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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 Policy Schedule (hereinafter called the 'Policyholder') to cover the person(s) named in the Policy Schedule (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. OPERATIVE 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 mentioned in the Policy Schedule.
- c. The Sum Insured for each benefit as mentioned in the Policy Schedule represents the Company's maximum liability for each Insured Person for any and all claims made under that benefit in the Policy.
- d. Provided further that, any amount payable under the Policy shall be subject to the terms of coverage (including Deductible, Sub-limits), exclusions, conditions and definitions contained herein.
- e. Plan chart, payout basis, payout type for each cover is attached as Annexure C.
- f. The policy shall be deemed to be in-force only post commencement of Period of Insurance unless specified expressly within the terms of a benefit under the policy.
- g. 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 after renewal of policy.
- h. 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.
- i. In case of multi-individual policies; for indemnification of admissible expenses, Insured Persons must furnish original bills / invoices. Duplication of bills / invoices shall not be accepted.
- j. Insured Person must read the Policy Wordings in conjunction with the Policy schedule 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.

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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

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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. Co-Payment means a cost sharing requirement under a health insurance policy 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

Def. 8. 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. 9. 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. 10. 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. 11. Dental Treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery

Def. 12. 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. 13. 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. 14. 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

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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. 15. 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. 16. 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. 17. 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. 18. 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. 19. 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. 20. 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. 21. 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.

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- Def. 22. Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.
- Def. 23. 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. 24. Medically Necessary treatment** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which
- Is required for the medical management of the Illness or Injury suffered by the Insured Person;
 - Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
 - Must have been prescribed by a Medical Practitioner.
 - Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- Def. 25. 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. 26. Network Provider** means hospitals or health care providers enlisted by an insurer to provide medical services to an insured by a cashless facility.
- Def. 27. Newborn Baby** means baby born during the Policy Period and is Aged up to 90 days
- Def. 28. Non-Network Provider** means any hospital, day care centre or other provider that is not part of the network.
- Def. 29. Notification of Claim** means the process of intimating a claim to the insurer through any of the recognized modes of communication
- Def. 30. 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. 31. Pre-existing disease** means any condition, ailment, injury or disease:
- 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
 - 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. 32. Pre-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days preceding the Hospitalization of the Insured Person, provided that:

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- 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. 33. 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. 34. 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. 35. Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the Associated Medical Expenses

Def. 36. 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. 37. 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. 38. 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. 39. 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 motor vehicle operated by a licenced/authorised service provider and

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equipped for the transport and paramedical treatment of the person requiring medical attention.

- Def. 4. Associated Medical Expenses** means Consultation fees, charges on operation theatre, surgical appliances & nursing, and expenses on anaesthesia, blood, oxygen incurred during Hospitalization of the Insured Person. Associated Medical Expenses does not include cost of pharmacy and consumables, cost of implants and medical devices, and cost of diagnostics.
- Def. 5. Airline** means a scheduled public air carrier that holds a proper government license for the jurisdiction in which it operates scheduled flights, through Aircraft, for the transportation of fare paying passengers and cargo.
- Def. 6. AYUSH Treatment** refers to the medical and/or hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
- Def. 7. Annual Multi Trip Policy** means a policy allowing Insured person(s) to undertake one or more Trip(s) during the Policy Period from India to geographies (as mentioned in the Policy Schedule) and back, subject to aggregate per trip duration as mentioned in the Policy Schedule. Sum Insured for all benefits in an Annual Multi Trip Policy shall be on per Policy Year basis.
- Def. 8. Assistance Service Provider** means the assistance company with whom the Company contracts, as an independent contractor, to provide travel-related emergency assistance services.
- Def. 9. 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. 10. 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. 11. 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. 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

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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. 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. 18. 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. 19. 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. 20. 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. 21. 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. 22. 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:

- a. it operates primarily for the reception, care and treatment of sick, ailing or injured persons
- b. 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,

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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. 23. Immediate Family Member means an Insured Person's legal spouse; siblings; siblings-in-law; parents; parents-in-law; legal guardian, step-parents; children; who reside in India

Def. 24. Insured Person means the persons named in the Policy Schedule and insured under the Policy and in respect of whom the applicable premium has been received.

Def. 25. 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. 26. Insured Property means the address mentioned in the Policy Schedule unless specified otherwise by the Insured Person and use of same is restricted to domestic purposes only.

Def. 27. 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. 28. 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. 29. 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. 30. Personal Effects means clothing, spectacles, umbrellas, footwear and other necessities.

Def. 31. Policy means these Policy wordings, the Policy Schedule 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. 32. Period of Insurance

Annual Multi Trip Policy

The cover under this policy 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 Policy Schedule (Point b. is NOT applicable if policy is active and renewed) OR

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- c. The expiry of the Maximum Per Trip Duration(days) specified in the Policy schedule

Single Trip Policy

The cover under this policy 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 Policy Schedule

Period of Insurance must necessarily commence within the Policy Period in case of both Single Trip and Annual Multi Trip policies

Def. 33. Policy Period means the period between the commencement date and either the expiry date specified in the Policy Schedule or the date of cancellation of this Policy, whichever is earlier.

Def. 34. Policyholder means Person who has proposed the Policy and in whose name the Policy is issued

Def. 35. 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.

Def. 36. 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 Policy Schedule.

Def. 37. 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. 38. Property Damage means actual physical damage to tangible material property belonging to a third party.

Def. 39. Sub-limit means a cost sharing requirement under the policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit. The Sub-limit as applicable under the Policy is mentioned in this document and/or Policy Schedule against the relevant Cover in force under the Policy.

Def. 40. Sum Insured means the sum shown in the Policy Schedule for each cover which represents the Company's maximum liability for each Insured Person for benefits claimed for during the Policy Period.

In Case of Annual Multi Trip, Sum Insured is cumulative limit for all the trips undertaken during the Policy Period. The Sum Insured once exhausted will not be reinstated for any section during the Policy Period.

Basis of payout is attached as Annexure C.

Def. 41. Time Deductible means a cost sharing requirement under the policy that provides that the

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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.

Def. 42. 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. 43. 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. 44. 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. 45. Valuable Contents means items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.

SECTION 2. BENEFITS-COVERED UNDER THE POLICY

I. Base Coverages

1. Emergency Medical Expenses – Accident & Illness

The Company shall indemnify the Medical Expenses and Other 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. The cost of prosthetics and other devices or equipment, if implanted internally during Surgery.
- j. Day Care Expenses
- k. OPD treatment expenses

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I. Local emergency medical transportation including ambulance servicesNote 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.

B. Other Expenses

- a.** Emergency Medical Evacuation: The Company shall indemnify the Insured Person on cashless basis for Air Ambulance transportation in an airplane or helicopter for Emergency Care which requires immediate and rapid ambulance transportation as prescribed by Medical Practitioner, from the site of first occurrence of the Accident or Illness to the nearest Hospital, that ground transportation cannot provide.
- b.** Medical Repatriation: The Company shall indemnify the Insured Person on cashless basis or reimbursement basis for Medical Expenses incurred to:
 - i.** evacuate the Insured Person from overseas medical facility to a medical facility in India, and
 - ii.** continue medical treatment commenced by the Insured Person outside of India for a maximum period of 30 days from date of return to India.

Medical Repatriation cover can be availed by Insured Person after obtaining due approval from Us.

- c.** Repatriation of Mortal Remains: In case of an unfortunate event leading to death, the Company shall reimburse the expenses 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.

C. Specific Conditions applicable to Emergency Medical Expenses – Accident & Illness

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 follows, irrespective of the plan/ option purchased.

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These limits are further restricted to the maximum Sum Insured specified in the Policy Schedule:

- 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. 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

D. 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
- e. Any other document as required by the Company on a case to case basis.

2. 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

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- 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 Policy Schedule
- d. Claims pertaining to Medically Necessary Dental Hospitalizations shall be adjudicated only under Emergency Medical Expenses – Accident & Illness Benefit Of This Policy

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

3. Personal Accident

Personal Accident benefit has 2 sub covers as mentioned below

- 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 Policy Schedule and the Coverage under Personal Accident benefit terminates on admissibility Of Claim(s) equal to the Sum Insured

3.a. Accidental Death

The Company shall pay in Lump Sum an amount equal to the Sum Insured specified in the

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Policy Schedule 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 Policy Schedule 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

3.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 Policy Schedule provided that such disablement is certified by the Medical Practitioner

BENEFIT TABLE

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 Limb)	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 of such Limb)	100%

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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 of such Limb)	50%
12	Permanent Total Loss of Sight of one eye	50%

B. Specific Conditions applicable to Permanent Disablement – Accident

- a. Any claim amount admissible/paid during the Period of Insurance will reduce the Sum Insured payable for the Cover in respect of subsequent claims.
- b. 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

- 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

4. Personal Accident - Common Carrier

- a. The Company's maximum liability under Personal Accident – Common Carrier benefit is restricted to the Sum Insured specified in the Policy Schedule
- b. 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.
- c. In case claim under Personal Accident – Common Carrier benefit triggers customer shall receive payout under both Personal Accident benefit and Personal Accident – Common Carrier

benefit.

4.a. Accidental Death – Common Carrier

The Company shall pay an amount equal to the Sum Insured specified in the Policy Schedule 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 Policy Schedule 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

4.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 Policy Schedule provided that such disablement is certified by the Medical Practitioner.

BENEFIT TABLE

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 Limb)	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 of such 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 of such Limb)	50%
12	Permanent Total Loss of Sight of one eye	50%

B. Specific Conditions applicable to Permanent Disablement – Accident – Common Carrier

- a. Any claim amount admissible/paid during the Period of Insurance will reduce the Sum Insured payable for the Cover in respect of subsequent claims.
- b. 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

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- e. Original photograph of the injured reflecting disablement
- f. Original treating doctor certificate describing disablement
- g. Prescription and consultation papers

5. 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 Policy Schedule, for each continuous and completed period of 24 hours of Hospitalization subject to the maximum number of days and Time Deductible mentioned in the Policy Schedule.

A. Specific Conditions applicable to Hospital Cash - Accident & Illness

- a. Claim under this benefit shall be payable only if we have accepted and paid claim under Emergency Medical Expenses – Accident & Illness benefit of this policy.

6. Theft Of Baggage And Its Contents

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Policy schedule in case of theft of Baggage owned by the Insured Person. The baggage must have been with that 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

- a. Theft of baggage / items in baggage must occur during Period of Insurance

B. Specific Exclusions applicable to Theft Of Baggage And Its Contents

- a. 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.
- b. 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
- c. Any theft that is not reported to the appropriate police authority within twenty four (24) hours of discovery of theft
- d. Theft of passport
- e. Theft of International driving license
- f. Theft of Checked in Baggage
- g. Theft of Laptop or Tablet or Camera or Mobile Phone and pertaining accessories

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- h. Any claim related to any type of damage to baggage / items in baggage
- i. Any claim wherein supporting bills specific to the stolen asset are not available
- j. Theft of Jewellery

C. Specific Claim Documents applicable to Theft Of Baggage And Its Contents

- a. Copy of FIR / police report obtained within 24 hours of theft
- b. Bills / invoices of stolen baggage and/or contents within

7. Loss Of Checked-In Baggage

The Company shall pay in Lumpsum an amount upto the Sum Insured mentioned in the Policy Schedule to the Insured Person in the event of total and permanent loss of his/her Checked-In Baggage, as per conditions specified below.

A. Specific Conditions applicable to Loss Of Checked-In Baggage

- a. On discovering the loss of Checked - in Baggage, 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 Policy Schedule. 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 Policy Schedule.
- c. The Company's liability shall not arise until liability is admitted by the Airline and supported by documentary proof issued by Airline.
- d. Loss of Checked-in Baggage must occur during the Period of Insurance. Any 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

- 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. Any claim related to any type of damage to Checked-in baggage / items in Checked-in baggage

C. Specific Claim Documents applicable to Loss Of Checked-In Baggage

- a. Property Irregularity Report from the concerned authority

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- b. Original tickets and boarding pass
- c. Baggage slips

8. Delay Of Checked-In Baggage

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Policy schedule in respect of expenses incurred in purchasing essential items of clothing, toiletries and medication in the event that the Insured Person's checked-in baggage is delayed or misdirected beyond the Time Deductible mentioned in the Policy Schedule from the scheduled time of delivery by the Airline.

A. Specific Conditions applicable to Delay Of Checked-In Baggage

- 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.

B. Specific Exclusions applicable to Delay Of Checked-In Baggage

- 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 occurring on journey wherein Insured boards the mode of transportation by which he finally returns back to India

C. Specific Claim Documents and Provisions applicable to Delay Of Checked-In

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- 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

9. Loss Of Passport

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Policy Schedule 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 Exclusions applicable to Loss of Passport

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

B. 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

10. Loss Of International Driving License

The Company shall reimburse the Insured Person, upto the Sum Insured mentioned in the Policy Schedule for expenses incurred in obtaining a new/duplicate international driving license either overseas or within 30 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 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.

B. Specific Claim Documents applicable to Loss Of International Driving License

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- 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

11. 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

12. Flight Delay

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Policy Schedule for expenses incurred on meals and Emergency Hotel Accommodation availed by the

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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 6 hours solely due to reasons mentioned below

- a. Occurrence of a Catastrophic event or an Act of terrorism 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

- a. The Company shall not be liable to pay any benefit in respect of any Insured Person for:
- b. 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.
- c. Change of laws, Regulations or orders issued by any Government or Public Authority or Aviation Authority.
- d. Cancellation of Flight due to any reason
- e. Flight Delay occurring on journey wherein Insured boards the mode of transportation by which he finally leaves India

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

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time of departure and arrival at destination.

- d. Any amount/coupon received in the form of compensation from the Airline (if applicable)

13. Flight Cancellation

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Policy Schedule 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 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.

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)

14. Missed Flight Connection

The Company shall reimburse the Insured Person upto Sum Insured mentioned in the Policy Schedule 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 6 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

B. Specific Exclusions applicable to Missed Flight Connection

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- 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. 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)

15. Trip Delay

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in Policy Schedule 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

- a. Claim under Flight Delay benefit was payable and Insured Person had boarded the delayed flight
OR
Claim under Flight Cancellation was payable and Insured Person has pursued the original trip itinerary during the Period of Insurance
- b. The Event/Activity Ticket should have been booked in the name of the Insured Person only.
- c. The Event must be of a commercial event and solely for the purpose of personal consumption of only the Insured Person.
- d. The Hotel/accommodation must be a property for commercial use only
- e. The accommodation booking must solely be for the purpose of personal consumption of

only the Insured person.

B. 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

16. Trip Cancellation

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

- i. pre-booked confirmed accommodation
- ii. pre-booked events and/or 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 Event/Activity Ticket should have been booked in the name of the Insured Person only.

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- d. The Event must be of a commercial event 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. Any type of travel expenses
- b. Facts or matters of which the Insured Person was aware or should have been aware might result in the cancellation of the trip.

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

17. Trip Curtailment

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in Policy Schedule 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 events and/or 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

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- 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.** The Company's liability will be reduced by any sum for which the Airline is liable to make payment.
- c.** The Event/Activity Ticket should have been booked in the name of the Insured Person only.
- d.** The Event must be of a commercial event 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 Curtailment

- a.** Facts or matters of which the Insured Person was aware or should have been aware might result in the curtailment of the trip.
- b.** We shall not be liable to pay the differential Cost of rescheduling pre-booked confirmed Flight to return back to India if original trip itinerary was pursued after 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

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- g. Invoice Copy of Ticket along with boarding pass of the Flight boarded to return back to India following trip curtailment

18. Hijack Distress Allowance

The Company shall pay to the Insured Person in Lump Sum an amount as specified in below table if the Insured Person is travelling on board a Flight which is Hijacked during the Period of Insurance. Lump sum payout shall be made as per total hours the plane was under hijack

Total Completed Hours of Hijack of the Flight	0 to 12	13 to 24	25 to 48	49 to 72	73 to 96	96 +
Amount Payable (USD)	Nil	100	200	300	400	500

A. Specific Conditions applicable to Hijack Distress Allowance

- a. The hijack needs to be confirmed and declared by the government and/or airlines authority.
- b. For this benefit to trigger the trip should be interrupted due to a Hijack for a continuous and completed period of more than 12 hours.

B. Specific Definitions applicable to Hijack Distress Allowance

- 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

- 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

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

19. Personal Liability

The Company shall reimburse the Insured Person upto the amount mentioned in the Policy Schedule 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

- a.** 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:
 - a)** to take over and conduct the defence and/or settlement of any action or claim in the name of the Insured Person
 - b)** to receive the Insured Person's co-operation and assistance and
 - c)** 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.
- b.** 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

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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.

20. 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 5 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 Policy Schedule, 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

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- a. Claim under this benefit shall be payable only if we have accepted and paid claim under EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS benefit in this policy
- 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.

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)

21. No Claim Discount

No Claim Discount of 10% shall be applicable at every such continuous renewal wherein there was no claim paid in the expiring Policy Year

A. Specific Conditions applicable to No Claim Discount

- a. No Claim discount renewal benefit is applicable only for Annual Multi Trip Policies
- b. No Claim discount shall be applicable only if the opted Sum Insured is greater than USD 50,000 in both expiring Policy Year and renewal
- c. No Claim discount shall be applicable only if the opted plan variant was either Gold or Platinum during both expiring Policy Year and renewal
- d. No Claim discount shall be at member level and not on Policy Level and shall be applicable only for those Insured person who were part of the policy during the expiring Policy Year
- e. Calculation of No Claim discount: In case of a claim free expiring Policy Year 10% shall be applied on expiring year final premium amount and this amount shall be deducted from renewal premium (Renewal Premium before application of No Claim discount)
- f. The No claim discount amount in any policy year shall never exceed Renewal Premium before application of No Claim discount
- g. No Claim discount renewal benefit is NOT applicable if Silver Plan variant was opted in expiring year or at renewal

II. Optional Coverages

Optional coverages are allowed to be opted at channel level only. Individual customers might therefore not be able to opt for the same. The respective optional covers if in force shall be mentioned in your Policy

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Schedule.

1. Automatic Extension

The Company shall grant automatic extension once of 7 days, from the policy period end date, if the extension is necessary and is solely due to any of the reasons mentioned below:

- 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. Bounced Booking - Hotel & Airline

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Policy Schedule in respect of the expenses incurred towards alternate travel or alternate accommodation arrangement in case the Insured Person's original hotel booking and/or original Flight ticket is bounced due to over booking.

A. Specific Conditions applicable to Bounced Booking - Hotel & Airline

- a.** To claim this benefit under non-availability of accommodation on account of over booking by the hotels or airlines, the Insured Person should have 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

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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
- c. 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.
- d. The deductible in respect of this benefit will be applicable on per claim basis and will be separate for a hotel claim and an airline claim. The deductible amount shall be as mentioned in the Policy Schedule.

B. Specific Exclusions applicable to Bounced Booking - Hotel & Airline

- a. Any air tickets / hotel bookings which are allotted to airline staff / hotel staff or under any special travel industry employee scheme
- b. Any air ticket bookings made within 7 days of scheduled flight departure
- c. Any hotel bookings made within 7 days of first hotel check-in date
- d. Any Wait listed bookings

C. Specific Claim Documents applicable to Bounced Booking - Hotel & 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. Original and Alternate accommodation booking invoice and payment receipts
- d. Refund invoice from airline and/or accommodation provider along with any non-refundable charges (if any)
- e. Any amount/coupon received in the form of compensation from the Airline and/or accommodation provider (if applicable)

3. Back At Home Cover

3.a. Burglary Cover for Home Contents

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- 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

3.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

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		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.	a. repairs or alterations in Your Home or the building in which Your Home is

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		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.	if it is 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

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- 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 3.a. Burglary Cover for Home Contents & 3.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 3.a. Burglary Cover for Home Contents & 3.b. Fire and Allied Perils for Home Contents

a. Automatic Termination of covers

Coverage under 3.a. Burglary Cover for Home Contents & 3.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 3.a. Burglary Cover for Home Contents & 3.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

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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.

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- 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.

3.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 pet 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

4. Extension Of Coverage For Adventure Sports Activities

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If this benefit is mentioned in the Policy Schedule, then Standard exclusion 'f' - **Hazardous or Adventure Sports: Code: Excl09** shall be superseded for all the below mentioned benefits applicable.

- a. EMERGENCY MEDICAL EXPENSES - ACCIDENT & ILLNESS
- b. EMERGENCY DENTAL EXPENSES
- c. PERSONAL ACCIDENT
- d. HOSPITAL CASH - ACCIDENT & ILLNESS
- e. EMERGENCY HOTEL ACCOMMODATION FOR INSURED PERSON
- 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

5. Extension Of Pre-Existing Disease (Ped) Coverage

If this benefit is mentioned in the Policy Schedule, then Specific exclusion 'q' – 'Claims arising out of pre-existing disease' shall be superseded to the extent specified in the Policy Schedule for all the below mentioned benefits applicable provided that Pre-Existing Disease(s) [PED] has been declared beforehand in the proposal form and agreed by the Company. All deductibles, terms and conditions applicable to the benefits listed below shall remain unaltered.

- a. Emergency Medical Expenses - Accident & Illness
- b. Emergency Dental Expenses
- c. Hospital Cash - Accident & Illness
- d. Emergency Hotel Accommodation For Insured Person
- e. Emergency Travel Expenses For Insured Person's Minor Children
- f. Emergency Travel Expenses For Immediate Family Member
- g. Emergency Accommodation Expenses For Immediate Family Member

A. Specific Conditions applicable to Extension Of Pre-Existing Disease (PED) Coverage

- a. In case 'Upto 1% of EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS' is mentioned against this cover in the policy schedule, it implies that for claims payable under this benefit, we shall not be liable to pay for any amount in excess of the stated percentage amount cumulatively under all the above benefits (a,b,c,d,e,f & g) put together. Claims upto the stated limit shall be settled in the same chronology as stipulated above.
- b. In case 'Upto 3% of EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS (Max upto

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\$10,000)' is mentioned against this cover in the policy schedule, it implies that for claims payable under this benefit, we shall not be liable to pay for any amount in excess of the stated percentage amount cumulatively under all the above benefits (a,b,c,d,e,f & g) put together. Claims upto the stated limit shall be settled in the same chronology as stipulated above.

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

6. Fraudulent Transactions On Payment Cards

The Company shall reimburse the Insured Person upto the Sum Insured mentioned in the Policy Schedule 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 Policy Schedule 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 Claim Documents Applicable to Fraudulent Transactions On Payment Cards

- a. Copy of FIR / police report obtained within 24 hours of becoming aware of the loss
- b. Letter / Email from Insured Person reporting the loss of payment card to the issuing authority

7. Theft Of Electronic Gadget

The Company shall reimburse the Insured Person up to the Sum Insured mentioned in the Policy Schedule in the event that one or more Electronic Gadgets owned by or in the custody of the Insured Person are completely lost due to theft during the Period of Insurance.

A. Specific Conditions applicable to Theft Of Electronic Gadget

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
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Applicable Depreciation per item	50%	70%	75%	80%	90%	95%

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

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

8. Visa Rejection

The Company reimburse the Insured Person upto the Sum Insured specified in the Policy Schedule 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. This optional cover should have been in force atleast 5 days prior to Visa Rejection

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 applied after any restrictions imposed by the government on travel to destination place.
- e. Contractual breach or non-adherence to the terms and conditions of Visa embassy.
- f. Person with any criminal records applying for visa.
- g. War, invasion, act of foreign enemy, hostilities or warlike operations (whether war is declared or not), civil war.
- h. 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.
- i. Rejection of Visa applied due to Illegal or malicious act of the Insured Person.
- j. Rejection of Visa due to Incomplete or no proof of travel itinerary & accommodation, if such proof is a pre requisite for obtaining a visa.
- k. 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 copy
- d. Visa application by the traveller/agent with the confirmation of the date/time stamp
- e. Copy of confirmed travel ticket and Accommodation booking

9. Emergency Travel Expenses For Insured Person's Minor Children

The Company shall reimburse the Insured Person up to the Sum Insured mentioned in the Policy Schedule 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 5 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

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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 we have accepted and paid claim under EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS coverage in this policy.
- 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 Policy Schedule.
- 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.

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

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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

10. 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 5 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 Policy Schedule 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 we have accepted and paid claim under EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS coverage in this policy
- 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.
- 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.

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

11. 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 5 continuous days, the Company shall reimburse the actual cost of accommodation upto the Sum Insured mentioned in the Policy Schedule 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 we have accepted and paid claim under EMERGENCY MEDICAL EXPENSES – ACCIDENT & ILLNESS coverage in this policy
- 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.

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

12. Golfer's Hole In One

The Company shall pay in Lumpsum an amount equal to the Sum Insured mentioned in the Policy Schedule 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

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

13. 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.

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

14. 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.

15. 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 Policy Schedule

- a. FLIGHT DELAY
- b. FLIGHT CANCELLATION
- c. MISSED FLIGHT CONNECTION
- d. TRIP DELAY
- e. TRIP CANCELLATION
- f. TRIP CURTAILMENT
- g. HIJACK DISTRESS ALLOWANCE
- h. BOUNCED BOOKING - HOTEL & 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

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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.

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 Policy Schedule

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

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- 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. **Hazardous or Adventure Sports: Code – Excl09:** Expenses related to any treatment necessitated due to participation as a professional in Hazardous or Adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
- g. **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.
- h. **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.
- i. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code – Excl12**
- j. 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**
- k. 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**
- l. **Refractive Error: Code – Excl15:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
- m. **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.
- n. **Sterility and Infertility: Code – Excl17:** Expenses related to sterility and infertility. This includes:

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- 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.

o. 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 Policy Schedule

- 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).
- 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.

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- 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 necessitated by an Accident.
- 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.** In respect of travel by the Insured Person to any country against whom the Republic of India has imposed general or special travel restrictions, or against whom it may impose such restrictions, or any country which has imposed or may impose subsequently, such restrictions against travel by a citizen of the Republic of India to such country
- 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 Policy Schedule 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)

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- 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.

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 Policy Schedule

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 30 days from the date of receipt of last necessary document.
- 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 last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it 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, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

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

- i. 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

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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.

- ii. 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.
- iii. 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

This Policy will terminate at the expiration of the period for which premium has been paid or on the expiration date shown in the Policy Schedule, whichever is earlier

i. Single Trip Insurance:

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- a. The Single Trip Insurance is non-renewable. Cancellation of the Policy may be done only prior to the effective date stated in the Policy Schedule and will be subject to deduction of cancellation charge by the Company
- ii. Annual Multi Trip Insurance:
 - a. This 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
 - c. Grace period: There is No Grace period applicable in this Policy.

h. Cancellation

- A. The Policyholder may cancel this Policy by giving 7 days' written notice and in such an event, the Company shall refund premium as detailed below:

I. Cancellation for Single Trip Policies

- a. If the total policy premium is less than or equal to INR 251 then no refund shall be applicable
- b. If the total policy premium is greater than INR 251 then fixed cancellation fee of INR 251 shall be charged and balance amount shall be refunded
- c. In case policy is purchased within 48 hours prior to Policy Period then no refund shall be applicable upon cancellation of such policies
- d. No refunds of premium shall be made if policy is cancelled post commencement of Period of Insurance

II. Cancellation for Annual Multi Trip Policies

Policy Period	Non-refundable part of premium
Upto one month	¼ of the annual rate
Upto three months	½ of the annual rate
Upto six months	¾ of the annual rate
Exceeding six months	Full annual rate

In the event of such cancellation the Company shall retain premium for the period that this Policy has been in force calculated in accordance with the short period rate table, less any duties and taxes Company cannot recover.

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- B.** No refunds of premium shall be made in respect of Cancellation of any Single Trip and/or Annual Multi Trip Policy where, any claim has been admitted or any benefit has been availed by the Insured Person under the Policy.
- C.** 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.

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 Policy Schedule/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.

l. 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	For lack of a response or if the response provided does not meet your expectation, you can: <ol style="list-style-type: none"> 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

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	<p>2. You can also write an email to grievance@hdfcergo.com</p> <p>3. Call on 18002677444 (operational Monday - Saturday 9AM to 6PM)</p>
Level 2	<p>If you're not satisfied with the resolution or if no response was received within 15 days, you can:</p> <p>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</p> <p>2. You can also write an email to cgo@hdfcergo.com</p>
Level 3	<p>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</p>

Dedicated Helpline For	Email ID	Contact Number
Senior Citizen	seniorcitizen@hdfcergo.com	022 6158 2026
Women	-	022 6158 2055

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>

II. Specific Terms And Clauses

a. Geography

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

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 of this policy

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

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- i. We receive a written request for extension of the Policy
- ii. We receive an affirmative good health declaration of the Insured Person.
- iii. The applicable premium is paid before the Policy Period expiry date
- iv. The Insured Person has not reported or made a claim in this policy before we receive a request for extension of the Policy.
- 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 Geographical Scope of this policy

We may extend 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 extension 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 extension of the Policy.
- iv. The Insured Person has not already entered any part of the proposed extended Geographical Scope

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

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

e. Extension of both Geographical Scope & Policy Period

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

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

Applicable Premium in case of Extension of both Policy Period and Geographical Scope = [Premium of Total Policy Period for Proposed Geographical Scope] – [Original Premium Paid]

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

f. Enhancement of Sum Insured

This policy has a provision for enhancing Sum Insured for Annual Multi Trip Policies. Sum

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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.

g. 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

h. 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 Policy Schedule.
- b.** To the Company, at the address specified in the Policy Schedule.
- 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.

i. Policy Excess/Deductible

This Policy has a policy excess/deductible as mentioned in the Policy Schedule 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 Policy Schedule.

Policy Wording**HDFC ERGO Explorer****j. Basis of Claims Payment**

- i. Reimbursement of all claims will be made on the basis of first date of consultation/hospitalization, mentioned on consultation paper/medical records
- 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).

k. 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.

l. Claims Procedure**l. 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.

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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 - 4507250 (Chargeable)
Fax	+ 91 - 120 - 6691600
Email	travelclaims@hdfcergo.com
Contact Number	+80008250825 (Add country code before the number while dialing. Example: Dial 01180008250825 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

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	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	1. As specified under Specific Claim Documents section of the respective benefit

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. The Company shall settle or repudiate a Claim within 30 days of the receipt of the last necessary information and documentation set out above. In case of suspected frauds, the last "necessary" documents will include the receipt of the investigation report from our representatives.
- g. Documents which are common to interlinked claims may not be insisted again with respect to the same claims

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VI. Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it 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, the Company shall settle the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days the company 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.

VII. 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.

VIII. Contact Us

Claim Intimation	Customer Service No.	022-62346234 / 0120-62346234
	Email	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

The contact details of the Insurance Ombudsman offices are as below-

Office Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD 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.
BENGALURU 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.
BHOPAL Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh.
BHUBANESWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha.
CHANDIGARH Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).

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Office Details	Jurisdiction of Office Union Territory, District)
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar , S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp.Hyundai Showroom , A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
KOCHI 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.
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, Kolkata - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman,	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur,

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Office Details	Jurisdiction of Office (Union Territory, District)
6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	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.
MUMBAI 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	List of wards under Mumbai Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N, S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, 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.
PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE 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	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region
THANE Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West)- 400604 Tel.: 022-20812868/69 Email: bimalokpal.thane@cioins.co.in	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai , M/East, M/West, N, S and T."

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ANNEXURE B

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

S. NO.	ITEM	S. 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

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30	MEDICAL CERTIFICATE	64	PAN CAN
31	MEDICAL RECORDS	65	TROLLY 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

Sl 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

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35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

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

Sl 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

Sl 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

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14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	GLUCOMETER& STRIPS
18	URINE BAG

ANNEXURE C

HDFC ERGO Explorer Product Structure											Plan Details			Claim payout basis	Indemnity / Lumpsum Payout
S. No	Base Covers	Sum Insured Limits						Deductible	Currency	Type of Limit	Sum Insured (USD): 40K, 50K, 100K, 200K, 500K, 1000K				
		40K	50k	100k	200k	500k	1000k				Silver	Gold	Platinum		
1	Emergency Medical Expenses - Accident & Illness	✓	✓	✓	✓	✓	✓	100	USD	Base SI	✓	✓	✓		
1a	In - patient hospitalization	✓	✓	✓	✓	✓	✓		USD		✓	✓	✓	Cashless or Reimbursement	Indemnity
1b	Room Rent	At Actuals	At Actuals	At Actuals	At Actuals	At Actuals	At Actuals		USD		✓	✓	✓	Cashless or Reimbursement	Indemnity
1c	OPD Treatment	✓	✓	✓	✓	✓	✓		USD		✓	✓	✓	Cashless or Reimbursement	Indemnity
1d	Road Ambulance	150	150	250	500	750	1000		USD		✓	✓	✓	Cashless or Reimbursement	Indemnity
1e	Emergency Medical Evacuation	✓	✓	✓	✓	✓	✓		USD		✓	✓	✓	Cashless only	Indemnity
1f	Medical Repatriation	✓	✓	✓	✓	✓	✓		USD		✓	✓	✓	Cashless or Reimbursement	Indemnity
1g	Repatriation of mortal remains	✓	✓	✓	✓	✓	✓		USD		✓	✓	✓	Reimbursement only	Indemnity
2	Dental Expenses	300	300	300	500	500	750	150	USD	Additional SI	✓	✓	✓	Reimbursement only	Indemnity
3	Personal Accident (PA)													Reimbursement only	Lumpsum Payout
3a	Accidental Death	5000	5000	7500	10000	15000	20000	-	USD	Additional SI	✓	✓	✓	Reimbursement only	Lumpsum Payout
3b	Permanent Disablement - Accident							-	USD	Additional SI	✓	✓	✓	Reimbursement only	Lumpsum Payout
4	Personal Accident - Common Carrier													Reimbursement only	Lumpsum Payout
4a	Accidental Death - Common Carrier	5000	5000	5000	5000	5000	5000	-	USD	Additional SI & Over & above PA SI	✓	✓	✓	Reimbursement only	Lumpsum Payout
4b	Permanent Disablement - Accident - Common Carrier							-	USD	Additional SI & Over & above PA SI	✓	✓	✓	Reimbursement only	Lumpsum Payout
5	Hospital Cash - Accident & Illness	15 per day max 5 days	15 per day max 5 days	25 per day max 5 days	40 per day max 5 days	50 per day max 5 days	50 per day max 5 days	48 hrs	USD	Additional SI	✓	✓	✓	Reimbursement only	Lumpsum Payout
6	Theft of Baggage and its Contents	100	100	200	300	500	1000	100	USD	Additional SI	×	✓	✓	Reimbursement only	Indemnity
7	Loss of Checked-in Baggage	200	200	300	400	500	750	-	USD	Additional SI	×	✓	✓	Reimbursement only	Lumpsum Payout

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8	Delay of checked-in Baggage	250	250	250	250	250	250	12 hrs	USD	Additional SI	×	✓	✓	Reimbursement only	Indemnity
9	Loss of Passport	200	200	200	200	200	200	-	USD	Additional SI	×	✓	✓	Reimbursement only	Indemnity
10	Loss of International driving license	50	50	50	50	50	50	-	USD	Additional SI	×	×	✓	Reimbursement only	Indemnity
11	Emergency Cash Assistance Service	Covered	Covered	Covered	Covered	Covered	Covered	-	USD	Service	×	×	✓	Service	Service
12	Flight Delay	100	100	100	100	200	300	6 hrs	USD	Additional SI	×	✓	✓	Reimbursement only	Indemnity
13	Flight Cancellation	100	100	150	200	500	750	-	USD	Additional SI	×	✓	✓	Reimbursement only	Indemnity
14	Missed Flight Connection	250	250	250	500	750	1000	6 hrs	USD	Additional SI	×	×	✓	Reimbursement only	Indemnity
15	Trip Delay	500	500	500	500	500	500	6 hrs	USD	Additional SI	×	×	✓	Reimbursement only	Indemnity
16	Trip Cancellation	100	100	150	200	500	750	50	USD	Additional SI	×	✓	✓	Reimbursement only	Indemnity
17	Trip Curtailment	100	100	100	100	250	500	50	USD	Additional SI	×	✓	✓	Reimbursement only	Indemnity
18	Hijack Distress Allowance	Covered	Covered	Covered	Covered	Covered	Covered	-	USD	Additional SI	×	×	✓	Reimbursement only	Lumpsum Payout
19	Personal Liability	100000	100000	100000	100000	100000	100000	200	USD	Additional SI	×	✓	✓	Reimbursement only	Indemnity
20	Emergency Hotel Accommodation for Insured Person	1000	1000	1000	1000	1000	1000	100	USD	Additional SI	×	✓	✓	Reimbursement only	Indemnity
21	No Claim Discount	NA	NA	10%	10%	10%	10%	-	-	NA	×	✓	✓	NA	NA
Optional Covers															
1	Automatic Extension	7 Days	7 Days	7 Days	7 Days	7 Days	7 Days		USD	NA	×	Optional	Optional	NA	NA
2	Bounced Booking - Hotel & Airline	500	500	500	500	500	500	50	USD	Additional SI	×	Optional	Optional	Reimbursement only	Indemnity
3	Back at home cover								INR		×	Optional	Optional	Reimbursement only	Indemnity
3a	Burglary Cover for Home Contents	2 lacs	2 lacs	3 lacs	3 lacs	5 lacs	5 lacs	-	INR	Additional SI				Reimbursement only	Indemnity
3b	Fire and Allied Perils for Home Contents	5 lacs	5 lacs	5 lacs	5 lacs	5 lacs	5 lacs	-	INR	Additional SI				Reimbursement only	Indemnity
3c	Pet Care	15,000	15,000	15,000	15,000	20,000	25,000	1000	INR	Additional SI				Reimbursement only	Indemnity
4	Extension of Coverage for adventure sport activities	✓	✓	✓	✓	✓	✓	-	NA	NA	Optional	Optional	Optional	NA	NA
5	Extension of Pre Existing Disease (PED) coverage	✓	✓	✓	✓	✓	✓	-	NA	NA	Optional	Optional	Optional	NA	NA
6	Fraudulent transactions on payment cards	1000	1000	1000	1000	1000	1000	-	USD	Additional SI	×	Optional	Optional	Reimbursement only	Indemnity
7	Theft of Electronic Gadget	1000	1000	1000	1000	1000	1000	50	USD	Additional SI	×	Optional	Optional	Reimbursement only	Indemnity
8	Visa Rejection	7500	7500	7500	7500	7500	7500	-	INR	Additional SI	×	Optional	Optional	Reimbursement only	Indemnity

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9	Emergency Travel Expenses for Insured Person's minor Children	1000	1000	1000	1000	1000	1000	100	USD	Additional SI	Optional	Optional	Optional	Reimbursement only	Indemnity
10	Emergency Travel Expenses for Immediate Family member	2000	2000	2000	2000	2000	2000	100	USD	Additional SI	Optional	Optional	Optional	Reimbursement only	Indemnity
11	Emergency Accommodation Expenses for Immediate Family member	1000	1000	1000	1000	1000	1000	100	USD	Additional SI	Optional	Optional	Optional	Reimbursement only	Indemnity
12	Golfer's hole in one	250	250	250	250	250	250	-	USD	Additional SI	×	Optional	Optional	Reimbursement only	Lumpsum Payout
13	Funeral Expenses	1000	1000	1000	1000	1000	1000	100	USD	Additional SI	Optional	Optional	Optional	Reimbursement only	Indemnity
14	Extension of Coverage for Terrorism	✓	✓	✓	✓	✓	✓	-	NA	NA	Optional	Optional	Optional	NA	NA
15	Removal of restriction to only flights	✓	✓	✓	✓	✓	✓	-	NA	NA	×	Optional	Optional	NA	NA

Note:

- a. The base sum-insured chosen by the Insured from the sum-insured limits available pertains only to Emergency Medical Expenses - Accident & Illness cover.
- b. Extension of Pre-Existing Disease (PED) coverage if opted shall be subject to the limit as specified in policy schedule.