Insured Person*** has other insurance against a loss covered by this Section, then the ***Company*** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Exclusions

The ***Company*** shall not be liable to pay any benefit in respect of any ***Insured Person***:
1) if an ***Insured Person*** or anyone acting on behalf of an ***Insured Person*** has not contacted the ***Assistance Provider***, prior to any arrangements that may give rise to a claim under this Section.
2) any ***Medical Expenses*** incurred where an ***Insured Journey*** is undertaken against the advice of a qualified licensed medical practitioner.
3) any ***Medical Expenses*** incurred when the specific purpose of a journey is to receive medical treatment or advice.

SECTION 7
CONTINGENCY TRAVEL BENEFITS

The benefits below will only be insured as part of the Policy if the ***Assistance Provider*** Services Section has been purchased and contact has been made with the ***Assistance Provider***. Contact must be made prior to any arrangements being made for such benefits.

1) ***Reimbursement of Coffin Expenses***: In the event that the body of an ***Insured Person*** is being repatriated under Emergency Benefits 3. and local regulations require that such body must be transported in a ***Coffin***, then the ***Company*** agrees to pay for the ***Coffin*** up to the Total ***Sum Insured*** stated in the Schedule.
2) ***Legal Assistance following an automobile Accident***: If an ***Insured Person*** is arrested or is in danger of being arrested as the result of an automobile ***Accident*** during the ***Period of Insurance***, then the ***Company*** agrees to pay for any legal expenses up to the Total ***Sum Insured*** stated in the Schedule.
3) ***Emergency Hotel Accommodation***: If during the ***Period of Insurance*** an ***Insured Person*** sustains ***Bodily Injury*** or ***Sickness*** which directly and independently of all other causes results in a ***Hospital*** stay as an in-patient for more than five (5) ***Days***, then the ***Company*** agrees to pay for the costs of ***Emergency Hotel Accommodation*** for an ***Insured Person's*** family member up to the Total ***Sum Insured*** stated in the Schedule.
4) ***Emergency Hotel Extension***: If during the ***Period of Insurance*** an ***Insured Person*** sustains ***Bodily Injury*** or ***Sickness*** which directly and independently of all other causes results in a ***Hospital*** stay as an in-patient for more than five (5) ***Days*** and misses his / her scheduled flight back to the country of residence, then the ***Company*** agrees to pay for the costs of Hotel accommodation up to the Total

Sum Insured stated in the Schedule, or until a return flight becomes available, whichever is the earlier.

Specific Conditions

1) The decision on the most appropriate means, timing and course of action belongs to the ***Assistance Provider*** only.
2) If a ***Policyholder*** or ***Insured Person*** has other insurance against a loss covered by this Section, then the ***Company*** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Definitions

1) ***Coffin*** means an average coffin in conformity with international rules.

Specific Exclusions

The ***Company*** shall not be liable to pay any benefit in respect of any ***Insured Person***:
1) if an ***Insured Person*** or anyone acting on behalf of an ***Insured Person*** has not contacted the ***Assistance Provider***, prior to an event that may give rise to a claim under this Section.
2) any ***Medical Expenses*** incurred where an ***Insured Journey*** is undertaken against the advice of a qualified licensed medical practitioner.
3) any ***Medical Expenses*** incurred when the specific purpose of a journey is to receive medical treatment or advice.

SECTION 8
ACCIDENTAL DEATH - COMMON CARRIER

If during the ***Period of Insurance*** an ***Insured Person*** is riding as a passenger in or on, boarding or alighting from a ***Common Carrier*** and sustains ***Bodily Injury*** which directly and independently of all other causes results within twelve (12) calendar months of the ***Accident*** in death, then the ***Company*** agrees to pay to the ***Insured Person's Beneficiary*** or legal representative ***Compensation*** stated in the Schedule.

Specific Conditions

1) If a claim arises under this Section, the ***Accidental*** Death benefit will not be payable.
2) If applicable and if payment has been made under the Permanent Disablement or Permanent Disablement – ***Common Carrier*** Section, any amounts paid under that Section would be deducted from payment of a claim under this Section of the Policy.

SECTION 9
PERMANENT DISABLEMENT – COMMON CARRIER

If during the ***Period of Insurance*** an ***Insured Person*** is riding as a passenger in or on, boarding or alighting from a ***Common Carrier*** and sustains ***Bodily Injury*** which

directly and independently of all other causes results in disablement within twelve (12) months of the ***Date of Loss***, then the ***Company*** agrees to pay to the ***Insured Person*** the ***Compensation*** stated in the specific Table of Benefits below, which is shown as the Table of Benefits in the Schedule. The ***Deductible*** or ***Franchise***, if applicable, shall be deducted from the ***Compensation*** payable.

Specific Conditions

1) This insurance shall terminate for an ***Insured Person*** under this Section upon payment of a benefit equal to the Total ***Sum Insured***.
2) The total amount payable in respect of more than one disablement due to the same ***Accident*** is arrived at by adding together the various percentages shown in the Table of Benefits, but shall not exceed the Total ***Sum Insured***.
3) The ***Deductible*** or ***Franchise***, if applicable, shall apply to the total amount payable, irrespective of the number of benefits an ***Insured Person*** is entitled to.
4) If an ***Insured Person*** dies as the result of the ***Bodily Injury*** any amount claimed and paid to an ***Insured Person*** under the Permanent Disablement or Permanent Disablement – ***Common Carrier*** Section will be deducted from any payment under the ***Accidental*** Death – ***Common Carrier*** Section.
5) If a claim arises under this Section, the Permanent Disablement benefit will not be payable.

Specific Provisions

1) Ankylosis of the fingers (other than thumb and forefinger) and of the toes (other than the big toe) shall be limited to fifty percent (50%) of the ***Compensation*** payable for the loss of the said members.
2) Any benefit payable under item 23 of Table (C) shall be at the complete discretion of the ***Company*** taking into consideration the nature of the injury in conjunction with the stated ***Compensation*** percentages for more specific injuries shown in the Table of Benefits.

Specific Definitions for all Tables of Benefits

1) ***Limb*** means the hand above the wrist joint or foot above the ankle joint.
2) ***Loss of Hearing*** means the total and irrecoverable ***Loss of Hearing***.
3) ***Loss of Mastication*** means the total and irrecoverable ability to chew food.
4) ***Loss of Sight*** means the total and irrecoverable ***Loss of Sight***. This is considered to have occurred if the degree of sight remaining after correction is 3 / 60 or less on the Snellen Scale.
5) ***Loss of Speech*** means the total and irrecoverable ***Loss of Speech***.

Specific Definitions for Table (A)

1) ***Loss*** used with reference to ***Limb***, means the loss by physical severance of such ***Limb***.

Specific Definitions for Table (B)

1) ***Loss*** used with reference to ***Limb***, means the loss by physical severance or the total and permanent loss of use of such ***Limb.***

Specific Definitions for Table (C) and (D)

1) ***Loss*** used with reference to ***Limb*** and / or fingers, thumbs or toes, means the loss by physical severance or the total and permanent loss of use of said member.

TABLE OF BENEFITS – TABLE (A)

The Disablement	***Compensation* Expressed as a Percentage of Total *Sum Insured***
1) ***Permanent Total Disablement***	100%
2) Permanent and incurable insanity	100%
3) Permanent Total ***Loss of two Limbs***	100%
4) Permanent Total ***Loss of Sight*** in both eyes	100%
5) Permanent Total ***Loss of Sight*** of one eye and one ***Limb***	100%
6) Permanent Total ***Loss of Speech***	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total ***Loss of Mastication***	100%
9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance.	100%
10) Permanent Total ***Loss of Hearing*** in both ears	75%
11) Permanent Total Loss of one ***Limb***	50%
12) Permanent Total ***Loss of Sight*** of one eye	50%

TABLE OF BENEFITS – TABLE (B)

The Disablement	**Compensation Expressed as a Percentage of Total Sum Insured**
1) Permanent Total Disablement	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two ***Limbs***	100%
4) Permanent Total ***Loss of Sight*** in both eyes	100%
5) Permanent Total ***Loss of Sight*** of one eye and one ***Limb***	100%
6) Permanent Total ***Loss of Speech***	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total ***Loss of Mastication***	100%

9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance.	100%
10) Permanent Total ***Loss of Hearing*** in both ears	75%
11) Permanent Total Loss of one ***Limb***	50%
12) Permanent Total ***Loss of Sight*** of one eye	50%

TABLE OF BENEFITS – TABLE (C)

The Disablement	**Compensation Expressed as a Percentage of Total Sum Insured**
1) Permanent Total Disablement	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two ***Limbs***	100%
4) Permanent Total ***Loss of Sight*** in both eyes	100%
5) Permanent Total ***Loss of Sight*** of one eye and one ***Limb***	100%
6) Permanent Total ***Loss of Speech***	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total ***Loss of Mastication***	100%
9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance.	100%
10) Permanent Total ***Loss of Hearing*** in both ears	75%
11) Permanent Total Loss of one ***Limb***	50%
12) Permanent Total ***Loss of Sight*** of one eye	50%
13) Permanent Total ***Loss of Hearing*** in one ear	15%
14) Permanent Total Loss of the lens in one eye	25%
15) Permanent Total Loss of use of four fingers and thumb of either hand	40%
16) Permanent Total Loss of use of four fingers of either hand	20%
17) Permanent Total Loss of use of one thumb of either hand: a) Both joints b) One joint	 20% 10%
18) Permanent Total Loss of one finger of either hand: a) Three joints b) Two joints c) One joint	 5% 3.5% 2%

19) Permanent Total Loss of use of toes: a) All – one foot b) Big – both joints c) Big – one joint d) Other than Big – each toe	 15% 5% 2% 2%
20) Established non-union of fractured leg or kneecap	10%
21) Shortening of leg by at least 5 cms.	7.50%
22) Ankylosis of the elbow, hip or knee	20%
23) Permanent disablement not otherwise provided for under Items 2-22 inclusive up to a maximum of	75%

TABLE OF BENEFITS – TABLE (D)

The Disablement	**Compensation Expressed as a Percentage of Total Sum Insured**
1) Permanent Total Disablement	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two ***Limbs***	100%
4) Permanent Total ***Loss of Sight*** in both eyes	100%
5) Permanent Total ***Loss of Sight*** of one eye and one ***Limb***	100%
6) Permanent Total ***Loss of Speech***	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total ***Loss of Mastication***	100%
9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10) Permanent Total ***Loss of Hearing*** in both ears	75%
11) Permanent Total Loss of one ***Limb***	50%
12) Permanent Total ***Loss of Sight*** of one eye	50%
13) Permanent Total ***Loss of Hearing*** in one ear	15%
14) Permanent Total Loss of the lens in one eye	25%
15) Permanent Total Loss of use of four fingers and thumb of either hand	40%
16) Permanent Total Loss of use of four fingers of either hand	20%
17) Permanent Total Loss of use of one thumb of either hand: a) Both joints b) One joint	 20% 10%

18) Permanent Total Loss of one finger of either hand: a) Three joints b) Two joints c) One joint	 5% 3.5% 2%
19) Permanent Total Loss of use of toes: a) All – one foot b) Big – both joints c) Big – one joint d) Other than Big – each toe	 15% 5% 2% 2%
20) Established non-union of fractured leg or kneecap	10%
21) Shortening of leg by at least 5 cms.	7.50%
22) Ankylosis of the elbow, hip or knee	20%

SECTION 10
HOSPITAL CASH – ACCIDENT ONLY

If during the ***Period of Insurance*** an ***Insured Person*** sustains ***Bodily Injury*** which directly and independently of all other causes results in the ***Insured Person*** being in a ***Hospital*** as an in-patient within one (1) calendar month of the ***Date of Loss***, then the ***Company*** agrees to pay to the ***Insured Person*** the ***Daily Benefit*** stated in the Schedule. The ***Deductible*** or ***Franchise***, if applicable, shall be deducted from the ***Compensation*** payable.

Note pertaining specifically to AYUSH Treatments only:

HOSPITAL CASH – ACCIDENT ONLY also includes coverage for In-patient care AYUSH treatments taken in an AYUSH Hospital

Specific Provisions

1) In case of successive ***Hospital*** stays with less than sixty (60) ***Days*** between each one for a same cause, the ***Deductible*** or ***Franchise*** will only apply once, as the ***Hospital*** stays will be deemed as one event.

Specific Conditions

1) Once the ***Company*** has paid the ***Daily Benefit*** up to the maximum number of ***Days*** stated in the Schedule, cover under this Section will cease for such ***Insured Person***.

SECTION 11
HOSPITAL CASH – ACCIDENT & SICKNESS

If during the ***Period of Insurance*** an ***Insured Person*** sustains ***Bodily Injury*** or ***Sickness*** which directly and independently of all other causes results in the ***Insured Person*** being in a ***Hospital*** as an in-patient within one (1) calendar month of the ***Date of Loss***, then the ***Company*** agrees to pay to the ***Insured Person*** the ***Daily***

Benefit stated in the Schedule. The ***Deductible*** or ***Franchise***, if applicable, shall be deducted from the ***Compensation*** payable.

Note pertaining specifically to AYUSH Treatments only:

HOSPITAL CASH – ACCIDENT & SICKNESS also includes coverage for In-patient care AYUSH treatments taken in an AYUSH Hospital

Specific Provisions

1) In case of successive ***Hospital*** stays with less than sixty (60) ***Days*** between each one for a same cause, the ***Deductible*** or ***Franchise*** will only apply once, as the ***Hospital*** stays will be deemed as one event.

Specific Conditions

1) Once the Company has paid the ***Daily Benefit*** up to the maximum number of ***Days*** stated in the Schedule, cover under this Section will cease for such ***Insured Person***.

SECTION 12
LOSS OF BAGGAGE & PERSONAL DOCUMENTS

If, during the ***Period of Insurance***, the Baggage, ***Personal Documents*** and/or Personal Effects owned by or in the custody of an ***Insured Person*** are damaged or lost, then the ***Company*** will reimburse the ***Insured Person*** the cost of replacement of the articles for any amount up to the Total ***Sum Insured*** stated in the Schedule. The ***Deductible***, if applicable, shall be deducted from the ***Compensation*** payable.

Specific Conditions

1) Any valid claim involving a motor vehicle, and at all time subject to Specific Exclusion (5), will be limited to a maximum of fifty percent (50%) of the ***Sum Insured*** stated in the Schedule.
2) All claims will be subject to the ***Company*** at its own discretion assessing the value of the claim based on the age and estimated wear and tear of the article that forms the basis of the claim.
3) If applicable and if payment has been made under the Baggage Delay Section, any amounts paid would be deducted from payment of a claim under this Section of the Policy.
4) If a ***Policyholder*** or ***Insured Person*** has other insurance against a loss covered by this Section, then the ***Company*** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Definitions

1) ***Personal Documents*** means an ***Insured Person's*** identity card (if applicable), ration card, voter identity card, passport, driving licence and car licence.

Specific Claims Provisions

In the event of a claim the ***Insured Person*** must:

1) give immediate written notice:
   a) to the relevant ***Common Carrier*** in the event of loss or damage in transit;
   b) to the relevant police authority in the event of loss or theft;
2) submit a copy of the relevant ***Common Carrier*** or police report when a claim is made;
3) obtain a ***Common Carrier*** or police report where the loss occurred;
4) in the event of loss by a ***Common Carrier***, retain original tickets and baggage slips and submit them when a claim is made;
5) submit original purchase receipts in the event of claims regarding goods purchased during the ***Insured Journey***; and
6) for claims involving jewellery, submit original or certified copies of valuation certificates issued prior to the commencement of the ***Period of Insurance***, when a claim is made.

For purposes of any claim hereunder:

1) a pair of skis, ski boots and accessories shall be regarded as one item;
2) bottles of perfume, aftershave, and make up shall together be regarded as one item;
3) the equipment and accessories of any sport that an ***Insured Person*** takes on a trip shall be regarded as one item.

Specific Exclusions

The ***Company*** shall not be liable to pay any benefit in respect of any ***Insured Person*** for:

1) loss of cash, bank or currency notes, cheques, debit or credit cards or unauthorised use thereof, postal orders, travellers cheques, travel, tickets, securities of any kind and petrol or other coupons.
2) mechanical or electrical breakdown or derangement or breakage of fragile or brittle articles, or damage caused by such breakage unless caused by fire or by ***Accident*** to the conveying vehicle.
3) destruction or damage due to wear and tear, moth or vermin.
4) baggage, clothing and personal effects despatched as unaccompanied baggage.
5) theft from a motor vehicle unless the property is securely locked in the boot and entry to such vehicle is gained by visible, violent and forcible means.
6) loss or damage to sports equipment whilst in use, contact lenses, samples, tools.
7) for loss, destruction, or damage due to delay, confiscation or detention by order of any government or Public Authority.
8) for loss, destruction or damage directly occasioned by pressure waves, caused by aircraft or other aerial devices travelling at sonic or supersonic speeds.
9) for loss, destruction or damage caused by any process of cleaning, dyeing, repairing or restoring.
10) for loss, destruction, or damage caused by atmospheric or climatic conditions or any other gradually deteriorating cause.
11) a claim involving animals.

12) loss, including but not limited to loss by theft, or damage to vehicles or other accessories.
13) for any loss that is not reported either to the appropriate police authority or transport carrier within twenty four (24) hours of discovery or if the carrier is an airline if a property irregularity report is not obtained.
14) baggage and/or personal effects sent under an airway-bill or bill of lading.
15) computer equipment, cameras, musical instruments, radios and portable radio/cassette/compact disc players.
16) contact lenses, glasses, hearing aids or bridges or dentures for a tooth or teeth.

SECTION 13
CHECKED BAGGAGE LOSS

If, during the ***Period of Insurance***, the Baggage, ***Personal Documents*** and/or Personal Effects that have been checked in on the same ***Common Carrier*** as a travelling ***Insured Person***, are damaged or lost, then the ***Company*** will reimburse the ***Insured Person*** the cost of replacement of the articles for any amount up to the Total ***Sum Insured*** stated in the Schedule. The ***Deductible***, if applicable, shall be deducted from the ***Compensation*** payable.

Specific Conditions

1) All claims will be subject to the ***Company*** at its own discretion assessing the value of the claim based on the age and estimated wear and tear of the article that forms the basis of the claim.
2) If applicable and if payment has been made under the Baggage Delay Section, any amounts paid would be deducted from payment of a claim under this Section of the Policy.
3) If a ***Policyholder*** or ***Insured Person*** has other insurance against a loss covered by this Section, then the ***Company*** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Definitions

1) ***Personal Documents*** means an ***Insured Person's*** identity card (if applicable), ration card, voter identity card, passport, driving licence and car licence.

Specific Claims Provisions

In the event of a claim the ***Insured Person*** must:
1) give immediate written notice:
   a) to the relevant ***Common Carrier*** in the event of loss or damage in transit;
   b) to the relevant police authority in the event of loss or theft;
2) submit a copy of the relevant ***Common Carrier*** or police report when a claim is made;
3) obtain a ***Common Carrier*** or police report where the loss occurred;
4) in the event of loss by a carrier, retain original tickets and baggage slips and submit them when a claim is made;

5) submit original purchase receipts in the event of claims regarding goods purchased during the ***Insured Journey***; and
6) for claims involving jewellery, submit original or certified copies of valuation certificates issued prior to the commencement of the ***Period of Insurance***, when a claim is made.

For purposes of any claim hereunder:
1) a pair of skis, ski boots and accessories shall be regarded as one item;
2) bottles of perfume, aftershave, and make up shall together be regarded as one item;
3) the equipment and accessories of any sport that an ***Insured Person*** takes on a trip shall be regarded as one item.

Specific Exclusions

The ***Company*** shall not be liable to pay any benefit in respect of any ***Insured Person*** for:

1) loss of cash, bank or currency notes, cheques, debit or credit cards or unauthorised use thereof, postal orders, travellers cheques, travel, tickets, securities of any kind and petrol or other coupons.
2) mechanical or electrical breakdown or derangement or breakage of fragile or brittle articles, or damage caused by such breakage unless caused by fire or by ***Accident*** to the conveying vehicle.
3) destruction or damage due to wear and tear, moth or vermin.
4) baggage, clothing and personal effects despatched as unaccompanied baggage.
5) theft from a motor vehicle unless the property is securely locked in the boot and entry to such vehicle is gained by visible, violent and forcible means.
6) loss or damage to sports equipment whilst in use, contact lenses, samples, tools.
7) for loss, destruction, or damage due to delay, confiscation or detention by order of any government or Public Authority.
8) for loss, destruction or damage directly occasioned by pressure waves, caused by aircraft or other aerial devices travelling at sonic or supersonic speeds.
9) for loss, destruction or damage caused by any process of cleaning, dyeing, repairing or restoring.
10) for loss, destruction, or damage caused by atmospheric or climatic conditions or any other gradually deteriorating cause.
11) a claim involving animals.
12) loss, including but not limited to loss by theft, or damage to vehicles or other accessories.
13) for any loss that is not reported either to the appropriate police authority or transport carrier within twenty four (24) hours of discovery or if the carrier is an airline if a property irregularity report is not obtained.
14) baggage and/or personal effects sent under an airway-bill or bill of lading.
15) computer equipment, cameras, musical instruments, radios and portable radio/cassette/compact disc players.
16) contact lenses, glasses, hearing aids or bridges or dentures for a tooth or teeth.

SECTION 14
BAGGAGE DELAY

If, during the ***Period of Insurance***, the baggage and/or personal effects owned by or in the custody of an ***Insured Person*** is delayed or misdirected for more than the ***Deductible*** stated in the Schedule, then the ***Company*** will reimburse the ***Insured Person*** the cost of necessary personal effects up to the ***Sum Insured*** stated in the Schedule.

Specific Conditions

1) The baggage and/or personal effects must have been checked in as registered baggage by the airline operating under a licence issued by a governmental authority having jurisdiction for the transportation of fare paying passengers on fixed established routes, for any benefit to be payable under this Section.
2) If upon further investigation it is later determined that the baggage and/or personal effects has been lost, then any amount claimed and paid to an ***Insured Person*** under the Baggage Delay Section will be deducted from any payment under the Baggage Loss Section.
3) An ***Insured Person*** shall exercise all reasonable measures and precautions for the safety of, and recovery of, any property insured hereunder. Notification of any apparent delay to baggage must be made immediately to the airline concerned.
4) If a ***Policyholder*** or ***Insured Person*** has other insurance against a loss covered by this Section, then the ***Company*** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.
5) If the ***Insured Person*** receives any form of compensation from the ***Common Carrier*** in the form of vouchers, tickets or coupons, then these items will be surrendered to the ***Company***.

Specific Exclusions

The ***Company*** will not indemnify the ***Insured Person*** for delayed baggage as a result of the following:
1) chartered flights, unless such flights are registered in the International Data System.
2) confiscation of baggage by customs or any government authority.
3) purchases made after arriving in the final destination mentioned on the airline ticket.
4) baggage and/or personal effects sent under an airway-bill or bill of lading.
5) delays due to a strike or industrial action existing or announced before the start of the journey.
6) delays due to withdrawal of aircraft from service by any civil aviation authority of which notice had been given before the start of the journey.
7) any delays of the return journey.

SECTION 15
TRIP CANCELLATION

The ***Company*** will pay loss of travel and / or accommodation expenses up to the amount stated in the Schedule for such expenses paid in advance by an ***Insured***

Person, less the ***Deductible*** stated in the Schedule, and for which the ***Insured Person*** is legally liable and which are not recoverable from any other source, consequent upon the cancellation of travel occurring between the date of acceptance of this insurance by the Company or the date of payment of travel and / or accommodation expenses, whichever occurs last, and the date of commencement of the ***Insured Journey*** caused by:

1) Unexpected Death, ***Serious Injury or Serious Sickness*** of the ***Insured Person***, ***Close Business Associate*** and/or an ***Insured Person's Immediate Family Member.***
2) An ***Insured Person's*** place or residence or business being rendered uninhabitable ten (10) ***Days*** or less prior to the commencement of an ***Insured Journey*** as a result of ***Accidental*** damage or an ***Insured Person's*** presence being required by the Police following burglary or attempt thereat at an ***Insured Person's*** place of residence or business.

Specific Conditions

1) If a ***Policyholder*** or ***Insured Person*** has other insurance against a loss covered by this Section, then the ***Company*** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.
2) If the ***Insured Person*** receives any form of compensation from the ***Common Carrier*** in the form of vouchers, tickets or coupons, then these items will be surrendered to the ***Company***.

Specific Exclusions

The ***Company*** shall not be liable to pay any benefit in respect of any ***Insured Person*** for:
1) the default of any:
   a) provider of transport; or
   b) agent of such provider; or
   c) agent acting for the ***Insured Person***.
2) regulations made by any Government or Public Authority.
3) strikes or labour disputes which existed or of which advance warning had been given prior to the date on which an ***Insured Journey*** was booked.
4) delay due to the withdrawal from service temporarily or permanently of any ***Common Carrier*** on the orders or recommendations of any Port Authority or Aviation Agency or any similar body in any country.
5) any business or financial contractual obligations of the ***Insured Person***, ***Close Business Associate*** or ***Insured Person's Immediate Family***.
6) a change of plans or disinclination of the ***Insured Person***, ***Close Business Associate*** or ***Insured Person's Immediate Family*** to travel on the ***Insured Journey***.

SECTION 16
TRIP INTERRUPTION

The ***Company*** will pay loss of travel and / or accommodation expenses up to the amount stated in the Schedule, less the ***Deductible,*** for the unused, non-refundable pre-paid expenses paid by an ***Insured Person***, less the value of applied credit from the unused return travel ticket to return home, if prior to the date of return, the ***Insured Person's Insured Journey*** is interrupted due to the Unexpected Death, ***Serious Injury or Serious Sickness*** of the ***Insured Person***, ***Close Business Associate*** and/or an ***Insured Person's Immediate Family***.

Specific Conditions

1) If a ***Policyholder*** or ***Insured Person*** has other insurance against a loss covered by this Section, then the ***Company*** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.
2) If the ***Insured Person*** receives any form of compensation from the ***Common Carrier*** in the form of vouchers, tickets or coupons, then these items will be surrendered to the ***Company***.

Specific Exclusions

The ***Company*** shall not be liable to pay any benefit in respect of any ***Insured Person*** for:
1) the default of any:
   a) provider of transport; or
   b) agent of such provider; or
   c) agent acting for the ***Insured Person***.
2) regulations made by any Government or Public Authority.
3) strikes or labour disputes which existed or of which advance warning had been given prior to the date on which an ***Insured Journey*** was booked.
4) delay due to the withdrawal from service temporarily or permanently of any ***Common Carrier*** on the orders or recommendations of any Port Authority or Aviation Agency or any similar body in any country.
5) any business or financial contractual obligations of the ***Insured Person***, ***Close Business Associate*** or ***Insured Person's Immediate Family Member***.
6) a change of plans or disinclination of the ***Insured Person***, ***Close Business Associate*** or ***Insured Person's Immediate Family*** to travel on the particular ***Insured Journey***.

SECTION 17
FLIGHT DELAY

If during the ***Period of Insurance***, the flight on which an ***Insured Person*** is due to travel is delayed in excess of the ***Deductible***, then the ***Company*** agrees to reimburse up to the amount stated in the Schedule per hour, or up to the Total ***Sum Insured***, whichever is the lesser, for essential purchases, such as meals, refreshments or other related expenses directly resulting from the:

1) delay or cancellation of the ***Insured Person's*** booked and confirmed flight.
2) late arrival of the ***Insured Person's*** connecting flight causing the ***Insured Person*** to miss his or her onward connection.

3) or a late arrival (of more than 1 hour) of public transport causing the ***Insured Person*** to miss the flight.

Specific Conditions

1) If a ***Policyholder*** or ***Insured Person*** has other insurance against a loss covered by this Section, then the ***Company*** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.
2) If the ***Insured Person*** receives any form of compensation from the ***Common Carrier*** in the form of vouchers, tickets or coupons, then these items will be surrendered to the ***Company***.

Specific Claims Provisions

1) All claims must be submitted in writing to the ***Company*** by the ***Insured Person***, or his/her legal representative and all information, documents, and evidence required by the ***Company*** shall be furnished at no expense to the ***Company*** and shall be in such form and of such nature as the ***Company*** may prescribe. All claims must be reported to the ***Company*** within twenty-one (21) ***Days*** of a delay occurring, and must contain:
   a) the Policy number.
   b) detailed circumstances of the delay.
   c) a copy of declaration of delay made by the public transport company (other than an airline).
   d) all receipts, all invoices serving as proof of purchases made in connection with the flight delay, as well as proof of the delay and the flight number and place where the delay occurred.

Specific Exclusions

The ***Company*** shall not be liable for any claim:
1) arising or as the result of chartered flights, unless such flights are registered in the International Data System.
2) if comparable alternative transport has been made available within six (6) hours after scheduled departure time or within six (6) hours of an actual connecting flight arrival time.
3) if an ***Insured Person*** fails to check-in according to the itinerary supplied, unless it is due to a strike.
4) if the delay is due to a strike or industrial action existing or announced before the start of the journey.
5) if the delay is due to withdrawal of aircraft from service by any civil aviation authority of which notice had been given before the start of the journey.

SECTION 18
BROKEN BONES

If during the ***Period of Insurance*** an ***Insured Person*** sustains ***Bodily Injury*** which directly and independently of all other causes results in a broken bone as specified in this Section, then the ***Company*** agrees to pay to the ***Insured Person*** the

Compensation stated in the Table of Benefits up to the Total ***Sum Insured*** in the Schedule. The ***Deductible*** or ***Franchise***, if applicable, shall be deducted from the ***Compensation*** payable.

TABLE OF BENEFITS

	Fracture	**% of *Sum Insured***
1)	*Fractures of the Skull:* a) Compound fracture with damage to the brain tissue b) Compound fracture without damage to the brain tissue c) All other fractures	 100 75 50
2)	*Fractures of hip or pelvis (excluding thigh or coccyx):* a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	 100 50 30 20
3)	*Fracture of thigh or heel:* a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	 50 40 30 20
4)	*Fracture of Lower Leg, Clavicle, Ankle, Elbow, Upper or Lower Arm (including wrist, but excluding Colles-type fracture):* a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	 40 30 20 12
5)	*Fractures of Lower Jaw:* a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	 30 20 16 8
6)	*Fractures of Shoulder Blade, Kneecap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes and heel):* a) All compound fractures b) All other fractures	 20 10
7)	*Colles type fracture to the Lower Arm:* a) Compound b) Other	 20 10
8)	*Fractures of Spinal Column (Vertebrae but excluding coccyx):* a) All compression fractures	 20 20

	b) All spinous, transverse process or pedicle fractures c) All other vertebral fractures	10
9)	*Fractures of Rib or Ribs, Cheekbone, Coccyx, Upper Jaw, Nose, Toe and toes, finger or fingers:* a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	 16 12 8 4

Specific Conditions

1) No benefit will be paid before any fracture is recognised medically and a ***Physician*** has established the extent and nature of the fracture.
2) The total amount payable under this Section, in respect of more than one fracture due to the same ***Bodily Injury***, will be calculated by adding the various benefits together, but shall not exceed the Total ***Sum Insured***.
3) In the event that an ***Insured Person*** has received a benefit under this Section, and the same ***Bodily Injury*** results in permanent disablement, any benefits paid under this Section will be deducted from the Permanent Disablement benefit.

SECTION 19
BURNS

If during the ***Period of Insurance*** an ***Insured Person*** sustains ***Bodily Injury*** whilst on a ***Common Carrier*** which directly and independently of all other causes results in second or third degree burns, then the ***Company*** agrees to pay to the ***Insured Person*** the ***Compensation*** stated in the Table of Benefits up to the Total ***Sum Insured*** in the Schedule. The ***Deductible*** or ***Franchise***, if applicable, shall be deducted from the ***Compensation*** payable.

TABLE OF BENEFITS

	Description	**Percentage of Total Sum Insured**
1) Head	a) Third degree burns of 8% or more of the total head surface area	100%
	b) Second degree burns of 8% or more of the total head surface area	50%
	c) Third degree burns of 5% or more, but less than 8% of the total head surface area	80%
	d) Second degree burns of 5% or more, but less than 8% of the total head surface area	40%
	e) Third degree burns of 2% or more, but less than 5% of the total head surface area	60%
	f) Second degree burns of 2% or more, but less than 5% of the total head surface area	30%

2) Rest of Body	a) Third degree burns of 20% or more of the total body surface area	100%
	b) Second degree burns of 20% or more of the total body surface area	50%
	c) Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
	d) Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
	e) Third degree burns of 10% or more, but less than 15% of the total body surface area	60%
	f) Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
	g) Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
	h) Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

Specific Conditions

1) If the ***Bodily Injury*** results in more than one of the Descriptions above, then the ***Company*** shall be liable for the largest Description only.
2) If an ***Insured Person*** dies or is permanently disabled as the result of the ***Bodily Injury***, then any amount claimed and paid to an ***Insured Person*** under this Section will be deducted from any payment under the following Sections: ***Accidental*** Death, ***Accidental*** Death – ***Common Carrier***, Permanent Disablement or Permanent Disablement – ***Common Carrier***.

SECTION 20
HIJACKING

If during the ***Period of Insurance*** an ***Insured Person*** is travelling on board a ***Common Carrier*** which is ***Hijacked***, then the ***Company*** agrees to pay to the ***Insured Person*** the ***Compensation*** stated in the Schedule for every six (6) continuous hours in excess of the ***Deductible*** up to the Total ***Sum Insured***.

Specific Definitions

1) ***Hijacked*** means the unlawful seizure or wrongful exercise of control of a ***Common Carrier***, or the crew thereof.

Specific Exclusions

The ***Company*** shall not be liable to pay any benefit in respect of any ***Insured Person*** for:
1) any claim caused by civil authority.

SECTION 21
PERSONAL LIABILITY

Property Damage
If while this Policy is in force a claim is made or a suit brought against an ***Insured Person*** for ***Property Damage*** that occurred during the ***Period of Insurance***, then the ***Company*** agrees to pay to the ***Insured Person*** the ***Compensation*** stated in the Schedule, up to the Total ***Sum Insured***, for the damages for which the ***Insured Person*** is legally liable.

Medical Payments to Others
If while this Policy is in force a claim is made or a suit brought against an ***Insured Person*** for ***Medical Expenses*** as the result of an ***Accident*** that occurred during the ***Period of Insurance*** caused by the ***Insured Person*** and resulting in ***Bodily Injury*** to another person, then the ***Company*** agrees to pay to the ***Insured Person*** the ***Compensation*** stated in the Schedule, up to the Total ***Sum Insured***, for the damages for which the ***Insured Person*** is legally liable.

In no event with the ***Company*** pay more than the Total ***Sum Insured*** for all ***Property Damage*** or ***Medical Expenses*** arising out of one event.

Specific Conditions

1) If a ***Policyholder*** or ***Insured Person*** has other insurance against a loss covered by this Section, then the ***Company*** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.
2) The Total ***Sum Insured*** is the total amount payable for Property Damage and Medical Payments to Others combined, not for each one.

Specific Definitions

1) ***Medical Expenses*** means reasonable charges for medical, surgical, X-ray, dental, ambulance, ***Hospital***, professional nursing, prosthetic devices and funeral services.
2) ***Property Damage*** means physical injury to, destruction of or loss of use of tangible property.

Specific Exclusions

The ***Company*** will not be liable for any claims caused by or resulting either directly or indirectly from:
1) liability which is expected or intended by an ***Insured Person***.
2) liability arising out of or in connection with a business engaged in by an ***Insured Person***. This exclusion applies but is not limited to an act or omission, regardless of its nature or circumstance, involving a service or duty rendered, promised, owed, or implied to be provided because of the nature of the business.
3) liability arising out of the rental or holding for rental of any part of any premises or a motor vehicle of any kind by an ***Insured Person***.
4) liability arising out of the rendering of or failure to render professional services.
5) liability arising out of a premises, watercraft or aircraft that is owned by, rented to or rented by an ***Insured Person***.

6) liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles, all other motorised land conveyances, water craft or aircraft.
7) liability arising out of the transmission of a communicable disease by an ***Insured Person***.
8) liability arising out of sexual molestation, corporal punishment, or physical or mental abuse.
9) liability arising out of the use, sale, manufacture, delivery, transfer or possession by any person of a controlled substance or contraband as defined by the appropriate authority or government agency.
10) liability under any contract or agreement.
11) ***Property Damage*** to property owned by an ***Insured Person***.
12) ***Property Damage*** to property rented to, occupied, or used by or in the care of an ***Insured Person***.
13) ***Bodily Injury*** to any person eligible to receive any benefits voluntarily provided or required to be provided by an ***Insured Person*** under any worker's compensation law, non-occupational disablement law or occupational diseases law.
14) any claims or suits arising from any ***Immediate Family Member***, ***Close Business Associate*** or an ***Immediate Family Member*** of a ***Close Business Associate*** against an ***Insured Person***.

SECTION 22
LOSS OF CASH

If, during an ***Insured Journey***, ***Cash*** owned by or in the custody of an ***Insured Person*** is lost, then the ***Company*** will reimburse the ***Insured Person*** the amount up to the Total ***Sum Insured*** stated in the Schedule. The ***Deductible***, if applicable, shall be deducted from the ***Compensation*** payable.

Specific Definitions

1) ***Cash*** means foreign currency and travellers cheques purchased for specific use during the ***Insured Journey***.

Specific Claims Provisions

In the event of a claim the ***Insured Person*** must:
1) give immediate written notice to the relevant police authority in the event of loss or theft;
2) submit a copy of the relevant police report when a claim is made;
3) obtain the relevant police report in the jurisdiction where the loss occurred; and
4) submit documentation of a ***Cash*** withdrawal, occurring within seventy-two (72) hours of the commencement of an ***Insured Journey***, that supports the amount of the claim.

Benefits for ***Cash*** will be in excess of all other valid and collectible insurance, including any payments made by a ***Common Carrier***.

Specific Exclusions

The ***Company*** shall not be liable to pay any benefit in respect of any ***Insured Person*** for:
1) ***Cash*** that is not being carried by an ***Insured Person*** or is not deposited in a safety deposit box at the time of loss.
2) loss due to confiscation or detention by order of any government or Public Authority.

SECTION 23
HOSTAGE RELEASE FEES

If during the ***Period of Insurance*** an ***Insured Person*** is ***Kidnapped***, then the ***Company*** agrees to pay the fees incurred for a professional negotiation organisation appointed by the ***Company*** to secure the release of the ***Insured Person*** up to the Total ***Sum Insured*** stated in the Schedule:

Specific Conditions

1) The ***Insured Person*** agrees to reimburse the ***Company*** for any payments made by the ***Company*** which are ultimately determined not to be insured because of the application of the Specific Exclusions.
2) If a ***Policyholder*** or ***Insured Person*** has other insurance against a loss covered by this Section, then the ***Company*** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Definitions

1) ***Informant*** means any person providing information solely in return for monetary payment paid or promised by the ***Policyholder***.
2) ***Insured Person***: Specific to this Section and in addition to the ***Insured Person(s)*** stated in the Schedule, an ***Insured Person*** shall also include:
   a) ***Immediate Family Member*** of an ***Insured Person***.
   b) a person legally resident in the household of an ***Insured Person***.
   c) ***Close Business Associate*** or accompanying travel companion of the ***Insured Person***.
3) ***Kidnap or Kidnapped*** means the wrongful abduction and holding under duress or by fraudulent means of any ***Insured Persons*** by any person or group making a ***Ransom*** demand or series of ***Ransom*** demands for the release of such ***Insured Persons***.
4) ***Ransom*** means the amount demanded by any person or group who have ***Kidnapped*** the ***Insured Person***, or the amount paid to a person or group for the release of the ***Insured Person***.

Specific Exclusions

The ***Company*** will not be liable for:
1) any ***Ransom*** amount.
2) any amount paid to an ***Informant*** or ***Informant***s.
3) any fraudulent, dishonest, or criminal acts of the ***Insured Person***.

4) an ***Insured Person*** being ***Kidnapped*** by an ***Immediate Family Member*** or ***Close Business Associate*** or an ***Immediate Family Member*** of a ***Close Business Associate***.
5) any ***Kidnap*** occurring in South America, Mexico or the Philippines.

SECTION 24
MOBILITY EXTENSION

If during the ***Period of Insurance*** an ***Insured Person*** sustains ***Bodily Injury*** which directly and
independently of all other causes results in ***Permanent Total Disablement*** of such a nature that
such ***Insured Person*** needs and can operate :
1) a self-powered, climbing wheelchair; and/or
2) his/her motor vehicle with the controls suitably adjusted; and/or
3) a lift, necessary ramps, railings and holds to usual place of residence,

then the ***Company*** agrees to pay for 95% of the costs of such equipment and the installation thereof up to the Total ***Sum Insured*** stated in the Schedule.

SECTION 25
AMBULANCE COSTS

If during the ***Period of Insurance***, an ***Insured Person*** sustains ***Bodily Injury*** which is life threatening, then the ***Company*** agrees to pay the actual ground ambulance costs incurred by the ***Insured Person*** up to the Total ***Sum Insured*** stated in the Schedule, for transportation to the nearest ***Hospital*** where adequate care can be provided.

SECTION 26
CONCUSSION EXTENSION

If during the ***Period of Insurance***, an ***Insured Person*** sustains ***Bodily Injury*** and is hospitalised as the result of concussion, then the ***Company*** agrees to pay to the ***Insured Person*** the following percentages of the Total ***Sum Insured*** stated in the Schedule:

Length of *Hospital* stay	***Compensation* Expressed as a Percentage of Total *Sum Insured***
Percentage of sum insured payable for 0 to 4 ***Days***	0%
Percentage of sum insured payable after 5 ***Days***	25%
Percentage of sum insured payable after 8 ***Days***	Additional 25%
Percentage of sum insured payable after 11 ***Days***	Additional 25%
Percentage of sum insured payable after 13 ***Days***	Additional 25%

SECTION 27
ANIMAL ATTACK EXTENSION

If during the ***Period of Insurance***, an ***Insured Person*** sustains ***Bodily Injury*** as the result of an attack by an ***Animal*** and is hospitalised for seventy-two (72) continuous hours, then the ***Company*** agrees to pay to the ***Insured Person*** the Total ***Sum Insured*** stated in the Schedule.

Specific Definition

1) ***Animal*** means any four (4) limbed animal that is not an insect or reptile.

SECTION 28
SPOUSE OR DEPENDENT CHILD CONSOLATION BENEFIT

If during the ***Period of Insurance*** an ***Insured Person's Spouse*** or ***Dependent Child*** sustains ***Bodily Injury*** which directly and independently of all other causes results in Death within twelve (12) months of the ***Date of Loss***, then the ***Company*** agrees to pay to the ***Insured Person*** the ***Compensation*** stated in the Schedule. The ***Spouse*** or ***Dependent Child*** must be insured under this Policy for this benefit to be paid.

Specific Extensions

1) Disappearance: In the event of the disappearance of the ***Insured Person's Spouse*** or ***Dependent Child***, following a forced landing, stranding, sinking or wrecking of a conveyance in which such ***Insured Person's Spouse*** or ***Dependent Child*** was known to have been travelling as an occupant, it shall be deemed after twelve (12) months, subject to all other terms and conditions of this Policy, that such ***Insured Person's Spouse*** or ***Dependent Child*** shall have died as the result of an ***Accident***. If at any time, after the payment of a benefit under this Section, it is discovered that the ***Insured Person's Spouse*** or ***Dependent Child*** is still alive, then all payments shall be reimbursed in full to the ***Company***.
2) Exposure: Death as a direct result of exposure to the elements shall be deemed to be ***Bodily Injury***.

SECTION 29
INSURED PERSON'S COUNSELLING BENEFIT

If during the ***Period of Insurance*** an ***Insured Person's Spouse*** or ***Dependent Child*** sustains ***Bodily Injury*** which directly and independently of all other causes results in Death within twelve (12) months of the ***Date of Loss***, then the ***Company*** agrees to pay the actual costs for professional counselling for the ***Insured Person*** up to the ***Compensation*** stated in the Schedule.

Specific Conditions

1) Solely with respect to the insurance provided in this Section, Item 16 of Section C, General Exclusions, is deleted in its entirety.

Specific Extensions

1) Disappearance: In the event of the disappearance of the ***Insured Person's Spouse*** or ***Dependent Child***, following a forced landing, stranding, sinking or

wrecking of a conveyance in which such ***Insured Person's Spouse*** or ***Dependent Child*** was known to have been travelling as an occupant, it shall be deemed after twelve (12) months, subject to all other terms and conditions of this Policy, that such ***Insured Person's Spouse*** or ***Dependent Child*** shall have died as the result of an ***Accident***. If at any time, after the payment of a benefit under this Section, it is discovered that the ***Insured Person's Spouse*** or ***Dependent Child*** is still alive, all payments shall be reimbursed in full to the ***Company***.

2) Exposure: Death as a direct result of exposure to the elements shall be deemed to be ***Bodily Injury***.

SECTION 30
FAMILY COUNSELLING BENEFIT

If during the ***Period of Insurance*** an ***Insured Person*** sustains ***Bodily Injury*** which directly and independently of all other causes results in death within twelve (12) months of the ***Date of Loss***, then the ***Company*** agrees to pay the actual costs for professional counselling for the ***Insured Person's Spouse*** and ***Dependent Child*** up to the ***Compensation*** stated in the Schedule.

Specific Conditions

1) The total ***Sum Insured*** is the total amount payable for the ***Spouse*** and ***Dependent Child*** combined, not per person.
2) Solely with respect to the insurance provided in this Section, Item 16 of Section C, General Exclusions, is deleted in its entirety.

Specific Extensions

1) Disappearance: In the event of the disappearance of the ***Insured Person***, following a forced landing, stranding, sinking or wrecking of a conveyance in which such ***Insured Person*** was known to have been travelling as an occupant, it shall be deemed after twelve (12) months, subject to all other terms and conditions of this Policy, that such ***Insured Person*** shall have died as the result of an ***Accident***. If at any time, after the payment of a benefit under this Section, it is discovered that the ***Insured Person*** is still alive, all payments shall be reimbursed in full to the ***Company***.
2) Exposure: Death as a direct result of exposure to the elements shall be deemed to be ***Bodily Injury***.

SECTION 31
FREQUENT FLYER CANCELLATION

The ***Company*** will pay the ***Compensation*** stated in the Schedule upon the cancellation of an ***Insured Person's*** travel arrangements made with a recognised Frequent Flyer Program for the following events that occurred between the date of confirmation that the arrangements had been secured and the date of commencement of the ***Insured Journey***:

1) Unexpected Death, ***Serious Injury or Serious Sickness*** of the ***Insured Person***, ***Close Business Associate*** and/or an ***Insured Person's Immediate Family Member.***
2) An ***Insured Person's*** place or residence or business being rendered uninhabitable ten (10) ***Days*** or less prior to the commencement of an ***Insured Journey*** as a result of ***Accidental*** damage or an ***Insured Person's*** presence being required by the Police following burglary or attempt thereat at an ***Insured Person's*** place of residence or business.

Specific Exclusions

The ***Company*** shall not be liable to pay any benefit in respect of any ***Insured Person*** for:
1) revised travel arrangements that have meant no additional use of Frequent Flyer points.
2) the default of any:
   a) provider of transport; or
   b) agent of such provider; or
   c) agent acting for the ***Insured Person***.
3) regulations made by any Government or Public Authority.
4) strikes or labour disputes which existed or of which advance warning had been given prior to the date on which an ***Insured Journey*** was booked.
5) delay due to the withdrawal from service temporarily or permanently of any ***Common Carrier*** on the orders or recommendations of any Port Authority or Aviation Agency or any similar body in any country.
6) any business or financial contractual obligations of the ***Insured Person***, ***Close Business Associate*** or ***Insured Person's Immediate Family***.
7) a change of plans or disinclination of the ***Insured Person***, ***Close Business Associate*** or ***Insured Person's Immediate Family*** to travel on the ***Insured Journey***.

SECTION 32
FREQUENT FLYER INTERRUPTION

The ***Company*** will pay the ***Compensation*** stated in the Schedule, upon the interruption of an ***Insured Person's*** travel arrangements made with a recognised Frequent Flyer Program for the following events that occur during an ***Insured Journey***:
1) Unexpected Death, ***Serious Injury or Serious Sickness*** of the ***Insured Person***, ***Close Business Associate*** and/or an ***Insured Person's Immediate Family Member.***

Specific Exclusions

The ***Company*** shall not be liable to pay any benefit in respect of any ***Insured Person*** for:
1) revised travel arrangements that have meant no additional use of Frequent Flyer points.
2) the default of any:
   a) provider of transport; or

b) agent of such provider; or
c) agent acting for the ***Insured Person***.

3) regulations made by any Government or Public Authority.
4) strikes or labour disputes which existed or of which advance warning had been given prior to the date on which an ***Insured Journey*** was booked.
5) delay due to the withdrawal from service temporarily or permanently of any ***Common Carrier*** on the orders or recommendations of any Port Authority or Aviation Agency or any similar body in any country.
6) any business or financial contractual obligations of the ***Insured Person***, ***Close Business Associate*** or ***Insured Person's Immediate Family Member***.
7) a change of plans or disinclination of the ***Insured Person***, ***Close Business Associate*** or ***Insured Person's Immediate Family*** to travel on the particular ***Insured Journey***.

SECTION 33
FREQUENT FLYER INTERRUPTION – EMERGENCY TRAVEL

The ***Company*** will pay up to the ***Compensation*** stated in the Schedule for the costs of a first class train fare or economy class air fare to return home, upon the interruption of an ***Insured Person's*** travel arrangements made with a recognised Frequent Flyer Program for the following events that occur during an ***Insured Journey:***

1) Unexpected Death, ***Serious Injury or Serious Sickness*** of the ***Insured Person***, ***Close Business Associate*** and/or an ***Insured Person's Immediate Family Member.***

The ***Company*** will pay loss of travel and / or accommodation expenses up to the amount stated in the Schedule of Benefits, less the ***Deductible,*** for the unused, non-refundable pre-paid expenses paid by the ***Insured Person***, less the value of applied credit from the unused return travel ticket to return home, if prior to the date of return, the ***Insured Person's Insured Journey*** is interrupted due to the Unexpected Death, ***Serious Injury or Serious Sickness*** of the ***Insured Person***, ***Close Business Associate*** and/or an ***Insured Person's Immediate Family***.

Specific Conditions

1) If a ***Policyholder*** or ***Insured Person*** has other insurance against a loss covered by this Section, then the ***Company*** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.
2) If the ***Insured Person*** receives any form of compensation from the ***Common Carrier*** in the form of vouchers, tickets or coupons, then these items will be surrendered to the ***Company***.

Specific Exclusions

The ***Company*** shall not be liable to pay any benefit in respect of any ***Insured Person*** for:

1) revised travel arrangements that have meant no additional use of Frequent Flyer points.

2) the default of any:
   a) provider of transport; or
   b) agent of such provider; or
   c) agent acting for the ***Insured Person***.
3) regulations made by any Government or Public Authority.
4) strikes or labour disputes which existed or of which advance warning had been given prior to the date on which an ***Insured Journey*** was booked.
5) delay due to the withdrawal from service temporarily or permanently of any ***Common Carrier*** on the orders or recommendations of any Port Authority or Aviation Agency or any similar body in any country.
6) any business or financial contractual obligations of the ***Insured Person***, ***Close Business Associate*** or ***Insured Person's Immediate Family Member***.
7) a change of plans or disinclination of the ***Insured Person***, ***Close Business Associate*** or ***Insured Person's Immediate Family*** to travel on the particular ***Insured Journey***.

SECTION 34
MEDICAL INSURANCE PREMIUM INDEMNITY

If during the ***Period of Insurance*** an ***Insured Person*** sustains ***Bodily Injury*** which directly and independently of all other causes results in death within twelve (12) months of the ***Date of Loss***, then the ***Company*** agrees to pay the actual costs of the medical insurance premiums for the ***Insured Person's*** surviving ***Spouse*** and ***Dependent Child*** up to the amount stated in the Schedule per year up to the number of years stated in the Schedule.

Specific Extensions

1) Disappearance: In the event of the disappearance of an ***Insured Person***, following a forced landing, stranding, sinking or wrecking of a conveyance in which such ***Insured Person*** was known to have been travelling as an occupant, it shall be deemed after twelve (12) months, subject to all other terms and conditions of this Policy, that such ***Insured Person*** shall have died as the result of an ***Accident***. If at any time, after the payment of a benefit under this Section, it is discovered that an ***Insured Person*** is still alive, all payments shall be reimbursed in full to the ***Company***.
2) Exposure: Death as a direct result of exposure to the elements shall be deemed to be ***Bodily Injury***.

Specific Conditions

1) The Total ***Sum Insured*** is the total amount payable for the ***Spouse*** and ***Dependent Child*** combined, not per person.

SECTION 35
DEPENDENT CHILD EDUCATION BENEFIT

If during the ***Period of Insurance*** an ***Insured Person*** sustains ***Bodily Injury*** which directly and independently of all other causes results in death within twelve (12) months of the ***Date of Loss***, then the ***Company*** agrees to pay the education fees for

the ***Insured Person's*** surviving ***Dependent Child*** up to the amount stated in the Schedule per year up to the number of years stated in the Schedule.

Specific Conditions

1) To receive benefits under this Section, the ***Dependent Child*** must be in full time education at an accredited tertiary educational institution.
2) The Total ***Sum Insured*** is the total amount payable for all ***Dependent Children***, and not per ***Dependent Child.***

Specific Extensions

1) Disappearance: In the event of the disappearance of an ***Insured Person***, following a forced landing, stranding, sinking or wrecking of a conveyance in which such ***Insured Person*** was known to have been travelling as an occupant, it shall be deemed after twelve (12) months, subject to all other terms and conditions of this Policy, that such ***Insured Person*** shall have died as the result of an ***Accident***. If at any time, after the payment of a benefit under this Section, it is discovered that an ***Insured Person*** is still alive, all payments shall be reimbursed in full to the ***Company***.
2) Exposure: Death as a direct result of exposure to the elements shall be deemed to be ***Bodily Injury***.

SECTION 36
COMATOSE BENEFIT – ACCIDENT ONLY

If during the ***Period of Insurance*** an ***Insured Person*** sustains ***Bodily Injury*** which directly and independently of all other causes results in the ***Insured Person*** being in a ***Hospital*** in a ***Comatose State***, within one (1) calendar month of the ***Date of Loss***, then the ***Company*** agrees to pay to the ***Insured Person*** the ***Compensation*** stated in the Schedule. The ***Deductible*** or ***Franchise***, if applicable, shall be deducted from the ***Compensation*** payable.

Specific Provisions

1) In case of successive ***Comatose State*** with less than ten (10) ***Days*** between each one for a same cause, the ***Deductible*** or ***Franchise*** will only apply once, as the ***Comatose State*** will be deemed as one.

Specific Conditions

1) The ***Insured Person*** must be in the ***Hospital*** Intensive Care Unit for the duration of the ***Comatose State*** for any benefits to be payable.
2) The ***Comatose State*** must be for three (3) months or more for any benefits to be payable.

Specific Definitions

1) ***Comatose State*** means a state of profound unconsciousness, characterised by the absence of spontaneous eye openings, response to painful stimuli, and vocalisation.

SECTION 37
COMATOSE BENEFIT – ACCIDENT & SICKNESS

If during the ***Period of Insurance*** an ***Insured Person*** sustains ***Bodily Injury*** or ***Sickness*** which directly and independently of all other causes results in the ***Insured Person*** being in a ***Hospital*** in a ***Comatose State***, within one (1) calendar month of the ***Date of Loss***, then the ***Company*** agrees to pay to the ***Insured Person*** the ***Compensation*** stated in the Schedule. The ***Deductible*** or ***Franchise***, if applicable, shall be deducted from the ***Compensation*** payable.

Specific Provisions

1) In case of successive ***Comatose State*** with less than ten (10) ***Days*** between each one for a same cause, the ***Deductible*** or ***Franchise*** will only apply once, as the ***Comatose State*** will be deemed as one.

Specific Conditions

1) The ***Insured Person*** must be in the ***Hospital*** Intensive Care Unit for the duration of the ***Comatose State*** for any benefits to be payable.
2) The ***Comatose State*** must be for three (3) months or more for any benefits to be payable.

Specific Definitions

1) ***Comatose State*** means a state of profound unconsciousness, characterised by the absence of spontaneous eye openings, response to painful stimuli, and vocalisation.

SECTION 38
HOME TUITION BENEFIT

If during the ***Period of Insurance*** an insured ***Dependent Child*** sustains ***Bodily Injury*** which directly and independently of all other causes results (starting during the ***Period of Insurance***) in ***Temporary Total Disablement***, then the ***Company*** agrees to pay ***Home Tuition Fees*** per ***Week*** up to the amount stated in the Schedule, for up to the maximum number of weeks stated in the Schedule. The ***Deductible*** or ***Franchise***, if applicable, shall be deducted from the ***Compensation*** payable.

Specific Conditions

1) In the event of a dispute arising as to when ***Temporary Total Disablement*** ceased, the date shall be finally determined by a ***Physician*** commissioned by the ***Company*** who certifies:
   a) the date upon which the ***Insured Person*** recovered; or

b) the date upon which the ***Insured Person*** recovered as far as he/she ever will; or
c) the date from which the ***Insured Person*** is declared to have suffered ***Permanent Total Disablement***;

2) The benefit shall not in any event exceed the Total ***Sum Insured*** or the Maximum Number of Weeks as stated in the Schedule.
3) If a ***Policyholder*** or ***Insured Person*** has other insurance against a loss covered by this Section, then the ***Company*** shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Definitions

1) ***Temporary Total Disablement*** means disablement which temporarily and entirely prevents an ***Insured Person*** from attending full time education at an accredited tertiary educational institution
2) ***Home Tuition Fees*** means the costs for a fully registered and licensed teacher to continue the education of the ***Insured Person*** at home during ***Temporary Total Disablement***.

Specific Exclusions

The ***Company*** shall not be liable to pay any benefit in respect of any ***Insured Person*** for
1) any claim caused by or arising from or due to ***Sickness*** of any and every kind.

SECTION 39
REHABILITATION BENEFIT

If during the ***Period of Insurance*** an ***Insured Person*** sustains ***Bodily Injury*** which requires Rehabilitation within three (3) weeks of the ***Date of Loss***, then the ***Company*** agrees to pay the actual costs of such treatment up to the amount stated in the Schedule. The ***Deductible*** or ***Franchise***, if applicable, shall be deducted from the ***Compensation*** payable.

Specific Definitions

Rehabilitation means:
1. treatment by a therapist licensed, registered, or certified to provide such treatment; or
2. treatment in an institution which is licensed to provide such treatment,

when the treatment is intended to prepare the ***Insured Person*** for work in any gainful occupation, including the ***Insured Person's*** regular occupation.

Specific Exclusions

The ***Company*** shall not be liable to pay any benefit in respect of any ***Insured Person*** for
any treatment not performed by a fully registered and licensed Physiotherapist.

SECTION 40
RECONSTRUCTIVE SURGERY BENEFIT

If during the ***Period of Insurance*** an ***Insured Person*** sustains ***Bodily Injury*** which requires ***Reconstructive Surgery*** within six (6) months of the ***Date of Loss***, then the ***Company*** agrees to pay the actual costs of such ***Reconstructive Surgery*** up to the amount stated in the Schedule. The ***Deductible*** or ***Franchise***, if applicable, shall be deducted from the ***Compensation*** payable.

Specific Definitions

1) ***Reconstructive Surgery*** means surgery to reconstruct cutaneous or underlying tissue, prescribed as necessary by a ***Physician***.

Specific Exclusions

The ***Company*** shall not be liable to pay any benefit in respect of any ***Insured Person*** for
1) any ***Reconstructive Surgery*** not performed by a fully registered and licensed Cosmetic Surgeon.
2) Any ***Reconstructive Surgery*** an ***Insured Person*** elects to have.

SECTION 41
COMMON ACCIDENT

If during the ***Period of Insurance*** an ***Insured Person*** and his or her ***Spouse*** sustain ***Bodily Injury*** in the same ***Accident*** which, directly and independently of all other causes, results in the death of both the ***Insured Person*** and the ***Spouse*** within twelve (12) months after the ***Date of Loss***, then the Total ***Sum Insured*** payable for each of the ***Insured Person*** and ***Spouse*** shall be either the ***Accidental*** Death Total ***Sum Insured*** applicable to the ***Insured Person*** or the ***Accidental*** Death Total ***Sum Insured*** applicable to the ***Spouse***, whichever is greater. This benefit shall in no event exceed the Common ***Accident*** maximum amount shown in the Schedule.

This benefit applies only if:

1) the ***Insured Person*** has elected insurance under the Policy for a ***Spouse***; and
2) such insurance is in effect on the date of the **Accident**.

Specific Extensions

1) Disappearance: In the event of the disappearance of the ***Insured Persons***, following a forced landing, stranding, sinking or wrecking of a conveyance in which such ***Insured Person*** was known to have been travelling as an occupant, it shall be deemed after twelve (12) months, subject to all other terms and conditions of this Policy, that such ***Insured Person*** shall have died as the result of an ***Accident***. If at any time, after the payment of a benefit under this Section, it

is discovered that an ***Insured Person*** is still alive, all payments shall be reimbursed in full to the ***Company***.

2) Exposure: Death as a direct result of exposure to the elements shall be deemed to be ***Bodily Injury***.

SECTION 42
EVACUATION BENEFIT

If during the ***Period of Insurance*** an ***Insured Person*** is ***Evacuating*** from the building used by the ***Policyholder*** for the ***Policyholder's*** business activities and sustains ***Bodily Injury*** in the ***Evacuation*** which directly and independently of all other causes results in death or disablement within twelve (12) months of the ***Evacuation***, then the ***Company*** agrees to pay the ***Compensation*** stated in the Schedule.

Specific Definitions

1) ***Evacuating / Evacuation*** means an emergency exit due to a fire, a fire alarm, a bomb scare (whether there is a bomb or not), or an armed attack on the building or the people in the building.

ATTACHMENT

HDFC ERGO General Insurance Company Limited
6th Floor, Leela Business Park,
Andheri-Kurla Road,
Andheri (East),
Mumbai 400059
India

INTERNATIONAL SOS ASSISTANCE COMPANY

International SOS operates a twenty-four (24) hour, seven (7) Days a week, contact emergency telephone assistance service. To access the emergency assistance services while travelling, please call one of the following emergency telephone numbers:

Telephone numbers:
INSERT NUMBERS

In the event of a travel-related emergency, International SOS will provide the following assistance services:

1) Pre-Departure Services
   a) ***Banking Facilities***: - information on currencies, banking procedures and bank hours in the country of destination.
   b) ***Car rental Agency Referral & Limousine Arrangements*** - a referral to car rental companies in foreign countries.

c) ***Destination Information*** - general information on the destination, normally via fax.
d) ***Foreign Exchange Information Services*** - information concerning exchange rates of major foreign currencies.
e) ***Hotel Accommodation Referral*** - the names, addresses, contact numbers of hotels in major foreign cities world-wide.
f) ***Inoculation Information Services*** - information concerning inoculation requirements for foreign countries.
g) ***Travel Advisory Services*** - information concerning foreign ministry health and security advisories and circulars.
h) ***Visa Information Service*** - information concerning Visa requirements for foreign countries.
i) ***Weather Information Services*** - weather forecasts and temperatures of foreign countries.

2) Travel Assistance Services

a) ***Arrangement of a Bail Bond*** – the arrangement of a bail bond in the event that an ***Insured Person*** has been arrested following a car ***Accident***. The ***Assistance Provider*** will only arrange the financial guarantee if payment has been secured through an ***Insured Person's*** credit card or personal assets.
b) ***Arranging an Emergency Cash Advance***: assistance and will handle liaisons with banks to arrange a cash advance (s) to the ***Insured Person***, subject to suitable guarantees.
c) ***Arranging for Replacement of Lost Passports*** - assistance in contacting with consular authorities in case of the loss or theft of an ***Insured Person's*** passport, and arranging its replacement.
d) ***Arranging for Replacement of Lost Travel Documents*** – assistance in replacing travel documents or tickets in the event of a theft or loss or emergency.
e) ***Car Rental*** – arrangement of a rented car in the event of an emergency. Payment is for the account of the ***Insured Person***.
f) ***Claims Assistance*** - details to an ***Insured Person*** on how to correctly file a claim to the ***Company***.
g) ***Embassy Referral*** - the address, contact numbers, and office hours for appropriate embassies and consulates in an emergency.
h) ***Emergency Travel Services*** – assistance in new travel arrangements and reservations in the event of pre-departure cancellation or interruption, curtailment or delay during the trip, or following a ***Hospital*** stay of the ***Insured Person***.
i) ***Interpreter Referral*** - the name, address, contact numbers and office hours for interpreters world-wide.
j) ***Interpreting Assistance*** - an interpretation service over the telephone.
k) ***Legal Referral*** - the name, address, contact numbers, and office hours of lawyers or legal practitioners where and when necessary.
l) ***Lost Luggage Assistance*** – assistance for an ***Insured Person*** who has lost his or her luggage while travelling by contacting the appropriate authorities involved and advising the ***Insured Person*** who they should contact to recover their lost luggage.

m) ***Lost Travel Documents / Credit Card Assistance*** - directions on reporting the loss and requesting replacement in the event an ***Insured Person*** loses a travel document or credit card whilst abroad.
n) ***Restaurant Referral*** – a referral to restaurants in major foreign cities.
o) ***Secretarial Services & Business Centres Referral*** - wherever possible, a referral to secretarial services and business centres world-wide.

3) Emergency Medical And Related Services

a) ***Medical Advice Over the Phone*** - medical advice over the telephone.
b) ***Medical Service Provider Referral*** - information regarding ***Physician***s, ***Hospital***s, Clinics, Dentists when and where the ***Insured Person*** needs treatment.
c) ***Arrangement of Doctors Appointments*** – assistance in arranging appointments for an ***Insured Person*** with medical service providers if necessary.
d) ***Replacement of Essential Medicine*** - arrangement for the replacement of essential medicines, subject to local regulations.
e) ***Arrangement of Hospital Admission*** – arrangements for ***Hospital*** admission when the medical condition of the ***Insured Person*** requires such action.
f) ***Guarantee of Medical Expenses Incurred During a Hospital stay*** - a guarantee for the medical treatment necessary during an ***Insured Person's Hospital*** stay. The guarantees will only be arranged if the ***Assistance Provider*** has secured payment through an ***Insured Person's*** credit card or through the ***Insured Person's*** assets or the insurance Policy.
g) ***Monitoring of Medical Condition during a Hospital stay*** - constant monitoring of the ***Insured Person's*** medical condition with the attending ***Physician*** if an ***Insured Person*** is hospitalised.
h) ***Emergency Message Transmission*** – a messenger service to transmit messages or medical information, upon the ***Insured Person's*** request and consent, to the ***Insured Person's*** family, friends and / or business associates following a medical emergency.
i) ***Arranging Emergency Medical Evacuation*** – arrangement of air / surface transportation, medical care during transportation, communications and all usual ancillary services when moving an ***Insured Person*** to the nearest ***Hospital*** where appropriate treatment can be received.
j) ***Arrangement of Medical Repatriation*** – arrangement of air / surface transportation, necessary medical care during transportation, communications and all usual ancillary services when moving an ***Insured Person*** to his/her country of residence following an emergency medical evacuation for subsequent in-***Hospital*** treatment.
k) ***Arrangement of Repatriation of Mortal Remains*** - the transportation of the ***Insured Person's*** mortal remains from the place of death to his /her home country or arrange for local burial at the place of death.
l) ***Arrangement of Compassionate Visit*** - the return airfare for an ***Immediate Family Member*** of the ***Insured Person*** to visit the ***Insured Person*** when outside their normal country of residence.
m) ***Arrangement of Return of a Dependent Child*** - a one-way airfare for the return of a ***Dependent Child*** to his or her home country, if such ***Dependent***

Child is left unattended due to an ***Insured Person*** being hospitalised or expecting to be hospitalised for more than five (5) Days.

n) ***Arrangement of Hotel Accommodation*** - hotel arrangements for a visiting family member or a Replacement Business Colleague if an ***Insured Person*** is hospitalised or is expected to be hospitalised for five (5) or more Days.

Specific Conditions

1) The decision on the most appropriate means and timing belongs to The ***Assistance Provider***.

SECTION C
Specific GENERAL EXCLUSIONS

The ***Company*** shall not be liable to pay any benefit in respect of any ***Insured Person***:

1) for ***Bodily Injury*** or ***Sickness*** occasioned by ***Civil War*** or ***Foreign War***.
2) for ***Bodily Injury*** or ***Sickness*** caused or provoked intentionally by the ***Insured Person***.
3) for ***Bodily Injury*** or ***Sickness*** due to wilful or deliberate exposure to danger, (except in an attempt to save human life), intentional self-inflicted injury, suicide or attempt thereat, or arising out of non-adherence to ***medical advice***.
4) for ***Bodily Injury*** or ***Sickness*** sustained or suffered whilst the ***Insured Person*** is or as a result of the ***Insured Person*** being under the influence of alcohol or drugs or narcotics unless professionally administered by a ***Physician*** or unless professionally prescribed by and taken in accordance with the directions of a ***Physician***.
5) for ***Bodily Injury*** due to a gradually operating cause.
6) for ***Bodily Injury*** sustained whilst or as a result of participating in any sport as a professional player.
7) for ***Bodily Injury*** sustained whilst or as a result of participating in any competition involving the utilisation of a motorised land, water or air vehicle.
8) for ***Bodily Injury*** sustained whilst or as a result of riding or driving a motorcycle or motor scooter over one hundred fifty (150) cc.
9) for ***Bodily Injury*** whilst the ***Insured Person*** is travelling by air other than as a fare paying passenger on an aircraft registered to an airline company for the transport of paying passengers on regular and published scheduled routes.
10) for ***Bodily Injury*** sustained whilst or as a result of participating in any criminal act.
11) for ***Bodily Injury*** or ***Sickness*** resulting from pregnancy within twenty-six (26) weeks of the expected date of birth.

12) for ***Bodily Injury*** sustained whilst or as a result of engaging in, practising for or taking part in training peculiar to any kind of violent labour disturbance, riot or civil commotion or public disorder.

13) for ***Bodily Injury*** sustained whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the ***Bodily Injury*** occurred whilst the ***Insured Person*** was on leave or not in uniform.

14) any pathological fracture.

15) for cures of any kind and all stays in long term care institutions (retirement homes, convalescence centres, centres of detoxification etc.).

16) for investigations, operations or treatment of a purely cosmetic nature; or for obesity; or undertaken to facilitate pregnancy or to cure impotence or to improve potency.

17) for ***Bodily Injury*** sustained whilst or as a result of active participation in any hazardous sport such as parachuting, hangliding, parasailing, *off-piste* skiing or bungee jumping.

18) for ***Bodily Injury*** sustained as the result of ***Terrorism***.

SECTION D
GENERAL CONDITIONS

I. Standard General Conditions

1) Insured may cancel this Policy at any time by sending fifteen (15) days notice in writing to the Company or by returning the Policy and stating when thereafter cancellation is to take effect.

   In the event of such cancellation the Company shall retain premium for the period that this Policy has been in force calculated in accordance with the short period rate table, less any duties and taxes Company cannot recover. However, there will be no refund of premium if you have made a claim, or you are entitled to make any claim under this Policy.

   The Company reserves the right to cancel this Policy at any time by sending fifteen (15) days notice in writing to the Insured. In the event of such cancellation refund of premium shall be on pro-rata basis.

   The Company also reserves the right to cancel this Policy from inception immediately upon becoming aware of any mis-representation, fraud, non-disclosure of material facts or non-cooperation by or on behalf of the Insured. No refund of premium shall be allowed in such cases.

   Notice of cancellation will be mailed to the Insured at an address set forth in the Policy Schedule, and will indicate the date of termination. If notice of cancellation is mailed, proof of mailing will be sufficient proof of notice.

   PERIOD ON RISK RATE OF PREMIUM TO BE CHARGED
   Upto one month 1/4 of the annual rate

Upto three months ½ of the annual rate
Upto six months 3/4th of the annual rate
Exceeding six months Full annual rate

2) The ***Policyholder*** and ***Insured Person*** understand that if a proposal has been completed for this insurance, then all statements and all particulars provided in such proposal, and any attachments thereto, are material to the ***Company's*** decision to provide this insurance. The ***Policyholder*** and ***Insured Person*** further understand that the ***Company*** has issued this Policy in reliance upon the truth of such statements and particulars.

3) FRAUD WARNING:

*ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD THE **COMPANY** OR OTHER PERSON, FILES A PROPOSAL FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH WILL RENDER THE POLICY VOIDABLE AT THE **COMPANY**'S SOLE DISCRETION AND RESULT IN A DENIAL OF INSURANCE BENEFITS.*

*IF A CLAIM IS IN ANY RESPECT FRAUDULENT, OR IF ANY FRAUDULENT OR FALSE PLAN, SPECIFICATION, ESTIMATE, DEED, BOOK, ACCOUNT ENTRY, VOUCHER, INVOICE OR OTHER DOCUMENT, PROOF OR EXPLANATION IS PRODUCED, OR IF ANY FRAUDULENT MEANS OR DEVICES ARE USED BY THE **INSURED PERSON**, **POLICYHOLDER**, BENEFICIARY, CLAIMANT OR BY ANYONE ACTING ON THEIR BEHALF TO OBTAIN ANY BENEFIT UNDER THIS POLICY, OR IF ANY FALSE STATUTORY DECLARATION IS MADE OR USED IN SUPPORT THEREOF, OR IF LOSS IS OCCASIONED BY OR THROUGH THE PROCUREMENT OR WITH THE KNOWLEDGE OR CONNIVANCE OF THE **INSURED PERSON**, **POLICYHOLDER**, BENEFICIARY, CLAIMANT OR OTHER PERSON, THEN ALL BENEFITS UNDER THIS POLICY ARE FORFEITED.*This Policy shall be governed by the laws of India and, except as otherwise provided in Section D of this Policy, the Indian courts alone shall have jurisdiction in any dispute arising hereunder.

4) Where the ***Insured Person*** is required in Terms of this Policy to perform any act or comply with any obligation timely performance or compliance shall be a condition precedent to the ***Company's*** liability hereunder.

5) The Company reserves the right to offer revised rates, terms and conditions at renewal based on claim experience and a fresh assessment of the risk. This policy may be renewed only by mutual consent and subject to payment in advance of the total premium at the rate in force at the time of renewal.

6) <u>GRIEVANCE REDRESSAL PROCEDURE</u>

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

i. Website: www.hdfcergo.com
ii. Customer Service Number: 022 6234 6234 / 0120 6234 6234
iii. Contact Details for Senior Citizen: 022 – 6242 – 6226 | seniorcitizen@hdfcergo.com
iv. E-mail:grievance@hdfcergo.com

v. Fax : NA
vi. Courier : Grievance cell of any of our Branch office

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

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

Grievance may also be lodged at IRDAI Integrated Grievance Management System -https://igms.irda.gov.in/.

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.

II. Specific General Terms & Conditions

1) This Policy shall be voidable in the event of misrepresentation, misdescription or non-disclosure by any or on behalf of the ***Insured Person*** of any material particular.

2) ***Insured Persons*** shall take all reasonable precautions to prevent ***Accidents*** and to avoid ***Sickness*** and shall comply with all statutory requirements, as a condition precedent to the ***Company's*** liability hereunder.

3) Insurance in respect of an ***Insured Person*** will begin under this Policy on the first ***Day*** of the Insured Journey (except the Trip Cancellation and Frequent Flyer Cancellation Sections) after the date all of the following are true:

   a) this Policy is in force;

   b) the ***Insured Person*** is eligible to be insured;

   c) the required premium has been paid to the ***Company***; and

   d) the ***Company*** has approved the ***Insured Person's*** proposal for this insurance.

4) The ***Policyholder*** will maintain and provide information, on a monthly basis, of the trips made by the ***Insured Persons*** during the ***Period of Insurance*** on the format provided by the ***Company.*** The Premium shall be refunded at the expiry of the Policy based on the statements provided by the ***Policyholder*** as per the prescribed format in the event that at the expiry of the Policy the actual number of travel days is less than the ***Total Number of Travel Days*** stated in Item 6 of the Schedule.

5) Insurance in respect of an ***Insured Person*** shall immediately terminate on the earliest of the following dates:
   a) the date that the Policy is terminated,
   b) the date that the Total ***Sum Insured*** is paid for covered loss under Section 1 (Accidental Death), Section 2 (Permanent Disablement) of the Policy;

c) the date that an ***Insured Person*** is no longer an employee of the ***Policyholder;***
d) in respect of ***Immediate Family***, the date that such person ceases to be the ***Insured Person***'s ***Immediate Family Member;*** or
e) the date when the actual number of travel days exceed the ***Total Number of Travel Days*** mentioned under Item 6 of the Schedule.

6) The titles of the various paragraphs of this Policy and any endorsements attached to this Policy are inserted solely for convenience of reference and do not limit or affect in any way the provisions to which they relate.

7) The ***Policyholder*** shown in Item 1 of the Schedule is responsible for the collection and remittance of all premiums. Premiums are due on or prior to the Policy Effective Date shown in Item 2 of the Schedule and, in the case of a multi-year Policy, on or before the annual anniversary of such Policy Effective Date. Timely payment of all premium due in full is a condition precedent to the ***Company's*** liability under this Policy.

8) Notices: Notices to the ***Company*** under this Policy shall be given in writing to the address shown in the preamble of this Policy. Such notices shall be effective on the date of receipt by the ***Company*** at such address.

9) Valuation and Foreign Currency: All premiums, benefit amounts, loss, and other amounts under this Policy are expressed and payable in Indian currency. If judgement is rendered, settlement is denominated or any benefit, ***Sum Insured*** or element of loss is stated in a currency other than Indian Rupees, then payment under this Policy shall be made in Indian Rupees at the rate of exchange published by the Reserve Bank of India on the date the final judgement is entered, the amount of settlement is agreed upon or any benefit, ***Sum Insured*** or element of loss is due, respectively.

SECTION E- Other Terms & Conditions

1. GENERAL CLAIMS PROVISIONS

1) Written notice of any occurrence which may give rise to a claim under this Policy must be given to the ***Company*** as soon as practicable and in any case within thirty (30) ***Days*** after such occurrence. Written Notice of Claim must be given to the ***Company*** immediately in the case of death, or within thirty (30) ***Days*** after the ***Date of Loss*** in all other cases.

2) All certificates, information and evidence required by the ***Company*** shall be furnished at no expense to the ***Company*** and shall be in such form and of such nature as the ***Company*** may prescribe. When required by the ***Company***, at its own expense, the ***Insured Person*** shall submit to medical examination in respect of any alleged claim that may give rise to a benefit being paid.

3) Complete, written proof of loss must be given to the ***Company*** within sixty (60) ***Days*** after the ***Date of Loss***, or as soon as reasonably possible. Such proof of loss must contain:

   i) the Policy Number, and

   ii) the preliminary medical report describing the nature and extent of all injuries or ***Sicknesses***, and providing a precise diagnosis, and

   iii) all invoices, bills, prescriptions, ***Hospital*** certificates which will permit the ***Company*** to accurately determine the total amount of ***Medical Expenses*** (if applicable) incurred by the ***Insured Person***, and

   iv) in the case where another party was involved (e.g. a car collision), the names, contact details and if possible insurance details of the other party, and

   v) in the case of death, an official death certificate, succession certificate pursuant to the Indian Succession Act 1925, as amended, and any other legal documents establishing the identity of any and all beneficiaries, and

   vi) proof of age, where applicable, and

   vii) such other information as the ***Company*** may require to handle the claim.

   a) If an ***Accident***:

      i) detailed circumstances of the ***Accident*** and the names of any witnesses, and

      ii) any police reports concerning the ***Accident***, and

      iii) the date a ***Physician*** was seen due to the ***Bodily Injury***, and

      iv) the ***Physician***'s contact details, *or*

   b) If a ***Sickness***:

      i) the date symptoms of the ***Sickness*** began, and

      ii) the date a ***Physician*** was seen due to the ***Sickness***, and

      iii) the ***Physician***'s contact details.

   The ***Company*** shall base its assessment of the claim on the complete, written proof of loss.

4) The ***Company*** at its own expense shall have the right and opportunity to examine the ***Insured Person*** whose ***Bodily Injury*** or ***Sickness*** is the basis of a claim and as often as it may be reasonably required during the pendancy of the claim and to make an autopsy in case of death, where it is not forbidden by law.

5) In respect of any disablement claim, no benefit shall be payable before any disablement is recognised as definitive and permanent by a ***Physician*** appointed by the ***Company***.

6) ***Medical advice*** of a ***Physician*** shall be sought and followed promptly on the occurrence of any ***Bodily Injury*** or ***Sickness*** and the ***Company*** shall not be liable for any part of any claim which in the opinion of a ***Physician*** appointed by

the ***Company*** arises from the unreasonable or wilful neglect or failure of an ***Insured Person*** to seek and remain under the care of a ***Physician***.

7) No claim may be brought under this Policy, nor may any legal action be brought against the ***Company*** to recover under such claim:

   1) in cases of ***Accidental*** death, more than three (3) years after the date of death or the date the claim is denied in whole or in part, whichever is later; or

   2) in all other cases, more than three (3) years after the ***Date of Loss*** or date the claim is denied in whole or in part, whichever is later.

   No such legal action may be brought against the ***Company*** unless there has been full compliance with all the terms and conditions of this Policy. In the event of any failure to timely submit any claim or commence legal action with respect to any claim, all benefits under this Policy in respect of such claim shall be forfeited.

8) If any difference shall arise as to the amount to be paid under this Policy (liability being otherwise admitted) such difference shall be referred to arbitration in accordance with the Indian Arbitration and Conciliation Act 1996, as amended, and the making of an award shall be a condition precedent to any liability for the ***Company*** to make any payment under this Policy.

9) The ***Company*** will effect payment of covered claims subject to: i) the ***Company*** having received complete, written proof of loss and such other information as the ***Company*** may require to handle the claim; and ii) the premium for the Policy having been paid. In such cases, the ***Company*** shall effect payment within 7 days.

10) No benefit shall be payable in respect of an ***Insured Person*** under more than one of the following insurances: ***Accidental*** death or ***Accidental*** disablement.

11) No sum payable under this Policy shall carry interest.

12) Where amounts recoverable from the ***Company*** are delayed pending finalisation of any claim, payments on account may be made to the ***Insured Person*** at the ***Company's*** discretion, on receipt by the ***Company*** of certification by a ***Physician*** appointed by the ***Company***.

13) An ***Insured Person*** has the right to designate a beneficiary. All beneficiary designations shall be in writing, filed with the ***Policyholder***, and provided to the ***Company*** at the time of claim and such other time as the ***Company*** may require.

    The ***Insured Person***, and no one else, unless there is an irrevocable assignment, has the right to change the beneficiary. The ***Insured Person*** does not need the consent of anyone to do so. Changes must be in writing, filed with the ***Policyholder*** and provided to the ***Company*** at the time of claim and such other time as the ***Company*** may require. The ***Company*** does not assume any responsibility for the validity of these changes

    The ***Insured Person's*** rights under this Policy may be assigned by giving the ***Company*** prior written notice. The assignment may be made irrevocable. However, the ***Company*** will only recognise an assignment if the ***Insured Person*** has given the ***Company*** prior written notice and has the ***Company's*** written acknowledgement of the assignment. The ***Company*** does not assume any responsibility for the validity of an assignment.

Benefit shall be payable only to the ***Insured Person***, his or her ***Beneficiary***, or the ***Insured Person's*** legal personal representatives or assignee if applicable, whose receipt shall effectively discharge the ***Company***.

14) In the event of a claim under this Policy, the ***Policyholder***, the ***Insured Person*** and the ***Beneficiary***, if applicable, must fully cooperate with the ***Company*** in its handling of the claim including, but not limited to, the timely submission of all medical and other reports, and full Cupertino with all physical examinations and autopsies that the ***Company*** may require.

15) The ***Company*** shall not be bound or be affected by any notice of any trust, charge, lien, or other dealing with or in relation to this Policy.

Annexure A

S.No	Office Details	Jurisdiction of Office (Union Territory,District)
1	**AHMEDABAD** Shri Collu Vikas Rao Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
2	**BENGALURU** Mr Vipin Anand Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
3	**BHOPAL** Shri R. M. Singh Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202: Email : bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh.

4	**BHUBANESWAR** Shri Manoj Kumar Parida Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha.
5	**CHANDIGARH** Mr Atul Jerath Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.
6	**CHENNAI** Shri Somnath Ghosh Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry).
7	**DELHI** Ms Sunita Sharma Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
8	**GUWAHATI** Shri Somnath Ghosh Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM).	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

	Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	
9	**HYDERABAD** Shri N. Sankaran Insurance Ombudsman 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 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
10	**JAIPUR** Shri Rajiv Dutt Sharma Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363/2740798 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
11	**KOCHI** Shri G. Radhakrishnan Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash,LIC Building, Opp to Maharaja's College Ground,M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
12	**KOLKATA** Ms Kiran Sahdev Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072.	West Bengal, Sikkim, Andaman & Nicobar Islands.

	Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	
13	**LUCKNOW** Shri. Atul Sahai Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
14	**MUMBAI** Mr Vipin Anand Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
15	**NOIDA** Shri Bimbadhar Pradhan Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
16	**PATNA** Ms Susmita Mukherjee Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.

17	**PUNE** Shri Sunil Jain Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).