



TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
Product Name	<b>Group Easy Travel Senior</b>	
What am I covered for:	<ul style="list-style-type: none"> <li>• <b>Medical Treatment</b> - Coverage for Inpatient &amp; Outpatient treatment including transportation to the medical facility.</li> <li>• <b>Dental Treatment:</b> Medical Expenses for pain relieving dental treatment received by the Insured Person</li> <li>• <b>Medical Evacuation:</b> Expenses incurred in transportation from a Hospital to the nearest advanced medical facility, if medically necessary</li> <li>• <b>Repatriation of mortal remains:</b> Payment for transporting mortal remains back home.</li> <li>• <b>Balance Period of Policy + 30 days</b> - Medical Expenses for inpatient treatment at an Indian Hospital taken within a maximum of 30 days from the end of the Risk Period</li> <li>• <b>Hospital Daily Allowance:</b> A fixed amount payable for every day the Insured Person is hospitalised.</li> </ul> <p><b><u>Optional Benefits</u></b></p> <ul style="list-style-type: none"> <li>• <b>Total Loss of Checked-in Baggage</b> - Payment for purchasing new items if Insured Person's accompanying checked-in baggage for an overseas journey is permanently lost by a Carrier.</li> <li>• <b>Delay of Checked in baggage</b> - Payment for purchasing essential personal items of medication, clothing etc incase checked-in baggage's delivery is delayed by a Carrier</li> <li>• <b>Loss of Passport</b> - Reimbursement of expenses for obtaining duplicate or fresh passport</li> <li>• <b>Financial Emergency Cash</b> - Lumpsum amount as stated in schedule of benefits incase travel funds are lost due to the theft, pilferage, robbery or dacoity.</li> </ul>	<p>Section B 1. 1</p> <p>Section B-1. 2</p> <p>Section B-1. 3</p> <p>Section B-1. 4</p> <p>Section B-1. 5</p> <p>Section B-1. 6</p> <p>Section 1) [X]</p> <p>Section 1) [X]</p> <p>Section 1) [X]</p>



TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
	<ul style="list-style-type: none"> <li>• <b>Personal Liability</b> - Payment towards third party death, bodily injury or property damage.</li> <li>• <b>Personal Accident</b> – Lumpsum amount in the event of death or Permanent Total disablement due to an accident</li> <li>• <b>Personal Accident (Common Carrier)</b> – Lumpsum amount in the event of Accident in a Carrier</li> <li>• <b>Trip Delay</b>- Lump sum amount incase of delay of scheduled departure or arrival time of a carrier beyond a 24 hour period</li> <li>• <b>Trip Cancellation &amp; Curtailment</b> - Payment of travel and accommodation expenses if outward journey is unavoidably cancelled or curtailed due to listed conditions.</li> <li>• <b>Trip Curtailment</b> - Payment of travel and accommodation expenses if outward journey is unavoidably curtailed due to listed conditions.</li> <li>• <b>Missed Connection</b> - Payment of accommodation and alternative travel charges, if connecting flight is missed due to the delayed arrival of Insured Person's inward flight.</li> <li>• <b>Emergency Family Travel</b> – Reimbursement of actual cost of an economy airfare for one Immediate Family Member to travel to Insured Person's place of Hospitalisation subject to the Sum Insured if Insured Person is Hospitalized for more than 7 consecutive days.</li> <li>• <b>Emergency Hotel Expenses</b> - Payment for the reasonable costs of accommodation (boarding and lodging), of the Immediate Family Member overseas subject to the Sum Insured if the Insured Person is Hospitalized for more than 7 consecutive days.</li> <li>• <b>Hijack Daily Allowance</b> - Daily fixed amount payable if the aircraft is hijacked for a period of more than 12 hours</li> </ul> <p>Note: These benefits are effective only if mentioned in the Schedule/Certificate of Insurance</p>	<p>Section 1) [X]</p> <p>Section 1) [X]</p> <p>Section 1) [X]</p> <p>Section 1) [X]</p> <p>Section 1) [X]</p> <p>Section 1) [X]</p> <p>Section 1) [X]</p> <p>Section 1) [X]</p> <p>Section 1) [X]</p> <p>Section 1) [X]</p>

# HDFC ERGO General Insurance Company Limited

## Group Easy Travel Senior Customer Information Sheet



TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
What are the major exclusions in the policy:	<ul style="list-style-type: none"> <li>• Traveling abroad for obtaining medical treatment. War or any act of war, invasion, act of foreign enemy,</li> <li>• war like operations, civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, terrorism, nuclear weapons/ materials, radiation of any kind.</li> <li>• Participation or involvement in naval, military or air force operations, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing</li> <li>• Any breach of law with criminal intent</li> <li>• Abuse of intoxicants or hallucinogens including drugs &amp; alcohol</li> <li>• Self inflicted injury, attempted suicide</li> <li>• Pre-existing conditions &amp; their complications (Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)</li> </ul>	Section C
Waiting Period/ Deductible	<ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>	
Payout basis	<ul style="list-style-type: none"> <li>• Reimbursement of covered expenses up to specified limits AND</li> <li>• Fixed amount on the occurrence of a covered event for XX benefit.</li> </ul>	Section B
Loss Sharing	<ul style="list-style-type: none"> <li>• In case of a claim, this policy requires you to share the following costs: -Deductible of Rs XX per claim</li> </ul>	Section 1
Renewal Conditions	<ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>	
Renewal Benefits	<ul style="list-style-type: none"> <li>• Not Applicable</li> </ul>	
Cancellation	This policy would be cancelled on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by any Insured Person, upon giving 30 days' notice without refund of premium. In other exceptional cases, premium will be refunded as per the cancellation grid provided.	Section D-I-c

# HDFC ERGO General Insurance Company Limited

## Group Easy Travel Senior Customer Information Sheet



TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
Claim	<ul style="list-style-type: none"> <li>Time limit for intimation and submission of claim documents is as follows:                             <ul style="list-style-type: none"> <li>i) If any treatment for which a claim may be made is to be taken requires Hospitalisation, then Our TPA must be informed immediately and no later than the time of the Insured Person's admission to Hospital.</li> <li>ii) If any treatment, consultation or procedure for which a claim may be made is required in an emergency, then We or Our TPA must be informed within 7 days of the beginning of such treatment, consultation or procedure.</li> <li>iii) In all other cases, We or Our TPA must be informed of any event or occurrence that may give rise to a claim under this Policy within 7 days of occurrence of event.</li> <li>iv) If any time period is specifically mentioned under any Benefit, then this shall supersede the time periods mentioned at i) to iii) above.</li> </ul> </li> </ul>	Section D-II-b,c,d
Policy Servicing/ Grievances/ Complaints	<ul style="list-style-type: none"> <li><b>Please contact Us for Policy Servicing / Grievances / Complaints at any of our Branches. You can also reach us on:</b> <ul style="list-style-type: none"> <li>i Customer Service Number: 022 6234 6234 / 0120 6234 6234</li> <li>ii Contact Details for Senior Citizen: 022 – 6242 – 6226   seniorcitizen@hdfcergo.com</li> </ul> </li> <li>E-mail: grievance@hdfcergo.com</li> <li><b>IRDAI/(IGMS/Call Centre):</b> For complaint registration – login at <a href="http://www.igms.irda.gov.in/">http://www.igms.irda.gov.in/</a></li> <li><b>Ombudsman</b> Refer Section 5 for details.</li> </ul>	Section E
Insured's Rights	<ul style="list-style-type: none"> <li>Not Applicable</li> </ul>	
Insured's Obligations	<ul style="list-style-type: none"> <li>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid and / or cancellation of the Policy.</li> </ul>	
<b>Legal Disclaimer Note:</b> The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.		

### Group Easy Travel Senior

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

#### Section A Definitions

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

#### I. Standard Definitions

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

**Def.2 Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

**Def.3 Congenital Anomaly** means a condition which is present since birth, and which is abnormal with reference to form, structure or position

Internal Congenital Anomaly - Congenital Anomaly which is not in the visible and accessible parts of the body

External Congenital Anomaly- Congenital Anomaly which is in the visible and accessible parts of the body

**Def.4 Deductible** means a cost sharing requirement under a health insurance Policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

**Def.5 Disclosure to information norms** means that 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.

**Def.6 Hospitalisation or Hospitalized** 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.7 Hospital** means an institution established for the treatment of patients which is under constant medical management, has adequate diagnostic and therapeutic facilities, keeps constant medical records, is recognized as a hospital in the country in which it is situated, and which is appropriately licensed, wherever required to be so, to operate as a hospital in that country.

**Def.8 Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

(a) **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

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

1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs ongoing or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

**Def.9 Injury** means accidentally 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.10 Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

**Def.11 Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

**Def.12 Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner,

as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

**Def.13 Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

- i. is required for the medical management of the illness or injury suffered by the insured;
- ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- iii. must have been prescribed by a medical practitioner;
- iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

**Def.14 Notification of a Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

**Def.15 OPD Treatment/Outpatient 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.16 Pre-existing Condition** means any condition, ailment or injury or related conditions(s) for which there were signs or symptoms, and/or were diagnosed, and/or for which medical advice/treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

**Def.17 Reasonable & Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

**Def.18 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.19 Unproven/Experimental Treatment** Unproven/Experimental treatment means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

**Def.1 Administrator** means any entity/person(s) engaged by the Insurer for providing Policy and claims facilitation services to the Insured as well as to Us.

**Def.2 Age or Aged** means completed years as at the commencement Date.

**Def.3 Accumulation Limit** means the amount stated in the Schedule/Certificate of Insurance which represents Our maximum liability for all claims under any and all benefits from all Insured Persons arising from the same accident, event or occurrence or series of related accidents, events or occurrences, and if at any time the total value of unpaid claims would, if paid, result in the Accumulation Limit being exceeded (even if the Sum Insured is not) the individual benefits attributable to those outstanding claims shall be reduced pro rata as necessary to ensure that the Accumulation Limit is not exceeded.

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

**Def.5 Commencement Date** means the commencement date of the Policy as specified in the Schedule/Certificate of Insurance.

**Def.6 Certificate of Insurance** means the certificate We issue to an Insured Person. The Certificate of Insurance can only be issued prior to the commencement of the Risk Period.

**Def.7 Dependent** means the persons named in the Certificate of Insurance who are the Insured Person's:

- a. Spouse – The Insured Person's legally married spouse as long as she continues to be married to him.
- b. Parents – Your natural parents or parents that have legally adopted You
- c. Parents in law – Your parents in law as long as your spouse continues to be married to You

All dependent parents/parents in law must be financially dependent on You.

**Def.8 Doctor** means a medical professional and practitioner who is duly qualified and appropriately licensed to act as a doctor in the country in which treatment is provided.

**Def.9 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.10 Hijacked or Hijacking** means the unlawful seizure

## II. Specific Definitions

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

**Def.11 Indian Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said Act Or complies with all minimum criteria as under:

1. has qualified nursing staff under its employment round the clock;
2. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
3. has qualified medical practitioner(s) in charge round the clock;
4. has a fully equipped operation theatre of its own where surgical procedures are carried out;
5. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

**Def.12 Immediate Family Member** means the Insured Person's legal spouse, parent and parent-in-law. Insured Person/You and the Persons named in the Schedule/Certificate of Insurance.

**Def.13 Money** means cash, bank drafts, current coins, bank and currency notes, treasury notes, cheques, travellers cheques, postal orders and current postage stamps (which are not part of a collection).

**Def.14 Policy** means Your statements in the proposal form (which are the basis of this Policy), Certificate of Insurance, this policy wording (including endorsements, if any) and the Policy Schedule

**Def.15 Policy Period** means the period between the commencement date and the expiry date specified in the Schedule/Certificate of Insurance.

**Def.16 Risk Period** means only the period between:

1. The time when the Insured Person crosses the Indian border to leave India as a fare paying passenger on a Carrier, and
2. The earlier of:
  - (a) The time when the Insured Person crosses the Indian border to return to India as a fare

paying passenger on a Carrier, and

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

**Def.17 Schedule** means the schedule attached to and forming part of this Policy, and if more than one then latest in time.

**Def.18 Sum Insured** means, in respect of each Section, the sum shown in the Schedule/Certificate of Insurance against that Section and such sum represents Our maximum liability for each Insured Person for any and all claims made during the Policy Period under that Section unless expressly stated to the contrary and subject always to the Accumulation Limit.

**Def.19 Trip** means a journey, within the Policy Period, out of the Republic of India and back, the details of which are specified in the Schedule/Certificate of Insurance.

**Def.20 TPA** means the third party administrator that We appoint from time to time as specified in the Schedule/Certificate of Insurance.

**Def.21 Valuables** means photographic, audio, video, computer, telecommunications and electrical equipment, telescopes, binoculars, spectacles, sunglasses, antiques, watches, art, jewellery, furs and any articles made of precious stones and metals.

**Def.22 We/Our/Us** means the HDFC ERGO General Insurance Company Limited.

**Def.23 You/Your or Policyholder** means the persons named in the Schedule/Certificate of Insurance who has concluded this Policy with Us.

## Section B. BENEFITS

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

### 1. Medical Treatment, Assistance & Evacuation

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

#### 1.1 Medical Treatment

Medical Expenses for the following only:

- a) Out patient Treatment.
- b) In patient treatment in a Hospital at either the place where the Insured Person is situated or

the nearest Hospital.

- c) Medical aids that are necessary as part of the medical treatment for broken limbs or injuries (such as plaster casts and bandages) and walking aids prescribed in writing by a Doctor.
- d) Radiotherapy, heat therapy or phototherapy and other such treatment prescribed by a Doctor.
- e) Diagnostic procedures (including X-Ray) prescribed in writing by a Doctor.
- f) Transportation by recognized emergency services for immediate medical attention at the nearest Hospital or to the nearest available Doctor.
- g) Transfer to a special clinic provided that the transfer is medically necessary and prescribed by a Doctor.

## 1.2 Dental Treatment

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

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

## 1.3 Medical Evacuation

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

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

## 1.4 Repatriation of mortal remains

If the Insured Person dies during the Risk Period, then We will reimburse the reasonable cost of either

transporting his/her mortal remains from the foreign country to his/her permanent place of residence or a cremation or burial ceremony in the foreign country.

## 1.5 Balance Period of Policy + 30 days

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

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

## 1.6 Hospital Daily Allowance

If We have accepted a claim under Benefit 1.1, then We will in addition pay the daily cash amount mentioned in the Schedule for each continuous and completed period of 24 hours that the Insured Person is Hospitalized, provided that Our liability to make payment will only commence after the Insured Person has been Hospitalized for a continuous period of more than 48 hours.

## Special Exclusions to Benefit 1

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

- a) Any absence from India which is for the purpose of obtaining medical treatment.
- b) A Pre-existing Condition. However, this exclusion shall not apply to the cover provided under Benefit 1.1 for life saving unforeseen emergency measures or measures solely directed at relieving acute pain, subject to the same being authorized by Our TPA.
- c) Any medical treatment which was not medically necessary or could reasonably have been delayed until the Insured Person's return to India. Our TPA will consult with the attending Doctor and Our medical practitioners in reaching a decision, and You agree to be bound by Our TPA's decision in this regard.
- d) Any treatment of cancer, orthopedic, degenerative or oncology diseases, unless immediate medical treatment was required in order to maintain life or relieve acute pain or distress.
- e) Any treatment relating to the removal of physical flaws or anomalies or any form of cosmetic treatment or surgery.
- f) Any costs for periods of residence incurred in connection with rest cures or recuperation at spas or health resorts, sanatorium, convalescence homes or any similar institution.



- g) rehabilitation or physiotherapy or the costs of artificial limbs or any other external appliance and/or device used for diagnosis or treatment; any external congenital diseases, defects or anomalies.

### Section C. Specific GENERAL EXCLUSIONS:

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

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

- i) Items of personal comfort and convenience including but not limited to television, telephone, foodstuffs, cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and vitamins and tonics, unless vitamins and tonics are certified to be required by the attending Doctor as a direct consequence of an otherwise covered claim.
- j) Treatment rendered by a Doctor which is outside his discipline or the discipline for which he is licensed; referral-fees or out-station consultations; treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- k) The costs of any procedure or treatment by any person or institution that We have said in writing is not to be used. This exclusion is not applicable for life saving emergency situations and in such cases claims will be settled on reimbursement basis only.
- l) The provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
- m) Non-prescription drugs or treatments.
- n) If the Insured Person is travelling against the advice of a Doctor, is receiving or on a waiting list for specified medical treatment.
- o) Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
- p) Any act of Terrorism which means an act, including but not limited to the use of force or violence and/or the threat thereof, by any person or group of persons, whether acting alone or on behalf of or in connection with any organization or government, committed for political, religious, ideological, or ethnic purposes or other reasons including the intention to influence any government and/ or to put the public, or any section of the public, in fear.
- q) Experimental, investigational or unproven treatment devices and pharmacological regimens, or measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital.

### Section D. GENERAL CONDITIONS

#### I. Standard General Conditions

##### a) Conditions to be followed

The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates

mentioned in the Schedule/Certificate of Insurance and the correct disclosures in a complete manner in the proposal form) insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability. The premium for the Policy will remain the same for the Policy Period as mentioned in the Policy Schedule/Certificate of Insurance.

## b) Dishonest or Fraudulent Claims

If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or the Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be:

- cancelled ab-initio from the inception date at our sole discretion, or the Policy may be modified by Us, with Your consent, upon 30 day notice by sending an endorsement to Your address shown in the Schedule/Certificate of Insurance;
- The claim under such Policy if any, shall be rejected/ repudiated forthwith and all benefits payable, if any, under such Policy shall be forfeited with respect to such claim.

## c) Termination

- You may terminate this Policy at any time by giving Us/Administrator a written notice. The cancellation shall be from the date of receipt of such notice. Premium shall be refunded as per the table below for the master policy issued IF AND ONLY IF no claim has been made under the Policy.

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

- Each certificate issued under the master Policy can be cancelled any time before the commencement date of the Risk Period, by giving us a written notice and the Policy shall terminate. If no claim has been made under the Policy, we will deduct Rs.250 as cancellation charges and refund the premium paid.
- We shall terminate this Policy for the reasons as specified under aforesaid section D-2-e) (Non Disclosure or Misrepresentation) & section D-1-b) (Dishonest or Fraudulent Claims) of this Policy and such termination of the Policy shall be ab initio from the inception date or the renewal date (as the case may be), upon 30 day notice, by sending an endorsement to Your address shown in the Schedule/endorsement/Certificate of Insurance and

the premium will be forfeited.

## d) Other Insurance

If at the time when any claim is made under this Policy, Insured Person has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any claim (in part or in whole) being made under this Policy, then the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. The insurer so chosen by the Insured Person shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen Policy.

Also where the Insured Person has two or more policies from one or more Insurers, then the Insured Person shall have the right to claim from other policy/ policies for the amounts which is disallowed under earlier chosen policy/ policies even if sum insured is not exhausted. The insurer so chosen by the Insured Person shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen Policy.

Provided further that, If the amount to be claimed under the Policy chosen by the Insured Person, exceeds the Sum Insured under a single Policy after considering the deductibles or co-pay (if applicable), the Insured Person shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the balance of the claimed amount as per the limits and according to terms of the respective Policy. This clause shall only apply to indemnity sections of the Policy.

## e) Grievance Redressal Procedure

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

- Website: [www.hdfcergo.com](http://www.hdfcergo.com)
- Toll free: 022 6234 6234 / 0120 6234 6234
- Contact Details for Senior Citizen: 022 - 6242 - 6226 | [seniorcitizen@hdfcergo.com](mailto:seniorcitizen@hdfcergo.com)
- E-mail: [grievance@hdfcergo.com](mailto:grievance@hdfcergo.com)

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

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

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

## II. Specific General Conditions

### a) Insured Person

Only those persons named as Insured Persons in the Schedule/Certificate of Insurance shall be covered under this Policy. Any person may be accepted as an Insured Person during the Policy Period only after his application has been accepted by Us, additional premium has been paid and We have issued a Certificate of Insurance to such person. Insured cover for this person shall only commence once We have issued an endorsement confirming the addition of such person as an Insured Person.

#### b) Notification of Claim

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

Benefit	Notification of Claim
Financial Emergency Cash	Claims to be reported within 2 days after the date on which the funds were stolen
Personal Liability	Immediately and in any event within 10 days give Us written notice of any claim or demand made against him or any circumstance which might reasonably be expected to give rise to a claim or demand.

\*For regulatory reference: - The following section would be given if optional benefits are opted.

#### c) Supporting Documentation & Examination

- 1) The Insured Person or someone claiming on Your behalf shall provide Us with any documentation, medical records and information. We or Our TPA may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days of the earlier of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment or the completion of the event or occurrence giving rise to a claim. The

Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the Insured Person. Such documentation will include but is not limited to the following:

- i) Our claim form, duly completed and signed for on behalf of the Insured Person.
- ii) Original Bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.
- iii) All reports and records, including but not limited to all medical reports, case histories/indoor case papers, investigation reports, treatment papers, discharge summaries.
- iv) A precise diagnosis of the treatment for which a claim is made.
- v) A detailed list of the individual medical services and treatments provided and a unit price for each (detailed break up).
- vi) Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Doctor's invoice.
- vii) Relevant investigation, treatment and follow up records pertaining to the past ailment(s) since their first diagnoses or detection will be required where non-disclosure is suspected
- viii) Treating doctor's certificate regarding missing information in case histories e.g. Circumstance of injury and Alcohol or drug influence at the time of accident
- ix) Copy of settlement letter from other insurance company or TPA
- x) Stickers and invoice of implants used during surgery
- xi) Copy of MLC (Medico legal case) records and FIR (First information report), in case of claims arising out of an accident
- xii) Regulatory requirements as amended from time to time, currently mandatory NEFT (to enable direct credit of claim amount in bank account) and KYC (recent ID/Address proof and photograph) requirements
- xiii) Legal heir certificate (not required if valid nomination exists)

#### d) Claims Payment

- 1) We shall be under no obligation to make any payment under this Policy unless We have received

all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We or Our TPA has requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.

- 2) All payments made shall be subject to an applicable Deductible (if any) for such payment for each and every claim made.
- 3) We will only make payment to or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In the event of the death of You or an Insured Person, We will make payment to the Nominee (as named in the Schedule/Certificate of Insurance).
- 4) All payments under this Policy will be in Indian Rupees and We will convert the cost incurred into Indian Rupees by reference to the official exchange rate published or specified by the Reserve Bank of India as at the relevant invoice date, unless the Insured Person can establish to Our satisfaction that he purchased the necessary currency at a less advantageous rate in order to pay the invoices.
- 5) We shall reject or settle a claim by making the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of receipt of last necessary document(s) / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulation) 2017. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDAI (Protection of Policyholders Regulation) 2017, we shall pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document(s) to the date of payment of claim. For the purpose of this clause, 'bank rate' shall mean the bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
- 6) Where the circumstances of a claim warrant an investigation in our Opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, We shall settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, We shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

#### e) **Non Disclosure or Misrepresentation**

If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, willfully or otherwise, the Policy shall be:

- cancelled ab initio from the inception date at our sole discretion, or the Policy may be modified by Us, with Your consent, upon 30 day notice by sending an endorsement to Your address shown in the Schedule/Certificate of Insurance;
- the claim under such Policy if any, shall be rejected/ repudiated forthwith and all benefits payable, if any, under such Policy shall be forfeited with respect to such claim.

#### f) **Endorsements**

This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by anyone (including an insurance agent or broker) except Us. Any change that We make will be evidenced by a written endorsement signed and stamped by Us.

#### g) **Notices**

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

- 1) Any Insured Person, then it shall be sent to You at Your address specified in the Schedule/ Endorsement/Certificate of Insurance.
- 2) Us, it shall be delivered to Our address specified in the Schedule/Certificate of Insurance.
- 3) No insurance agents, brokers or other person/entity unless authorized by Us is authorized to receive any notice on Our behalf.

#### 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) **Geography**

Geography would be Worldwide [W], Worldwide excluding US & Canada [X] and Asiapacific excluding Japan [A].

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

#### j) **Extension of the Certificate of Insurance:**

All Certificate of Insurance shall automatically extend for 7 days (without any additional premium and irrespective of claims status) after the expiry date of the Policy Period if the Insured Person's return to India has been delayed solely due to the delay of the Carrier on which the Insured Person is scheduled to travel for reasons beyond the control of the Insured Person.

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

- a) We receive a declaration of the health of the Insured Person, specifying any health symptoms or conditions suffered by the Insured Person during the Risk Period.
- b) We receive Your request for extension of the Certificate of Insurance and the applicable premium before the expiry date of the Policy Period.

- c) The Insured Person has not made a claim before We receive Your request for extension of the Policy.

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

#### Section E. Other Terms & Conditions

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

#### List of Ombudsman

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
Office Details	Jurisdiction of Office Union Territory, District
<b>AHMEDABAD - Shri Kuldip Singh</b> Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
<b>BENGALURU - Smt. Neerja Shah</b> 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.
<b>BHOPAL</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.
<b>BHUBANESHWAR - Shri Suresh Chandra Panda</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
<b>CHANDIGARH</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	States of Punjab, Haryana (excluding 4 districts viz Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh.

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
Office Details	Jurisdiction of Office Union Territory, District
<b>CHENNAI</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
<b>DELHI - Shri Sudhir Krishna</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi, 4 Districts of Haryana viz. Gurugram, Faridabad, Sonapat and Bahudurgarh
<b>GUWAHATI</b> 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.
<b>HYDERABAD</b> Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	State of Andhra Pradesh, Telangana and Yanam - a part of Union Territory of Puducherry.
<b>JAIPUR</b> Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Rajasthan.
<b>ERNAKULAM - Ms. Poonam Bodra</b> Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
Office Details	Jurisdiction of Office Union Territory, District
<b>KOLKATA - Shri P. K. Rath</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	States of West Bengal, Sikkim and Union Territories of Andaman & Nicobar Islands.
<b>LUCKNOW - Shri Justice Anil Kumar Srivastava</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Naval Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
<b>MUMBAI</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
<b>NOIDA - Shri Chandra Shekhar Prasad</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120 - 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
<b>PATNA - Shri N. K. Singh</b> Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
<b>PUNE - Shri Vinay Sah</b> 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.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.



### Group Easy Travel Senior - Optional

On payment of additional premium the following benefits shall be added to the Policy coverage.

#### Optional Benefit No. 1 – Dental Treatment

The coverage under Dental Treatment is as per the limit specified below.

Benefit	Deductible	Coverage
Dental Treatment	100	\$500

#### Optional Benefit No. 2 – Total Loss of Checked-in Baggage

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

- Our maximum liability for any one item within one piece of baggage will be 10% of the Sum Insured. If the Insured Person has checked in more than one item within one piece of baggage, then Our maximum liability for all items within one piece of baggage will be 50% of the Sum Insured. The compensation will not exceed the Sum Insured for the coverage as mentioned in the Schedule/Certificate of Insurance.
- The Insured Person obtains a property irregularity report from the Carrier confirming the loss.
- If We have accepted a claim under the benefit of 'Delay of Checked-in Baggage' (If covered under the Policy) and there is a subsequent claim under this Benefit in respect of the same baggage, We will pay the difference between the amount due or paid under the benefit of 'Delay of Checked-in Baggage' and the amount payable in respect of the subsequent claim for Total Loss of Checked-in Baggage.
- Our liability will be limited to the travel destinations specified in the Insured Person's travel ticket from India and return to India, including all halts and destinations specified therein.
- Our payment will be reduced by any sum for which the Carrier has made the payment to the Insured for compensating Loss of Checked-in Baggage.

#### Special Exclusions to Optional Benefit No. 2

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

- Valuables, Money, any kinds of securities or tickets.

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

Benefit	Deductible	Coverage
Total Loss of Checked-in Baggage	\$50	[XX]*
*For regulatory reference Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned in the above Table.		
Benefit	Coverage	
Total Loss of Checked-in Baggage	\$500	\$1000

#### Optional Benefit No. 3 – Delay of Checked-in Baggage

If the delivery of an Insured Person's accompanying checked-in baggage for an overseas journey is delayed by a Carrier on which the Insured Person is travelling as a fare paying passenger to that overseas destination and to whom it was entrusted against a receipt during the Risk Period, then We will reimburse the actual expenses incurred by the Insured Person in purchasing essential personal items of medication, toiletries or clothing, provided that:

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

#### Special Exclusion to Optional Benefit No. 3



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

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

Benefit	Deductible	Coverage
Delay of Checked-in Baggage	12 Hrs	[XX]*
*For regulatory reference Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned in the above Table.		
Benefit	Coverage	
Delay of Checked-in Baggage	\$200	\$300

#### Optional Benefit No. 4 – Loss of Passport

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

#### Special Exclusions to Optional Benefit No. 4

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

- Loss, delay or confiscation or detention by customs, police or public authorities.
- The theft of a passport unless the theft is reported to the police of the foreign country within 24 hours and a written Police Report confirming the theft has been submitted to Us.

Benefit	Deductible	Coverage
Loss of Passport	\$30	[XX]*
*For regulatory reference Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned in the above Table.		
Benefit	Coverage	
Loss of Passport	\$200	\$300

#### Optional Benefit No. 5 – Financial Emergency Cash

If an Insured Person has suffered a financial emergency due to the theft, pilferage, robbery or dacoity of his Money comprising his travel funds during the Risk Period and is consequently left

without any travel funds, then We will pay up to the amount stated in the Schedule to replace the travel funds lost, provided that the loss is reported to the police of the foreign country within 24 hours of loss and a written police report confirming the loss has been submitted to Us.

#### Special Exclusions to Optional Benefit No. 5

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

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

Benefit	Deductible	Coverage
Financial Emergency Cash	Nil	\$300

#### Optional Benefit No. 6 –Personal Liability

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

#### Special Conditions to Optional Benefit No. 6

- The Insured Person shall:
  - Immediately and in any event within 10 days give Us written notice of any claim or demand made against him or any circumstance which might reasonably be expected to give rise to a claim or demand.
  - Not admit liability for or settle or compromise or make or promise any payment in respect of any claim or incur any costs or expenses in connection with it without Our prior written consent.

- iii) Allow Us (in Our sole and absolute discretion) to take over and conduct in the name of the Insured Person the investigation, defence and/or settlement of any claim, for which purpose the Insured Person shall provide all the cooperation and assistance We may require. Having taken over the defence of any claim, We may in Our sole and absolute discretion relinquish the same.
- b) We will not settle any claim without the Insured Person's consent but if the Insured Person refuses to consent to any settlement We recommend, and chooses to contest or continue any legal proceedings, then Our liability will not exceed the amount for which the claim could have been settled plus the defence costs incurred with Our consent up to the date of such refusal.
- c) In respect of any claim, We may in Our sole and absolute discretion make payment of the lesser of the amount available under the Limit of Indemnity, or of any lesser amount for which the claim could be settled in full and final settlement of any liability We may have under this Policy in respect of the claim, including the costs of defending it.
- d) Any and all amounts We expend in the payment of any claim or defence costs will reduce the Limit of Indemnity.

#### Special Exclusions to Optional Benefit No. 6

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

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

Benefit	Deductible	Coverage
Personal Liability	Nil	\$100,000

#### Optional Benefit No. 7 – Personal Accident & Common Carrier

- a) If during the Risk Period an Insured Person suffers an Accident and this solely and directly results in:
- His death within 90 days of the Accident, then We will pay the Sum Insured to the Insured Persons' nominee.
  - The permanent impairment of the Insured Person's physical capabilities within 90 days of the Accident, then We will make payment in accordance with the table below if that permanent impairment is claimed for and confirmed by the attending Doctor and Our medical advisor within 180 days of the Accident. However, the Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the Insured Person.

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

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

Personal Accident – Common Carrier	Nil	\$5,000
------------------------------------	-----	---------

#### Special Conditions to Optional Benefit No. 7

- a) If the Insured Person suffers a partial loss or impairment of the function of one of the aforementioned body parts or senses, We will determine the appropriate proportion of the percentage stated in the table with an independent medical advisor and We will make payment accordingly.
- b) If the injury impairs more than one of the aforementioned body parts or senses, Our payment will not exceed 100% of the Sum Insured.
- c) If the effect of the injury is not mentioned in the table, then We will determine the appropriate payment to be made with an independent medical advisor and We will make payment accordingly.
- d) If the injury affects any physical function that was previously impaired, We will make a deduction proportionate to the extent of this prior disablement which We will determine with an independent medical advisor and We will make payment accordingly.
- e) If the Insured Person dies as a result of the injury within 90 days of its occurrence, or thereafter for any other covered reason, and a claim for permanent impairment had been made prior to the death, then We will make payment of the Sum Insured less any sum paid for the permanent impairment. However, if any sum that was due to be paid for the permanent impairment shall not be paid and full amount would be paid for claim of accidental death.
- f) If the Insured Person is not found within 365 days of the disappearance, sinking or wrecking of the Carrier in which he was travelling as a fare paying passenger, the Insured Person will be presumed to have died as a result of the Accident. If after payment of accidental death claim, it is found that the insured person has survived the accident then the policyholder has to refund the payment back to the company in consideration of the obligatory guarantee as provided during the claim.
- g) The Sum Insured or the Carrier PA Sum Insured, as the case may be, represents Our maximum liability to make payment for any claim for death and/or permanent impairment.
- h) If any Insured Person is below Age 16, then Our maximum payment in the event of the Insured Person's death shall be the lower of the Sum Insured or the Carrier PA Sum Insured, as the case may be, or US\$2,000.

Benefit	Deductible	Coverage
Personal Accident	Nil	\$10,000

#### Optional Benefit 8 – Trip Delay

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

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

Provided that:

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

#### Special Exclusions for Optional Benefit No. 8

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

- a) Delay caused by strike or industrial action if already notified at the time the Insured Person booked his ticket or paid or committed to other travel and accommodation expenses.
- b) The failure to arrive for the Carrier's departure in sufficient time to complete all departure formalities in accordance with the Carrier's published time schedule.

- c) Any delay arising from a publically issued notice or action of any government, civil authority or official government body.

Benefit	Deductible	Coverage
Trip Delay	12 Hrs	\$25 max \$100

#### Optional Benefit No. 9 – Trip Cancellation

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

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

#### Special Exclusions to Optional Benefit No. 9

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

- a) Negligence or fault of the travel agent.
- b) Any charges that could have been avoided but were incurred because of any delay in cancelling travel or accommodation.
- c) Facts or matters that resulted into delay and the same were known or should have known to customer at the time of making the payment for trip

Benefit	Deductible	Coverage
Trip Cancellation	Nil	\$2000

#### Optional Benefit No. 10 – Trip Curtailment

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

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

#### Special Exclusions to Optional Benefit No. 10

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

- a) Negligence or fault of the travel agent.
- b) Facts or matters that resulted into delay and the same were known or should have known to customer at the time of making the payment for trip

Benefit	Deductible	Coverage
Trip Curtailment	Nil	\$2000

#### Optional Benefit No. 11 – Missed Connection

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

#### Special Conditions to Optional Benefit No. 11

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

#### Special Exclusions to Optional Benefit No. 11

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

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

alternative transport or connection or the Insured Person's ticket for the connecting flight could have been used for an alternative connection

Benefit	Deductible	Coverage
Missed Connection	Nil	\$250

#### Optional Benefit No. 12 – Emergency Family Travel

If We have accepted a claim under Benefit 1.1 and this involves an Insured Person's Hospitalisation for more than 7 consecutive days, We will reimburse the actual cost of an economy airfare for one Immediate Family Member to travel to the Insured Person's place of Hospitalisation subject to the Sum Insured.

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

Benefit	Deductible	Coverage
Emergency Family Travel	Nil	[XX]*
*For regulatory reference Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned in the above Table.		
Benefit	Coverage	
Emergency Family Travel	\$1000	\$2000

#### Optional Benefit No. 13 – Emergency Hotel Expenses

If We have accepted a claim under Benefit 1.1 and this involves an Insured Person's Hospitalisation for more than 7 consecutive days, We will pay for the reasonable costs of accommodation (boarding and lodging), of the Immediate Family Member overseas subject to the Sum Insured, provided that:

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

Benefit	Deductible	Coverage
Emergency Hotel Expenses	10%	[XX]*
*For regulatory reference Following options will be offered to customer for him/her to choose any one. Only the option chosen by the customer shall be mentioned in the above Table.		
Benefit	Coverage	

Emergency Hotel Expenses	\$1000	\$2000
--------------------------	--------	--------

#### Optional Benefit No. 14 – Hijack Daily Allowance

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

##### Special Exclusions to Optional Benefit No. 14

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

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

Benefit	Deductible	Coverage
Hijack Daily Allowance	12 Hrs	\$50 max \$250

## List of Ombudsman

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

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
Office Details	Jurisdiction of Office Union Territory, District
<b>DELHI - Shri Sudhir Krishna</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi, 4 Districts of Haryana viz. Gurugram, Faridabad, Sonapat and Bahudurgarh
<b>GUWAHATI</b> 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.
<b>HYDERABAD</b> Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	State of Andhra Pradesh, Telangana and Yanam - a part of Union Territory of Puducherry.
<b>JAIPUR</b> Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Rajasthan.
<b>ERNAKULAM - Ms. Poonam Bodra</b> Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry
<b>KOLKATA - Shri P. K. Rath</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	States of West Bengal, Sikkim and Union Territories of Andaman & Nicobar Islands.

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
Office Details	Jurisdiction of Office Union Territory, District
<b>LUCKNOW - Shri Justice Anil Kumar Srivastava</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
<b>MUMBAI</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
<b>NOIDA - Shri Chandra Shekhar Prasad</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120 - 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
<b>PATNA - Shri N. K. Singh</b> Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
<b>PUNE - Shri Vinay Sah</b> 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.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.