

BEYOND BORDERS – POLICY WORDINGS

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SECTION 1 - PREFACE

A. PREAMBLE

This Policy is a contract of insurance issued by **HDFC ERGO General Insurance Company Limited** (hereinafter called the 'Company') to the proposer mentioned in the Certificate of Insurance (hereinafter called the 'Policyholder') to cover the person(s) named in the Certificate of Insurance (hereinafter called the 'Insured Person(s)'). The Policy is based on the statements and declaration provided by the Policyholder in the Proposal Form as well as in any welcome or other tele-verification calls with the Company's authorized person and is subject to receipt of the requisite premium.

B. OPERATING CLAUSE

- a. This policy covers Insured Persons on Individual Sum Insured basis only.
- b. The Company will be liable to provide coverage for only those benefits that have been opted for and the same shall be mentioned in the Certificate of Insurance.
- c. The Sum Insured for each benefit as mentioned in the Certificate of Insurance represents the Company's maximum liability for each Insured Person for any and all claims made under that benefit. We shall NOT pay any amount in excess of the stated Sum Insured of a particular benefit unless specified expressly within the terms of a benefit under the policy.
- d. Any amount payable under any benefit in this Policy by way of claims shall be subject to the below
 - i. The terms of coverage of the benefit
 - ii. Specific conditions applicable
 - iii. Applicable Waiting periods (as specified in the Certificate of Insurance)
 - iv. Applicable Exclusions
 - v. Definitions of words
 - vi. Applicable sub-limits (as specified in the Certificate of Insurance)
 - vii. Applicable deductible amount (as specified in the Certificate of Insurance)
 - viii. Applicable time deductible (as specified in the Certificate of Insurance)
 - ix. Applicable co-payment (as specified in the Certificate of Insurance)
- e. List of benefits and claim payout basis for each cover is attached as Annexure C
- f. This product offers 3 policy types as given below. The policy type opted by and applicable to you shall be mentioned in the Certificate of Insurance
 - i. Single Trip policy
 - ii. Annual Multi Trip Policy
 - iii. Student Travel Policy
- g. For single trip, annual multi trip and Student Travel Policies the policy shall be deemed to be in-force and coverage shall be provided only during the Period of Insurance unless specified expressly within the terms of a benefit under the policy.
- h. For annual multi trip policies, in case of claims during a policy year, sum insured of benefits shall be reduced and the same shall be replenished only when the policy is renewed post completion of such Policy Year.
- i. Sum Insured for all benefits in a Single Trip Policy shall be on single trip basis. In case of claims under a single trip policy, sum insured of benefits shall be reduced and the same shall not be replenished for that trip.



- j. This product offers multiple geographical scopes as given below. The geographical scope opted by and applicable to you shall be mentioned in the Certificate of Insurance. We shall be liable to pay claims pertaining to any benefit under this policy only if the incident / event has occurred in the geographical scope specified in the Certificate of Insurance, unless specified expressly within the terms of a benefit under the policy. For single trip, annual multi trip and Student Travel Policies coverage shall NOT be provided for India unless specified expressly within the terms of a benefit under the policy.
- i. Asia excluding Japan
 - ii. Worldwide
 - iii. Worldwide excluding USA and Canada
 - iv. Europe including Schengen
 - v. Any specific geographical scope specified in the Certificate of Insurance
- k. In case of policies for indemnification of admissible expenses, Insured Persons must furnish original bills / invoices. Expenses mentioned in the same invoice/bill cannot be indemnified more than once.
- l. Insured Person must read the Policy Wordings in conjunction with the Certificate of Insurance for complete clarity on benefits, terms and conditions and Sum Insured limits applicable.

C. DEFINITIONS

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

I. STANDARD DEFINITIONS

- Def. 1. Accident or Accidental means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Def. 2. **AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by *AYUSH Medical Practitioner(s)* comprising of any of the following:
- a. Central or State Government AYUSH Hospital; or
 - b. Teaching hospital attached to AYUSH College recognized by the Central Government /Central Council of Indian Medicine/Central Council for Homeopathy; or
 - c. AYUSH Hospital, standalone or co-located within-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered *AYUSH Medical Practitioner* and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified *AYUSH Medical Practitioner* in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- Def. 3. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered *AYUSH Medical Practitioner(s)* on day care basis without in-patient services and must comply with all the following criterion:
- i. Having qualified registered *AYUSH Medical Practitioner (s)* in charge;
 - ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative
- Def. 4. Cashless Facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the Network Provider by the insurer to the extent pre-authorization is approved.

- Def. 5. Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon
- Def. 6. Congenital Anomaly means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- a. Internal Congenital Anomaly: Congenital Anomaly which is not in the visible and accessible parts of the body.
 - b. External Congenital Anomaly: Congenital Anomaly which is in the visible and accessible parts of the body
- Def. 7. Day care Centre means any institution established for Day Care Treatment of Illness and / or injuries or a medical set -up with a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under:
- a. has qualified nursing staff under its employment;
 - b. has qualified medical practitioner/s in charge;
 - c. has fully equipped operation theatre of its own where surgical procedures are carried out;
 - d. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel
- Def. 8. Day Care Treatment/ Procedures means those medical treatment, and/or surgical procedure which is
- a. undertaken under General or Local Anaesthesia in a Hospital/Day Care Centre in less than 24 hours because of technological advancement, and
 - b. which would have otherwise required Hospitalization of more than 24 hours,
- Treatment normally taken on an Out-patient basis is not included in the scope of this definition
- Def. 9. Dental Treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery
- Def. 10. Disclosure of information norm means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Def. 11. Emergency Care means management for an Illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
- Def. 12. Grace Period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre – existing diseases. Coverage is not available for the period for which no premium is received.
- Def. 13. Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
- Def. 14. Illness/ Illnesses means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment
- (a) Acute condition - Acute condition is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of

health immediately before suffering the disease/ Illness/ Injury which leads to full recovery

(b) Chronic condition - A chronic condition is defined as a disease, Illness, or Injury that has one or more of the following characteristics:

- a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
- b. it needs ongoing or long-term control or relief of symptoms
- c. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
- d. it continues indefinitely
- e. it recurs or is likely to recur

Def. 15. 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. 16. In-patient Care means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

Def. 17. 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. 18. ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensive charges

Def. 19. Maternity Expenses means

- a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean section incurred during Hospitalization).
- b. Expenses towards lawful medical termination of pregnancy during the policy Period.

Def. 20. Medical Advice means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

Def. 21. Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or Medical practitioners in the same locality would have charged for the same medical treatment.

Def. 22. Medically Necessary treatment means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which

- a. Is required for the medical management of the Illness or Injury suffered by the Insured Person;
- b. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
- c. Must have been prescribed by a Medical Practitioner.
- d. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Def. 23. Migration means, the right accorded to health insurance policyholders (including all members under family cover and members under family cover and members of group

- health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.
- Def. 24. Network Provider means hospitals or health care providers enlisted by an insurer to provide medical services to an insured by a cashless facility.
- Def. 25. Newborn Baby means baby born during the Policy Period and is Aged up to 90 days
- Def. 26. Non-Network Provider means any hospital, day care centre or other provider that is not part of the network.
- Def. 27. Notification of Claim means the process of intimating a claim to the insurer through any of the recognized modes of communication
- Def. 28. OPD Treatment means the one in which the Insured visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
- Def. 29. Pre-existing disease means any condition, ailment, injury or disease:
- a) That is/are diagnosed by a Medical Practitioner within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - b) For which Medical advice or treatment was recommended by, or received from, a Medical Practitioner within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement.
- Def. 30. Pre-hospitalization Medical Expenses means Medical Expenses incurred during pre-defined number of days preceding the Hospitalization of the Insured Person, provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company
- Def. 31. Post-hospitalization Medical Expenses means Medical Expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the Hospital provided that:
- i. Such Medical Expenses are for the same condition for which the Insured Person's Hospitalization was required, and
 - ii. The inpatient Hospitalization claim for such Hospitalization is admissible by the insurance company.
- Def. 32. Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the Renewal continuous for the purpose of gaining credit for Pre-Existing Diseases, time-bound exclusions and for all waiting periods
- Def. 33. Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the Associated Medical Expenses
- Def. 34. Reasonable and Customary Charges means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services taking into account the nature of Illness/ Injury involved.
- Def. 35. Subrogation means the right of the insurer to assume the rights of the Insured Person to recover expenses paid out under the Policy that may be recovered from any other source.
- Def. 36. Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or Day Care Centre by a medical practitioner.



Def. 37. Unproven/Experimental Treatment is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.

II. SPECIFIC DEFINITIONS

- Def. 1. Act of Terrorism or “Terrorism” or “Terrorist Activity” means use of force or violence and / or the threat, by any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purpose with the intention to influence any government and/or to put the public, or any section of the public in fear and the same is declared by the Government of the country wherein such event has occurred.
- Def. 2. Age means completed years on last birthday as on Commencement Date.
- Def. 3. Ambulance means a road or air or water motor vehicle operated by a licenced/authorised service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
- Def. 4. Airline or Flight means a scheduled public air carrier that holds a proper government license for the jurisdiction in which it operates scheduled aircrafts/sea-planes/helicopters for the transportation of fare paying passengers travelling on such aircrafts/sea-planes/helicopters. Self – piloted aircrafts or chartered aircrafts do not fall under the definition of Airline or Flight.
- Def. 5. AYUSH Treatment refers to the medical and/or hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
- Def. 6. Annual Multi Trip Policy means a policy allowing Insured person(s) to undertake one or more Trip(s) during the Policy Period. Such trips must always start from India. Coverage under the policy would be provided ONLY for trips to those countries falling under the geographical scope mentioned in the Certificate of Insurance. In an Annual Multi Trip policy the Insured person opts for a maximum per trip duration and the same is specified in the Certificate of Insurance. Coverage shall be provided maximum upto the per trip duration days starting from the day the Period of Insurance for that trip commences. Sum Insured for all benefits in an Annual Multi Trip Policy shall be on per Policy Year basis and NOT on per trip basis.
- Def. 7. Assistance Service Provider means the assistance company with whom the *Company* contracts, as an independent contractor, to provide travel-related emergency assistance services.
- Def. 8. Bank Rate means the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
- Def. 9. Biological Attack or Weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
- Def. 10. Catastrophe or Catastrophic event is an unexpected natural event, such as an earthquake, volcanic eruption, tsunami, flood, storm tempest, typhoon, hurricane, tornado, cyclone, which causes widespread loss, damage, or disruption at locations which are forming part of the trip and is declared by an appropriate Government or governing body of the country in which the Catastrophe has occurred.
- Def. 11. **Certificate of Insurance (COI)** is a document pertaining to the Insured Person. It is attached to and forms part of this Policy. The COI must be read in conjunction with this Policy Wording (Policy Terms and Conditions) for complete understanding and clarity on coverages and the limits of such coverages applicable to the Insured Persons. The COI generally captures
- The basic details of all the Insured Persons under the Policy
 - Any Special conditions

- c. Applicable Waiting periods,
 - d. Any Special Exclusions or Insuring terms,
 - e. The names of the coverages that are in force and applicable under this policy
 - f. The Sum Insured stipulated against coverages that are in force
 - g. Any sub-limits, deductibles, time deductible, co-payment applicable to the coverages in force
 - h. The Policy Period and other Important details pertaining to the Policy
 - i. The COI also includes any Annexure and/or endorsements, made to or on it from time to time
- Def. 12. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
- Def. 13. Checked - In Baggage means the baggage offered by the Insured Person and accepted by an Airline for international transportation in the same Aircraft as boarded by the Insured and for which the airline has provided a baggage receipt, and the contents of the baggage checked in by the Insured so long as such contents do not violate any Airline policy or rule restricting the nature of items that may be carried on board its Aircraft.
- Def. 14. Claim means a Claim under an operative part of this Policy in respect of an insured event that has taken place or is likely to take place. All Claims arising from one and the same event or circumstance shall jointly constitute one Claim under this Policy and as having been made at the time when the first Claim was made in writing and the Deductible shall be applicable to each cover independently.
- Def. 15. 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. 16. Common Carrier means any Scheduled public carrier responsible for transporting fare paying passengers through Road, Rail, Water or Air and is operating under a valid license from the relevant Government authority. Private taxis, taxis booked through cab aggregators, self-driven or hired road carriers and chartered aircrafts do not fall under the definition of Common Carrier.
- Def. 17. Co-Payment means a cost sharing requirement that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A Co-Payment does not reduce the Sum Insured. Co-payment for a benefit shall apply as specified in Certificate of Insurance.
- Def. 18. Contents means the household goods such as furniture, fixtures, fittings, home appliances, interior decorations and items of like nature; personal effects such as clothes and other articles of personal nature likely to be worn, used or carried but excluding money, jewellery and valuables. Contents should be owned or legally responsible by the Insured or family members residing with him and not used for Business or Business purpose.

- Def. 19. Deductible is a cost sharing requirement under the policy that provides that the Insurer will not be liable for a specified amount in case of indemnity benefits. Such amount will apply before the benefit is payable by the insurer. Thus, the deductible is a portion of every claim the Insured Person agrees to pay post which the sum insured of Policy coverage applies. A Deductible does not reduce the sum insured. Deductibles under this policy shall work on a per-claim basis. Deductible for a benefit shall apply as specified in Certificate of Insurance.
- Def. 20. Date of loss means the date of admission of the Insured person in Hospital due to emergency, in case of Hospitalization claims, in other cases, the first date of loss is considered to be the incidence date as mentioned on consultation paper/medical records
- Def. 21. Damages means monetary sums payable pursuant to judgments or awards but shall not include fines, penalties, punitive damages, exemplary damages, any non-pecuniary relief, or any other amount for which the Insured Person is not financially liable, or which is without legal recourse to the Insured Person, or any matter that may be deemed to be uninsurable under Indian Law.
- Def. 22. Exclusions refer to specific circumstances or events for which coverage shall NOT be provided under this policy.
- Def. 23. General Contents means all the contents of household use in Your Home e.g. furniture, electronic items and goods, antennae, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.
- Def. 24. Home Contents means those articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.
- Def. 25. Burglary means any act of actual, forcible and violent entry and or exit from the Insured Person's premises with intent to commit an act of crime or theft.
- Def. 26. Hazardous Activities OR Adventure sports means ONLY the below-mentioned sport or activities, in which the Insured Person participates whether he is trained or not. Such activities / sports include adventure racing, base jumping, biathlon, big game hunting, rafting, BMX stunt, obstacle riding, bobsleighing using skeletons, bouldering, boxing, canyoning, caving/ pot holing, cave tubing, rock climbing / trekking mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, martial arts, micro - lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/ parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, skiing, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling of any type. para-jumping, rafting, horse racing, deep-sea diving, bungee jumping, dessert safari, jungle safari, Amusement park rides, Water Park Rides, Parasailing.
- Def. 27. Hospital (for treatment outside India) means any establishment which is licensed as a medical or surgical hospital in the country where it operates and which is recognized by us and it meets all the following requirements:
- it operates primarily for the reception, care and treatment of sick, ailing or injured persons
 - it provides twenty-four (24) hours a day nursing service by registered nurses or qualified nurses

- c. it has a staff of one or more licensed medical practitioners available at all times
 - d. it provides organised facilities for diagnosis and major surgical facilities
 - e. it is not primarily a nursing home, rest home or convalescent home or similar establishment, retreat center, spa, geriatric ward, it is not institution for treatment of substance abuse, such as but not limited to a place for alcoholics or drug addicts rehabilitation or for any similar purpose
- Def. 28. Immediate Family Member means an Insured Person's legal spouse; siblings; parents; parents-in-law; step-parents; one's own children including adopted children(s).
- Def. 29. Insured Person means the persons named in the Certificate of Insurance and insured under the Policy and in respect of whom the applicable premium has been received.
- Def. 30. Insured Journey means a single journey to a destination outside of India (departure and arrival), which is undertaken during the Policy Period. In case of annual multi-trip policy it means multiple journeys where stay to a destination outside of India is confined maximum up to the plan chosen during the Policy Period.
- Def. 31. Insured Property means the address mentioned in the Certificate of Insurance unless specified otherwise by the Insured Person and use of same is restricted to domestic purposes only.
- Def. 32. Life threatening situation shall mean a serious medical condition or symptom resulting from Injury or Illness which is not Pre-Existing Disease, which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person's health, until stabilisation at which time this medical condition or symptom is not considered an Emergency anymore.
- Def. 33. Material Facts means all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk.
- Def. 34. Medical Practitioner (Definition applicable for the treatment taken outside India) means a licensed medical practitioner acting within the scope of his license and who holds a degree of a recognized institution and is registered by the Authorized Medical Council of the respective country.
- Def. 35. Personal Effects means clothing, spectacles, umbrellas, footwear and other necessities.
- Def. 36. Personal Documents means an Insured Person's identity card (if applicable), ration card, voter identity card, passport, driving licence and car licence.
- Def. 37. Policy means these Policy wordings, the Certificate of Insurance and any applicable endorsements or extensions attaching to or forming part thereof, as amended from time to time, and shall be read together. The Policy contains details of the extent of cover available to the Insured Person, applicable exclusions and the terms & conditions applicable under the Policy.
- Def. 38. Period of Insurance
- Period of Insurance must necessarily commence within the Policy Period in case of all Single Trip, Annual Multi Trip policies and Student Travel policies.
 - The terms of Period of Insurance may be extended only if the same is expressly stated under a benefit of this policy and such benefit is in force.

I. Period of Insurance of an Annual Multi Trip Policy

In annual multi trip policies the Insured Person can undertake multiple trips during the Policy Year. The coverage under an Annual Multi Trip policies for a particular trip begins at the time at which the Insured first boards the Common Carrier by which he finally leaves India and the coverage will expire automatically on the earlier of

- a. When the insured disembarks for the first time from the Common Carrier by which he has returned back to India for that trip OR
- b. Policy period end date as mentioned in Certificate of Insurance (Point b. is NOT applicable if policy is active and renewed) OR
- c. The expiry of the Maximum Per Trip Duration(days) specified in the Certificate of Insurance for that trip

II. Period of Insurance of a Single Trip Policy

The coverage under Single Trip policies begins at the time at which the Insured first boards the Common Carrier by which he finally leaves India and the policy will expire automatically on the earlier of

- a. When the insured disembarks for the first time from the Common Carrier by which he has returned to India OR
- b. Policy period end date as mentioned in Certificate of Insurance

III. Period of Insurance of a Student Travel Policy

The coverage under Student Travel policies begins at the time at which the Insured first boards the Common Carrier by which he finally leaves India for the 1st time post commencement of policy period [except for a student of Indian origin who is already studying abroad with similar Insurance coverage for whom Period of Insurance will commence from Policy Period Start date]. Student Travel policies will expire automatically on the Policy period end date as mentioned in Certificate of Insurance

Def. 39. Policy Period means the period between the commencement date and either the expiry date as specified in the Certificate of Insurance OR the date of cancellation of this Policy, whichever is earlier.

In case of endorsements, Policy period shall end on the extended end date.

Def. 40. Policyholder means Person who has proposed the Policy and in whose name the Policy is issued

Def. 41. Policy Schedule means Schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the Policy Period and the limits to which benefits under the Policy are subject to, including any annexures and/or endorsements, made to or on it from time to time, and if more than one, than the latest in time. Policy Schedule shall be provided to Master Policy Holder of this policy.

Def. 42. Policy Year means a period of twelve months beginning from the Commencement Date and ending on the last day of such twelve-month period. For the purpose of subsequent years, Policy Year shall mean a period of twelve months commencing from the end of the previous Policy Year and lapsing on the last day of such twelve-month period, till the Expiry Date, as specified in the Certificate of Insurance.

Def. 43. Political Disturbance means an unexpected strike, riot or Civil commotion which is declared by the Government or a Government body of the country where in such event has occurred.

Def. 44. Property Damage means actual physical damage to tangible material property belonging to a third party.

Def. 45. Single Trip Policy means a policy allowing Insured person(s) to undertake a one single Trip during the Policy Period. Such trips must always start from India.

- Coverage under the policy would be provided ONLY for trips to those countries falling under the geographical scope mentioned in the Certificate of Insurance. In a Single Trip policy the Insured person opts for a maximum single trip duration and the same is specified in the Certificate of Insurance. Coverage shall be provided maximum upto the single trip duration days starting from the Policy Period commencement date. Sum Insured and coverage for all benefits in a Single Trip Policy shall be available for the duration of the trip only.
- Def. 46. Sponsor OR Insured Person's Sponsor is an individual who provides financial support to an Insured person under this policy by way of paying either a part or full fees for his/her educational course overseas.
- Def. 47. Student Travel Policy is a policy covering Insured person(s) who are bonafide students whilst they are studying overseas. Such policy begins at the time at which the Insured first boards the Common Carrier by which he finally leaves India. Coverage under the policy would be provided ONLY for trips to those countries falling under the geographical scope mentioned in the Certificate of Insurance. The total Policy period (tenure) of the Policy shall be as specified in the Certificate of Insurance. The Insured Persons may return to India multiple times during the Policy period, however, the policy shall NOT be in force and coverage shall NOT be provided for any incident that occurs during the Insured Persons stay in India except if 'Extension for coverage in India' benefit is opted and for travel from India to go back to country where the educational institute is situated. Sum Insured for all benefits in a Student Travel Policy shall work on per Policy Year basis.
- Def. 48. Sub-limit is a limit within the Sum Insured of a benefit. The Insurer shall NOT be liable to indemnify any amount in excess of such pre-defined limit for the specific benefit / sub-benefit. The Sub-limit amount for a benefit / sub-benefit shall be applicable as specified in the Certificate of Insurance against the relevant Cover in force under the Policy. Sub limit for a benefit shall apply as specified in Certificate of Insurance.
- Def. 49. Sum Insured means the sum shown in the Certificate of Insurance for each cover which represents the Company's maximum liability for each Insured Person for benefits claimed for in the Policy.
In Case of Annual Multi Trip, Sum Insured is cumulative limit for all the trips undertaken during the Policy Year. The Sum Insured once exhausted will not be reinstated for any section during the Policy Year.
Basis of payout is attached as Annexure C.
- Def. 50. Terminal Illness is a condition that is expected to result in the death of the patient and cannot be cured or adequately treated. This term is often used for progressive diseases such as advanced cancer, heart disease, or organ failure. The illness is typically irreversible and will continue to worsen over time.
- Def. 51. Time Deductible means a cost sharing requirement under the policy that provides that the Insurer will not be liable for a specified number of days, which will apply before any benefits are payable by the insurer. A Time Deductible does not reduce the sum insured. Time Deductibles under this policy shall work on a per-claim basis. Time Deductible for a benefit shall apply as specified in Certificate of Insurance.
- Def. 52. Trip means the journey undertaken by the Insured Person(s) that commences from point the Insured finally leaves India and ends when the Insured person returns to any first entry point in India during the Policy Period and is limited to the Geographical Scope for which the risk is covered as per the policy.
- Def. 53. Trip Cancellation means cancellation of the entire trip that was planned prior to commencement of period insurance due to reasons specified under Trip Cancellation benefit.
- Def. 54. Trip Curtailment means cancellation of a trip post commencement of period insurance due to reasons specified under Trip Curtailment benefit and immediate return to India.



- Def. 55. Valuable Contents means items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.
- Def. 56. Waiting Period means a time period during which no claims will be payable under a benefit if the incident / event has transpired during such period.

SECTION 2 – BENEFITS COVERED UNDER THE POLICY

I. BASE COVERAGES

All benefits under Base Coverages section are modular in nature. Any of the benefits can be opted on a standalone basis or in any possible combination BUT only as a pre-bundled package at channel / partner level. Individual customers might therefore NOT be able to opt for the same as per their own choice. If a particular Base Coverage / Base Benefit is opted, then any Sub-benefit under the Base benefit shall be included by default.

1. EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS

The Company shall indemnify the Medical Expenses as listed below for an Emergency Care Hospitalization of the Insured Person due to an Injury or Illness commencing during the Period of Insurance.

A. Medical Expenses

- a. Room Rent, boarding, nursing expenses as provided by the Hospital / Nursing Home
- b. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses
- c. Surgeon, anaesthetist, Medical Practitioner, consultants, specialist Fees during Hospitalization forming part of Hospital bill.
- d. Investigative treatments and diagnostic procedures directly related to Hospitalization.
- e. Medicines and drugs prescribed in writing by Medical Practitioner
- f. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
- g. Intravenous fluids, blood transfusion, surgical appliances, allowable consumables and/or enteral feedings.
- h. Operation theatre charges.
- i. Day Care Expenses

Note pertaining specifically to AYUSH Treatments only:

Medical expenses pertaining only to Emergency Care AYUSH hospitalization are also covered under '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 EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS.

Claims for Medical Expenses mentioned above can be availed on cashless basis or reimbursement basis. Only medical expenses owing to Emergency Care Hospitalization are payable under this benefit and only until the Insured Person is deemed fit to be discharged. Any type of pre-hospitalization expenses, post-hospitalization expenses, Out-patient treatments expenses, and any other expense not mentioned in point A. Medical Expenses above shall not be payable under EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS.



B. Specific conditions applicable to EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS

- a. Deductible applicable shall be as specified in the Certificate of Insurance and shall apply on per claim basis
- b. Sub-limits applicable to Road Ambulance & Repatriation of Mortal remains shall apply as specified in the Certificate of Insurance.

C. Specific Claim Documents applicable to EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS

- a. Original Discharge Summary
- b. Original Medical Records, Case history and investigation reports
- c. Original Final Hospital bill with detailed break-up and payment receipt (including pharmacy bills).
- d. Original Bills & Payment Receipts of medical expenses and other expenses

2. MATERNITY

Under this benefit, we shall indemnify only the below listed Medical Expenses incurred during the Period of Insurance and pertaining to Maternity upto the Sum Insured.

- a. Hospitalization for delivery (Normal OR C-section) of a new-born baby
- b. Medically recommended lawful termination of pregnancy but only in life threatening situation and under the advice of Medical Practitioner
- c. Pre-Natal Expenses: Pre-natal expenses incurred within the 30 days immediately prior to childbirth. Only medical expenses pertaining to the below listed Pre-Natal expenses shall be payable if the same are for a Maternity Hospitalization admissible under this policy
 1. Antenatal check-ups,
 2. Gynaecological consultations,
 3. Sonograms,
 4. Vaccines for the expecting mother,
 5. Diagnostic tests,
 6. Prescribed Medications.
- d. Post-Natal Expenses: Post-Natal Expenses incurred within the 30 days immediately post childbirth. Only medical expenses pertaining to the below listed Post-Natal expenses shall be payable if the same are for a Maternity Hospitalization admissible under this policy
 1. Gynaecological consultations,
 2. Medications & supplements,
 3. Postpartum complications,
 4. Physiotherapy,
 5. Diagnostic tests.
- e. New Born Baby cover: Medical Expenses incurred towards treatment of New Born Baby up to the date of discharge of Insured Person from Hospital.
- f. Vaccination expenses for the new born baby incurred within one year of Birth.

A. Specific Conditions applicable to MATERNITY

- a. Coverage under MATERNITY is subject to a waiting period and co-payment if specified in Certificate of Insurance against this cover.
- b. If this benefit is mentioned in the Certificate of Insurance, then exclusion pertaining to Maternity (Maternity: Code – Excl18) shall be superseded ONLY to the extent of coverage provided under this benefit
- c. Claims for Pre-Natal Expenses and Post Natal Expenses shall be payable only if the same are incurred after this policy has been in-force

B. Specific Claim Documents applicable to MATERNITY

- a. Discharge summary
- b. Hospital bills



- c. Invoices of all expenses incurred
- d. Doctor's prescription
- e. Baby's Birth Certificate
- f. Medical history reports

3. HOSPITAL CASH - ACCIDENT & ILLNESS

If the Insured Person sustains an Injury or contracts an Illness which results in Hospitalization (including In-patient care AYUSH treatment in an AYUSH Hospital), the Company shall pay the per day Sum Insured mentioned in the Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalization post breach of time deductible.

A. Specific Conditions applicable to HOSPITAL CASH - ACCIDENT & ILLNESS

- a. Claim under this benefit shall be payable only if claim would be payable under EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS benefit of this policy irrespective whether that benefit is in-force or not.
- b. The maximum number of days specified in the Certificate of Insurance shall include all days of admission of the Insured Person in the Intensive Care Unit (if applicable).
- c. Claim payable under this benefit shall be for each continuous and completed period of 24 hours of Hospitalization in accordance with the applicable time deductible as mentioned in the Certificate of Insurance.
- d. Claim payable under this benefit shall be upto the maximum number of days as mentioned in the Certificate of Insurance.
- e. Claims pertaining to Day care treatment shall not be covered under Hospital Cash – Accident & Illness

4. DENTAL EXPENSES

The Company shall reimburse the Insured Person expenses incurred in respect of the Medically Necessary Dental Treatment owing to sudden acute pain due to illness or injury to one or more sound natural teeth, and requiring immediate medical attention and intervention for getting relief from such pain.

A. Specific Conditions applicable to DENTAL EXPENSES

- a. The Medically Necessary Dental Treatment must be taken from a dental Medical Practitioner
- b. The treatment must commence within the period of Insurance and also within 24 hours of the time the acute pain first occurs
- c. Specific exclusion 's' shall be superseded upto the extent of coverage provided under this benefit and shall be upto Sum Insured mentioned in Certificate of Insurance
- d. Claims pertaining to Medically Necessary Dental Hospitalizations shall be adjudicated only under **EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS** benefit of this policy all other admissible dental claims shall be payable under this benefit.
- e. Coverage under DENTAL EXPENSES is subject to a maximum number of visits covered and Maximum cost per incident as specified in Certificate of Insurance against this cover.

B. Specific Exclusions applicable to DENTAL EXPENSES

- a. Any routine dental examination
- b. Any Pre-existing disease or ailment
- c. Dentures including dental crowns, inlays and onlays
- d. Dental treatment that goes beyond treatment for pain relief as well as prophylactic dental treatment including plaque removal
- e. Corrective treatment incurred due to previously fitted dental implants, bridge, caps prior to policy inception date
- f. Any cosmetic dental treatment.
- g. Claims pertaining to Medically Necessary Dental Hospitalizations

C. Specific Claim Documents applicable to DENTAL EXPENSES

- a. Original Discharge or Treatment Summary issued by the Hospital or Dental Clinic
- b. Original Treatment Reports
- c. Original Invoices/Bills of medical expenses

5. RECUPERATION EXPENSES

Under this benefit, we will indemnify ONLY the below mentioned recuperation expenses incurred during the Period of Insurance

- a. Psychological therapy
- b. Speech Therapy
- c. Occupational therapy
- d. Physiotherapy
- e. Visits to Chiropractor

A. Specific conditions applicable to RECUPERATION EXPENSES

- a. We shall pay a claim under this benefit ONLY if the recuperation expenses are related to a hospitalization of the Insured Person due to Illness OR Injury during the Period of Insurance and a claim under **EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS** would be payable irrespective whether that benefit is in-force or not.
- b. Per session sub limit and maximum number of sessions under all above listed therapies put together that can be availed shall be applicable as specified in Certificate of Insurance

B. Specific Claim Documents applicable to RECUPERATION EXPENSES

- a. Invoices of all expenses incurred
- b. Doctor's prescription
- c. Medical history reports

6. EMERGENCY MEDICAL EVACUATION

Under this benefit the Company shall indemnify the Insured Person on cashless OR reimbursement basis for Air Ambulance transportation in an airplane or helicopter for Emergency Care

- i. From site of incident to the nearest Hospital for Emergency Care Hospitalization OR
- ii. from one Hospital to another nearest Hospital, following an Emergency Care Hospitalization, ONLY if adequate medical resources to stabilize the Insured were NOT available at the first hospital

A. Specific conditions applicable to EMERGENCY MEDICAL EVACUATION

- a. We shall pay a claim under this benefit ONLY if the EMERGENCY MEDICAL EVACUATION expenses are related to a hospitalization of the Insured Person due to Illness OR Injury during the Period of Insurance and a claim under **EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS** would be payable irrespective whether that benefit is in-force or not.
- b. The requirement of transportation in Air Ambulance must be certified in writing by the treating medical practitioner.
- c. The location/site of the incident must be such that transportation to the nearest hospital in a road ambulance is in NO way possible
- d. We shall not be liable to pay a claim under this benefit if medical treatment is available at the site of incident.
- e. Transportation in the Air Ambulance must be during the Period of Insurance.

B. Specific Claim Documents applicable to EMERGENCY MEDICAL EVACUATION

- a. Invoices of air ambulance expenses incurred
- b. Licence of the service provider
- c. Medical Practitioner certificate
- d. Details on the site of incident

7. PERSONAL ACCIDENT [PA]

Personal Accident benefit by default offers 2 sub covers as mentioned below having a common sum insured.

- a. Accidental Death
- b. Permanent Disablement – Accident

The Company's maximum liability under Personal Accident benefit is restricted to the Sum Insured specified in the Certificate of Insurance and the Coverage under Personal Accident benefit terminates on admissibility of Claim(s) equal to the Sum Insured.

In case of Accidental Death of Insured due to the same Injury for which a Permanent disablement – Accident claim has been made, the company shall be liable to pay only the remaining Sum Insured (if any) under the Personal Accident benefit.

7.a. ACCIDENTAL DEATH

The Company shall pay in Lump Sum an amount equal to the Sum Insured specified in the Certificate of Insurance if the Insured Person sustains injury which solely and directly results in Death of the Insured Person within twelve (12) months of its occurrence.

DISAPPEARANCE

The Company shall pay in Lump Sum an amount equal to the Sum Insured specified in the Certificate of Insurance in the event that Insured Person's body cannot be located within 365 Days;

- a. after a forced landing, stranding, sinking or wrecking of a conveyance in which the Insured Person was known to be a passenger during the Period of Insurance **OR**
- b. after and as a result of any Catastrophic Event during the Period of Insurance

It shall be deemed, subject to all other terms and provisions of the Policy, that the Insured Person shall have suffered Death due to Accident under the Policy.

If at any time, after the payment of the Accidental Death benefit, it is discovered that the Insured Person is still alive, claims settled in respect of Disappearance benefit shall be reimbursed in full to the Company.

A. Specific Claim Documents applicable to ACCIDENTAL DEATH

- a. Death Certificate
- b. Original death summary
- c. Post-mortem Certificate (if conducted)
- d. FIR (if applicable)



- e. Police Investigation report
- f. Legal Heir Certificate
- g. Succession Certificate

7.b. PERMANENT DISABLEMENT – ACCIDENT

If the Insured Person sustains Injury during the Period of Insurance, which shall within twelve (12) months of its occurrence be the sole and direct cause of Permanent Disablement, the Company will pay in Lump sum in accordance with the Benefit table given below, up to the maximum Sum Insured as mentioned in the Certificate of Insurance

BENEFIT TABLE A

S.No	The Disablement	% of Sum Insured Payable
1	<i>Permanent Total Disablement</i>	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two <i>Limbs</i> (physical severance or the total and permanent loss of use of such <i>Limbs</i>)	100%
4	Permanent Total <i>Loss of Sight</i> in both eyes	100%
5	Permanent Total <i>Loss of Sight</i> of one eye and one <i>Limb</i> (physical severance or the total and permanent loss of use of such <i>Limb</i>)	100%
6	Permanent Total <i>Loss of Speech</i>	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total <i>Loss of Mastication</i>	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 <i>Daily Activities</i> essential to life without full time assistance	100%
10	Permanent Total <i>Loss of Hearing</i> in both ears	75%
11	Permanent Total Loss of one <i>Limb</i> (physical severance or the total and permanent loss of use of such <i>Limb</i>)	50%
12	Permanent Total <i>Loss of Sight</i> of one eye	50%

BENEFIT TABLE B

S.No	The Disablement	% of Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use of such Limbs)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance or the total and permanent loss of use)	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 (physical severance or the total and permanent loss of use)	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	20%
b)	One joint	10%
18	Permanent Total Loss of one finger of either hand:	
a)	Three joints	5%
b)	Two joints	4%
c)	One joint	2%
19	Permanent Total Loss of use of toes:	
a)	All – one foot	15%
b)	Big – both joints	5%
c)	Big – one joint	2%
d)	Other than Big – each toe	2%
20	Established non-union of fractured leg or kneecap	10%
21	Shortening of leg by at least 5 cms.	8%
22	Ankylosis of the elbow, hip or knee	20%

BENEFIT TABLE C

S.No	The Disablement	% of Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use of such 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 (physical severance or the total and permanent loss of use)	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	20%
b)	One joint	10%
18	Permanent Total Loss of one finger of either hand:	
a)	Three joints	5%
b)	Two joints	4%
c)	One joint	2%
19	Permanent Total Loss of use of toes:	
a)	All – one foot	15%
b)	Big – both joints	5%
c)	Big – one joint	2%
d)	Other than Big – each toe	2%
20	Established non-union of fractured leg or kneecap	10%
21	Shortening of leg by at least 5 cms.	8%
22	Ankylosis of the elbow, hip or knee	20%
23	Permanent disablement not otherwise provided for under Items 2-22	75%

BENEFIT TABLE D

S.No	The Disablement	% of Sum Insured Payable
1	Loss of sight on both eyes	125%
2	Loss of both hands	125%
3	Loss of both feet	125%
4	Loss of one hand and one foot	125%
5	Loss of one eye one hand	125%
6	Loss of one eye one foot	125%
7	Other total permanent disablement	125%
8	An arm at the shoulder joint	70%
9	An arm above the elbow joint	65%
10	An arm beneath the elbow joint	60%
11	A hand at the wrist	55%
12	A thumb	20%
13	An index finger	10%
14	Any other finger	5%
15	A leg above mid-thigh	70%
16	A leg upto mid-thigh	60%
17	A leg upto beneath the knee	50%
18	A leg upto mid-calf	45%
19	A foot at the ankle	40%
20	A large toe	5%
21	Any other toe	2%
22	Any eye	50%
23	Hearing loss on one ear	30%
24	Hearing loss on both ears	75%
25	Sense of smell	10%
26	Sense of taste	5%
27	Permanent disablement not otherwise provided for under Items 2-26	75%

B. Specific Conditions applicable to PERMANENT DISABLEMENT – ACCIDENT

- a. Only one Table out of Benefit Tables A, B, C & D can be opted
- b. The resultant Permanent Disablement must be listed in the opted benefit table and the same should be certified by the **Medical Practitioner**.
- c. The Claim is admissible only with confirmatory diagnosis of Permanent Total Disablement while the Insured Person is alive (A claim would not be admitted if the diagnosis is made post mortem)
- d. The total amount payable in respect of more than one disablement due to the same Injury is arrived at by adding together the various percentages of Sum Insured shown in the Table of Benefits subject to maximum of Sum Insured.
- e. Any claim amount admissible/paid during the Period of Insurance will reduce the Sum Insured payable for the Cover in respect of subsequent claims.
- f. If we have paid a claim for a particular Permanent Disability, then we shall not be liable to pay a claim in regard to the same disability again in the lifetime of the Policy

C. Specific Claim Documents applicable to PERMANENT DISABLEMENT – ACCIDENT

- a. Copy of MLC (Medico legal certificate) and FIR (First information report)
- b. Original Discharge summary from the hospital
- c. Disability certificate issued by Civil Surgeon or equivalent as authorized by the Government confirming the disability and its percentage
- d. Medical reports, case histories, investigation reports, treatment papers, all x-ray films as applicable
- e. Original photograph of the injured reflecting disablement
- f. Original treating doctor certificate describing disablement
- g. Prescription and consultation papers

8. PERSONAL ACCIDENT – COMMON CARRIER

Personal Accident – Common Carrier benefit by default offers 2 sub covers as mentioned below having a common sum insured.

- i. Accidental Death - Common Carrier
- ii. Permanent Disablement – Accident - Common Carrier

The Company's maximum liability under Personal Accident – Common Carrier benefit is restricted to the Sum Insured specified in the Certificate of Insurance.

The Coverage under Personal Accident – Common Carrier benefit (Accidental Death – Common Carrier & Permanent Disablement – Accident – Common Carrier) terminates on admissibility of Claim(s) equal to the Sum Insured.

In case claim under Personal Accident – Common Carrier benefit triggers customer shall receive payout under both Personal Accident benefit (if opted) and Personal Accident – Common Carrier benefit.

In case of Accidental Death of Insured due to the same Injury for which a Permanent disablement – Accident – Common Carrier claim has been made, the company shall be liable to pay only the remaining Sum Insured (if any) under the Personal Accident – Common carrier benefit.

8.a. ACCIDENTAL DEATH – COMMON CARRIER

The Company shall pay an amount equal to the Sum Insured specified in the Certificate of Insurance if the Insured Person sustains injury during the Period of Insurance while travelling in a Common Carrier which solely and directly results in Death of the Insured Person within twelve (12) months of its occurrence.

DISAPPEARANCE – COMMON CARRIER

The Company shall pay in Lump Sum an amount equal to the Sum Insured specified in the Certificate of Insurance in the event that Insured Person's body cannot be located within 365 Days;

- a. after a forced landing, stranding, sinking or wrecking of a common carrier in which the Insured Person was known to be a passenger during the Period of Insurance **OR**
- b. after and as a result of any Catastrophic Event during the Period of Insurance

It shall be deemed, subject to all other terms and provisions of the Policy, that the Insured Person shall have suffered Death due to Accident under the Policy.

If at any time, after the payment of the Accidental Death benefit, it is discovered that the Insured Person is still alive, claims settled in respect of Disappearance benefit shall be reimbursed in full to the Company.



A. Specific Claim Documents applicable to ACCIDENTAL DEATH – COMMON CARRIER

- a. Death Certificate
- b. Original death summary
- c. Post-mortem Certificate (if conducted)
- d. FIR (if applicable)
- e. Police Investigation report
- f. Legal Heir Certificate

8.b. PERMANENT DISABLEMENT – ACCIDENT - COMMON CARRIER

If the Insured Person sustains Injury during the Period of Insurance while travelling in a Common Carrier, which shall within twelve (12) months of its occurrence be the sole and direct cause of Permanent Disablement, the Company will pay in Lump Sum and in accordance with the Benefit table given below, up to the maximum Sum Insured as mentioned in the Certificate of Insurance

BENEFIT TABLE A

S.No	The Disablement	% of Sum Insured Payable
1	<i>Permanent Total Disablement</i>	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two <i>Limbs</i> (physical severance or the total and permanent loss of use of such <i>Limbs</i>)	100%
4	Permanent Total <i>Loss of Sight</i> in both eyes	100%
5	Permanent Total <i>Loss of Sight</i> of one eye and one <i>Limb</i> (physical severance or the total and permanent loss of use of such <i>Limb</i>)	100%
6	Permanent Total <i>Loss of Speech</i>	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total <i>Loss of Mastication</i>	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 <i>Daily Activities</i> essential to life without full time assistance	100%
10	Permanent Total <i>Loss of Hearing</i> in both ears	75%
11	Permanent Total Loss of one <i>Limb</i> (physical severance or the total and permanent loss of use of such <i>Limb</i>)	50%
12	Permanent Total <i>Loss of Sight</i> of one eye	50%

BENEFIT TABLE B

S.No	The Disablement	% of Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use of such Limbs)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance or the total and permanent loss of use)	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 (physical severance or the total and permanent loss of use)	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	20%
b)	One joint	10%
18	Permanent Total Loss of one finger of either hand:	
a)	Three joints	5%
b)	Two joints	4%
c)	One joint	2%
19	Permanent Total Loss of use of toes:	
a)	All – one foot	15%
b)	Big – both joints	5%
c)	Big – one joint	2%
d)	Other than Big – each toe	2%
20	Established non-union of fractured leg or kneecap	10%
21	Shortening of leg by at least 5 cms.	8%
22	Ankylosis of the elbow, hip or knee	20%

BENEFIT TABLE C

S.No	The Disablement	% of Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use of such 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 (physical severance or the total and permanent loss of use)	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	20%
b)	One joint	10%
18	Permanent Total Loss of one finger of either hand:	
a)	Three joints	5%
b)	Two joints	4%
c)	One joint	2%
19	Permanent Total Loss of use of toes:	
a)	All – one foot	15%
b)	Big – both joints	5%
c)	Big – one joint	2%
d)	Other than Big – each toe	2%
20	Established non-union of fractured leg or kneecap	10%
21	Shortening of leg by at least 5 cms.	8%
22	Ankylosis of the elbow, hip or knee	20%
23	Permanent disablement not otherwise provided for under Items 2-22	75%

BENEFIT TABLE D

S.No	The Disablement	% of Sum Insured Payable
1	Loss of sight on both eyes	125%
2	Loss of both hands	125%
3	Loss of both feet	125%
4	Loss of one hand and one foot	125%
5	Loss of one eye one hand	125%
6	Loss of one eye one foot	125%
7	Other total permanent disablement	125%
8	An arm at the shoulder joint	70%
9	An arm above the elbow joint	65%
10	An arm beneath the elbow joint	60%
11	A hand at the wrist	55%
12	A thumb	20%
13	An index finger	10%
14	Any other finger	5%
15	A leg above mid-thigh	70%
16	A leg upto mid-thigh	60%
17	A leg upto beneath the knee	50%
18	A leg upto mid-calf	45%
19	A foot at the ankle	40%
20	A large toe	5%
21	Any other toe	2%
22	Any eye	50%
23	Hearing loss on one ear	30%
24	Hearing loss on both ears	75%
25	Sense of smell	10%
26	Sense of taste	5%
27	Permanent disablement not otherwise provided for under Items 2-26	75%

B. Specific Conditions applicable to PERMANENT DISABLEMENT – ACCIDENT – COMMON CARRIER

- a. If **PERMANENT DISABLEMENT – ACCIDENT** benefit is opted then the Disablement table opted under the same shall be considered for this benefit.
- b. If **PERMANENT DISABLEMENT – ACCIDENT** benefit is NOT opted then only one Table out of Benefit Tables A, B, C & D must be opted
- c. The resultant Permanent Disablement must be listed in the opted benefit table and the same should be certified by the Medical Practitioner.
- d. The Claim is admissible only with confirmatory diagnosis of Permanent Total Disablement while the Insured Person is alive (A claim would not be admitted if the diagnosis is made post mortem)
- e. The total amount payable in respect of more than one disablement due to the same Injury is arrived at by adding together the various percentages of Sum Insured shown in the Table of Benefits subject to maximum of Sum Insured. Any claim amount admissible/paid during the Period of Insurance will reduce the Sum Insured payable for the Cover in respect of subsequent claims.
- f. The total amount payable in respect of more than one disablement due to the same Injury is arrived at by adding together the various percentages of Sum Insured shown in the Table of Benefits subject to maximum of Sum Insured.

C. Specific Claim Documents applicable to PERMANENT DISABLEMENT – ACCIDENT – COMMON CARRIER

- a. Copy of MLC (Medico legal certificate) and FIR (First information report)
- b. Original Discharge summary from the hospital
- c. Disability certificate issued by Civil Surgeon or equivalent as authorized by the Government confirming the disability and its percentage
- d. Medical reports, case histories, investigation reports, treatment papers, all x-ray films as applicable
- e. Original photograph of the injured reflecting disablement
- f. Original treating doctor certificate describing disablement
- g. Prescription and consultation papers

9. REPATRIATION OF MORTAL REMAINS

In case of an unfortunate event leading to the Insured Person's death, we shall reimburse the expenses up to Sum Insured specified in the Certificate of Insurance against this cover incurred towards:

- i. Transportation of the deceased body/mortal remains and personal belongings of the deceased Insured Person back to India
- ii. Reasonable preparation of the body for transportation with minimally necessary container appropriate for transportation or cremation or embalming
- iii. Other permissions and paperwork associated with it.

A. Specific Conditions applicable to REPATRIATION OF MORTAL REMAINS

- a. Date of Death of Insured Person must fall within Period of Insurance

B. Specific Claim Documents applicable to REPATRIATION OF MORTAL REMAINS

- a. Death Certificate
- b. Passport of the Insured Person
- c. Invoices / Bills pertaining to repatriation of mortal remains charges incurred

10. FUNERAL EXPENSES

In case of any unfortunate event leading to the death of the Insured Person during the Period of Insurance, the Company shall reimburse the expenses incurred towards the burial or cremation of the Insured Person. Such burial could be anywhere in the world.

A. Specific Exclusions applicable to FUNERAL EXPENSES

- a. Any kind of charges related with Transportation of mortal remains

B. Specific Claim Documents applicable to FUNERAL EXPENSES

- a. Death certificate
- b. Original bills or payment receipts of burial expenses incurred

11. DELAY OF CHECKED-IN BAGGAGE [INDEMNITY]

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Certificate of Insurance in respect of expenses incurred in purchasing only any of the below listed essential items

- a. clothing,
- b. toiletries
- c. medication

in the event that the Insured Person's checked-in baggage is delayed or misdirected beyond the Time Deductible mentioned in the Certificate of Insurance from the scheduled time of delivery by the Airline.

A. Specific Conditions applicable to DELAY OF CHECKED-IN BAGGAGE [INDEMNITY]

- a. The baggage must have been checked in as registered baggage by the airline operating under a license 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 cover.
- b. On discovering the delay of Checked - in Baggage, the Insured Person must obtain a relevant confirmation from the Airline and submit the same to the Company along with the documents evidencing their ownership of the baggage/item(s) in the event of a Claim.
- c. 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.
- d. Any amount/coupon received in the form of compensation from the Airlines shall be deducted from and adjusted at the time of claim payment
- e. Delay of Checked-in Baggage must occur during the Period of Insurance.
- f. DELAY OF CHECKED-IN BAGGAGE [INDEMNITY] shall also be provided for the journey where-in Insured person finally leaves India
- g. DELAY OF CHECKED-IN BAGGAGE [INDEMNITY] shall also be provided for the journey where -in the insured disembarks for the first time from the flight by which he has returned to India.

B. Specific Exclusions applicable to DELAY OF CHECKED-IN BAGGAGE [INDEMNITY]

- a. Chartered flights, unless such flights are registered in the International Data System.
- b. Confiscation of baggage by customs or any government authority.
- c. Baggage sent under an airway-bill or bill of lading.
- d. Delays due to a strike or industrial action existing or announced before the start of the journey.
- e. 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.
- f. Cabin luggage or Hand baggage
- g. Any claim related to any type of damage to Checked-in baggage / items in Checked-in baggage



- h. Delay of checked-in baggage on any mode of transport other than Air/Flight unless REMOVAL OF RESTRICTION TO ONLY FLIGHTS is in-force
- i. Loss of Checked-in baggage

C. Specific Claim Documents and Provisions applicable to DELAY OF CHECKED-IN BAGGAGE [INDEMNITY]

- a. Property irregularity report issued by the appropriate authority stating the scheduled time of delivery and actual time of delivery of the Checked-In Baggage;
- b. Voucher of the Airline for the delay in delivery of the Checked-In Baggage;
- c. Copies of correspondence exchanged, if any, with the Airline authority in connection with the delay in delivery of the Checked-In Baggage;
- d. A valid ticket / proof of travel to the location the Insured Person is travelling as a bonafide passenger.
- e. Copies of boarding pass and baggage slips
- f. Details of Compensation received from Airlines (if any)
- g. Bills of expenses incurred in purchasing essential items of clothing, toiletries and medication

12. DELAY OF CHECKED-IN BAGGAGE [BENEFIT]

The Company shall pay to the Insured Person the per hour Sum Insured as specified in the Certificate of Insurance for each completed hour that the Insured Person's checked-in baggage is delayed or misdirected beyond the Time Deductible mentioned in the Certificate of Insurance from the scheduled time of delivery by the Airline.

A. Specific Conditions applicable to DELAY OF CHECKED-IN BAGGAGE [BENEFIT]

- a. The baggage must have been checked in as registered baggage by the airline operating under a license 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 cover.
- b. On discovering the delay of Checked - in Baggage, the Insured Person must obtain a relevant confirmation from the Airline and submit the same to the Company along with the documents evidencing their ownership of the baggage/item(s) in the event of a Claim.
- c. 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.
- d. Any amount/coupon received in the form of compensation from the Airlines shall be deducted from and adjusted at the time of claim payment
- e. Delay of Checked-in Baggage must occur during the Period of Insurance.
- f. Claim payout under this benefit shall be for a maximum of 12 hours of delay post the breach of time deductible mentioned in the Certificate of Insurance
- g. DELAY OF CHECKED-IN BAGGAGE [BENEFIT] shall also be provided for the journey where-in Insured person finally leaves India
- h. DELAY OF CHECKED-IN BAGGAGE [BENEFIT] shall also be provided for the journey where -in the insured disembarks for the first time from the flight by which he has returned to India.

B. Specific Exclusions applicable to DELAY OF CHECKED-IN BAGGAGE [BENEFIT]

- a. Chartered flights, unless such flights are registered in the International Data System.
- b. Confiscation of baggage by customs or any government authority.
- c. Baggage sent under an airway-bill or bill of lading.
- d. Delays due to a strike or industrial action existing or announced before the start of the journey.
- e. 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.
- f. Cabin luggage or Hand baggage
- g. Any claim related to any type of damage to Checked-in baggage / items in Checked-in baggage
- h. Delay of checked-in baggage on any mode of transport other than Air/Flight unless REMOVAL OF RESTRICTION TO ONLY FLIGHTS is in-force
- i. Loss of Checked-in baggage



C. Specific Claim Documents and Provisions applicable to DELAY OF CHECKED-IN BAGGAGE [BENEFIT]

- a. Property irregularity report issued by the appropriate authority stating the scheduled time of delivery and actual time of delivery of the Checked-In Baggage;
- b. Voucher of the Airline for the delay in delivery of the Checked-In Baggage;
- c. Copies of correspondence exchanged, if any, with the Airline authority in connection with the delay in delivery of the Checked-In Baggage;
- d. A valid ticket / proof of travel to the location the Insured Person is travelling as a bonafide passenger.
- e. Copies of boarding pass and baggage slips
- f. Details of Compensation received from Airlines (if any)

13. LOSS OF CHECKED-IN BAGGAGE (BENEFIT)

The Company shall pay in Lumpsum to the Insured Person an amount upto the Sum Insured mentioned in the Certificate of Insurance in the event that the Insured Person's Checked in baggage is completely lost or damaged beyond repair.

A. Specific Conditions applicable to LOSS OF CHECKED-IN BAGGAGE (BENEFIT)

- a. On discovering that Checked - in Baggage is completely lost, the Insured Person must obtain a relevant property irregularity report (PIR) from the Airline and submit the same to the Company along with the documents evidencing their ownership of the baggage/item(s) in the event of a Claim.
- b. In case only one piece of Checked – in baggage is lost then the Company shall pay in Lumpsum an amount equal to 50% of the Sum Insured mentioned in the Certificate of Insurance. In case more than one piece of Checked – in baggage is lost then the Company shall pay in Lumpsum an amount equal to 100% of the Sum Insured mentioned in the Certificate of Insurance.
- c. In case claim under this section is for loss due to damaged Checked-in baggage then we shall be liable to pay claim only if the bag is damaged beyond repair.
- d. The Company's liability shall not arise until liability is admitted by the Airline and supported by documentary proof issued by Airline.
- e. The Checked-in Baggage must be lost or totally damaged during the Period of Insurance.
- f. Claim under Loss of Checked-in Baggage occurring during the final return journey back to India wherein the loss happens overseas but realization of loss happens in India shall also be payable.

B. Specific Exclusions applicable to LOSS OF CHECKED-IN BAGGAGE (BENEFIT)

- a. Any loss of Checked-in baggage sent in advance or shipped separately
- b. 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 (PIR) is not obtained
- c. Cabin luggage
- d. Partial loss of baggage or contents missing from the baggage.
- e. Partial damage of baggage
- f. Partial or complete damage to contents within the baggage.
- g. Any claim related to any type of damage to Checked-in baggage / items in Checked-in baggage
- h. Loss of checked-in baggage on any mode of transport other than Air/Flight unless REMOVAL OF RESTRICTION TO ONLY FLIGHTS is in-force

C. Specific Claim Documents applicable to LOSS OF CHECKED-IN BAGGAGE (BENEFIT)

- a. Property Irregularity Report from the concerned authority
- b. Photos proving extent of damage
- c. Original tickets and boarding pass
- d. Baggage slips

14. FLIGHT DELAY

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Certificate of Insurance for expenses incurred on meals and Hotel Accommodation availed by the Insured Person(s)

if the scheduled departure of the confirmed Booked Flight in which he/she was scheduled to travel during the Period of Insurance is delayed beyond the number of hours as specified in the Certificate of Insurance solely due to any of the reasons mentioned below

- a. Occurrence of a Catastrophic event or an Act of terrorism at Flight departure city or destination city on or within 10 days preceding the day the Insured Person intends to board the flight which falls under the Policy Period subject to the policy being purchased before the said event
- b. Delay due to equipment failure of the Airplane.
- c. Delay due to operational problem at Airline's end like crew/staff scheduling issues.
- d. Delay due to a sudden Strike or any other action by employees of the Airline.
- e. Delay of Flight due to severe Weather

A. Specific Conditions applicable to FLIGHT DELAY

- a. Insured Person should have complied with the travel agent, tour operator and transport providers' contract terms including check-in requirements and arriving at the departure gate on time
- b. Insured Person should have actually boarded the delayed Flight
- c. In case of Flight delay by airline the reason for the same must be stipulated in writing by the Airline authority
- d. Any amount/coupon received in the form of compensation from the Airlines shall be deducted from and adjusted at the time of claim payment.

B. Specific Exclusions applicable to FLIGHT DELAY

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

- a. 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.
- b. Change of laws, Regulations or orders issued by any Government or Public Authority or Aviation Authority.
- c. Cancellation of Flight due to any reason other than those specified above
- d. FLIGHT DELAY on any mode of transport other than Air/Flight unless REMOVAL OF RESTRICTION TO ONLY FLIGHTS is in-force

C. Specific Claim documents applicable to FLIGHT DELAY

- a. Invoice/Bills for expenses incurred on meals and Emergency Hotel Accommodation
- b. Copy of Travel ticket and boarding pass of the delayed Flight that was boarded by the Insured Person



- c. Letter from Airline authority certifying the reason of delay with actual time and scheduled time of departure and arrival at destination.
- d. Any amount/coupon received in the form of compensation from the Airline (if applicable)

15. FLIGHT CANCELLATION

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Certificate of Insurance for non-refundable flight cancellation expenses incurred in the event that the Insured Person's confirmed booked flight in which he/she was scheduled to travel during the Period of Insurance is cancelled either by the Airline or the Insured Person himself/herself solely due to any of the reasons mentioned below

Reasons for FLIGHT CANCELLATION by Airline

- a. Due to equipment failure of the Airplane.
- b. Due to operational problem at Airline's end like crew/staff scheduling issues.
- c. Due to a sudden Strike or any other action by employees of the Airline.
- d. Due to severe Weather

Reasons for FLIGHT CANCELLATION due to an unfortunate event

- a. Occurrence of a Catastrophic event at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- b. Act of Terrorism at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- c. Political disturbance at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- d. The Insured Person is called as a witness at a Court of Law or for jury service attendance.
- e. Death of the Insured Person or his/her Immediate family member
- f. Sudden Injury or Illness to Insured Person or his/her Immediate family member requiring minimum two continuous days of hospitalization

A. Specific Conditions applicable to FLIGHT CANCELLATION

- a. In case of FLIGHT CANCELLATION due to an unfortunate event the Insured Person may opt for Flight cancellation benefit if any of the above conditions (a. to f.) triggers on or within 10 days preceding the day the Insured Person intends to board the flight. However, the policy should have been purchased before the occurrence of the said unfortunate event. Only in case of FLIGHT CANCELLATION due to unfortunate event the Insured Person may also choose to cancel his subsequent confirmed flights owing to the unfortunate circumstances.
- b. Any amount/coupon received in the form of compensation from the Airlines shall be deducted from and adjusted at the time of claim payment.
- c. Flight Cancellation can also trigger prior to commencement of Period of Insurance.
- d. FLIGHT CANCELLATION on any mode of transport other than Air/Flight shall not be payable unless REMOVAL OF RESTRICTION TO ONLY FLIGHTS is in-force

B. Specific Claim Documents applicable to FLIGHT CANCELLATION

- a. Copy of confirmed Flight ticket
- b. Letter from Airline Authority certifying the reason of cancellation in case flight was cancelled by the Airline



- c. Letter/Email from the Insured Person mentioning the reason of flight cancellation with the relevant proof in case flight was cancelled by the Insured Person.
- d. Medical reports and discharge summary in case of hospitalization
- e. Copy of death certificate in case of death
- f. Receipt/Invoice of cancellation of flight where in non-refunded expense/cancellation charges are mentioned along with amount refunded
- g. Any amount/coupon received in the form of compensation from the Airline (if applicable)

16. MISSED FLIGHT CONNECTION

The Company shall reimburse the Insured Person upto Sum Insured mentioned in the Certificate of Insurance for expenses incurred on accommodation and alternative flight booking (must be of the same class of original ticket purchased) to reach the intended destination of the missed flight, in case the Insured Person misses his immediate travel connection overseas during the Period of Insurance solely due to

- a. Delay in scheduled arrival of his inward flight by more than x hours **OR**
- b. Cancellation of his inward flight.

A. **Specific Conditions applicable to MISSED FLIGHT CONNECTION**

- a. The Insured Person(s) should have actually boarded the inward flight which was delayed OR in the event that the inward flight was cancelled claim should be payable under flight cancellation benefit for this benefit to trigger.
- b. The Insured Person must do everything reasonably possible to get to the international departure point by the time specified on his ticket.
- c. The delay must be authenticated by the Airline authority in writing.
- d. Claim in respect to accommodation shall be payable only if time between delayed arrival of inward flight and departure of rescheduled flight exceeds 12 hours
- e. Any amount/coupon received in the form of compensation from the Airlines shall be deducted from and adjusted at the time of claim payment.
- f. For this benefit to trigger Insured Person must board the rescheduled flight
- g. 'x' shall be the 'Deductible for Flight Connection' as opted and specified in the certificate of Insurance under MISSED FLIGHT CONNECTION coverage

B. **Specific Exclusions applicable to MISSED FLIGHT CONNECTION**

- a. 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.
- b. The Insured Person's failure to arrive for the Flight's departure in sufficient time to complete all departure formalities in accordance with the Airline's published time schedule
- c. Any occasion when the Airline has offered a reasonable alternative transport or connection or the Insured Person's ticket for the connecting flight could have been used for an alternative connection.
- c. MISSED FLIGHT CONNECTION on any mode of transport other than Air/Flight unless REMOVAL OF RESTRICTION TO ONLY FLIGHTS is in-force

C. **Specific Claim Documents applicable to MISSED FLIGHT CONNECTION**

- a. Letter from the airlines stating reason and duration of delay
- b. Original Invoice and payment receipt towards re-scheduled travel tickets
- c. Original bill of accommodation expenses (if accommodation was admissible and taken)
- d. Copy of Travel ticket and boarding pass of alternative travel arrangement made
- e. Any amount/coupon received in the form of compensation from the Airline (if applicable)

17. FLIGHT RESCHEDULING AND ALTERNATE BOOKING

The Company shall reimburse ONLY the differential fare amount to the Insured Person upto the Sum Insured mentioned in the Certificate of Insurance incurred while booking an alternate flight OR while rescheduling a pre-booked flight in the event that the Insured Person's confirmed booked flight in which he/she was scheduled to travel during the Period of Insurance is cancelled solely due to any of the reasons mentioned below

A. Reasons for FLIGHT CANCELLATION

- a. Occurrence of a Catastrophic event at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- b. Act of Terrorism at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- c. Political disturbance at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- d. The Insured Person is called as a witness at a Court of Law or for jury service attendance.
- e. Death of the Insured Person or his/her Immediate family member
- f. Sudden Injury or Illness to Insured Person or his/her Immediate family member requiring minimum two continuous days of hospitalization
- g. Flight cancelled by airline due to any reason and details of the same are provided by the airline in writing.

B. Specific Conditions applicable to FLIGHT RESCHEDULING AND ALTERNATE BOOKING

- a. Insured person must board and travel by the Rescheduled / Alternate flight.
- b. For claim to be payable under this benefit the reason for flight cancellation as specified above must trigger during the Period of Insurance OR on or within 30 days preceding the day the Insured Person intends to board the said flight. However, the policy should have been purchased before the said event.
- c. The rescheduled / alternate flight booked must be of the same route and same class as the original scheduled flight.
- d. Any amount/coupon received in the form of compensation from the Airlines shall be deducted from and adjusted at the time of claim payment.
- e. In case multiple flights need to be rescheduled or alternate flights need to be booked then expenses pertaining to all such flight shall be payable through this benefit ONLY and upto the Sum Insured of this benefit ONLY.
- f. FLIGHT RESCHEDULING AND ALTERNATE BOOKING on any mode of transport other than Air/Flight shall not be payable unless REMOVAL OF RESTRICTION TO ONLY FLIGHTS is in-force

C. Specific Claim Documents applicable to FLIGHT RESCHEDULING AND ALTERNATE BOOKING

- a. Copy of original confirmed Flight ticket
- b. Letter from Airline Authority certifying the reason of cancellation in case flight was cancelled by the Airline
- c. Letter/Email from the Insured Person mentioning the reason of flight cancellation with the relevant proof in case flight was cancelled by the Insured Person.



- d. Medical reports and discharge summary in case of hospitalization
- e. Copy of death certificate in case of death
- f. Receipt/Invoice pertaining to rescheduling of flight
- g. Receipt/Invoice pertaining to alternate flight booking
- h. Any amount/coupon received in the form of compensation from the Airline (if applicable)

18. TRIP DELAY

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in Certificate of Insurance for expenses as mentioned below in the event that Insured Person's trip is delayed during the Period of Insurance.

For the purposes of this benefit only the following expenses are payable

Non-refundable portions of booking cancellations in respect to activities and accommodation arrangements whose bookings were made in advance and were not availed owing to impact of flight delay or flight cancellation on scheduled trip itinerary.

A. Specific Conditions applicable to TRIP DELAY

This benefit shall only trigger if conditions mentioned in points a. or b. are fulfilled

- a. The scheduled arrival of the confirmed Booked Flight in which the Insured Person was scheduled to travel during the Period of Insurance and reach the city of the event/activity/accommodation was delayed beyond the number of hours as specified in the Certificate of Insurance against this cover, solely due to any of the reasons mentioned below and the Insured Person had boarded such delayed flight.
 - i. Occurrence of a Catastrophic event or an Act of terrorism at Your Flight departure city or destination city or transit city on or within 10 days preceding the day the Insured Person intends to board the flight which falls under the Policy Period subject to the policy being purchased before the said event
 - ii. Delay due to equipment failure of the Airplane.
 - iii. Delay due to operational problem at Airline's end like crew/staff scheduling issues.
 - iv. Delay due to a sudden Strike or any other action by employees of the Airline.
 - v. Delay of Flight due to severe Weather
- b. The Insured Person's confirmed booked flight in which he/she was scheduled to travel during the Period of Insurance and reach the city of the activity/accommodation is cancelled either by the Airline or the Insured Person himself/herself solely due to any of the reasons mentioned below
 - i. **Reasons for FLIGHT CANCELLATION by Airline**
 - 1) Due to equipment failure of the Airplane.
 - 2) Due to operational problem at Airline's end like crew/staff scheduling issues.
 - 3) Due to a sudden Strike or any other action by employees of the Airline.
 - 4) Due to severe Weather
 - ii. **Reasons for FLIGHT CANCELLATION by Insured Person due to an unfortunate event** wherein any of the below event occurs on or within 10 days preceding the day the Insured Person intends to board the flight reach the city of the event/activity/accommodation or commence his Trip
 - 1) Occurrence of a Catastrophic event at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).

- 2) Act of Terrorism at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- 3) Political disturbance at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- 4) The Insured Person is called as a witness at a Court of Law or for jury service attendance.
- 5) Death of the Insured Person or his/her Immediate family member
- 6) Sudden Injury or Illness to Insured Person or his/her Immediate family member requiring minimum two continuous days of hospitalization

B. Additional Conditions applicable to TRIP DELAY

- a. The Activity Ticket should have been booked in the name of the Insured Person only.
- b. The activity must be of a commercial activity and solely for the purpose of personal consumption of only the Insured Person.
- c. The Hotel/accommodation must be a property for commercial use only
- d. The accommodation booking must solely be for the purpose of personal consumption of only the Insured person.
- e. The activity / accommodation booking must be for an activity / accommodation outside India and within the geographical scope mentioned in the certificate of insurance.
- f. Any Travel related bookings where-in Insured person is travelling as a fare paying passenger on a common carrier shall not be payable.

C. Specific Claim Documents applicable to TRIP DELAY

- a. Receipt/Invoice of payment & cancellation of pre-booked and confirmed accommodation, events and activities where in non-refunded expense/cancellation charge is mentioned along with amount refunded.
- b. Copy of Travel ticket and boarding pass of flight boarded to pursue the original trip itinerary along with time of arrival at the destination
- c. In case of Flight delay by airline the reason for the same must be stipulated in writing by the Airline authority
- d. Letter from Airline Authority certifying the reason of cancellation in case flight was cancelled by the Airline
- e. Letter/Email from the Insured Person mentioning the reason of flight cancellation with the relevant proof in case flight was cancelled by the Insured Person.
- f. Medical reports and discharge summary in case of hospitalization
- g. Copy of death certificate in case of death

19. TRIP CANCELLATION

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in Certificate of Insurance for non-refundable expenses arising out of cancellation of the below:

- i. pre-booked confirmed accommodation
- ii. pre-booked activities

A. Specific Reasons for TRIP CANCELLATION

The Company shall reimburse expenses under this cover if the Trip is cancelled only due to any of the reasons mentioned below and the same is notified to us by the Insured Person:

- a. Occurrence of a Catastrophic event or an Act of Terrorism at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- b. Political disturbance at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- c. The Insured Person is called as a witness at a Court of Law.
- d. Death of the Insured Person or his/her Immediate family member
- e. Sudden Injury or Illness to Insured Person or his/her Immediate family member requiring minimum two days of hospitalization

Insured Person may opt for Trip cancellation benefit if any of the above conditions (a. to e.) triggers on or within 10 days preceding the day the Insured Person intends to board his initial flight which would have commenced the Period of Insurance, subject to the policy being purchased before the said event.

B. Specific Conditions applicable to TRIP CANCELLATION

- a. Trip Cancellation can trigger only prior to commencement of Period of Insurance.
- b. In case we have paid a claim under any benefit of this policy except Flight Cancellation benefit then Trip Cancellation benefit shall not trigger
- c. The Activity Ticket should have been booked in the name of the Insured Person only.
- d. The Activity must be of a commercial activity and solely for the purpose of personal consumption of only the Insured Person.
- e. The Hotel/accommodation must be a property for commercial use only
- f. The accommodation booking must solely be for the purpose of personal consumption of only the Insured person.

C. Specific Exclusions applicable to TRIP CANCELLATION

- a. Claims where-in Insured person was aware about facts or matters which could have resulted in cancellation of the trip.
- b. Any Travel related bookings where-in Insured person is travelling as a fare paying passenger on a common carrier shall not be payable.

D. Specific Claim Documents applicable to TRIP CANCELLATION

- a. Letter/Email from the Insured Person mentioning the reason of trip cancellation with relevant proof.



- b. Receipt/Invoice of payment & cancellation of pre-booked and confirmed accommodation, events, activities where in non-refunded expense/cancellation charge is mentioned along with amount refunded.
- c. Medical reports and discharge summary wherever applicable
- d. Copy of death certificate in case of death.
- e. Proof of expenses made in advance on confirmed accommodation, events and activities for the trip

20. TRIP CURTAILMENT

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in Certificate of Insurance for non-refundable expenses arising out of cancellation of the below if the same arise post trip curtailment:

- i. pre-booked confirmed accommodation
- ii. pre-booked activities
- iii. The actual cost of economy class (most basic economy class) flight ticket to return back to India due to Trip Curtailment **OR** The differential Cost of rescheduling pre-booked confirmed Flight to return back to India due to Trip Curtailment.

A. Specific Reasons for TRIP CURTAILMENT

The Company shall reimburse expenses under this cover if the Trip is curtailed during the Period of Insurance solely due to any of the reasons mentioned below

- a. Death of the Insured Person or his/her Immediate family member during the Period of Insurance
- b. Sudden Injury or Illness to Insured Person or his/her Immediate family member requiring minimum two days of hospitalization that commenced during the Period of Insurance.
- c. Occurrence of a Catastrophic event at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- d. Act of Terrorism at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- e. Political disturbance at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).

B. Specific Conditions applicable to TRIP CURTAILMENT

- a. The Insured Person should have started the trip and the unfortunate event should occur during the Period of Insurance
- b. Post Trip Curtailment Insured Person must return to India without further pursuing the original scheduled trip itinerary.
- c. The Company's liability will be reduced by any sum for which the Airline is liable to make payment.
- d. The Activity Ticket should have been booked in the name of the Insured Person only.
- e. The Activity must be of a commercial activity and solely for the purpose of personal consumption of only the Insured Person.
- f. The Hotel/accommodation must be a property for commercial use only
- g. The accommodation booking must solely be for the purpose of personal consumption of only the Insured person.

C. Specific Exclusions applicable to TRIP CURTAILMENT

- a. Claims where-in Insured person was aware about facts or matters which could have resulted in curtailment of the trip.
- b. Any Travel related bookings where-in Insured person is travelling as a fare paying passenger on a common carrier shall not be payable except the below.
 - i. The actual cost of economy class (most basic economy class) flight ticket to return back to India due to Trip Curtailment **OR**

- ii. The differential Cost of rescheduling pre-booked confirmed Flight to return back to India due to Trip Curtailment

D. Specific Claim Documents applicable to TRIP CURTAILMENT

- a. Letter/Email from the Insured Person during the Period of Insurance mentioning the reason of trip curtailment with the relevant proof.
- b. Receipt/Invoice of payment & cancellation of pre-booked and confirmed accommodation, events, activities where in non-refunded expense/cancellation charge is mentioned along with amount refunded.
- c. Copy of Travel ticket and boarding pass of Flight boarded by the Insured Person that denotes commencement of Period of Insurance.
- d. Medical reports and discharge summary
- e. Copy of death certificate in case of death.
- f. Proof of expenses made in advance on confirmed accommodation, events and activities for the trip
- g. Invoice Copy of Ticket along with boarding pass of the Flight boarded to return back to India following trip curtailment

21. BOUNCED BOOKING - HOTEL

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Certificate of Insurance in respect of the expenses incurred towards alternate accommodation arrangement in case the Insured Person's original hotel booking is bounced due to over booking.

A. Specific Conditions applicable to BOUNCED BOOKING - HOTEL

- a. Claim under this benefit shall be admissible only in case of over booking by the hotel and the Insured Person has a confirmed booking in advance and should have written proof of the same.
- b. For **Hotel** overbooking,
 - i. the overbooked portion of the hotel stay must include the first night stay
 - ii. the overbooking must happen at the time of check-in
 - iii. the Company will reimburse the difference between the original booking amount and the new booking amount, less any refund/compensation given by the hotel, for the number of nights that are overbooked
 - iv. the new booking must be for up to the number of nights overbooked in same room class of a similar hotel. Upgradation to higher class will be considered in case similar alternate arrangement is not available.
 - v. the Company will not be liable for nights on the original booking that were not overbooked

B. Specific Exclusions applicable to BOUNCED BOOKING - HOTEL

- a. Any hotel bookings which are allotted to hotel staff or under any special hotel industry employee scheme
- b. Any hotel bookings made within 5 days of hotel check-in date
- c. Any Wait listed bookings

C. Specific Claim Documents applicable to BOUNCED BOOKING - HOTEL

- a. A confirmation from the accommodation provider of the bounced booking having occurred solely at their instance and responsibility along with reason.
- b. Original and Alternate accommodation booking invoice and payment receipts
- c. Refund invoice from the accommodation provider along with any non-refundable charges (if any)
- d. Any amount/coupon received in the form of compensation from the accommodation provider (if applicable)

22. BOUNCED BOOKING - AIRLINE

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Certificate of Insurance in respect of the expenses incurred towards alternate travel in case the Insured Person's original Flight ticket is bounced due to over booking.

A. Specific Conditions applicable to BOUNCED BOOKING - AIRLINE

- a. Claim under this benefit shall be admissible only in case of over booking by the airline and the Insured Person has a confirmed booking in advance and should have written proof of the same.
- b. For Airline overbooking,
 - i. an option of a free replacement flight within 6 hours from the departure of the original overbooked flight must not be available to the Insured Person
 - ii. the Insured Person must cancel the originally booked flight and purchase a new flight of the same class
 - iii. the Company will reimburse the difference between the original airfare amount and the reasonable new airfare amount, less any refund/compensation given by the airline.

B. Specific Exclusions applicable to BOUNCED BOOKING - AIRLINE

- a. Any air tickets which are allotted to airline staff or under any special travel industry employee scheme
- b. Any air ticket bookings made within 5 days of scheduled flight departure
- c. Any Wait listed bookings

C. Specific Claim Documents applicable to BOUNCED BOOKING - AIRLINE

- a. A confirmation from the Airline and/or accommodation provider of the bounced booking having occurred solely at their instance and responsibility along with reason.
- b. Original and Alternate travel ticket invoice and payment receipts
- c. Refund invoice from airline provider along with any non-refundable charges (if any)
- d. Any amount/coupon received in the form of compensation from the Airline (if applicable)

23. THEFT OF BAGGAGE AND ITS CONTENTS

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Certificate of Insurance in case of theft of Baggage or its content owned by the Insured Person or allotted to Insured person by his employer. The baggage must have been in custody of the Insured Person at the time of theft.

Reimbursement for theft of baggage / items in baggage shall be upto Sum Insured and applicable depreciation shall be deducted per item as stipulated basis the below table.

Age of Content	Upto 1 year	Upto 2 years	Upto 3 years	Upto 4 years	Upto 5 years	More than 5 years
Applicable Depreciation per item	50%	70%	75%	80%	90%	95%

A. Specific Conditions applicable to THEFT OF BAGGAGE AND ITS CONTENTS

- Theft of baggage / items in baggage must occur during Period of Insurance.
- For Claim to be paid under this benefit submission of FIR is must
- For Claim to be paid under this benefit submission of Invoice/Bill of purchase of the stolen item is must.

B. Specific Exclusions applicable to THEFT OF BAGGAGE AND ITS CONTENTS

- Theft of cash, currency notes, cheques, debit or credit cards or unauthorised use thereof, postal orders, travellers cheques, travel, tickets, securities / documents / papers of any kind and petrol or other coupons.
- 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
- Any theft that is not reported to the appropriate police authority and for which FIR is not filed within twenty four (24) hours of the incident
- Theft of passport
- Theft of International driving license
- Theft of Checked in Baggage
- Theft of Laptop or Tablet or Camera or Mobile Phone and pertaining accessories
- Any claim related to any type of damage to baggage / items in baggage
- Any claim wherein supporting bills specific to the stolen asset are not available
- Theft of Jewellery

C. Specific Claim Documents applicable to THEFT OF BAGGAGE AND ITS CONTENTS

- Copy of FIR / police report obtained within 24 hours of the incident
- Bills / invoices of stolen baggage and/or contents within
- In case stolen item is allotted by employer then written proof from the employer stating the same

24. THEFT OF ELECTRONIC GADGET

The Company shall reimburse the Insured Person up to the Sum Insured mentioned in the Certificate of Insurance in the event that one or more Electronic Gadgets owned by the Insured Person or allotted to Insured person by his employer. The Electronic Gadgets must have been in custody of the Insured Person at the time of theft.

A. Specific Conditions applicable to THEFT OF ELECTRONIC GADGET

- a. Reimbursement shall be processed after the applicable depreciation is deducted as per the below table

Age of Gadget	Upto 1 year	Upto 2 years	Upto 3 years	Upto 4 years	Upto 5 years	More than 5 years
Applicable Depreciation per item	50%	70%	75%	80%	90%	95%

- b. For Claim to be paid under this benefit submission of FIR is must
- c. For Claim to be paid under this benefit submission of Invoice/Bill of purchase of the stolen item is must.

B. Specific Definitions applicable to THEFT OF ELECTRONIC GADGET

- a. For the purpose of this benefit, an Electronic Gadget shall only mean a Laptop, a Tablet or a Camera

C. Specific Exclusions applicable to THEFT OF ELECTRONIC GADGET

- a. Any loss of item sent in advance or mailed or shipped separately
- b. Any item that was in checked-in baggage lost by common carrier
- c. Loss, delay or confiscation or detention by customs, police or public authorities.
- d. Any loss of software or data in the Electronic Gadget and any consequential loss
- e. Any kind of damage to the item
- f. Loss arising from any reason, other than Theft
- g. Loss or Theft of Mobile phones or desktops
- h. Theft of an electronic gadget whilst in the custody of any persons, other than the Insured Person.
- i. Loss occasioned through the willful act of the Insured Person or any willful act of any other person with a connivance of the Insured.
- j. Theft due to negligent behaviour on the part of Insured Person
- k. Loss/Theft of any accessory pertaining to the covered Electronic Gadget
- l. Any theft that is not reported to the appropriate police authority and for which FIR is not filed within twenty four (24) hours of the incident

D. Specific Claim Documents applicable to THEFT OF ELECTRONIC GADGET

- a. Original purchase invoice and payment receipt of the stolen Electronic Gadget
- b. Copy of FIR / police report obtained within 24 hours of becoming aware of the loss/theft
- c. In case stolen item is allotted by employer then written proof from the employer stating the same

25. THEFT OF MOBILE PHONE

The Company shall reimburse the Insured Person up to the Sum Insured mentioned in the Certificate of Insurance in the event that the mobile phone owned by the Insured Person or allotted to Insured person by his employer. The mobile phone must have been in custody of the Insured Person at the time of theft.

A. Specific Conditions applicable to THEFT OF MOBILE PHONE

- a. Reimbursement shall be processed after the applicable depreciation is deducted as per the below table

Age of Mobile phone	Upto 1 year	Upto 2 years	Upto 3 years	Upto 4 years	Upto 5 years	More than 5 years
Applicable Depreciation per item	50%	70%	75%	80%	90%	95%

- b. For Claim to be paid under this benefit submission of FIR is must
c. For Claim to be paid under this benefit submission of Invoice/Bill of purchase of the stolen Mobile phone is must.

B. Specific Exclusions applicable to THEFT OF MOBILE PHONE

- Mobile phone that was in checked-in baggage lost by common carrier
- Loss, delay or confiscation or detention by customs, police or public authorities.
- Any loss of software or data in the Mobile phone and any consequential loss
- Any kind of damage to the mobile phone
- Theft of any item other than a Mobile phone
- Theft of the mobile phone whilst in the custody of any persons, other than the Insured Person.
- Theft due to negligent behaviour on the part of Insured Person
- Theft of any accessory pertaining to the Mobile phone
- Any theft that is not reported to the appropriate police authority and for which FIR is not filed within twenty four (24) hours of the incident

C. Specific Claim Documents applicable to THEFT OF MOBILE PHONE

- Original purchase invoice and payment receipt of the stolen Mobile phone
- Copy of FIR / police report obtained within 24 hours of the incident
- In case stolen item is allotted by employer then written proof from the employer stating the same

26. FRAUDULENT TRANSACTIONS ON PAYMENT CARDS

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Certificate of Insurance for amount lost due to fraudulent transaction on the Insured Person's lost or stolen payment card up to 12 hours prior to the Insured Person first reporting the event to his payment card issuer(s), if the payment card as specified in the Certificate of Insurance is lost or stolen during the Period of Insurance.

A. Specific Definitions applicable to FRAUDULENT TRANSACTIONS ON PAYMENT CARDS

- a. For the purpose of this benefit the type of payment cards is restricted to
- Credit cards
 - Debit cards
 - Forex cards

B. Specific Conditions applicable to FRAUDULENT TRANSACTIONS ON PAYMENT CARDS

- a. The loss or theft must necessarily be reported to the appropriate police authority and due FIR must be lodged within twenty four (24) hours of the incident

C. Specific Claim Documents Applicable to FRAUDULENT TRANSACTIONS ON PAYMENT CARDS

- Copy of FIR / police report obtained within 24 hours of becoming aware of the loss
- Letter / Email from Insured Person reporting the loss of payment card to the issuing authority
- Card / account showing disputed transactions
- Bank investigation report confirming the loss

27. LOSS OF PASSPORT

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Certificate of Insurance for expenses incurred in obtaining a new/duplicate passport, in the event that the Insured Person's passport is lost during the Period of Insurance.

A. Specific Conditions applicable to Loss of Passport

- a. The loss or theft must necessarily be reported to the appropriate police authority and due FIR must be lodged within twenty four (24) hours of the incident

B. Specific Exclusions applicable to Loss of Passport

- a. Loss of the passport due to confiscation or detention by the customs, police or public authorities

C. Specific Claim documents applicable to Loss of Passport

- a. Copy of new passport,
- b. Copy of previous passport (if available),
- c. Original bills / invoices of expenses incurred for obtaining a new/duplicate passport
- d. Copy of FIR / police report obtained within 24 hours of becoming aware of the loss

28. LOSS OF INTERNATIONAL DRIVING LICENSE

The Company shall reimburse the Insured Person, upto the Sum Insured mentioned in the Certificate of Insurance for expenses incurred in obtaining a new/duplicate international driving license either overseas or within 120 days of his return to India, in the event that the Insured Person's international driving license is lost during the Period of Insurance.

A. Specific Conditions applicable to LOSS OF INTERNATIONAL DRIVING LICENSE

- a. The loss or theft must necessarily be reported to the appropriate police authority and due FIR must be lodged within twenty four (24) hours of the incident

B. Specific Exclusions applicable to LOSS OF INTERNATIONAL DRIVING LICENSE

- a. Loss of the international driving license due to confiscation or detention by the customs, police or public authorities.

C. Specific Claim Documents applicable to LOSS OF INTERNATIONAL DRIVING LICENSE

- a. Copy of the new international driving license,
- b. Copy of the previous international driving license (if available),
- c. Original bills / invoices of expenses incurred for obtaining a new/duplicate international driving license
- d. Copy of FIR / police report obtained within 24 hours of becoming aware of the loss

29. VISA REJECTION

The Company reimburse the Insured Person upto the Sum Insured specified in the Certificate of Insurance towards the cost of Visa application fees if the visa application of Insured Person is rejected by the Visa consulate or embassy.

A. Specific Conditions applicable to VISA REJECTION

- a. Insured must have submitted all the valid documents in order as directed by the Embassy of the respective Country for which the Visa is being applied
- b. Visa application should be filed with the respective Embassy well in advance and as per the prescribed processing time, if any
- c. Visa Rejection cover should have been in force at least 30 days prior to Visa Interview date (unless explicitly specified otherwise in the Certificate of Insurance).

B. Specific Exclusions applicable to VISA REJECTION

- a. Any convenience fees /agent fees/consultancy fees included in visa application fees if applied with the help of any agent or any consultant
- b. Cancellation of visa by Insured Person
- c. Rejection of Visa if the Insured Person is unable to attend visa interview due to any reason
- d. Rejection of Visa caused due to change in laws, regulations or orders issued by any domestic or foreign Government body or the regulating authority which was publicly announced before or after submitting Visa Application.
- e. Rejection of Visa applied after any restrictions imposed by the government on travel to destination place.
- f. Contractual breach or non-adherence to the terms and conditions of Visa embassy.
- g. Person with any criminal records applying for visa.
- h. War, invasion, act of foreign enemy, hostilities or warlike operations (whether war is declared or not), civil war.
- i. Mutiny, military rising, insurrection, rebellion, revolution, military or usurped power, martial law or state of siege, nationalization, confiscation, requisition, seizure or loss of or damage to property by order of the government or by any public authority.
- j. Rejection of Visa applied due to Illegal or malicious act of the Insured Person.
- k. Rejection of Visa due to Incomplete or no proof of travel itinerary & accommodation, if such proof is a pre requisite for obtaining a visa.
- l. Visa cancellation for work Visa or any of such kind for work purpose/permit.
- m. Visa application for Student Visa irrespective of course duration and type.
- n. Past travel history which has resulted in deporting from the said country.

C. Specific Claim Documents applicable to VISA REJECTION

- a. Letter/Email of rejection with reason of rejection (if available) from the embassy
- b. Passport copy of the insured
- c. Copy of the Visa submitted reference number / receipt document copy
- d. Visa appointment letter
- e. Visa application by the traveller/agent with the confirmation of the date/time stamp
- f. Copy of confirmed travel ticket and Accommodation booking

30. HIJACK DISTRESS ALLOWANCE (LUMPSUM)

The Company shall pay to the Insured Person in Lump Sum the amount specified in the Certificate of Insurance against this cover if the Insured Person is travelling on board a Flight which is Hijacked during the Period of Insurance.

A. Specific Conditions applicable to HIJACK DISTRESS ALLOWANCE (LUMPSUM)

- a. The hijack needs to be confirmed and declared by the government and/or airlines authority.
- b. Claim under this benefit shall be payable only if the Insured Person is travelling on the flight as a fare paying passenger.
- c. Exclusion pertaining to terrorism shall be superseded for claim to be payable under this benefit.

B. Specific Definitions applicable to HIJACK DISTRESS ALLOWANCE (LUMPSUM)

- a. Hijack means the unlawful seizure or wrongful exercise of control of a Flight, in which the Insured Person is travelling as a fare paying passenger.

C. Specific Exclusions applicable to HIJACK DISTRESS ALLOWANCE (LUMPSUM)

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

D. Specific Claim Documents applicable to HIJACK DISTRESS ALLOWANCE (LUMPSUM)

- a. Document from government and/or airlines authority confirming Hijack and its duration
- b. Copy of Hijacked Flight ticket along with boarding pass

31. EMERGENCY HOTEL ACCOMMODATION FOR INSURED PERSON

If during the Period of Insurance, the Insured Person sustains an Injury or Illness which results in Hospitalization of the Insured Person for at least 'x' continuous days and this in turn leads to the Insured Person missing his original scheduled forthcoming flight, then the Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Certificate of Insurance, for the actual expenses incurred on Hotel accommodation, until the Insured Person's re-scheduled departure back to India / subsequent destination as per scheduled trip itinerary or for a maximum of 10 days after the date of discharge, whichever is the earlier.

A. Specific Conditions applicable to EMERGENCY HOTEL ACCOMMODATION FOR INSURED PERSON

- a. Claim under this benefit shall be payable only if claim would be payable under EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS benefit of this policy irrespective whether that benefit is in-force or not.
- b. In the event that Insured Person is discharged but unable to undertake the journey on his originally scheduled forthcoming flight then for claim to be admissible the same must be supported with written advice of the treating Medical practitioner.
- c. 'x' shall be the 'Number of Continuous days of Hospitalization for Emergency Hotel Accommodation for Insured Person' as opted and specified in the certificate of Insurance under EMERGENCY HOTEL ACCOMMODATION FOR INSURED PERSON coverage

B. Specific Exclusions applicable to EMERGENCY HOTEL ACCOMMODATION FOR INSURED PERSON

- a. Any kind of expenses related to meals and transportation are not payable under this benefit

C. Specific Claim Documents applicable to EMERGENCY HOTEL ACCOMMODATION FOR INSURED PERSON

- a. Original Flight ticket booking invoices
- b. Re-scheduled Flight ticket booking invoices and boarding pass
- c. Original Invoices/Bills of accommodation availed
- d. Letter from Medical Practitioner advising travel avoidance (if applicable)

32. EMERGENCY TRAVEL EXPENSES FOR IMMEDIATE FAMILY MEMBER

If during the Period of Insurance, the Insured Person sustains an Injury or contracts Illness which results in Hospitalization of the Insured Person for at least 'x' continuous days, the Company shall reimburse the Insured Person the actual cost of round trip economy class (most basic economy class) Flight tickets upto the Sum Insured mentioned in the Certificate of Insurance for one Immediate Family Member to attend to the Insured Person's medical emergency during his visit overseas.

A. Specific Conditions applicable to EMERGENCY TRAVEL EXPENSES FOR IMMEDIATE FAMILY MEMBER

- a. This coverage shall be provided only if treating Medical Practitioner has advised necessity of the attendance of an Immediate Family member
- b. Claim under this benefit shall be payable only if claim would be payable under EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS benefit of this policy irrespective whether that benefit is in-force or not.
- c. To and fro journey of Insured Person's Immediate Family member must be completed at most within 45 days from expiration date of the period of Insurance of that particular trip.
- d. The round trip tickets booked must be by the most direct route possible from the Country of Residence of an Immediate Family member to the place of Hospitalization of the Insured Person
- e. This benefit shall trigger provided that no Immediate Family Member is there to attend to the Insured Person's medical emergency during his visit overseas.
- f. 'x' shall be the 'Number of Continuous days of Hospitalization for Emergency Travel Expenses for Immediate Family member' as opted and specified in the certificate of Insurance under EMERGENCY TRAVEL EXPENSES FOR IMMEDIATE FAMILY MEMBER coverage

B. Specific Exclusions applicable to EMERGENCY TRAVEL EXPENSES FOR IMMEDIATE FAMILY MEMBER

- a. Any kind of expenses related to meals, accommodation or transportation (except the round trip Flight tickets) are not payable under this benefit

C. Specific Claim Documents applicable to EMERGENCY TRAVEL EXPENSES FOR IMMEDIATE FAMILY MEMBER

- a. Report from the treating doctor advising the requirement of support from immediate family member
- b. Discharge Summary
- c. Round trip tickets along with boarding pass of the Flight
- d. Documents establishing the relation of Immediate Family member with Insured Person

33. EMERGENCY ACCOMMODATION EXPENSES FOR IMMEDIATE FAMILY MEMBER

If during the Period of Insurance, the Insured Person sustains or contracts Injury or Illness which results in Hospitalization of the Insured Person for at least 'x' continuous days, the Company shall reimburse the actual cost of accommodation upto the Sum Insured mentioned in the Certificate of Insurance for one Immediate Family Member of the Insured Person to attend to the Insured Person's medical emergency during his visit overseas.

A. Specific Conditions applicable to EMERGENCY ACCOMMODATION EXPENSES FOR IMMEDIATE FAMILY MEMBER

- a. This coverage shall be provided only if treating Medical Practitioner has advised necessity of the attendance of an Immediate Family member
- b. Claim under this benefit shall be payable only if claim would be payable under EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS benefit of this policy irrespective whether that benefit is in-force or not.
- c. This benefit shall trigger provided that no Immediate Family Member is there to attend to the Insured Person's medical emergency during his visit overseas.
- d. 'x' shall be the 'Number of Continuous days of Hospitalization for Emergency Accommodation Expenses for Immediate Family member' as opted and specified in the certificate of Insurance under EMERGENCY ACCOMMODATION EXPENSES FOR IMMEDIATE FAMILY MEMBER coverage

B. Specific Exclusions applicable to EMERGENCY ACCOMMODATION EXPENSES FOR IMMEDIATE FAMILY MEMBER

- a. Any kind of expenses related to meals or transportation are not payable under this benefit

C. Specific Claim Documents applicable to EMERGENCY ACCOMMODATION EXPENSES FOR IMMEDIATE FAMILY MEMBER

- a. Report from the treating doctor advising the requirement of support from immediate family member
- b. Discharge Summary
- c. Receipts for accommodation expenses incurred
- d. Documents establishing the relation of Immediate Family member with Insured Person

34. EMERGENCY TRAVEL EXPENSES FOR INSURED PERSON'S MINOR CHILDREN

The Company shall reimburse the Insured Person up to the Sum Insured mentioned in the Certificate of Insurance for the below mentioned expenses in the event of the Insured Person's unfortunate death or if the Insured Person sustains an Injury or contracts an Illness, during the Period of Insurance, which results into Hospitalization of the Insured Person for at least 'x' continuous days and the Insured Person is unable to accompany the Children on their originally scheduled journey back.

- a. The actual travel expenses incurred on economy class (most basic economy class) Flight ticket to return the Insured Person's minor child (or children) to their Country of Residence
- b. the actual accommodation and round trip expenses incurred on economy class (most basic economy class) Flight tickets for an Immediate Family member to accompany the Insured Person's minor children to their Country of Residence provided that no Immediate Family Member is present at the place where Insured Person is hospitalized OR Expenses incurred for availing services of an escort to accompany the minor child (or children) to his Country of Residence.
- c. Accommodation expenses for Insured Persons Minor Children until they are sent back to their Country of Residence
- d. Expenses incurred on services availed from an attendant to ensure wellbeing and safety of Insured Persons Minor Children until they are sent back to their Country of Residence.

A. Specific Conditions applicable to EMERGENCY TRAVEL EXPENSES FOR INSURED PERSON'S MINOR CHILDREN

- a. The Company shall pay for travel expenses for a maximum of two minor children whose age does not exceed 18 years at the start of Period of Insurance.
- b. This benefit shall trigger if the Insured Person is the only companion of the minor child (or children) and the children are not able to return to India on the scheduled date owing to the Insured Person's hospitalization.
- c. To and fro journey of Insured Person's Immediate Family member and journey of the child/children back to India must be completed at most within 5 days from the day the Insured Person was discharged.
- d. Claim under this benefit shall be payable only if claim would be payable under EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS benefit of this policy irrespective whether that benefit is in-force or not.
- e. It is necessary that the Insured Person's Minor children availing this benefit are covered under this policy.
- f. Claim under this benefit shall be payable from the Hospitalized Insured Person's Sum Insured as mentioned in the Certificate of Insurance.
- g. Any refund amount received upon cancellation or reschedule of originally scheduled Flight tickets of Minor Children shall be deducted at the time of paying claim.
- h. 'x' shall be the 'Number of Continuous days of Hospitalization for Emergency Travel Expenses for Insured Person's minor Children' as opted and specified in the certificate of Insurance under EMERGENCY TRAVEL EXPENSES FOR INSURED PERSON'S MINOR CHILDREN coverage



B. Specific Exclusions applicable to EMERGENCY TRAVEL EXPENSES FOR INSURED PERSON'S MINOR CHILDREN

- a. Any kind of expenses related to meals, or transportation (except the flight tickets) are not payable under this benefit

C. Specific Claim Documents applicable to EMERGENCY TRAVEL EXPENSES FOR INSURED PERSON'S MINOR CHILDREN

- a. Original Discharge Summary of the Insured Person
- b. Original Invoices/Bills along with boarding pass related to travel and accommodation of Minor Children
- c. Original Invoices/Bills along with boarding pass related to travel and accommodation of Immediate Family Member (if applicable)
- d. Original Invoices/Bills related to Attendant services and/or Escort services availed (if applicable)
- e. Documents establishing the relation of Minor children with Insured Person
- f. Documents establishing the relation of Immediate Family member with Insured Person (if applicable)
- g. Invoice of refund received upon cancellation/reschedule of Flight tickets of Minor Children

35. PERSONAL LIABILITY

The Company shall reimburse the Insured Person upto the amount mentioned in the Certificate of Insurance for actual legal liability arising on account of Insured Person's negligence occurring during the Period of Insurance for which a civil claim is made or suit is brought against the Insured Person by a third party and the Insured Person has intimated the Company not later than 60 days from the date of event or first intimation to the insured of the suit, whichever is earlier solely for the below mentioned causes

- a. Accidental Injury to Third Parties
- b. Property damage to Third Parties

The Company shall also indemnify the Insured Person towards the cost of legal defense incurred, upon the prior written consent of the Company

A. Specific Conditions applicable to PERSONAL LIABILITY

The Company's liability towards the Insured Person will be determined by a foreign court of law or otherwise as mutually agreed between the Company and the Insured Person in advance

- c. In the event of any legal action taken against the Insured Person, he shall:
 - i. Give immediate (preferably within 24 hours), written notice to the Company, and
 - ii. Not incur any defence costs or expenses, admit liability for or settle or attempt to settle, make any admission or offer any payment or otherwise assume any contractual obligation with respect to any claim or claimant without the prior written consent from the Company. Once the written consent is provided the Company shall be entitled (but in no case obligated) at any time:
 - i. to take over and conduct the defence and/or settlement of any action or claim in the name of the Insured Person
 - ii. to receive the Insured Person's co-operation and assistance and
 - iii. to appoint lawyers on the Insured Person's behalf

Any and all costs and expenses incurred by the Company or the lawyers appointed by the Company shall be a first charge on the Sum Insured.

- d. The Company shall not settle any claim without express consent of the Insured Person, but if the Insured Person refuses an available settlement recommended by the Company then the Company's liability shall thereafter be restricted to the amount by which the claim could have been settled.

B. Specific Exclusions applicable to PERSONAL LIABILITY

- a. Liability which is expected or intended by an Insured Person
- b. Liability arising out of or in connection with a business engaged in by the 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.
- c. Liability arising out of the rental or holding for rental of any part of any premises or a motor vehicle of any kind by the Insured Person.
 - d. Liability arising out of the rendering of or failure to render professional services.
 - e. Liability arising out of a premises, watercraft or aircraft that is owned by, rented to or rented by the Insured Person.
 - f. Liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles, all other motorised land conveyances, water craft or aircraft.
 - g. Liability arising out of the transmission of a communicable disease by the Insured Person.
 - h. Liability arising out of sexual molestation, corporal punishment, or physical or mental abuse.
 - i. 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.
 - j. Liability under any contract or agreement.
 - k. Property Damage to property owned by the Insured Person.
 - l. Property Damage to property rented to, occupied, or used by or in the care of the Insured Person.
 - m. Bodily Injury to any person eligible to receive any benefits voluntarily provided or required to be provided by the Insured Person under any worker's compensation law, non-occupational disablement law or occupational diseases law.
 - n. Any claims or suits arising from any Immediate Family Member, Close Business Associate or an Immediate Family Member of a Close Business Associate against the Insured Person.

C. Specific Claim Documents applicable to PERSONAL LIABILITY

- a. Original Travel tickets and boarding pass
- b. Self-Declaration and statement of event in writing
- c. Legal notice/summons or any other documents relevant to incident
- d. Copy of Judgment of the Court
- e. Statement of claim furnishing particulars of the event leading to the liability, such as the court order;
- f. Photocopy of the police report (wherever reported).
- g. Witness statements if available
- h. Any other documents relevant to the incident including summons, legal notice, copy of court award, notice from third party claiming the amount.

36. BAIL BOND

Under this benefit, we shall indemnify the cost of bail bond expenses following arrest or detention of the Insured Person by the police/judicial authorities during the period of insurance. The Company shall indemnify the Bail amount as ordered by the Court for trial and judgment towards the arrest or detention.

A. Specific conditions applicable to BAIL BOND

- a. The Company will reimburse the Insured person the bail amount which is paid by the Insured to the Judicial Authority / Court. This benefit would be for bailable offences only.
- b. The Insured shall appear in the Court on the date specified by the Court for trial and judgment.
- c. If the bail bond is forfeited due to the misconduct or negligence or any wrongful act of the Insured or otherwise for breach of the terms of such bail bond, then the amount of the bail bond will have to be repaid to the Company by the Insured Person within 1 month after the bail bond is forfeited.
- d. In case of death of the Insured, at the first instance, during the trial period or after judgement the immediate family member, will be liable to produce the death certificate or the necessary documents, as per the local law, in the Court within 1 month (of such death) for the release of the bail amount. In case they fail to do so, it is hereby agreed that the Company would have full right and authority to recover the bail amount from the estate of the Insured, or the parents/guardians of the Insured.
- e. The amount will be refunded to the Company by the insured person as soon as the Court releases the bail amount with which the deposit was made to the insured. In the event that the Court imposes any penalty or fine on the Insured person at the time of interim order or final judgment, then such fine/penalty shall NOT be deducted or adjusted from the bail amount which was reimbursed by the Company to the Insured.

B. Specific claim documents applicable to Bail Bond

- a. Original FIR copy
- b. Charge Sheet
- c. Order copy of Bail Bond gazetted by Judge.
- d. Documents pertaining to court proceedings
- e. Death Certificate (if applicable)
- f. Payment proof of Bail amount

37. STUDY INTERRUPTION

Under this benefit, we shall reimburse the portion of tuition fees that has already been paid and is non-refundable ONLY if any of the below listed events occur due to which the Insured Person is unable OR decides not to continue his/her studies further and complete the course in the overseas educational institution for which the Tuition fee has been paid.

- a. Death of the Insured Person or his/her Immediate family member OR the Insured Person's sponsor during the Period of Insurance
- b. Sudden Injury or Illness to Insured Person requiring minimum 30 days of continuous hospitalization that commenced during the Period of Insurance.
- c. First Diagnosis of a Terminal Illness to the Insured Person during the Period of Insurance that is certified by the treating medical practitioner

A. **Specific conditions applicable to STUDY INTERRUPTION**

- a. In case the educational institute refunds any portion of the fees the same shall NOT be indemnified under this benefit
- b. In case of death of Insured Person's sponsor: For claim to be payable under this benefit it is necessary to prove that the Insured Person's sponsor has paid a portion for the Tuition Fees to the overseas educational institution on behalf of the Insured. Payment of fees to the educational institution must necessarily be from the bank account in the name of the Sponsor.

B. **Specific claim documents applicable to STUDY INTERRUPTION**

- a. Death Certificate of the Insured's Person / Immediate family member
- b. Insured Person's hospitalization Summary
- c. Certificate of Terminal Illness from treating medical practitioner
- d. Diagnostic reports
- e. Fee invoices and Non-refundable fee certificate
- f. Educational and course details of the Insured Person

38. SPONSOR PROTECTION

Under this benefit, we shall reimburse the forthcoming expenses on the Insured Person's Tuition Fees in the event of Accidental Death of the Insured Person's Sponsor, who pays the Tuition Fees to the overseas educational institution on behalf of the Insured.

A. Specific conditions applicable to SPONSOR PROTECTION

- a. The Company will reimburse expenses up to the Sum Insured pertaining to only the Tuition fees component for the remaining period of the educational course for which the Sponsor was paying fees on behalf of the Insured Person.
- b. The unfortunate event of accidental death of the Insured Person's sponsor must have occurred during the Period of Insurance and also after commencement of the Insured Person's overseas education course.
- c. For claim to be payable under this benefit it is necessary to prove that the Insured Person's sponsor has paid a portion for the Tuition Fees to the overseas educational institution on behalf of the Insured. Payment of fees to the educational institution must necessarily be from the bank account in the name of the Sponsor.
- d. The Insured Person must continue to pursue and complete his course in the given institution

B. Specific claim documents applicable to SPONSOR PROTECTION

- a. Death Certificate of the Insured's Person Sponsor.
- b. Bank account details of the Insured's Person Sponsor.
- c. Already paid fee invoice
- d. Remaining fee invoice
- e. Educational and course details of the Insured Person

39. BACK AT HOME COVER

39.a. Burglary Cover for Home Contents

- a. The Company will indemnify the Insured in respect of loss or damage to Home Contents, by burglary and housebreaking including larceny and theft.
- b. The Company will further indemnify the Insured in respect of damage to the Insured's home and/or safe resulting from burglary and/or housebreaking or any attempt thereof subject to a maximum of 5% of the Sum Insured under this sub-benefit.

Provided however that no loss under clauses a. and b. hereinabove, shall together exceed the Sum Insured under this sub-benefit.

A. Specific Conditions Applicable to Burglary Cover for Home Contents

- a. Jewellery is covered subject to its being kept in locked safe within the home premises.
- b. Where any item insured hereunder consists of articles in pair or set the Company's liability in respect thereof shall not exceed the value of any article which may be lost or damaged without reference to any special value which such article may have as part of such pair or set.
- c. The cover under this section becomes inoperative if the premises remains unoccupied for more than 60 consecutive days unless prior written notice is sent to the Company and its consent obtained, subject to fulfilment of terms and conditions that may be stipulated by the Company for extending cover in such circumstances.

B. Specific Exclusions Applicable to Burglary Cover for Home Contents

This Section does not cover loss, destruction or damage,

- a. Caused by burglary and/or housebreaking and/or theft and/or larceny where any member of the Insured's family is concerned as principal or accessory
- b. To securities, documents of any kind, stamps, coins, cash/paper money, deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, promissory notes, or any other negotiable instrument, books of accounts or any other business books, and explosives.
- c. To articles of consumable nature, livestock and motor vehicles.
- d. To curios, antiques, pictures and other works of art, guns, collection of stamps, coins and medals for an amount collectively in excess of INR 10,000
- e. To jewellery and valuables in excess of INR 10,000 per single article

39.b. Fire and Allied Perils for Home Contents

We cover the physical loss or damage to or destruction of the **General Contents** of Your Home caused by an Insured Event as listed in **table below**.

	Column A	Column B
	We cover physical loss or damage, or destruction caused to the Insured Property by	We do not cover any loss or damage, or destruction caused to the Insured Property
1	Fire	caused by burning of Insured Property by order of any Public Authority.
2	Explosion or Implosion	-
3	Lightning	-
4	Earthquake, volcanic eruption, or other convulsions of nature	-
5	Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation	-
6	Subsidence of the land on which Your Home Building stands, Landslide, Rockslide	caused by a. normal cracking, settlement or bedding down of new structures, b. the settlement or movement of made up ground, coastal or river erosion, c. defective design or workmanship or use of defective materials, or d. demolition, construction, structural alterations or repair of any property, or e. groundworks or excavations.
7	Bush fire, Forest fire, Jungle fire	-
8	Impact damage of any kind, i.e., damage caused by impact of, or collision caused by any external physical object (e.g. vehicle, falling trees, aircraft, wall etc.)	caused by pressure waves caused by aircraft or other aerial or space devices travelling at sonic or supersonic speeds.
9	Missile testing operations	-
10	Riot, Strikes, Malicious Damages	caused by a. temporary or permanent dispossession, confiscation, commandeering, requisition or destruction by order of the government or any lawful authority, or b. temporary or permanent dispossession of Your Home by unlawful occupation by any person.
11	Acts of terrorism (Coverage as per Terrorism Clause attached)	Exclusions and Excess as per Terrorism Clause attached.

12	Bursting or overflowing of water tanks, apparatus and pipes.	-
13	Leakage from automatic sprinkler installations.	<ul style="list-style-type: none"> a. repairs or alterations in Your Home or the building in which Your Home is located, b. repairs, removal or extension of any sprinkler installation, or c. defects in the construction known to You.
14	Theft within 7 (seven)days from the occurrence of and proximately caused by any of the above Insured Events.	<p>if it is</p> <ul style="list-style-type: none"> a. of any article or thing outside Your Home, or b. of any article or thing attached from the outside of the outer walls or the roof of Your Home, unless securely mounted.

A. Specific Conditions Applicable to Fire and Allied Perils for Home Contents

- a. The Sum Insured for Fire and Allied Perils for Home Contents cover is INR 5 Lakh (Rupees Five Lakh). This will be the maximum Sum Insured payable in the event the Home Contents are destroyed /lost completely.
- b. If the General Contents of Your Home are physically damaged by any Insured Event, We will at Our option,
 - i. reimburse to You the cost of repairs to a condition substantially the same as its condition at the time of damage, or
 - ii. pay You the cost of replacing that item with a same or similar item, or
 - iii. repair the damaged item to a condition substantially the same as its condition at the time of damage.

B. Specific Exclusions Applicable to Fire and Allied Perils for Home Contents

We do not cover losses and expenses for any loss or damage or destruction of the Insured Property arising from Insured events, stated below:

- a. Your deliberate, wilful or intentional act or omission, or of anyone on Your behalf, or with Your connivance.
- b. War, invasion, act of foreign enemy hostilities or war-like operations (whether war is declared or not), civil war, mutiny, civil commotion amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.
- c. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component that is part of it.
- d. Pollution or contamination, unless

- i. the pollution or contamination itself has resulted from an Insured Event, or
 - ii. an Insured Event itself results from pollution or contamination.
- e. Loss, damage or destruction to any electrical/electronic machine, apparatus, fixture, or fitting by over-running, excessive pressure, short circuiting, arcing, self- heating or leakage of electricity from whatever cause (lightning included). This exclusion applies only to the particular machine so lost, damaged or destroyed.
- f. Loss or damage to bullion or unset precious stones, manuscripts, plans, drawings, securities, obligations or documents of any kind, coins or paper money, cheques, vehicles, and explosive substances unless otherwise expressly stated in the policy.
- g. Loss of any Insured Property which is missing or has been mislaid, or its disappearance cannot be linked to any single identifiable event.
- h. Loss or damage to any Insured Property removed from Your Home to any other place.
- i. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
- j. Any reduction in market value of any Insured Property after its repair or reinstatement.
- k. Costs, fees or expenses for preparing any claim.

C. Insured Obligations applicable to 39.a. Burglary Cover for Home Contents & 39.b. Fire and Allied Perils for Home Contents

1. Obligation to take care: You must:

- a. keep Your Home Contents in good condition and well maintained,
- b. take care to prevent theft, loss or damage to Your Home Contents.

2. Allow inspection and investigation of claim:

You must allow, and give full cooperation to the survey/investigation of Your claim by Us. You must allow Us, and any surveyor, officer or other representative that We authorise, to inspect Your Home Contents including the interior wherever necessary, take photographs and where required, permit the scientific testing and investigation of any insured article affected by the insured peril. You must answer all questions asked regarding Your claim truthfully and completely, and submit all relevant documents that We will require.

D. General Conditions Applicable to 39.a. Burglary Cover for Home Contents & 39.b. Fire and Allied Perils for Home Contents

a. Automatic Termination of covers

Coverage under 39.a. Burglary Cover for Home Contents & 39.b. Fire and Allied Perils for Home Contents will automatically end in the following cases:

- i. Exhaustion of Sum Insured: If any item of Your Home Contents, is lost, destroyed or

stolen, or is a Total Loss, and We pay You the full Sum Insured for such item, the insurance cover for that item will automatically end. If We pay the total Sum Insured for any claim, this Policy will end.

- ii. Change of use of Your Home Contents: if You use any item of Home Contents for use that is not personal.
- iii. Sale of Your Home Contents: Surrender or release Your interest in Your Home Contents, or Your interest in the Home Contents comes to an end.

b. Terrorism clause (inbuilt in this cover)

INSURING CLAUSE

Subject otherwise to the terms, exclusions, provisions and conditions contained in the Policy and in consideration of the payment by the Insured to the Company of additional premium as stated in the Schedule, it is hereby agreed and declared that notwithstanding anything stated in the 'Terrorism Risk Exclusion' of this Policy to the contrary, this Policy is extended to cover physical loss or physical damage occurring during the period of this Policy caused by an act of terrorism to the location /s mentioned in the schedule subject to the exclusions, limits and excess described hereinafter.

For the purpose of this cover, an act of terrorism means an act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), or unlawful associations, recognized under Unlawful Activities (Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.

This cover also includes loss, damage, cost or expense directly caused by, resulting from or in connection with any action taken in suppressing, controlling, preventing or minimizing the consequences of an act of terrorism by the duly empowered government or Military Authority.

Provided that if the Insured is eligible for indemnity under any government compensation plan or other similar scheme in respect of the damage described above, this Policy shall be excess of any recovery due from such plan or scheme.

For the purpose of the aforesaid inclusion clause, "Military Authority" shall mean armed forces, para military forces, police or any other authority constituted by the government for maintaining law and order.

E. Claim procedure and Specific Claim Documents Applicable to 39.a. Burglary Cover for Home Contents & 39.b. Fire and Allied Perils for Home Contents

If You suffer a loss because of an Insured Event, You must make a claim for Your financial loss at Your cost. The procedure for making a claim is given below. These include things that You must do, and that You must not do. It is important to comply with these to ensure that it does not prejudice Your claim in any manner.

a. Immediate notice to Us

As soon as any physical loss or damage occurs to Your Home Contents due to an Insured Event, You must immediately give notice to Us of the loss or damage. This is necessary for Us to survey/ investigate the loss or damage, as may be required.

- i. You can give notice to any of Our offices or call-centres.
- ii. You must state in this notice
 - a) the Policy Number,
 - b) Your name,
 - c) details of report to the police that You made,
 - d) details of report to any Authority that You made,
 - e) details of the Insured Event,
 - f) a brief statement of the loss,
 - g) particulars of any other insurance any of Your Home Contents,
 - h) submit photographs of loss or physical damage, wherever possible.

b. Steps to prevent loss and damage

- i. You must take all reasonable steps to prevent further loss or damage to Your Home Contents.
- ii. Until We have inspected Your and Home Contents, and have given Our consent,
 - a) You must not sell, give away or dispose of any damaged items of any property for which You are making a claim;
 - b) You must not wash or clean, or remove any damaged item or debris, except for any urgent necessity;
 - c) You must not carry out repairs, unless such repairs are urgent and You cannot contact Us.

c. Immediate notice to Authorities

- i. As soon as any loss or damage occurs to the Insured Property, You must give immediate report to appropriate legal authorities. For example, You must report to the fire brigade of the local authority and the police if there is damage by fire/ explosion / implosion or lightning. In case of subsidence /landslide/rockslide, You must inform the District Administration. In the event of impact damage of any kind or Riot Strikes, Malicious damages and acts of terrorism, You must inform the police. If there is a theft within 7 (seven) days following an Insured Event You must inform the police.
- ii. We may, but not necessarily, waive this condition if We are satisfied that by reason of extreme hardship it was not possible for You or any other person on Your behalf to give such report.

d. Submit claim

- i. Claim form
 - a) You must submit Your claim in Our claim form at the earliest opportunity, but within 30 days from the date You first notice the loss or damage. The claim form is available in any of Our branches, and on Our web-site.
 - b) You must state in Your claim the details of any other insurance policy that covers the damage or loss for which You have filed Your claim, whether You have purchased such other insurance, or someone else has purchased it for You.

- ii. We shall not be liable for any loss or damage after the expiry of 12 months from the happening of the loss or damage unless the claim is the subject of pending action or arbitration. If We disclaim liability for a claim You have made and if the claim is not made a subject matter of a suit in a court of law within a period of 12 months from the date of disclaimer, the claim shall not be recoverable hereunder.

e. Establish loss

- i. You must prove that the Insured Event has occurred, and the extent of physical loss or damage You have suffered with full details.
- ii. When We request,
 - a) You must support Your claim for Home Contents with plans, specification books, vouchers, invoices pertaining to costs incurred by You for reconstruction/replacement/repairs.
 - b) You must allow Us, Our officers, surveyors or representatives to inspect the loss or damage to Your Home Contents and to take measurements, samples, damaged items or parts, and photographs that are relevant.
 - c) You must give Us authority to see the relevant records and get information about the Event and Your loss from the police or any other authority.

f. Recovery action by Us

- i. When We accept and pay Your claim under the Policy, We can start legal proceedings to recover the amount or property from the third party who has caused the loss or damage to Your Home Contents. You must give authority to Us to take such action and exercise this right effectively, when We request You, whether before or after making payment of Your claim. You must give all information, cooperation, assistance and help for this purpose. You must not do anything which will prejudice Our right. We can do this
 - a) without seeking Your consent,
 - b) in Your name, and
 - c) whether or not Your loss has been fully compensated.
- ii. Any amount We recover from such person will be applied first to the costs of the legal proceedings and recovery, then to the claim amount We have paid or must pay to You. We will pay You any balance.
- iii. You can start legal proceedings against any person who has caused the loss or damage only with Our prior consent, and on conditions that We will impose. You must not compromise or settle any claim against such person without Our consent. If You recover any amount from such person, You must return to Us the amount We have paid for Your claim. We can take over the conduct of legal proceedings that You have started and continue the proceedings in Your name.

39.c. Pet Care

The Company shall reimburse the Insured Person in respect of the expenses incurred for extended stay of his pet in the pet house in India in case the final booked return journey to India is delayed for more than 24 hours due to:

- a. inclement weather
- b. strike, Political Disturbance, Compulsory quarantine by Government
- c. Airline's acts of omission / commission or mechanical breakdown of the aircraft on which Insured Person was scheduled to travel on
- d. Death or minimum continuous and completed medically necessary Hospitalization of at least 2 days in an overseas facility of the Insured Person or an Immediate Family member travelling with the Insured person due to which the Insured Person was not able to return on scheduled arrival date.

A. Specific Exclusions Applicable to Pet Care

- a. Any consequential liability or expenses incurred on account of mishandling and/or improper care of pet.

B. Specific Claim Documents Applicable to Pet Care

- a. Original receipts/bills of expenses on extended stay of per in pet house
- b. Original Medical Reports, Discharge Summary and Copy of Passport of the Insured Person or the Immediate Family member travelling with the Insured person who was hospitalized
- c. Letter from the Airline Authority specifying the reason of delay and total time of delay
- d. Copy of death certificate in case of death

40. RENTAL MOTOR DAMAGES

The Company shall reimburse the Insured Person for damages pertaining to a rented motor vehicle ONLY as detailed in below table.

Sr. No.	Type of Damage	Maximum Coverage
1	Dent or damage to the rental motor vehicle	Upto 50% of Sum Insured of this Benefit
2	Theft of rental motor vehicle	Upto 100% of Sum Insured of this Benefit
3	Replacing a lost or stolen key of the rental motor vehicle, including replacement of locks and locksmith charges	Upto 20% of Sum Insured of this Benefit
4	MISFUELING: Cleaning out the engine and fuel system in case the Insured put wrong type of fuel in the rented motor vehicle	Upto 20% of Sum Insured of this Benefit
5	TOWING COSTS: Towing costs following an accident or breakdown involving the Rental Vehicle OR Towing costs owing to points 1, 3 or 4 above.	Upto 20% of Sum Insured of this Benefit

A. Specific Conditions applicable to RENTAL MOTOR DAMAGES

- Claim shall be payable under this benefit ONLY if the damage to the rented Motor vehicle has occurred during the period of Insurance and when the vehicle was in custody and was being driven by the Insured Person
- Under no circumstances the total payment for all the above contingencies shall exceed the Sum Insured of this Benefit as specified in the Certificate of Insurance.
- Claim shall be payable under this benefit ONLY if the insured driver holds a valid and driving license/permit which must be effective at the time of incident and in the country of incident.
- The cover under this section will commence from the time the Insured Person takes legal control of Rental Motor vehicle and will cease at the time Rental Agency assumes back control of the same.
- Any amount received in the form of compensation from any other Insurance policy or any other source shall be deducted from and adjusted at the time of claim payment.

B. Specific Exclusions applicable to RENTAL MOTOR DAMAGES

- a. We shall not be liable to pay any damages OR expenses that are NOT mentioned in the table above
- b. We shall not be liable to pay any charges imposed by the rental company for delayed return of the vehicle
- c. Operation of the vehicle in violation of the terms of the rental agreement.
- d. Damage to rented Motor vehicles that have been rented from a non-licensed rental agency.
- e. Damages to rented Motor vehicles in the absence of a valid and legal rental agreement
- f. Any claim arising out of violation of law, rules or regulations of the country
- g. Any loss or damage arising from wear and tear, gradual deterioration, latent damage or defect
- h. Any claim arising out of insured being under influence of alcohol or drug abuse.

C. Specific Claim Documents applicable to RENTAL MOTOR DAMAGES

- a. Police First Incident Report (FIR), in case of any road traffic accident or third-party involvement or theft
- b. Rental agreement / declaration
- c. Valid license of the rental agency
- d. Photographs of the damage to the rental vehicle (and images of the vehicle before the incident if available)
- e. Invoices/Receipts/other documents confirming the amount you have paid in respect of damages
- f. Insured Person's license/permit

41. REPLACEMENT OF STAFF

In case an Insured Person is hospitalized during the Period of Insurance for a minimum of 5 continuous days owing to an Illness or Injury we shall indemnify the expenses specified below that are incurred on sending out one co-worker as a replacement for the Insured Person

Expenses covered

1. Actual cost of an economy class air ticket to reach the country the Insured Person is hospitalized in
2. Actual cost of an economy class air ticket to return the replacement person to his City of residence

A. Specific Conditions applicable to REPLACEMENT OF STAFF

- a. It would be a prerogative at the Insured Person's end to prove that the trip overseas was a business / official trip and the need for a co-worker as a replacement is essential to meet business obligations and the same is certified by the employer
- b. The co-worker sent out as a replacement must be an employee of the same organization as the Insured Person
- c. The co-worker's journey to the country where the Insured Person is Hospitalized should commence within 20 days from the date of admission of the Insured Person in the hospital.

B. Specific Exclusions applicable to REPLACEMENT OF STAFF

- a. Claim shall NOT be payable under this benefit if the substitute employee has already been booked to travel to the requisite destination prior to the date of admission of the Insured Person in the hospital.

C. Specific Claim Documents applicable to REPLACEMENT OF STAFF

1. Original Hospitalization & Discharge Summary of the Insured Person
2. Original Bills & Payment Receipts of medical expenses and other expenses
3. All relevant travel details
4. Letter of Proof from employer

42. GOLFER'S HOLE IN ONE

The Company shall pay in Lumpsum an amount equal to the Sum Insured mentioned in the Certificate of Insurance if the Insured Person during the Period of Insurance, achieves a hole-in-one in a golf course recognized by

- a. United States Golfers' Association (USGA) OR;
- b. Professional Golfers' Association (PGA) OR;
- c. Any other recognized International Golf Association

A. Specific Claim Documents applicable to GOLFER'S HOLE IN ONE

- a. Letter from the recognized Golf Association confirming that the Insured Person has completed Golfer's Hole in One at their Golf course/club

43. LOSS OF CHECKED-IN BAGGAGE (INDEMNITY)

The Company shall Indemnify the Insured Person an amount upto the Sum Insured mentioned in the Certificate of Insurance in the event that the Insured Person's Checked in baggage on a Flight during the Period of Insurance

- a. is completely and permanently lost (cannot be found) OR
- b. is found in a state wherein the bag is totally damaged and beyond repair AND / OR Is found in a state wherein articles within the checked-in baggage are totally damaged and beyond repair.

A. Specific Conditions applicable to LOSS OF CHECKED-IN BAGGAGE (INDEMNITY)

- a. Indemnification of losses with respect to LOSS OF CHECKED-IN BAGGAGE (INDEMNITY) shall be subject to the per bag & per article sub-limit as mentioned in the Certificate of Insurance. The per bag & per article percentage sub-limit shall be calculated basis Sum Insured of LOSS OF CHECKED-IN BAGGAGE (INDEMNITY) as specified in Certificate of Insurance
- b. In cases where in the bag is lost and cannot be found, we shall indemnify the Insured Person for loss of his bag including all articles inside such checked in baggage upto the per bag sub-limit only.
- c. In cases where in the bag is found in a state wherein it is totally damaged and beyond repair AND / OR is found in a state wherein articles within the checked-in baggage are totally damaged and beyond repair, we shall indemnify the Insured Person for the damage to his bag as well as damage to articles within such bag. In such cases we shall indemnify losses pertaining to each damaged article and bag (if totally damaged and beyond repair) upto the per article limit only.
- d. On discovering that LOSS OF CHECKED-IN BAGGAGE has occurred, the Insured Person must obtain a relevant property irregularity report (PIR) from the Airline and submit the same to the Company. In cases where bag(s) is/are completely and permanently lost (cannot be found) the Insured Person must also obtain and submit an FIR report that was filed with the relevant authority. Such FIR must have complete details of all articles within the bag.
- e. Images of articles within checked-in bag / the bag itself that is damaged and beyond repair must be submitted to the company
- f. We shall be liable to indemnify ONLY
 - i. those articles within the bag that were completely lost along with the bag (including the bag) if the same are purchased in the immediate following 10 days after LOSS OF CHECKED-IN BAGGAGE has occurred provided that the details of such articles are mentioned explicitly in the FIR/PIR report.
 - ii. those articles within the checked in bag / the bags itself that are damaged beyond repair or completely lost and are purchased immediately following 10 days after LOSS OF CHECKED-IN BAGGAGE has occurred.

- g. Claim under Loss of Checked-in Baggage occurring during the final return journey back to India wherein the loss happens overseas but realization of loss happens in India shall also be payable.
- h. Our maximum liability under this cover shall never exceed the Sum Insured mentioned in the Certificate of Insurance against this cover
- i. For clarity purposes,
 - i. A pair of skis, ski boots and accessories (Including any kind of shoe) shall be regarded as one item;
 - ii. Bottles of perfume, aftershave, and make up shall together be regarded as one item;
 - iii. The equipment and accessories of any sport that an Insured Person takes on a trip shall be regarded as one item.

B. Specific Exclusions applicable to LOSS OF CHECKED-IN BAGGAGE (INDEMNITY)

We shall not liable for Loss arising / resulting from:

- a. loss of cash, jewellery, bank or currency notes, cheques, debit or credit cards or unauthorised use thereof, postal orders, travellers cheques, travel, tickets, securities, documents, papers, coupons of any kind.
- b. 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
- c. destruction or damage due to wear and tear, moth or vermin
- d. Any type of partial damage
- e. Any type of theft or stealing
- f. for loss, destruction, or damage due to delay, confiscation or detention by order of any government or Public Authority
- g. for loss, destruction or damage directly occasioned by pressure waves, caused by aircraft or other aerial devices travelling at sonic or supersonic speeds
- h. for loss, destruction or damage caused by any process of cleaning, dyeing, repairing or restoring
- i. for loss, destruction, or damage caused by atmospheric or climatic conditions or any other gradually deteriorating cause.
- j. a claim involving animals
- k. baggage and/or personal effects sent under an airway-bill or bill of lading
- l. Computer equipment, mobile phones, tablets, ipods, laptops, cameras, musical instruments, radios and portable radio/cassette/compact disc players and other personal electronic equipment.
- m. Articles within the checked in baggage which were lost and not purchased 10 days immediately after the date of loss.

C. Specific Claim Documents applicable to LOSS OF CHECKED-IN BAGGAGE (INDEMNITY)

- a. Property Irregularity Report from the concerned authority with details regarding articles/items/baggage damaged or lost



- b. FIR from the concerned authority with details regarding articles/items/baggage damaged or lost
- c. Original purchase receipts of the lost/damaged goods
- d. Original tickets and boarding passes
- e. Baggage slips

44. HIJACK DISTRESS ALLOWANCE (PER-DAY)

The Company shall pay the Insured Person the Per-day amount specified in the Certificate of Insurance against this cover if the Insured Person is travelling on board a Flight which is Hijacked during the Period of Insurance.

E. Specific Conditions applicable to HIJACK DISTRESS ALLOWANCE (PER-DAY)

- a. The hijack needs to be confirmed and declared by the government and/or airlines authority.
- b. Claim under this benefit shall be payable only if the Insured Person is travelling on the flight as a fare paying passenger.
- c. Exclusion pertaining to terrorism shall be superseded for claim to be payable under this benefit.
- d. 24 hours of continuous and completed Hijack shall qualify as a day. Payout shall be made basis unique completed days of Hijack.
- e. Claim payable under this benefit shall be upto the maximum number of days as mentioned in the Certificate of Insurance.

F. Specific Definitions applicable to HIJACK DISTRESS ALLOWANCE (PER-DAY)

- a. Hijack means the unlawful seizure or wrongful exercise of control of a Flight, in which the Insured Person is travelling as a fare paying passenger.

G. Specific Exclusions applicable to HIJACK DISTRESS ALLOWANCE (PER-DAY)

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

H. Specific Claim Documents applicable to HIJACK DISTRESS ALLOWANCE (PER-DAY)

- a. Document from government and/or airlines authority confirming Hijack and its duration
- b. Copy of Hijacked Flight ticket along with boarding pass

II. OPTIONAL COVERAGES

All the benefits listed under this section are optional in nature. An optional benefit can be selected only if a Base Benefit has been opted. For opting certain optional covers a specific Base cover might need to be opted, details pertaining to the same shall be mentioned categorically in the terms of such optional benefits. Optional covers shall be in force only if the same have been opted, additional premium has been paid for the same and there is mention of such cover in the Certificate of Insurance. Optional coverages are allowed to be opted at channel / partner level only. Individual customers might therefore NOT be able to opt for the same. Such optional covers shall be inbuilt in the pre-bundled plan(s) offered to the channel/partner.

1. AUTOMATIC EXTENSION

The Company shall grant automatic extension ONLY once and for the number of days as specified in the Certificate of Insurance, if the extension is necessary and is solely due to any of the reasons mentioned below. In such cases, policies shall be extended from the policy period end date:

- a. In case we have paid a claim under FLIGHT DELAY benefit or FLIGHT CANCELLATION benefit for the final flight back to India.
- b. Death of an Immediate Family member travelling with the Insured Person
- c. Sudden Injury or Illness to the Insured Person or an Immediate Family Member travelling with the Insured Person requiring minimum two days of hospitalization that commences during the Period of Insurance.
- d. Occurrence of a Catastrophic event at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- e. Act of Terrorism at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).
- f. Political disturbance at Your subsequent, Flight departure city or destination city or transit city (in case of connecting flights).

A. Specific Claim Documents applicable to AUTOMATIC EXTENSION

- a. Medical reports and discharge summary wherever applicable
- b. Copy of death certificate in case of death.
- c. Proof that the Immediate Family member was travelling with the Insured Person

2. ROAD AMBULANCE

This optional cover can be opted ONLY if Emergency Medical Expenses - Accident & Illness is opted

If this optional cover is in force, we will reimburse the expenses up to the sub-limits specified in the Certificate of Insurance against this cover, incurred on utilizing a road ambulance service overseas to transfer the Insured Person

- i. From site of incident to the nearest Hospital for Emergency Care Hospitalization OR
- ii. from one Hospital to another nearest Hospital, following an Emergency Care Hospitalization, ONLY if adequate medical resources to stabilize the Insured were NOT available at the first hospital

A. Specific Conditions applicable to ROAD AMBULANCE

- a. Road ambulance expenses shall be covered up to the sub-limits specified in the Certificate of Insurance against this cover
- b. There is NO separate Sum Insured for this cover. Any claim under this cover shall reduce the Sum Insured of Emergency Medical Expenses - Accident & Illness.
- c. Claim under this benefit shall be payable ONLY if we have accepted and paid a claim under Emergency Medical Expenses - Accident & Illness

B. Specific Claim Documents applicable to ROAD AMBULANCE

- a. Invoices / Bills pertaining to Road Ambulance charges incurred

3. MEDICAL REPATRIATION

This optional cover can be opted ONLY if Emergency Medical Expenses - Accident & Illness is opted

Under this cover we shall indemnify the Insured Person for the below listed expenses ONLY if the medical repatriation is proposed by the Insurer (post notification from the Insured) and consent for the same if provided by the Insured Person:

- i. Expenses incurred in evacuation of Insured Person from overseas medical facility to a medical facility in India in an ambulance, AND
- ii. Expenses incurred to continue medically necessary hospitalization commenced by the Insured Person outside of India for a maximum period of 30 days from date of return to India. Only those medical expenses stipulated under Emergency Medical Expenses - Accident & Illness shall be covered.

A. Specific Conditions applicable to MEDICAL REPATRIATION

- a. Claim under this cover shall be payable only if the Insured Person was hospitalised outside India for at least 24 hours prior to Medical Repatriation (unless deemed unnecessary by the Insurer)
- b. Claim under this benefit shall be payable ONLY if we have accepted and paid a claim under Emergency Medical Expenses - Accident & Illness
- c. There is NO separate Sum Insured for this cover. Medical repatriation expenses shall be covered maximum up to the Sum Insured of Emergency Medical Expenses - Accident & Illness. Any claim under this cover shall reduce the Sum Insured of Emergency Medical Expenses - Accident & Illness.
- d. Listed expenses under this cover may be settled on cashless basis or reimbursement basis as per the discretion of the Insurer
- e. Medical Repatriation cover can be availed by Insured Person ONLY after obtaining due approval from Us.

B. Specific Claim Documents applicable to MEDICAL REPATRIATION

- a. Invoices / Bills pertaining to medical repatriation charges incurred
- b. Hospitalization bills stating admission of at least 24 hours in the foreign country (unless deemed unnecessary by the Insurer)

4. POST HOSPITALIZATION EXPENSES

This optional cover can be opted ONLY if Emergency Medical Expenses - Accident & Illness is opted

Under this benefit, we will indemnify ONLY the below listed Post Hospitalization Medical Expenses incurred during the Period of Insurance upto the number of days post discharge as specified in the Certificate of Insurance

- a. Follow-up consultations
- b. Medications
- c. Diagnostic tests

A. Specific Conditions applicable to POST HOSPITALIZATION EXPENSES

- a. Post hospitalization expenses shall be covered up to the independent Sum insured mentioned in the Certificate of Insurance against this benefit.
- b. The Post hospitalization expenses shall be indemnified if the same were incurred upto the days specified in the Certificate of Insurance, immediately post the date of discharge from the Hospital.
- c. We shall pay a claim under this benefit ONLY if the post hospitalization expenses are related to a hospitalization of the Insured Person due to Illness OR Injury during the Period of Insurance and a claim under **EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS** would be payable irrespective whether that benefit is in-force or not.

B. Specific Claim Documents applicable to POST HOSPITALIZATION EXPENSES

- a. Invoices of all expenses incurred
- b. Doctor's prescription
- c. Medical history reports

5. OUT PATIENT TREATMENT EXPENSES

This optional cover can be opted ONLY if Emergency Medical Expenses - Accident & Illness is opted

Under this cover, if the **Insured Person** sustains **Injury OR Illness** during period of insurance and Outpatient Treatment is required, then we will indemnify the **Insured Person upto the Sum Insured** only for the below specified **OPD** Medical Expenses, pertaining to that Injury OR Illness if the same are medically necessary and prescribed by the treating medical practitioner

OPD Medical Expenses

- i. Diagnostic Tests
- ii. Medicines and Drugs
- iii. Pharmacy
- iv. Vaccination for post bite treatment
- v. Consultations with a Medical Practitioner
- vi. Plaster cast
- vii. Bandage and dressing

A. Specific Conditions applicable to OUT PATIENT TREATMENT EXPENSES

- a. Deductible as specified in Certificate of Insurance shall apply to each and every claim admissible under this benefit
- b. We shall only indemnify only those OPD expenses incurred within immediate 15 days following the date of sustaining the **Injury/ Illness**.
- c. We shall only indemnify only those OPD expenses incurred during the Period of Insurance.
- d. There is NO separate Sum Insured for this cover. Any claim under this cover shall reduce the Sum Insured of Emergency Medical Expenses - Accident & Illness
- e. This cover shall have a sub-limit. The same shall be mentioned against this cover in the Certificate of Insurance. We shall NOT be liable to pay any claims pertaining to OUT PATIENT TREATMENT EXPENSES in excess of the specified sub-limit.

B. Specific Claim Documents applicable to OUT PATIENT TREATMENT EXPENSES

- a. Doctors prescription
- b. Bills/ Invoices and reports pertaining to the out patient treatment expenses prescribed and incurred

6. EXTENSION OF PRE-EXISTING DISEASE (PED) COVERAGE

If this benefit is mentioned in the Certificate of Insurance, then Specific exclusion 'q' – 'Claims arising out of pre-existing disease' shall be superseded ONLY for all the below mentioned benefits if applicable and in force under the policy.

- a. EMERGENCY MEDICAL EXPENSES - ACCIDENT & ILLNESS
- b. OUT PATIENT TREATMENT EXPENSES
- c. DENTAL EXPENSES
- d. POST HOSPITALIZATION EXPENSES
- e. RECUPERATION EXPENSES
- f. ROAD AMBULANCE
- g. EMERGENCY MEDICAL EVACUATION
- h. MEDICAL REPATRIATION
- i. HOSPITAL CASH - ACCIDENT & ILLNESS
- j. EMERGENCY HOTEL ACCOMMODATION FOR INSURED PERSON
- k. EMERGENCY TRAVEL EXPENSES FOR INSURED PERSON'S MINOR CHILDREN
- l. EMERGENCY TRAVEL EXPENSES FOR IMMEDIATE FAMILY MEMBER
- m. EMERGENCY ACCOMMODATION EXPENSES FOR IMMEDIATE FAMILY MEMBER
- n. REPATRIATION OF MORTAL REMAINS

A. Specific Conditions applicable to EXTENSION OF PRE-EXISTING DISEASE (PED) COVERAGE

- a. Only those Pre-Existing Disease(s) [PED] that have been declared beforehand in the proposal form and agreed by the Company shall be considered under this cover.
- b. There is NO separate Sum Insured for this benefit. Any claim under this benefit shall reduce the Sum Insured of the requisite Base / Optional benefits.
- c. For PED claims, the sub-limit as specified in the Certificate of Insurance against EXTENSION OF PRE-EXISTING DISEASE (PED) COVERAGE is a cumulative sub limit that shall apply only to benefits a. to e. listed above. We shall not be liable to pay PED claims in excess of the stated sub-limit cumulatively under benefits 'a to e' put together. Claims upto the stated sub-limit shall be settled in the same chronology as stipulated above.
- d. For PED claims, the sub-limit as specified in the Certificate of Insurance against EXTENSION OF PRE-EXISTING DISEASE (PED) COVERAGE shall NOT apply to benefits 'f to n' listed above. Only the Specific exclusion 'q' – 'Claims arising out of pre-existing disease' shall be superseded.
- e. All deductibles, terms and conditions applicable to all the benefits listed above shall remain unaltered.

B. Specific Exclusions Applicable to EXTENSION OF PRE-EXISTING DISEASE (PED) COVERAGE

- a. Any treatment or part of the treatment which is not a medical emergency, and can safely be postponed till the Insured Person's return to India



- b. Any routine follow-up or treatments pertaining to the pre-existing disease

7. RESTRICTION OF COVERAGE FOR SENIOR CITIZENS

This optional cover can be opted ONLY if Emergency Medical Expenses - Accident & Illness is opted

Under this cover, sub-limit and/or restrictions as specified below shall be applicable to all Insured Persons aged 61 years or above under the Policy

For Insured Person aged 61 years and above, the maximum eligible medical expenses per Illness, disease or accident sustained or contracted within the Period of Insurance whilst on the trip abroad, that may lead to one or more medical expenses and/ or hospitalization expenses are as below

- a. Hospital Room and boarding - maximum USD 1,800 per day up to 30 days
- b. Intensive care unit - maximum USD 3,250 per day up to 7 days
- c. Surgery* - maximum up to USD 15,000
- d. Anaesthetist services - up to 25% of surgical treatment
- e. Medical Practitioner's visit fees - maximum USD 100 per day per visit up to 10 visits per claim
- f. Diagnostic and Radiology services - maximum USD 1000 per claim
- g. Road Ambulance services** - maximum upto USD 500 OR amount specified in the Policy Schedule against this service whichever is lower (per claim basis)
- h. Miscellaneous expenses*** - maximum of USD 2, 000

For the purpose of application of the above sub-limits,

- *Surgery: Includes Operation room charges, Surgeon fee and Implant charges
- **Ambulance Services: Includes Cost of transportation to hospital and Paramedic services
- ***Miscellaneous expenses: Includes but not limited to cost of medicines/ Pharmacy/ Drugs/ Supplies, nursing charges, External medical appliances as prescribed by a registered Medical Practitioner as necessary and essential as part of the treatment on actual, Blood storage & processing charges, other services which are not part of any other above given heads

A. Specific Conditions applicable to RESTRICTION OF COVERAGE FOR SENIOR CITIZENS

- a. The sub-limits / restriction as specified in Certificate of Insurance shall ONLY apply to Emergency Medical Expenses - Accident & Illness and optional covers available under the same.

- b. There is NO separate Sum Insured for this cover. Claims under Emergency Medical Expenses - Accident & Illness shall be subject to the sub-limits and restrictions applicable under this cover and stated in the Certificate of Insurance against this cover.
- c. All other terms and conditions as specified under Emergency Medical Expenses - Accident & Illness shall remain as is

8. REMOVAL OF RESTRICTION TO ONLY FLIGHTS

If this benefit is in force, then the words 'Flight', 'Airplane' and 'Airline' shall be understood to be replaced by the term 'Common Carrier' wherever it occurs in only those benefits mentioned below and if in force as per the Certificate of Insurance

- a. LOSS OF CHECKED-IN BAGGAGE (BENEFIT)
- b. LOSS OF CHECKED-IN BAGGAGE (INDEMNITY)
- c. DELAY OF CHECKED IN BAGGAGE [INDEMNITY]
- d. DELAY OF CHECKED IN BAGGAGE [BENEFIT]
- e. FLIGHT DELAY
- f. FLIGHT CANCELLATION
- g. MISSED FLIGHT CONNECTION
- h. FLIGHT RESCHEDULING AND ALTERNATE BOOKING
- i. TRIP DELAY
- j. TRIP CANCELLATION
- k. TRIP CURTAILMENT
- l. HIJACK DISTRESS ALLOWANCE (LUMPSUM)
- m. HIJACK DISTRESS ALLOWANCE (PER-DAY)
- n. BOUNCED BOOKING – AIRLINE

A. Specific Definitions applicable to REMOVAL OF RESTRICTION TO ONLY FLIGHTS

- a. Common Carrier means any Scheduled public carrier responsible for transporting fare paying passengers through Road, Rail, Water or Air and is operating under a valid license from the relevant Government authority. Private taxis, taxis booked through cab aggregators, self-driven or hired road carriers and chartered aircrafts do not fall under the definition of Common Carrier.



9. EXTENSION OF COVERAGE FOR ADVENTURE SPORTS ACTIVITIES

If this benefit is mentioned in the Certificate of Insurance, then Specific exclusion pertaining to **'Hazardous Activities OR Adventure sports'** shall be superseded for all benefits in force under the policy.

10. EXTENSION OF COVERAGE FOR SUICIDE

If this benefit is mentioned in the Certificate of Insurance, then Specific Exclusion pertaining to suicide shall be superseded by this extension for ONLY below mentioned benefits if opted and specified in COI. This benefit is only available with Student Travel policies.

- a. EMERGENCY MEDICAL EXPENSES - ACCIDENT & ILLNESS
- b. POST HOSPITALIZATION EXPENSES
- c. RECUPERATION EXPENSES
- d. HOSPITAL CASH - ACCIDENT & ILLNESS
- e. EMERGENCY MEDICAL EVACUATION
- f. EMERGENCY TRAVEL EXPENSES FOR INSURED PERSON'S MINOR CHILDREN
- g. EMERGENCY TRAVEL EXPENSES FOR IMMEDIATE FAMILY MEMBER
- h. EMERGENCY ACCOMMODATION EXPENSES FOR IMMEDIATE FAMILY MEMBER
- i. ROAD AMBULANCE
- j. OUT PATIENT TREATMENT EXPENSES
- k. MEDICAL REPATRIATION



11. EXTENSION OF COVERAGE FOR TERRORISM

If this benefit is in force, then exclusion 't' under Specific Exclusions section shall no longer be applicable to this policy and all admissible claims wherein the Insured person was a victim of an Act of Terrorism shall become payable. However, claims shall not be payable if evidence suggests that Insured Person was linked to carrying out the Act of Terrorism in any way.

12. HOME TO HOME COVER

Under this benefit, coverage for ONLY the below listed benefits shall be provided to the Insured Person before and beyond the Period of Insurance. Coverage shall be provided ONLY for the below mentioned benefits if the same are opted and specified in the Certificate of Insurance

- i. EMERGENCY MEDICAL EXPENSES - ACCIDENT & ILLNESS
- ii. ROAD AMBULANCE
- iii. POST HOSPITALIZATION EXPENSES
- iv. RECUPERATION EXPENSES
- v. DENTAL EXPENSES
- vi. HOSPITAL CASH - ACCIDENT & ILLNESS
- vii. OUT PATIENT TREATMENT EXPENSES
- viii. PERSONAL ACCIDENT
- ix. PERSONAL ACCIDENT – COMMON CARRIER

A. Specific Conditions applicable to HOME TO HOME COVER

- a. This benefit is NOT available for Student Travel Policies. It is only available for Single Trip and Annual Multi Trip policies.
- b. If this benefit is in force it extends the period of Insurance ONLY for coverage that is provided under HOME TO HOME COVER
- c. Geographical scope of this benefit is restricted to India
- d. There is NO separate Sum Insured for this benefit. Any claim under this benefit shall reduce the Sum Insured of the requisite Base benefits.
- e. All specific conditions, specific exclusions, specific waiting periods, deductibles, co-payments, sub-limits applicable to the above mentioned benefits i, ii, iii, iv shall be applicable for claims under this benefit as well
- f. For Single Trip policies
 - 1. Coverage under this benefit shall begin 48 hours prior to scheduled departure of Insured Person's Common Carrier from India that would have started the Period of Insurance
 - 2. Coverage under this benefit shall end at the earlier of
 - i. 48 hours post to scheduled arrival of Insured Person's Common Carrier to India
 - OR
 - ii. 48 hours post Policy Period end date
- g. For Annual Multi Trip policies



1. Coverage under this benefit shall begin 48 hours prior to scheduled departure of Insured Person's Common Carrier from India that would have started the Period of Insurance of that particular trip
2. Coverage under this benefit shall end at the earlier of
 - i. 48 hours post to scheduled arrival of Insured Person's Common Carrier to India for that trip

OR

 - ii. 48 hours post completion of annual multi trip maximum trip duration days for that trip

C. Specific claim documents applicable to HOME TO HOME COVER

- a. Travel ticket that starts period of Insurance
- b. Travel ticket that ends period of Insurance
- c. All requisite claim documents required in the requisite Base benefits

13. EXTENSION FOR COVERAGE IN INDIA

Under this benefit, coverage for ONLY the below listed benefits shall be provided to the Insured Person while he returns to India during the Policy Period. Coverage shall be provided ONLY for the below mentioned benefits if the same are opted and specified in the Certificate of Insurance

- A. EMERGENCY MEDICAL EXPENSES - ACCIDENT & ILLNESS
- B. ROAD AMBULANCE
- C. POST HOSPITALIZATION EXPENSES
- D. RECUPERATION EXPENSES
- E. DENTAL EXPENSES
- F. HOSPITAL CASH - ACCIDENT & ILLNESS
- G. OUT PATIENT TREATMENT EXPENSES
- H. STUDY INTERRUPTION
- I. SPONSOR PROTECTION
- J. PERSONAL ACCIDENT
- K. PERSONAL ACCIDENT – COMMON CARRIER

A. Specific Conditions applicable to EXTENSION FOR COVERAGE IN INDIA

- a. This benefit is NOT applicable to Single Trip and Annual Multi Trip policies. It is ONLY available for Student Travel policies.
- b. Geographical scope of this benefit is restricted to India
- c. There is NO separate Sum Insured for this benefit. Any claim under this benefit shall reduce the Sum Insured of the requisite Base benefits.
- d. All specific conditions, specific exclusions, specific waiting periods, deductibles, co-payments, sub-limits applicable to the above mentioned benefits shall be applicable for claims under this benefit as well

B. Specific claim documents applicable to EXTENSION FOR COVERAGE IN INDIA

- a. Travel ticket to India within the Policy Period
- b. All requisite claim documents required in the requisite Base benefits

14. OVERSEAS ASSISTANCE SERVICES

The Company will provide the Insured Person with the below mentioned Assistance Services through an empanelled Assistance Company / Provider

- A. **Medical Assistance** - As soon as the Assistance Company is notified of a Medical Emergency resulting from Insured Person's Accident, the Assistance Company will contact the medical facility or location where the Insured Person is located and confer with the Medical Practitioner at that location to determine the best course of action to be taken. If possible and if appropriate, Insured Person's Medical Practitioner will be contacted to help arrive at a decision as to the best course of action to be taken. The Assistance Company will then organize a response to the medical emergency, doing whatever is appropriate, including, but not limited to, recommending or securing the availability of services of a local Medical Practitioner and arranging Hospitalisation of the Insured Person where, in its discretion, deems such Hospitalisation is appropriate.
- B. **Medical Evacuation** - When, in the opinion of the Assistance Company's medical panel, it is judged medically appropriate to move the Insured Person to another location for treatment or return the Insured Person to the Insured Person's Usual Place of Residence, the Assistance Company will arrange the evacuation, utilizing the means best suited to do so, based on the Emergency Medical Evacuation of the seriousness of The Insured Person's condition, and these means may include air Ambulance, surface Ambulance regular airplane, rail, road or other appropriate means. All decisions as to the means of Transportation and final destination will be made by the Assistance Company.
- C. **Repatriation** - the Assistance Company agrees to make the necessary arrangements for the return of Insured Person's remains to the Insured Person's Usual Place of residence in the event of the Insured Person's death while this service agreement is in effect as to the Insured Person.
- D. **Legal Assistance** - If Insured Person is arrested or are in danger of being arrested as a result of any non-criminal action resulting from responsibilities attributed to, Assistance Company will, if required, provide the Insured Person with the name and address of an attorney who can represent him in any necessary legal matters. (applicable if the specific Add-on Cover has been opted for)
- E. **Lost / Stolen Luggage and Personal Effects or Lost passport Assistance** - the Assistance Company will assist the Insured Person who has lost the Insured Person's luggage or passport while traveling by contacting the appropriate authorities involved and providing directions for recovery. (applicable if the specific Add-on Cover has been opted for)
- F. **Lost Travel Document / Credit Card Assistance** - In the event of a lost travel document or credit card, the Assistance Company will assist Insured Person by providing directions on reporting the loss and requesting for replacement. (applicable if the specific Add-on Cover has been opted for)

- G. **Emergency Message Transmission Assistance** - the Assistance Company shall use its best efforts to transmit messages or medical information, upon the Insured Person's request and consent, to the Insured Person's friends, Immediate Family Member and/or Business associates.
- H. **Product & Claims Information Services** - the Assistance Company will provide information, in accordance with a protocol to be mutually agreed, on general Claims procedures and main product features to the Insured Person, when requested and if available. Should the Assistance Company not have the information available, the Assistance Company will direct the Insured Person to contact The Company directly.
- I. **Emergency Travel Services** - to assist the Insured Person by arranging for emergency travel tickets, replacements of travel tickets and arrangement of hotel accommodation when traveling outside Usual Place of Residence.
- J. **Emergency Cash Transfers and Advances** – The Assistance Company will arrange for cash payments to Insured Person through a variety of sources including credit cards, hotels, banks, consulates and Western Union. The Assistance Company provides this service to supplement the facilities of Insured Person 's Credit Cards. Credit Card transaction performed by the Assistance Company are subject to confirmed Credit. (applicable if the specific Add-on Cover has been opted for)

Disclaimer of Liability

In all cases the medical professional or any attorney suggested by the Assistance Company shall act in a medical or legal capacity on behalf of the Insured Person only. The Company or Assistance Company assumes no responsibility for any Medical Advice or legal counsel given by the medical professional or attorney. Insured Person shall not have any recourse to the Company or Assistance Company by reason of its suggestion of a medical professional or attorney or due to any legal or other determination resulting therefrom. The Insured Person is responsible for the cost of services arranged by the Assistance Company on behalf of Insured Person or a covered Immediate Family Member. The Assistance Company will access this Policy and/or other insurance Policy coverages, to which the Insured Person may be entitled, and/or the Insured Person's credit cards or other forms of financial guarantees provided by the Insured Person, in order to facilitate payment for such services. In case the Company or the Assistance Service Provider fails to provide any of the services as mentioned in this Policy or is unable to implement, in whole or in part due to Force Majeure, non-availability of Services, change in law, rule or regulations which effects the Services, or if any regulatory or governmental agency having jurisdiction over a party takes a position which effects the services, then the Assistance Services' suspended, curtailed or limited performance shall not constitute of Breach of Contract and the Company or the Assistance Service Provider shall have no liability whatsoever including but not limited to any loss or damage resulting therefrom

15. EMERGENCY CASH ASSISTANCE SERVICE

This is an assistance service provided by the Company through its service provider when the Insured Person requires emergency cash flow due to theft or burglary of luggage or physical money occurring during the Period of Insurance.

The Company/service provider shall co-ordinate with the Insured Person's relatives in India to provide emergency cash to the Insured Person or collect the amount & arrange for the transfers maximum up to 1000 USD.

A. Specific Conditions applicable to EMERGENCY CASH ASSISTANCE

- a. The Company's liability to arrange for cash shall not arise until the FIR registered with the local police authority is made available to us and verified/confirmed that the loss was due to theft/burglary of luggage/money.
- b. Administrative cost incurred if any for the transfer of funds shall be deducted from the collected amount.

B. Specific Exclusions applicable to EMERGENCY CASH ASSISTANCE

- a. A shortage or loss of funds due to currency fluctuation, errors omissions, exchange, loss or depreciation in value.
- b. Any loss not reported to the police authorities having jurisdiction at the place of loss within 24 hours of the occurrence of the incident and a written report being obtained for the same.
- c. Any claim in respect of a loss of traveller's cheques not immediately reported to the local branches or agents of the issuing authority.
- d. Any reimbursement under Emergency Cash Assistance is excluded if the claim is put up after arrival of the Insured to India.

C. Specific Claim Documents applicable to EMERGENCY CASH ASSISTANCE

- a. Copy of FIR / police report obtained within 24 hours of theft

SECTION 3 - EXCLUSIONS

The Company shall not make payment for any claim in respect of any Insured Person caused by any of the following unless explicitly stated to the contrary in the Certificate of Insurance

I. STANDARD EXCLUSIONS

All the exclusions listed below shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

a. Investigation & Evaluation: Code Excl04

- i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

b. Rest Cure, rehabilitation and respite care: Code – Excl05:

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

c. Obesity/Weight control: Code – Excl06:

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- i. Surgery to be conducted is upon the advice of the Doctor
- ii. The surgery/Procedure conducted should be supported by clinical protocols
- iii. The member has to be 18 years of age or older and
- iv. Body Mass Index (BMI)
 - A. greater than or equal to 40 or
 - B. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - 1) Obesity-related cardiomyopathy
 - 2) Coronary heart disease
 - 3) Severe sleep apnoea
 - 4) Uncontrolled type2 diabetes

d. Change-of-Gender treatments: Code – Excl07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

e. Cosmetic or plastic Surgery: Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

- f. **Breach of Law: Code – Excl10:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- g. **Excluded Providers: Code – Excl11:** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the Policyholders are not admissible. However, in case of Life Threatening Situations **or** following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.
- h. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code – Excl12.**
- i. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **Code – Excl13.**
- j. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or Day Care procedure. **Code – Excl14.**
- k. **Refractive Error: Code – Excl15:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
- l. **Unproven Treatments: Code – Excl16:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- m. **Sterility and Infertility: Code – Excl17:** Expenses related to sterility and infertility. This includes:
 - i. Any type of contraception, sterilization
 - ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - iii. Gestational Surrogacy
 - iv. Reversal of sterilization.
- n. **Maternity: Code – Excl18**
 - i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy Period.

II. SPECIFIC EXCLUSIONS

In addition to the Standard Exclusions, the Company shall also not make payment for any claim in respect of any Insured Person caused by any of the following unless explicitly stated to the contrary in the Certificate of Insurance

- a. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, Nuclear, Chemical or Biological attack or weapons, radiation of any kind.
- b. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide.
- c. Any Insured Person's participation or involvement in naval, military or air force operation.
- d. Investigative treatment for sleep-apnoea, general debility or exhaustion ("run-down condition").
- e. Congenital external diseases, defects or anomalies.
- f. Stem cell harvesting.
- g. Investigative treatments for analysis and adjustments of spinal sub luxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.
- h. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).
- i. Vaccination including inoculation and immunisations (except post animal bite treatment and Vaccination expenses for the new born baby incurred within one year of Birth)
- j. Non-Medical expenses such as food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical Expenses is attached as ANNEXURE B and also available at www.hdfcergo.com.
- k. The provision or fitting of hearing aids, spectacles or contact lenses.
- l. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, optometric therapy.
- m. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively), prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless specifically mentioned to be covered under any benefit of this Policy.
- n. Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. Drugs or treatments which are not supported by a prescription.
- o. The loss or destruction or damage to any property whatsoever or any loss or expenses whatsoever resulting or arising there from or any consequential loss caused by or contributed to or arising from: Ionising radiation or contamination by radioactivity from any nuclear waste from combustion of nuclear fuel; or The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof, or Asbestosis or any related Illness or Disease resulting from the existence, production, handling, processing, manufacture, sale, distribution, deposit or use of asbestos, or products thereof
- p. We shall NOT be liable to pay any claim that arises if
 - i. an authorized government body of the Republic of India has imposed travel restrictions to a certain country and yet the Insured Person has travelled to such country after the imposition of such restrictions

- ii. an authorized government body of a certain country has imposed restriction on travel by an Indian citizen to such country and yet the Insured Person has travelled to such country after the imposition of such restrictions
- q. Claims arising out of pre-existing disease
- r. Any permanent exclusion applied on any medical or physical condition or treatment of an Insured Person as specifically mentioned in the Certificate of Insurance and as specifically accepted by Policyholder/Insured Person. Such exclusions shall be applied for the condition(s) or treatment(s) that otherwise would have resulted in rejection of insurance coverage under this Policy to such Insured Person as per Company's Underwriting Policy.
- s. Dental treatment: Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and gingiva except if required by an Insured Person while Hospitalized due to an Accident
- t. Any act of 'Terrorism' unless explicitly covered under any benefit of this policy.
- u. Specific Exclusions listed under a benefit (if any)
- v. Cost of any non-emergency treatment or surgery including exploratory tests which are not directly related to what the concerned Insured person originally went to hospital for
- w. Any form of treatment that the treating doctor thinks can reasonably wait until the concerned Insured person returns home
- x. Any claim where trip was specifically planned for the purpose of availing treatment of an existing medical condition (Medical tourism)
- y. Claims wherein the Insured Person is travelling against the advice of a Doctor or is receiving or on a waiting list for specified medical treatment.
- z. Claims owing to involvement of Insured Person in Hazardous Activities OR Adventure sports as defined under Specific definitions section
- aa. Claims for medical expenses wherein the Insured Person has taken treatment at home or any place that is NOT a Hospital.
- bb. Claims pertaining to pre and post hospitalization medical expenses unless specifically mentioned to be covered under any benefit of this Policy.

SECTION 4 - GENERAL TERMS AND CLAUSES

The Company shall not make payment for any claim in respect of any Insured Person caused by any of the following unless explicitly stated to the contrary in the Certificate of Insurance

I. STANDARD GENERAL TERMS AND CLAUSES

a. Disclosure of Information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the Policyholder.

b. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the policy.

c. Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder from the date of receipt of intimation to the date of payment of claim at a rate 2% above the bank rate.

d. Complete Discharge

Any payment to the Policyholder, Insured Person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

e. Multiple Policies

- iii. In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the Insurer chosen by the Insured Person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.
- iv. Insured Person having multiple policies shall also have the right to prefer claims under this Policy for the amounts disallowed under any other policy / policies even if the Sum Insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this Policy.
- v. If the amount to be claimed exceeds the Sum Insured under a single Policy, the Insured Person shall have the right to choose Insurer from whom he/she wants to claim the balance amount.

Where the Insured Person has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen Policy.

f. Fraud

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

Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/Policyholder(s), who have made that particular claim, who shall be jointly and severally liable for such repayment to the Insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a. the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- b. the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- c. any other act fitted to deceive; and
- d. any such act or omission as the law specially declares to be fraudulent.

The Company shall not repudiate the claim and / or forfeit the Policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the mis-statement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the Insurer.

g. Renewal of Policy

- i. Single Trip policy: Certificate of Insurance pertaining to a Single Trip policy is non-renewable.
- ii. Annual Multi Trip Policy:
 - a) Certificate of Insurance pertaining to a Annual Multi Trip Policy will automatically terminate at the end of the Policy Period unless renewed.
 - b) In respect of all applications for renewal received by Us before the end of the Policy Period, we will ordinarily offer renewal terms unless We believe that You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person has acted in a dishonest or fraudulent manner under or in relation to this Policy or the renewal of the Policy poses a moral hazard. We shall be entitled to call for and receive any information or documentation before agreeing to renew the Policy, and in renewing We are not bound to renew for all Insured Persons
- iii. Student Travel policy: Certificate of Insurance pertaining to a Student Travel policy is non-renewable.

h. Cancellation

- A. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.
- B. No refunds of premium shall be made in respect of Cancellation of any Single Trip and/or Annual Multi Trip Policy and/or Student Travel Policies where, any claim has been admitted or any benefit has been availed by the Insured Person under this Policy.

Scenarios for refund in case of cancellations apart from the above are as detailed below:

I. Cancellation for Single Trip Policies

The Policyholder may cancel his/her Single Trip Policy by giving 7 days' written notice and in such an event, the Company shall refund premium as detailed below:

- a) Full premium shall be refunded if policy is cancelled before commencement of Period of Insurance
- b) Pro-rata refunds of premium shall be made if policy is cancelled post commencement of Period of Insurance for the unexpired Policy Period

II. Cancellation for Annual Multi Trip Policies

The Policyholder may cancel his/her Annual Multi Trip Policy by giving 7 days' written notice and in such an event, the Company shall refund to the Insured a pro-rata premium for the unexpired Policy Period

III. Cancellation for Student Travel Policies

The Policyholder may cancel his/her Student Travel Policy by giving 7 days' written notice and in such an event, the Company shall refund to the Insured a pro-rata premium for the unexpired Policy Period

i. Possibility of Revision of terms of the Policy including the Premium Rates (only applicable to Annual Multi Trip policies)

The Company may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three months before the changes are effected.

j. Withdrawal of Policy (only applicable to Annual Multi Trip policies)

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar travel insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as Cumulative Bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

k. Nomination

The Policyholder is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policyholder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the Policyholder, the Company will pay the nominee {as named in the Certificate of Insurance/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

m. Redressal of Grievance

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

First Point of Contact	Call us at 022 6158 2020 / 022 6234 6234 / www.hdfcergo.com
Level 1	<p>For lack of a response or if the response provided does not meet your expectation, you can:</p> <ol style="list-style-type: none"> 1. Write to The Complaints & Grievance Cell (C&G Cell) HDFC ERGO General Insurance Company Limited, D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra 2. You can also write an email to grievance@hdfcergo.com 3. Call on 18002677444 (operational Monday - Saturday 9AM to 6PM)
Level 2	<p>If you're not satisfied with the resolution or if no response was received within 15 days, you can:</p> <ol style="list-style-type: none"> 1. Write to the Chief Grievance Officer HDFC ERGO General Insurance Company Limited, D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra 2. You can also write an email to cgo@hdfcergo.com
Level 3	In case grievance is not resolved at the above escalation levels, you can also lodge an online complaint through the website of Council for Insurance Ombudsmen (CIO) www.cioins.co.in

Dedicated Helpline For	Email ID	Contact Number
Senior Citizen	seniorcitizen@hdfcergo.com	022 6158 2026



Women	-	022 6158 2055
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You may also refer the Grievance Redressal Escalation matrix on our website
<https://www.hdfcergo.com/customer-voice/grievances>

If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://bimabharosa.irdai.gov.in>

Latest contact details of Offices of Insurance Ombudsman are provided at [Annexure A.](#)

II. SPECIFIC TERMS AND CLAUSES

a. Geography

This Policy applies to incidents occurring in the Geographical Scope mentioned in the Certificate of Insurance unless explicitly stated otherwise in this document and/or Certificate of Insurance.

b. Endorsements

This Policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the Company. Any change or modification that the Company makes will be evidenced by a written endorsement signed and stamped by the Company.

c. Extension of Policy Period for a Single Trip policy

We may extend a Single Trip Policy only once during the Policy Period, provided that:

- i. There has been no claim in the Policy until receipt of request for extension.
- ii. We receive a written request for extension of the Policy at least 72 hours prior to policy period expiration
- iii. We receive an affirmative good health declaration of the Insured Person.
- iv. The applicable premium for extension is paid before the Policy Period expiry date
- v. The total Policy Period (original policy period + extended policy period) must not exceed 365 days

Applicable Premium for Extension of Policy Period = [Premium of Total Proposed Policy Period] – [Original Premium Paid]

We are under no obligation to extend the Policy Period on the same terms whether as to premium or otherwise.

d. Extension of Policy Period for a Student Travel policy

We may extend a Student Travel Policy only once during the Policy Period, provided that:

- i. There has been no claim in the Policy until receipt of request for extension.
- ii. We receive a written request for extension of the Policy at least 72 hours prior to policy period expiration
- iii. We receive an affirmative good health declaration of the Insured Person.

- iv. The applicable premium for extension is paid before the Policy Period expiry date
- v. The total Policy Period (original policy period + extended policy period) must not exceed 5 years

Applicable Premium for Extension of Policy Period = [Premium of Total Proposed Policy Period] – [Original Premium Paid]

We are under no obligation to extend the Policy Period on the same terms whether as to premium or otherwise.

e. Change of Geographical Scope of this policy

We may change the Geographical Scope of any Single Trip or Annual Multi Trip Policy only once during the Policy Period, provided that:

- i. We receive a written request for change of Geographical Scope of the Policy
- ii. The applicable premium is paid before the Policy Period expiry date
- iii. The Insured Person has not reported or made a claim in this policy before we receive a request for change of geographical scope of the Policy.
- iv. The Insured Person has not already entered any part of the proposed changed Geographical Scope

Applicable Premium for change of Geographical Scope = [Premium of Original Policy Period for Proposed Geographical Scope] – [Original Premium Paid]

We are under no obligation to change the Geographical Scope of this Policy on the same terms whether as to premium or otherwise.

f. Change of Geographical Scope as well as Extension of Policy Period

We may change the Geographical Scope and extend the Policy Period of any Single Trip Policy only once during the Period of Insurance, provided that:

- i. All conditions given under change of Geographical Scope of this policy & Extension of Policy Period of this Policy are met

Applicable Premium in case of Extension of the Policy Period as well as change in Geographical Scope =

[Premium of Total Policy Period for Proposed Geographical Scope] – [Original Premium Paid]

We are under no obligation to extend the Policy Period or change the Geographical Scope on the same terms whether as to premium or otherwise.

g. Enhancement of Sum Insured

This policy has a provision for enhancing Sum Insured for Annual Multi Trip Policies. Sum Insured enhancement for such policies shall be only at renewals & will be subject to underwriting. There is no provision for enhancing the Sum Insured for Single Trip policies.

h. Dispute Resolution Clause

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

i. Communication & Notice

Policy and any communication related to the Policy shall be sent to through electronic modes or to the address of the following:

- a. The Policyholder's, at the address/ e-mail address specified in the Certificate of Insurance.
- b. To the Company, at the address specified in the Certificate of Insurance.
- c. Insurance agents, brokers, other person or entity is/are not authorised to receive any notice on the behalf of the Company, unless stated in writing by the Company.

j. Policy Excess/Deductible

This Policy has a policy excess/deductible as mentioned in the Certificate of Insurance which the Insured Person will have to self-pay and this amount cannot be claimed. Policy excess will be applicable for each and every claim. This implies for any claim the policy excess has to be borne by the Insured Person. This applies for all benefits with policy excess stated in Certificate of Insurance.

k. Basis of Claims Payment

- i. Reimbursement of all claims will be made on the currency value as on the date of loss.
- ii. Cashless claim will be paid to overseas facility in the prevalent currency of the said country on the date of payment & in case of payment through Assistance Service Providers on the date of invoice raised to us
- iii. For the purpose of reimbursement claim payments for all currencies shall be converted in to USD (as policy Sum Insured are in USD) and later to INR (as reimbursement payment will be in INR only).

l. Subrogation

The Insured Person shall at his own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which the Company is or would become entitled upon by making reimbursement under this Policy, whether such acts or things shall be or become necessary or required before or after the payment. The Insured Person shall not prejudice these subrogation rights in any manner and shall at his own expense provide the Company with whatever assistance or cooperation is required to enforce such rights. Any recovery the Company makes pursuant to this clause shall first be applied to the amounts paid or payable by the Company under this Policy and the costs and expenses of effecting a recovery, where after the Company shall pay any balance remaining to the Insured Person.

m. Utilization of Sum Insured

The sequence of utilization of the Sum Insured in this Policy, subject to the optional covers in force under the Policy, will be as follows;

- i. Capping on Number of instances (if applicable)
- ii. Deductible (if applicable)
- iii. Co-payment (if applicable)
- iv. Any sub-limit pertaining to the particular benefit (if applicable)
- v. Sum Insured of the particular benefit

n. Grace Period

There is No Grace period applicable to this Policy.

o. Claims Procedure

I. Procedure for Cashless claims

- a. Treatment may be taken in a Network Provider and is subject to pre authorization by the Company or its authorized Assistance Service Provider
- b. Cashless request form available with the Network Provider shall be completed and sent to the Company / Assistance Service Provider
- c. The Company / Assistance Service Provider upon getting cashless request form and related medical information from the Insured Person/ Network Provider will issue pre-authorization letter to the hospital after verification
- d. At the time of discharge, the Insured Person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- e. The Company / Assistance Service Provider reserves the right to deny pre-authorization in case the Insured Person is unable to provide the relevant details.
- f. In case of denial of cashless access, the Insured Person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company for reimbursement.

II. Procedure for reimbursement of claims

For reimbursement of claims the Insured Person may submit the necessary documents to the Insurer / Assistance Service Provider within the prescribed time limit as specified hereunder.

III. Notification of Claim

Written notice of any occurrence which gives rise to a claim under this Policy must be given to the Company within thirty (30) Days after such occurrence.

IV. Contact Details to register the claim

In the event of a covered emergency and to register claims, call the Company's 24 hour Helpline Centre and quote Policy Holders' Name, Policy Number, Insurance Company, Passport Number when seeking assistance within 24 Hours.

Contact Details	
Land line	+ 91 - 120 - 61582020 (Chargeable)
Fax	+ 91 - 120 - 6691600

Email	travelclaims@hdfcergo.com
Contact Number	+80008290829 (Add country code before the number while dialling. Example: Dial 01180008290829 since USA country code is 011)

For any Emergency Medical Cashless Services, while abroad:

Contact: +91-120- 6740895 (number is chargeable and accessible 24X7).

You can also email our Global TPA on: Medical.Services@allianz.com

V. Documents to be submitted

The claim is to be supported with the following documents and submitted within the prescribed time limit.

Benefits	Claims Documents Required
Common Claim Documents Required for all claims	<ol style="list-style-type: none"> 1. Claim Form (to be filled and signed by Insured Person) 2. NEFT form and Cancelled cheque stating Insured Person's (nominee in case of death claim) Claimant Indian Bank account details 3. Aadhaar card & PAN card Copies is as per the IRDAI guidelines 4. Receipts of Invoices and Bills provided in support of Claim amount 5. Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India
Claim Documents specific to a Benefit	<ol style="list-style-type: none"> 1. As specified under Specific Claim Documents section of the respective benefit 2. Any other document as required by the Company on a case to case basis.

Note:

- a. The Company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
- b. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
- c. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person
- d. If the Hospital does not accept the guarantee of payment/authorization letter from the Service Provider, then it is hereby agreed that the Company cannot be held liable for any loss arising from such circumstances. The cost will then have to be borne by the Insured and will then be reimbursed by the Company, as per Policy terms and conditions upon submission of required documents specified under the Policy or requested by the Company.
- e. Reimbursement of all claims (except claims under Emergency Cash Assistance) will be made by the Service Provider in Indian Rupees on the Insured's return back to India, at the exchange rate specified by the Reserve Bank of India, as applicable on the date the amount is billed. Claims under Emergency Cash Assistance shall be settled/ arranged



directly with the Insured, whilst abroad, by the Service Provider. The Insured shall immediately and in any event not later than 30 days after his return to India, notify the Service Provider and obtain a Claim Form for completion and return to the Service Provider along with supporting invoices and any other documentation or information that might be required or requested by the Service Provider.

- f. Documents which are common to interlinked claims may not be insisted again with respect to the same claims

VI. Condonation of delay

The Company may condone delay in claim intimation/ document submission on merit, where it is proved that delay in reporting of claim or submission of claim documents, is due to reasons beyond the control of the Insured Person.

VII. Contact Us

Claim Intimation	<i>Customer Service No.</i>	+91 - 120 - 6158 2020 (Chargeable)
	<i>Contact us</i>	+80008290829 (Add country code before the number while dialling. Example: Dial 01180008290829 since USA country code is 011)
	<i>Email</i>	travelclaims@hdfcergo.com
Claim document submission at address	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1 5th Floor, C - 25, Sector 62, Noida – 0120 398 8360	

ANNEXURE A

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES		
S.No	Office Details	Jurisdiction of Office (Union Territory, District)
1	AHMEDABAD 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 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, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
3	BHOPAL Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir,	Madhya Pradesh, Chhattisgarh.

	<p>Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202:</p> <p>Email : bimalokpal.bhopal@cioins.co.in</p>	
4	<p>BHUBANESWAR</p> <p>Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	Odisha.
5	<p>CHANDIGARH</p> <p>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</p>	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
6	<p>CHENNAI</p> <p>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</p>	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
7	<p>DELHI</p> <p>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</p>	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.

8	GUWAHATI Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
9	HYDERABAD 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 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 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 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.

	<p>Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	
13	<p>LUCKNOW</p> <p>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</p>	<p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, 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.</p>
14	<p>MUMBAI</p> <p>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</p>	<p>Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).</p>
15	<p>NOIDA</p> <p>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</p>	<p>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.</p>
16	<p>PATNA</p> <p>Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001.</p>	<p>Bihar, Jharkhand.</p>

	<p>Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>	
17	<p>PUNE</p> <p>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</p>	<p>State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region.</p>
18	<p>THANE</p> <p>Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West) Thane - 400604 Email: bimalokpal.thane@cioins.co.in</p>	<p>Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T.</p>

ANNEXURE B

List I - Items for which Coverage is not available in the Policy (Non-Medical Expenses)

Sr. No.	Item	Sr. No.	Item
1	Baby Food	35	Oxygen Cylinder (For Usage outside Hospital)
2	Baby Utilities Charges	36	Spacer
3	Beauty Services	37	Spirometre
4	Belts/ Braces	38	Nebulizer Kit
5	Buds	39	Steam Inhaler
6	Cold Pack/Hot Pack	40	Armsling
7	Carry Bags	41	Thermometer
8	Email / Internet Charges	42	Cervical Collar
9	Food Charges (Other Than Patient's Diet Provided By Hospital)	43	Splint
10	Leggings	44	Diabetic Foot Wear
11	Laundry Charges	45	Knee Braces (Long/ Short/ Hinged)
12	Mineral Water	46	Knee Immobilizer/Shoulder Immobilizer
13	Sanitary Pad	47	Lumbo Sacral Belt
14	Telephone Charges	48	Nimbus Bed Or Water Or Air Bed Charges
15	Guest Services	49	Ambulance Collar
16	Crepe Bandage	50	Ambulance Equipment
17	Diaper of any Type	51	Abdominal Binder
18	Eyelet Collar	52	Private Nurses Charges- Special Nursing Charges
19	Slings	53	Sugar Free Tablets
20	Blood Grouping and Cross Matching Of Donors Samples	54	Creams Powders Lotions (Toiletries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)
21	Service Charges Where Nursing Charge also Charged	55	ECG Electrodes
22	Television Charges	56	Gloves
23	Surcharges	57	Nebulisation Kit
24	Attendant Charges	58	Any Kit With No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit, etc.]
25	Extra Diet of Patient (Other Than That Which Forms Part of Bed Charge)	59	Kidney Tray
26	Birth Certificate	60	Mask
27	Certificate Charges	61	Ounce Glass
28	Courier Charges	62	Oxygen Mask
29	Conveyance Charges	63	Pelvic Traction Belt
30	Medical Certificate	64	Pan Can
31	Medical Records	65	Trolley Cover
32	Photocopies Charges	66	Urometer, Urine Jug
33	Mortuary Charges	67	Ambulance
34	Walking Aids Charges	68	Vasofix Safety

List II–Items that are to be subsumed into Room Charges

Sr. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG



37	PULSEOXYMETER CHARGES
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List III–Items that are to be subsumed into Procedure Charges

Sr. No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV– Items that are to be subsumed into costs of treatment

Sr. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer& Strips
18	URINE BAG



ANNEXURE C

Sr. No.	Name of Coverage	Claim payout basis
Base Covers		
1	Emergency Medical Expenses - Accident & Illness	
1a	In - patient hospitalization	Cashless or Reimbursement
1b	Room Rent	Cashless or Reimbursement
2	Maternity	Cashless or Reimbursement
3	Hospital Cash - Accident & Illness	Benefit only
4	Dental Expenses	Reimbursement only
5	Recuperation Expenses	Reimbursement only
6	Emergency Medical Evacuation	Cashless or Reimbursement
7	Personal Accident (PA)	
7a	Accidental Death	Benefit only
7b	Permanent Disablement - Accident	Benefit only
8	Personal Accident - Common Carrier	
8A	Accidental Death - Common Carrier	Benefit only
8B	Permanent Disablement - Accident - Common Carrier	Benefit only
9	Repatriation of mortal remains	Reimbursement only
10	Funeral Expenses	Reimbursement only
11	Delay of checked-in Baggage (Indemnity)	Reimbursement only
12	Delay of checked-in Baggage (Benefit)	Benefit only



Sr. No.	Name of Coverage	Claim payout basis
Base Covers		
13	Loss of Checked-in Baggage (Benefit)	Benefit only
14	Flight Delay	Reimbursement only
15	Flight Cancellation	Reimbursement only
16	Missed Flight Connection	Reimbursement only
17	Flight rescheduling and alternate booking	Reimbursement only
18	Trip Delay	Reimbursement only
19	Trip Cancellation	Reimbursement only
20	Trip Curtailment	Reimbursement only
21	Bounced Booking - Hotel	Reimbursement only
22	Bounced Booking - Airline	Reimbursement only
23	Theft of Baggage and its Contents	Reimbursement only
24	Theft of Electronic Gadget	Reimbursement only
25	Theft of Mobile phone	Reimbursement only
26	Fraudulent transactions on payment cards	Reimbursement only
27	Loss of Passport	Reimbursement only
28	Loss of International driving license	Reimbursement only
29	Visa Rejection	Reimbursement only
30	Hijack Distress Allowance	Benefit only
31	Emergency Hotel Accommodation for Insured Person	Reimbursement only
32	Emergency Travel Expenses for Immediate Family member	Reimbursement only



Sr. No.	Name of Coverage	Claim payout basis
Base Covers		
33	Emergency Accommodation Expenses for Immediate Family member	Reimbursement only
34	Emergency Travel Expenses for Insured Person's minor Children	Reimbursement only
35	Personal Liability	Reimbursement only
36	Bail Bond	Service
37	Study interruption	Reimbursement only
38	Sponsor protection	Reimbursement only
39	Back at home cover	
39a	<i>Burglary Cover for Home Contents</i>	Reimbursement only
39b	<i>Home Insurance - Building & Content</i>	Reimbursement only
39c	<i>Pet Care</i>	Reimbursement only
40	Rental motor damages	Reimbursement only
41	Replacement of staff	Reimbursement only
42	Golfer's hole in one	Benefit
43	Loss Of Checked-In Baggage (Indemnity)	Reimbursement only
44	Hijack Distress Allowance (Per-Day)	Benefit



Sr. No.	Name of Coverage	Claim payout basis
Optional Covers		
1	Automatic Extension	Not Applicable
2	Road Ambulance	Cashless or Reimbursement
3	Medical Repatriation	Cashless or Reimbursement
4	Post hospitalization Expenses	Reimbursement only
5	Out Patient Treatment expenses	Reimbursement only
6	Extension of Pre Existing Disease (PED) coverage	As per base benefit
7	Restriction of Coverage for Senior Citizen	As per base benefit
8	Removal of restriction to only flights	As per base benefit
9	Extension of Coverage for adventure sport activities	As per base benefit
10	Extension of Coverage for Suicide	As per base benefit
11	Extension of coverage for terrorism	As per base benefit
12	Home to Home cover	As per base benefit
13	Extension for Coverage in India	As per base benefit
14	Overseas assistance services	Service
15	Emergency Cash Assistance Service	Service